

LFC Requestor: Self Assigned

2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House
Number: 439

Category: Bill.
Type: Introduced.

Date (of THIS analysis): 02/20/2025
Sponsor(s): Tara Lujan
Short Title: Public Safety Telecommunicator CPR Training

Reviewing Agency: Agency 665 – Department of health
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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$ 0	\$ 0	N/A	N/A

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	N/A	N/A

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$0	\$00	\$	N/A	N/A

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 439 proposes to add language to Section 29-7C-2 NMSA 1978, the Public Safety Telecommunicator Act, that would require telecommunicators to receive training on providing cardiopulmonary resuscitation (CPR) instructions. These instructions would be given to a bystander at a scene of a cardiac arrest who has dialed 911 or is in communication with a 911 dispatch center telecommunicator.

A definition of "high-quality telecommunicator cardiopulmonary resuscitation" is added to the Act, and language is added requiring the current telecommunicator training curriculum to now include "high-quality telecommunicator cardiopulmonary resuscitation using the most current nationally recognized emergency cardiovascular care guidelines". The bill proposes that this training on high quality telecommunicator CPR would include instructions on out-of-hospital cardiac arrest protocols and compression-only CPR.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

The American Heart Association and other health organizations have issued guidelines emphasizing the importance of high-quality dispatcher-assisted CPR instructions. CPR instructions provided by 911 dispatch telecommunicators to bystanders during out-of-hospital cardiac arrests (OHCA) can significantly improve survival outcomes. Dispatcher-assisted CPR instructions are a key factor in increasing the likelihood of a good outcome for the person experiencing cardiac arrest. It has been shown that when 911 dispatchers give clear, structured CPR instructions, bystanders are more likely to perform CPR. This is crucial because immediate CPR is one of the most effective interventions to increase survival after cardiac arrest.

Research suggests that early, high-quality CPR leads to better survival rates and improved neurological outcomes. High-quality chest compressions, which focus on appropriate depth and rate, as well as minimizing interruptions, are important for maintaining circulation to the brain and other vital organs until emergency responders arrive.

Dispatcher protocols that involve providing clear and concise CPR instructions are critical, especially where the bystanders may not have prior CPR training. These protocols aim to minimize the time to first chest compressions and ensure that bystanders do not hesitate.

High-quality CPR instructions provided by 911 dispatchers have been shown to increase the likelihood of bystanders performing CPR and improve survival rates following out-of-hospital cardiac arrests. These instructions are considered an essential part of the emergency response system.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

If yes, describe how.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

Goal 1: We expand equitable access to services for all New Mexicans

Goal 2: We ensure safety in New Mexico healthcare environments

Goal 3: We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?

Yes No N/A

- If there is an appropriation, is it included in the LFC Budget Request?

Yes No N/A

- Does this bill have a fiscal impact on NMDOH? Yes No

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No

- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No

- Does this bill conflict with federal grant requirements or associated regulations?

Yes No

- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

8. DISPARITIES ISSUES

None

9. HEALTH IMPACT(S)

In 2017 meta-analysis published in the Journal of the American Heart Association that examined dispatcher-assisted CPR and its effects on survival after out-of-hospital cardiac

arrest (OHCA). This meta-analysis aggregated data from multiple studies and concluded that dispatcher-assisted CPR significantly improved the chances of survival to hospital discharge in patients who experienced out-of-hospital cardiac arrest. The review found that those who received dispatcher-assisted CPR had higher survival rates compared to those who did not, especially in cases where bystanders were initially hesitant or unsure about performing CPR without guidance ([Effectiveness of dispatcher-assisted cardiopulmonary resuscitation in private home versus public locations for out-of-hospital cardiac arrest patients - A retrospective cohort study - PubMed](#)).

Another large study, published in the New England Journal of Medicine in demonstrated that dispatcher-assisted CPR increases survival rates and improves outcomes for cardiac arrest victims, particularly when CPR is initiated quickly ([Effect of Dispatcher-Assisted Cardiopulmonary Resuscitation Program and Location of Out-of-Hospital Cardiac Arrest on Survival and Neurologic Outcome - PubMed](#)).

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If HB 439 is not enacted, 911 telecommunicators will not be trained to provide CPR instructions to bystanders at a cardiac arrest.

12. AMENDMENTS

None