

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the Legislature. LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

FISCAL IMPACT REPORT

LAST UPDATED 01/28/2025

SPONSOR Herndon/Gurrola ORIGINAL DATE 01/24/2025

BILL

SHORT TITLE Defibrillators In Every High School NUMBER House Bill 54

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*

(dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Equipment costs	No fiscal impact	Up to \$262.0	No fiscal impact	Up to \$262.0	Nonrecurring	General Fund
Training costs	No fiscal impact	Up to \$780.9	Up to \$780.9	Up to \$1,561.8	Recurring	General Fund
Total	No fiscal impact	Up to \$1,042.9	Up to \$780.9	Up to \$1,822.8		General Fund

Parentheses () indicate expenditure decreases.
 *Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency Analysis Received From
 New Mexico Medical Board (NMMB)
 Board of Nursing (BON)
 Public School Insurance Authority (PSIA)
 Department of Health (DOH)
 Albuquerque Public Schools (APS)
 Public Education Department (PED)

Agency Analysis was Solicited but Not Received From
 Regional Education Cooperatives (RECA)
 Department of Environment (DOE)

SUMMARY

Synopsis of House Bill 54

House Bill 54 (HB54) amends Section 22-33-2 NMSA 1978 to require that each high school in the state have an external heart defibrillator available and staff trained in its use by January 1, 2026. HB54 also amends Section 22-33-2 NMSA 1978 to define characteristics of acceptable external defibrillators (including their approval by the federal drug administration).

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

There is no appropriation in House Bill 54. Because there is no appropriation, the costs would have to be borne by school districts.

Internet-available automated external defibrillators (AEDs) range in price from \$489 to \$2,021. Using a midpoint cost of \$1,250 (PED uses a range of from \$1,200 to \$3,000), the cost for equipping each of New Mexico's 230 state-funded high schools with an AED would be approximate \$288 thousand, although it is likely that many of the schools will already have an AED available. Costs for training school personnel in the use of the defibrillators would be added. The Department of Health (DOH) estimates that training would cost \$50 per person trained (PED estimates \$100). DOH estimates that there are 3,300 high school teachers in New Mexico, but there are many other employees who would need to be trained. According to surveys, the average school in the U.S. has 67.9 employees; training that number of employees in each of New Mexico's 230 state-funded high schools would cost \$780.9 thousand. HB54 specifies that governing bodies, school districts, and superintendents ensure that AED training be provided annually to all high school employees.

Albuquerque Public Schools indicates that it has purchased 17 AEDs at a cost of \$25,500; therefore, they would not need the equipment, and this amount has been deducted from the \$288 thousand indicated above, leaving \$262.5 thousand as the entry in the table above. It is likely that other school districts would have AEDs on hand, so that the number needing to be purchased is probably lower than indicated in the table, and training may have occurred elsewhere, as well as at Albuquerque Public Schools.

SIGNIFICANT ISSUES

The following states require AEDs in at least some schools: Alabama, Arkansas, California, Florida, Hawaii, Maryland, Maine, Massachusetts, New Jersey, New York, Oregon, South Carolina, Tennessee, Texas, and West Virginia. Laws differ among these states, some specifying the need for AEDs in all schools, some only in high schools, some only for athletic events.

In a 2013 study published in *Journal of Athletic Trainers*, 3,371 high schools were surveyed regarding AEDs; 82.6 percent of schools had AEDs available, and these schools were more likely to have emergency plans available as well.

Sherrid et al. summarize a number of studies of sudden cardiac arrest incidence and outcomes as follows:

Sudden cardiac arrest (SCA) in school- and college-aged individuals is an important [public health](#) concern. The Resuscitation Outcomes Consortium found an incidence of 3.7 of 100,000 patient-years and 6.3 of 100,000 patient-years for children and adolescents, respectively [\(1\)](#). Others found an incidence of SCA in school-age children of 2.1 of 100,000 per year [\(2\)](#). These deaths, although infrequent, are particularly tragic because, except for their propensity for lethal [arrhythmia](#), most individuals have an otherwise excellent life expectancy...

