

FISCAL IMPLICATIONS

This bill does include an appropriation. However, PED indicates there will be a cost to purchase the instructional materials related to the training in both English and Spanish, but does not provide an estimate. In addition, there may be associated costs to purchase any necessary equipment for training.

SIGNIFICANT ISSUES

This bill incorporates lifesaving skills training into current health education graduation curriculum requirements that follow nationally recognized guidelines for hands-on psychomotor skills cardiopulmonary resuscitation (CPR). Students are also required to be trained to recognize the signs of a heart attack, use an automated external defibrillator (AED) and perform the Heimlich maneuver for choking victims. According to the department, 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.

The bill also requires that the training be provided by school nurses, health teachers and athletic department personnel and any qualified persons volunteering to provide training at no cost to the school district.

Training and instructional materials for the lifesaving skills training shall be in both English and Spanish.

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

By December 31, 2016, the Secretary of Public Education is required to adopt and promulgate rules for the instructors providing the training and to approve the training and instructional materials related to the training.

This bill requires the instruction for lifesaving training be provided by current school personnel such as school nurses, health teachers and athletic department staff or by other qualified persons who volunteer to provide training at no cost to the district. However, it is unclear how many PED licensed teachers are currently qualified to teach CPR.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Duplicates Senate Education Committee Substitute for SB 1.

Relates to SB 38 which proposes to appropriate \$100 thousand to the PED to establish a program that enables local school districts and charter schools to apply for funding to offer students in grades 7 through 12 instruction in “psychomotor skills-based” CPR and the use of an AED.

OTHER SUBSTANTIVE 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).”

Finally, the National Safety Council reports “According to Injury Facts 2015, choking was the fourth leading cause of unintentional injury deaths in 2011.” The Heimlich maneuver can be used to respond to a choking incident. Performing CPR, correctly using an AED, and performing the Heimlich maneuver can all be lifesaving measures. If New Mexico (NM) students are trained to recognize signs of a heart attack, perform compression-only CPR, appropriately use AEDs, and perform the Heimlich Maneuver, as CSHB104 intends, it is likely that the number of able-bodied responders in the event of a choking or cardiac arrest event would be increased in NM.

Sources:

http://cpr.heart.org/AHA/ECC/CPRAandECC/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 percent 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

percent. According to the 2013 Update of the American Heart Association's Heart Disease and Stroke Statistics, 23 percent 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 percent 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*).

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