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FISCAL IMPACT REPORT

ORIGINAL DATE 01/22/14
 SPONSOR HEC LAST UPDATED 02/10/14 HB 52/HECS
 SHORT TITLE Emergency Medications in Schools SB _____
 ANALYST Armstrong

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY14	FY15		
	NFI		

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 49, HB 53, HB 279, SB 165
 Duplicates HB 75/SJCS

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Medical Board (MB)
 Regulation and Licensing Department (RLD)
 Public Education Department (PED)

No Response From

Human Services Department (HSD)

SUMMARY

Synopsis of Bill

The House Education Committee substitute for House Bill 52 creates new sections in the Public School Code and the Public Health Act allowing public, charter, and private schools to stock and provide or administer emergency medication to treat apparent respiratory distress or anaphylaxis. This bill allows school boards and governing bodies of charter schools to provide schools with albuterol aerosol canisters and spacers and epinephrine auto-injectors, or other appropriate emergency medications as recommended by DOH. HB 52/HECS authorizes health care practitioners employed or authorized by DOH to prescribe these emergency medications to a school or school district, and allows pharmacists to fill such prescriptions. The bill also calls for disposal of expired emergency medication pursuant to DOH or Board of Pharmacy regulations.

HB 52/HECS requires local school boards and governing bodies of charter schools electing to provide emergency medication under its provisions to promulgate policies to: (1) recognize the symptoms of respiratory distress and anaphylaxis; (2) immediately initiate an emergency medical system response; (3) have a school nurse or other authorized person administer emergency medication; (4) notify the student’s parent or guardian; (5) continue to monitor the student’s condition and deliver any additional treatment indicated until an emergency responder arrives; and (6) take any other necessary actions based on training pursuant to other provisions of HB 52/HECS. The policies regarding epinephrine must be published on the board or governing body’s website. Schools must have at least one personnel trained to administer epinephrine on the premises during operating hours.

This bill allows DOH, school boards, and governing bodies of charter schools to accept gifts, grants, bequests, and donations from any source to carry out its provisions.

FISCAL IMPLICATIONS

This bill does not include an appropriation, but PED states HB 52/HECS carries “moderate” costs to school districts’ and charter schools’ operational budgets.

SIGNIFICANT ISSUES

HB 52/HECS authorizes health care practitioners employed or authorized by DOH to prescribe emergency medications to a school or school district, and allows pharmacists to fill such prescriptions. However, according to RLD analysis, pharmacies and wholesalers will not sell to unlicensed entities, e.g. schools and school districts. Moreover, RLD states that HB 52/HECS would require the medical and nursing boards to modify their unprofessional conduct rules to allow standing orders for medications in schools. See 16.10.8.8.L. NMAC. RLD also states that 26-1-16 NMSA 1978 requires proper licensure to acquire and possess prescription drugs, and that HB 52/HECS authorizes unlicensed individuals to receive and administer prescription drugs to children without requiring consent from parents.

PERFORMANCE IMPLICATIONS

According to DOH analysis, HB 52/HECS relates to DOH FY14 Goal One: Improve Health Outcomes for the People of New Mexico. Strategy: Provide clinical services that accommodate teens by means of accessible locations (e.g. SBHCs) and clinical practices. PED states that HB 52/HECS supports the department’s strategic lever ensuring students are healthy and ready for success.

ADMINISTRATIVE IMPLICATIONS

HB 52/HECS would require additional staff time to participate in the development and implementation of policies and the distribution of emergency medications in schools. The bill requires DOH to develop rules and make recommendations for each school district and governing body of a charter school electing to provide emergency medication. These rules must address administering albuterol and epinephrine, preventing and treating respiratory distress and anaphylaxis, the requirement that one or more trained personnel is on school premises during operating hours, maintenance and storage of epinephrine, and the disposal of expired emergency medication.

If a local school board or the governing body of a charter school decides to acquire and store emergency medications under HB 52/HECS, schools and districts would need to: provide a school-specific location for the secure storage of designated emergency medications; develop policies addressing procedures such as recognizing the symptoms of respiratory distress, initiating an emergency medical system, administering albuterol using a spacer, and parent, guardian or legal guardian notification; publish policies regarding epinephrine on its website; and document that trained personnel have received training.

DUPLICATION, RELATIONSHIP

HB 49 is very similar to HB 52/HECS. While HB 52/HECS leaves this decision to the local school board or governing body, HB 49 requires such bodies to provide its schools with emergency medications.

SB 75/SJCS duplicates HB 52/HECS.

HB 53 removes language from the School Discipline Policies section of the Public School Code and adds a new section with a similar effect. The bill allows students to carry and self-administer emergency medication for the treatment of asthma, respiratory distress, or anaphylaxis.

OTHER SUBSTANTIVE ISSUES

According to DOH analysis, a 2013 survey by the New Mexico School Nurses Association showed a majority of school nurses (70.8 percent) in the state would have used a stock albuterol inhaler in an emergency situation, and 28 percent would have used an epinephrine auto-injector, if available. Most school nurses (71 percent) reported working in rural schools where it is not uncommon for emergency medical services to take 45 minutes or longer to respond. Additionally, as of 2011 10.4 percent of New Mexico's children have asthma and approximately two students in every classroom have food allergies. Acute anaphylaxis due to allergic reactions occurs in a small number of children annually; however, it is frequently fatal. One-quarter of the severe and potentially life-threatening reactions (anaphylaxis) reported at schools happened in children with no previous allergy diagnosis.

JA/ds