## Fiscal Estimate - 2023 Session

☑ Original ☐ Updated	Corrected Supplem	nental			
LRB Number <b>23-5196/1</b>	Introduction Number AB-084	8			
Description epinephrine for ambulances and making an appropriation					
Fiscal Effect		tana da angula d			
Appropriations Reversible Appropriations Reversible Appropriations Reversible Create New Appropriations  Local:	ease Existing ——absorb within agency's bu				
Permissive Mandatory Permi	5.Types of Local Government Units Affected Towns Village Counties Others School WTCS Districts Districts	Cities			
Fund Sources Affected  Affected Ch. 20 Appropriations  GPR FED PRO PRS SEG SEGS 20.435 (1)(ch)					
Agency/Prepared By	Authorized Signature	Date			
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## Fiscal Estimate Narratives DHS 3/1/2024

LRB Number <b>23-5196/1</b>	Introduction Number	AB-0848	Estimate Type	Original		
Description						
epinephrine for ambulances and making an appropriation						

## Assumptions Used in Arriving at Fiscal Estimate

This bill requires that the Department of Health Services reimburse ambulance service providers for a set of two epinephrine auto-injectors or a set of two draw-up epinephrine kits, as well as ongoing replacement units, for every ambulance in the state. The bill creates a new appropriation to reimburse service providers.

The Department estimates that the cost of epinephrine auto injectors ranges from \$300 to \$600 for a package of two injectors, with the unit cost ranging from \$150 to \$300. For draw up injectors, the unit cost is \$40. Currently, there are 1,200 active ambulances. Auto injectors would need to be replaced on an annual basis due to their expiration, requiring at minimum of two units per year, in addition to any replacement units. If one assumes a unit cost of \$150 and a need to replace units twice per year, the cost of four auto injectors per ambulance would result in an annual cost of \$720,000 GPR, and the cost of draw-up injectors would result in an annual cost of \$192,000 GPR. It is unknown how many service providers will choose draw-up versus auto injectors.

A 1.0 FTE Human Services Program Coordinator will be needed to coordinate this new program at a cost of \$71,600 GPR annually. This position will be responsible for receiving and processing requests for reimbursement from ambulances services. This will include ensuring the requesting entity is an eligible ambulance service and that the service is staffed with a practitioners qualified to administer epinephrine as well as confirming all requested expenses are allowable. They will also be responsible for ensuring the service has submitted appropriate supporting documentation.

The total cost of this proposal is estimated to between \$263,600 and \$791,600 GPR annually.

Long-Range Fiscal Implications