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FISCAL IMPACT REPORT

SPONSOR James ORIGINAL DATE 2/10/16
LAST UPDATED _____ HB 49

SHORT TITLE School CPR & Defibrillator Instruction SB _____

ANALYST Fernandez

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		
	\$100.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to SB 1/SECS and HB 104/HHCS
Duplicates SB 38

SOURCES OF INFORMATION

LFC Files

Responses Received From

Public Education Department (PED)
Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 49 appropriates \$100 thousand from the general fund to PED for expenditure in FY17 to fund instruction in psychomotor skills-based cardiopulmonary resuscitation and the use of an automated external defibrillator in schools.

FISCAL IMPLICATIONS

The appropriation of \$100 thousand contained in this bill is a recurring expense to the general fund. Any unexpended balance remaining at the end of fiscal year 2017 shall revert to the general fund.

SIGNIFICANT ISSUES

PED provides the following:

The American Heart Association (AHA) reports that almost 326,000 cardiac arrest events occur outside of the hospital each year. According to the AHA, “effective bystander CPR provided immediately after sudden cardiac arrest can double or triple a victim’s chance of survival.” The AHA recommends that hands-on training in CPR be a requirement for graduation from high school. Currently, 26 states require CPR training as a graduation requirement.

The Mayo Clinic describes CPR as “a lifesaving technique useful in many emergencies” and states “CPR can keep oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore a normal heart rhythm.” In relation to a normal heart rhythm, the National Institutes of Health (NIH) reports, “An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest (SCA).”

Sources:

http://cpr.heart.org/AHA/ECC/CPRAndECC/AboutCPRFirstAid/CPRFactsAndStats/UCM_475748_CPR-Facts-and-Stats.jsp

<http://www.mayoclinic.org/first-aid/first-aid-cpr/basics/ART-20056600>

<http://www.nhlbi.nih.gov/health/health-topics/topics/aed/>

<http://www.nsc.org/learn/safety-knowledge/Pages/safety-at-home-choking.aspx>

DOH provides the following information:

Each year in the U.S., there are approximately 359,400 Emergency Medical Services (EMS)-assessed cardiac arrests outside of a hospital setting in New Mexico. EMS agencies reported responding to 1,975 cardiac arrests in 2014; in 2013 this number was 2,010 (*New Mexico EMS Tracking and Reporting System; DOH EMS Bureau*).

On average, less than 10% of victims survive. Cardiac arrest affects people of all ages, but occurs more commonly in adults with prior heart disease. It becomes more common as Americans age. Immediate CPR and early defibrillation with an AED can more than double a victim’s chance of survival. In fact, early defibrillation, along with CPR, is the only way to restore the victim’s heart rhythm to normal in many cases of cardiac arrest. However, for every minute that passes without CPR and defibrillation, the chance of survival decreases by 7–10%. According to the 2013 Update of the American Heart Association’s Heart Disease and Stroke Statistics, 23% of out-of-hospital cardiac arrests are “shockable” arrhythmias, or those that respond to a shock from an AED, making individuals trained in the use of an AED and that have access to the device very valuable. However, 64% of Americans have never even seen an AED (*Every Second Counts; Rural and Community Access to Emergency Devices Fact Sheet; American Heart Association; 2013*).

Defibrillation time remains a critical element in a successful resuscitation, and the AED was developed to broaden the pool of available rescuers. The addition of AED training to CPR training in lay volunteers has been shown to produce superior survival rates compared to conventional CPR training alone. Several studies have demonstrated that very young, previously untrained children can be taught to successfully operate an AED. Education and public

participation are the cornerstones of promoting and developing a successful public access defibrillation (PAD) program. (*Elsevier Training and Educational Paper, Eighth grade students become proficient at CPR and use of an AED following a condensed training program. James Kelleya, Peter B. Richmana, Gordon A. Ewyb, Lani Clarkb,c, Blake Bullochd, Bentley J. Bobrowa,c, 20 March 2006*).

PERFORMANCE IMPLICATIONS

According to PED, this bill may support the PED strategic lever of a safe and supporting learning environment and this supports the DOH strategic plan, Result #1: Improve the Health Outcomes of New Mexicans.

ADMINISTRATIVE IMPLICATIONS

This bill requires PED to establish a program and application process for local school districts and charter schools to apply for funding to offer students in grades seven through twelve training in psychomotor skills-based cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). The Secretary of PED is also required to adopt and promulgate rules for implementation of the training program. According to PED, this requirement is not necessary since HB49 is specific regarding the implementation and process requirements.

DUPLICATION & RELATIONSHIP

This bill duplicates SB38 and relates to SB1/SECs & HB104/HHCS which are identical bills that amend the Public School Code to add lifesaving skills training (CPR & AED use) to the health education curriculum for students and require the training be provided by existing staff such as school nurses, health teachers and athletic department personnel and any qualified persons volunteering to provide training at no cost to the school district.

TECHNICAL ISSUES

PED indicates that this bill is unclear as to the type of CPR training that can be used to train students. The bill should clarify if the training is compression only CPR or if it would also include airway and rescue breathing techniques.

ALTERNATIVES

An alternative would be to amend the Public School Code to add lifesaving skills training to the health education curriculum for students. According to PED, some educational components for CPR and AED may complement existing, required standards for health education in NM. For example, NM Content Standards Benchmark 6 requires students in grades 9-12 to be able to analyze situations requiring professional health services. An individual requiring CPR would need professional health services, and a large part of the CPR process is to ensure that emergency responders are contacted. Currently, districts may elect to offer either one-half credit or one whole credit of Health Education so it is possible for districts to include training in CPR and AED into their current health education curriculum.

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SB1/SECS and HB104/HHCS amend the Public School Code to add lifesaving skills training to the health education curriculum for students and both require the training be provided by existing staff such as school nurses, health teachers and athletic department personnel and any qualified persons volunteering to provide training at no cost to the school district.

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