

OFFICE OF FISCAL ANALYSIS

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SB-1073

AN ACT REQUIRING THE ADMINISTRATION OF EPINEPHRINE
BY FIRST RESPONDERS.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 24 \$	FY 25 \$
Department of Emergency Services and Public Protection	GF - Cost	500,000 - 1 million	500,000 - 1 million
Department of Emergency Services and Public Protection	GF - Potential Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 24 \$	FY 25 \$
All Municipalities	STATE MANDATE ¹ - Cost	1.5 million to 6.5 million statewide	1.5 million to 6.5 million statewide
All Municipalities	STATE MANDATE - Potential Cost	See Below	See Below

Explanation

The bill requires (1) all emergency medical services (EMS) personnel and first responders to receive training on administering epinephrine using automatic prefilled cartridge injectors from an organization designated by the Department of Public Health and (2) all ambulances

¹ State mandate is defined in Sec. 2-32b(2) of the Connecticut General Statutes, "state mandate" means any state initiated constitutional, statutory or executive action that requires a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

and vehicles operated by first responders to be equipped with epinephrine injectors, resulting in the costs and potential costs to the state and municipalities described below.

The bill also makes changes to how and when epinephrine is to be administered by EMS personnel and first responders, not expected to result in a fiscal impact to the state or municipalities.

State Cost

It is estimated that about 800 vehicles in the State Police will need to be equipped with epinephrine, resulting in a cost ranging from \$500,000 to \$1 million in both FY 24 and FY 25. The cost of epinephrine auto-injectors can range from about \$300 to \$600, and each vehicle will need to carry at least two injectors because of the difference in adult and child dosage. State Troopers do not currently carry epinephrine except for personal use. It is expected that the epinephrine will need to be replaced every 18 months based on shelf life.

State Potential Cost

All State Troopers currently receive initial and continual training on administering epinephrine through a patient's auto-injector.² If this training is not sufficient to meet the bill's training requirements, troopers will potentially require additional training, resulting in a potential cost to the state that depends on the length of training. For example, if the training is 8 hours and all troopers attend, the resulting cost could be up to \$530,000 for overtime expenses, not including training fees.

The state police may also need additional equipment to properly store the epinephrine at the proper temperature, resulting in another potential cost to the state.

² The training is facilitated through the American Heart Association's Heartsaver First Aid course.

Municipal Cost

The total cost to municipalities is expected to range from \$1.5 million to \$6.5 million statewide in FY 24 and FY 25, depending on an estimated 2,500 to 5,400 municipal first responder vehicles that will need to be equipped with epinephrine. The uncertainty stems from factors such as whether such vehicles will need epinephrine at all times or just during operations, and if municipalities already equip any such vehicles with epinephrine. As with the State Police vehicles, these vehicles will also need at least two per vehicle and will need replacements every 18 months.

Municipal Potential Cost

The bill's training requirements will result in potentially significant costs to municipalities. Like the State Police, some municipal police officers, firefighters, and EMS personnel may already receive training on administering epinephrine through a patient's auto-injector. However, depending on the bill's training requirements, some of these personnel may need to receive further training. Additionally, any personnel that do not currently receive training will now be required to receive such training. In most municipalities, it is expected that the training will incur overtime costs for these personnel.

Municipalities may also need additional equipment to properly store the epinephrine at the proper temperature, resulting in another potential cost to municipalities.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to how many epinephrine doses are administered by EMS personnel and first responders and when replacement auto-injectors are needed.