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FISCAL IMPACT REPORT

ORIGINAL DATE 01/29/14

SPONSOR McSorley LAST UPDATED _____ HB _____

SHORT TITLE School Use of Emergency Medications SB 165

ANALYST Armstrong

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY15	FY16		
NFI			

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 49, HB 52, HB 53 and SB 75

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Public Education Department (PED)

Regulation and Licensing Department (RLD)

SUMMARY

Senate Bill 165 creates new sections in the Public School Code and the Public Health Act allowing 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. SB 165 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.

SB 165 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; and (5) continue to monitor the student's condition and deliver any additional treatment indicated until an emergency responder arrives.

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 that SB 165 carries "moderate" costs to school districts' and charter schools' operational budgets.

SIGNIFICANT ISSUES

SB 165 calls for administering emergency medications to students reasonably believed to be experiencing respiratory distress or anaphylaxis, regardless of whether the student has been diagnosed with asthma or a severe allergy. This may expose a school nurse or other authorized individual to liability if a student is apparently suffering from respiratory distress or anaphylaxis, but has an allergic reaction to the provided medication or if the medication adversely reacting with another medication the student may be taking and is unknown to school personnel.

PERFORMANCE IMPLICATIONS

According to DOH analysis, SB 165 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 SB 165 supports the department's strategic lever ensuring students are healthy and ready for success.

ADMINISTRATIVE IMPLICATIONS

SB 165 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 SB 165, 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.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

SB 165 duplicates Sections one through five of Senate Bill 75 and House Bill 52. However, SB

75 and HB 52 provide immunity to individuals providing epinephrine to students apparently suffering anaphylaxis while SB 165 does not.

House Bill 49 is very similar to SB 165. While SB 165 leaves this decision to the local school board or governing body, HB49 requires such bodies to provide its schools with emergency medications. HB 49 also includes the immunity provisions contained in HB 52 and SB 75.

House Bill 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