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FISCAL IMPACT REPORT

SPONSOR Lujan LAST UPDATED _____
ORIGINAL DATE 2/26/25
SHORT TITLE Public Safety Telecommunicator CPR Training BILL NUMBER House Bill 439
ANALYST Sanchez

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
DPS	No fiscal impact	At least \$15.0	At least \$15.0	At least \$30.0	Recurring	General Fund

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency Analysis Received From

Department of Health (DOH)

Department of Public Safety (DPS)

Agency Analysis was Solicited but Not Received From

Municipal League (ML)

Council of Governments (COGs)

SUMMARY

Synopsis of House Bill 439

House Bill 439 (HB439) seeks to amend Section 29-7C-2, NMSA 1978 of the Public Safety Telecommunicator Training Act to require public safety telecommunicators to be trained in high-quality telecommunicator cardiopulmonary resuscitation (TCPR). The bill introduces a definition for TCPR, specifying that it entails instructions given by a telecommunicator to a bystander during a cardiac emergency to perform cardiopulmonary resuscitation. Additionally, the bill amends Section 29-7C-4.1, NMSA 1978, to mandate the inclusion of TCPR training in the curriculum of basic telecommunicator training classes and annual in-service training. The training must follow the most current nationally recognized emergency cardiovascular care guidelines and cover out-of-hospital cardiac arrest protocols, including compression-only CPR.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

FISCAL IMPLICATIONS

HB439 does not contain a direct appropriation. However, its implementation will result in recurring costs for public safety agencies responsible for training 911 telecommunicators in high-quality TCPR. The Department of Public Safety (DPS) estimates an annual cost of approximately \$15 thousand to cover expenses associated with credentialing instructors, acquiring necessary training equipment, and paying certification fees. Because the required certification is regulated under Emergency Medical Services (EMS) rather than law enforcement, telecommunicators and agencies must meet licensing requirements through the Department of Health (DOH), which could create additional administrative costs.

The financial impact will depend on how agencies choose to comply with the training mandate. Some agencies may opt to train existing staff to become certified instructors, while others may contract with external trainers, both of which carry associated costs. The training requirement applies to both initial public safety telecommunicator training and in-service training, requiring agencies to allocate funds on a recurring basis. Additionally, dispatch centers may need to ensure that their computer-aided dispatch systems are capable of interfacing with the Priority Dispatch Protocol System to standardize the delivery of CPR instructions.

While some agencies may be able to absorb the costs within existing budgets, others may require new appropriations to comply with the bill's requirements. The extent of the fiscal impact will vary based on agency size, available training resources, and existing infrastructure.

SIGNIFICANT ISSUES

HB439 aligns with nationally recognized emergency cardiovascular care guidelines by requiring public safety telecommunicators to be trained in high-quality TCPR. Research indicates that dispatcher-assisted CPR instructions can increase the likelihood of bystanders performing CPR, improving survival rates and neurological outcomes for individuals experiencing out-of-hospital cardiac arrest. The bill formalizes this approach by ensuring that 911 dispatchers receive standardized training in CPR instruction protocols, including compression-only CPR.

Public safety telecommunicators often serve as the first point of contact in medical emergencies, and the bill seeks to standardize their ability to provide CPR instructions before first responders arrive on a scene. As CPR protocols continue to evolve, the bill's emphasis on "high-quality" training ensures that telecommunicators remain up to date with the latest emergency response practices. The bill's implementation could also affect operational procedures for dispatch centers, particularly those that do not currently provide structured CPR instruction through their telecommunicators.

PERFORMANCE IMPLICATIONS

HB439 introduces a standardized requirement for public safety telecommunicators to provide CPR instructions, which may affect agency training timelines, certification processes, and emergency response protocols. The inclusion of TCPR in both initial and in-service training could impact the time allocated for other aspects of telecommunicator education, requiring adjustments to training schedules. Agencies will need to track compliance with certification requirements and ensure telecommunicators maintain proficiency in delivering CPR instructions.

Additionally, performance metrics related to emergency medical dispatch may need to be updated to assess the effectiveness of the new training requirements. This could include measuring the frequency of dispatcher-assisted CPR instructions, evaluating caller compliance with those instructions, and analyzing patient outcomes in cases where TCPR was provided. Dispatch centers that do not currently have structured protocols for CPR instruction may need to implement new performance monitoring systems to ensure adherence to the training standards established in the bill.

ADMINISTRATIVE IMPLICATIONS

HB439 will require public safety agencies to integrate TCPR into their training programs, necessitating coordination with DOH to ensure compliance with EMS certification requirements. Agencies will need to establish procedures for verifying that telecommunicators meet ongoing training and credentialing standards, which could require updates to existing personnel tracking systems.

Ensuring statewide compliance may also require oversight mechanisms to track participation in required training, address any gaps in instruction, and evaluate telecommunicator performance in providing CPR guidance. Agencies with limited administrative capacity may need to determine whether existing staff can absorb these responsibilities or if additional resources are needed to manage implementation effectively.

TECHNICAL ISSUES

HB439 requires that some dispatch centers update their computer-aided dispatch (CAD) systems to ensure compatibility with structured CPR instruction protocols. Agencies that do not currently use the Priority Dispatch Protocol System or an equivalent framework may face challenges integrating TCPR instructions into their call-handling procedures. To ensure compliance with structured CPR instruction protocols, agencies may need guidance from DOH or DPS on system compatibility requirements and implementation timelines.

OTHER SUBSTANTIVE ISSUES

While the bill establishes training as a requirement, it does not outline any data collection or reporting obligations related to the use of dispatcher-assisted CPR in emergency calls. If agencies seek to evaluate the impact of the training on emergency response outcomes, they may need to establish new performance tracking procedures. The extent to which agencies incorporate such evaluation measures may vary based on internal policies, system capabilities, and resource availability.

SS/rl/SR