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FISCAL IMPACT REPORT

SPONSOR <u>Campos/Herndon</u>	LAST UPDATED <u>03/06/2025</u>
	ORIGINAL DATE <u>03/04/2025</u>
SHORT TITLE <u>Rural School Defibrillator Training</u>	BILL NUMBER <u>Senate Bill 494/aSEC</u>
	ANALYST <u>Chilton</u>

APPROPRIATION* (dollars in thousands)

FY25	FY26	Recurring or Nonrecurring	Fund Affected
	\$450.0	Recurring	Government Results and Opportunity Fund

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

Relates to House Bill 54

Sources of Information

LFC Files

Agency Analysis Received From
 Department of Health (DOH)
 Regional Education Cooperatives (RECA)

Agency Analysis was Solicited but Not Received From
 Public Education Department (PED)

SUMMARY

Synopsis of SEC Amendment to Senate Bill 494

The Senate Education Committee amendment to Senate Bill 494 increases the appropriation to \$450 thousand and makes it available for expenditure over the three fiscal years, 2026 to 2028.

Synopsis of Senate Bill 494

Senate Bill 494 (SB494), Rural School Defibrillator Training, appropriates \$150 thousand from the government and opportunity program fund to the Public Education Department for the purpose of contracting with a national organization that produces guidelines for cardiopulmonary resuscitation and emergency cardiac care to train school personnel in the use of a defibrillator.

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

The appropriation of \$450 thousand contained in this bill is a recurring expense to the government results and opportunity fund. Any unexpended or unencumbered balance remaining at the end of FY28 shall revert to the general fund. It is scored as recurring because one-time training would not suffice for personnel who might use the training very infrequently or who would be replaced by untrained persons.

SIGNIFICANT ISSUES

Much publicity has surrounded cases of sudden cardiac death during sports, including in high school sports, but acute cardiac events do not occur solely during sports. In schools, not only students are at risk of sudden cardiac events, but also school personnel and visitors. Thus, both having a defibrillator (also called an automated external defibrillator or AED) and having someone trained to use one when necessary may save lives. This bill would provide the training, which would need to be ongoing. To be effective, a defibrillator would need to be on site, which is not provided through this bill.

DOH gives details of the importance of defibrillators and their use:

Training individuals in cardiopulmonary resuscitation (CPR) and the use of on-site automatic external defibrillators (AEDs) is critical, as rapid response to sudden cardiac arrest significantly improves survival outcomes. The presence of an AED ensures immediate access to defibrillation, which is crucial since survival rates decrease by approximately 10 percent for every minute without intervention (American Heart Association).¹

The American Heart Association recommends AEDs be available in public spaces, including schools, where large groups gather. Research indicates that the chances of surviving cardiac arrest drop by about 7 percent-10 percent for every minute defibrillation is delayed. Additionally, the average Emergency Medical Services (EMS) response time in the United States is approximately 7 minutes, with response times in rural areas often exceeding 14 minutes. In nearly 10 percent of cases, the waiting time for EMS personnel can approach 30 minutes. Delays in emergency response have been linked to worse health outcomes, particularly in cases of cardiopulmonary arrest, severe bleeding, and airway obstruction.^{2,3}

AEDs are designed to be user-friendly, providing step-by-step voice instructions to guide users through the process. As a result, training is generally easy to complete, allowing nonmedical personnel to effectively operate the device in an emergency. The availability of AEDs and trained personnel can provide reassurance to parents and the broader community, particularly in areas where immediate medical assistance may not be readily available.

¹ <https://cpr.heart.org/-/media/CPR-Files/Training-Programs/AED-Implementation/2023-updates/AED-fact-sheet-Feb-2023.pdf>

² <https://corp.publicschoolworks.com/resource/why-aeds-are-a-must-have-inschools-a-superintendents-guide>

³ <https://jamanetwork.com/journals/jamasurgery/fullarticle/2643992>

In New Mexico, more than 309 thousand students are enrolled in public schools, with approximately 110 thousand attending schools in the three largest urban districts—Albuquerque Public Schools, Las Cruces Public Schools, and Santa Fe Public Schools.⁴ This leaves roughly one-third of students, along with an equivalent proportion of school personnel, in rural areas where access to AEDs and associated training may be more limited. Given longer EMS response times in rural communities, having AEDs on-site and ensuring staff are trained in their use can be especially important in providing timely intervention for sudden cardiac arrest.

In recent years, there have been concerns from school districts related to limited liability protection for entities when implementing these programs within schools. Good Samaritan liability protections extend to individuals, while schools and districts ensure liability coverage by participating with the CARA program at DOH.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

SB494 partially duplicates House Bill 54, Defibrillators in Every High School, which would require a defibrillator in every high school and training in their use for high school personnel.

OTHER SUBSTANTIVE ISSUES

Defibrillators differ from one another. Training in the use of one defibrillator may only partially apply to use of another.

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⁴ <https://webnew.ped.state.nm.us/bureaus/information-technology/stars/>