In observational, largely uncontrolled studies with small numbers of SCA cases, installation of AEDs in schools and colleges has also been associated with increased hospital survival. The Resuscitation Outcomes Consortium found that in children, the survival rate of SCA was 6.7% to 10.2%. In contrast, the survival rates of students in schools with AED programs who had shockable rhythms ranged from 64% to 72%. At least in part, such higher survival may have resulted from SCAs in schools being witnessed, leading to earlier cardiopulmonary resuscitation and earlier arrival of emergency medical services.

DOH summarizes American Heart Association data indicating that the chances of surviving SCA decrease 7 to 10 percent for every minute use of an AED is delayed, and notes that emergency medical services response time is greater in rural areas.

New Mexico in 2022 had approximately 322,989 school children in its 854 public schools. Applying the midpoint of the rates of SCA mentioned above, which would be 4.2 SCA events per 100,000 students per year, one might expect there would be 13 episodes of SCA per year among students. SCA events occur at a higher frequency during athletic events, but a majority of SCA events are among students at other times. SCA events can also occur among school personnel and visitors, including spectators at school athletic events.

SCA events do not occur only in high schools, but a breakdown by level (elementary, middle/junior high, high school) could not be found. As noted by DOH, restriction of the bill to require defibrillators only in high schools would leave 68 percent of children and a corresponding number of teachers, other school personnel, and visitors without access to an AED at their junior/middle and elementary schools.

As noted by the Board of Nursing (BON), “A mainstay and recognized intervention for sudden cardiac emergencies, AEDs are widely available in a preponderance of public facilities. Out of hospital intervention is feasible and desirable.”

The Public Education Department makes the following additional argument on behalf of AEDs in each school, citing liability considerations:

Laypeople are less likely to initiate cardiopulmonary resuscitation or intervene during emergency episodes because barriers regarding legal liability, particularly in the educational setting, exist. The scope of immunity law does not prevent lawsuits but does make it easier to defend by protecting certain people for certain activities. New Mexico’s Good Samaritan Law (Section 24- 10-3 NMSA 1978), generally protects from civil liability persons who attempt to come to the aid of another by providing care or assistance in good faith at the scene of an emergency, which is defined to mean, "an unexpected occurrence of injury or illness occurring in public or private places to a person that results from motor vehicle accidents or collisions, acts of God, and other accidents and events of a similar nature.”

An estimated 1,700 lives were saved by bystander use of AEDs in 2018 [in the US].

DOH states that, notwithstanding these benefits having AEDs available in public places, the agency:

Has been engaged in ongoing conversations with representatives of public school districts who have removed AEDs from schools based on liability concerns. Primarily, school districts have expressed concern that the NM “Good Samaritan” statute (NMSA Section 24-10-3) only immunizes natural persons - i.e., actual individual persons, rather than legal entities such as schools and school districts - and that the Good Samaritan law would therefore not immunize schools from damages in a lawsuit. However, this interpretation of the law ignores the fact that a separate, AED-specific program [the New Mexico Cardiac Arrest Response Act] exists that affords broad immunity both for schools and school representatives.”

ADMINISTRATIVE IMPLICATIONS

BON notes that there will be a need for periodic maintenance of the AEDs, re-training for school personnel, and replacement of equipment, most particularly AED pads that have an expiration date.

RELATIONSHIP

Related to 2016 House Bill 49, which would have provided funding for instruction in the use of AEDs (It did not pass, nor did a similar bill, 2016 Senate Bill 38). Related to 2021 House Bill 104, which required the Public Education Department to add training in lifesaving skills, including use of a defibrillator, to the required curriculum for all seventh and ninth graders (This bill passed and was chaptered.). Related to 2023 Senate Bill 450, which required that all athletic coaches in the state be trained and certified in cardiopulmonary resuscitation (This bill was passed and chaptered).

LAC/hj/SL2/rl