

LFC Requestor: LIU, Sunny

2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: Senate

Category: Bill

Number: 494

Type: Introduced

Date (of THIS analysis): 02/21/2025

Sponsor(s): Campos

Short Title: Making an Appropriation for Rural School Defibrillator Training

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

| Appropriation Contained | | Recurring or Nonrecurring | Fund Affected |
|-------------------------|-------|---------------------------|---------------|
| FY 25 | FY 26 | | |
| \$0 | 150.0 | | NMGRO |
| | | | |

REVENUE (dollars in thousands)

| Estimated Revenue | | | Recurring or Nonrecurring | Fund Affected |
|-------------------|-------|-------|---------------------------|---------------|
| FY 25 | FY 26 | FY 27 | | |
| \$0 | \$0 | \$0 | N/A | |
| | | | | |

STIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

| | FY 25 | FY 26 | FY 27 | 3 Year Total Cost | Recurring or Non-recurring | Fund Affected |
|-------|-------|-------|-------|-------------------|----------------------------|---------------|
| Total | \$0 | \$0 | \$0 | \$0 | N/A | N/A |
| | | | | | | |

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

Senate Bill 494 proposes to appropriate one hundred fifty thousand dollars (\$150,000) from the government results and opportunity program fund (NMGRO) to the public education department (PED) for expenditure in fiscal year 2026. SB494 directs PED to contract with a national organization that publishes official guidelines for cardiopulmonary resuscitation and emergency cardiovascular care to train educational personnel in rural school districts to use defibrillators in a cardiac emergency. Any unexpended or unencumbered balance remaining at the end of fiscal year 2026 shall revert to the government results and opportunity program.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

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% for every minute without intervention. (American Heart Association; <https://cpr.heart.org/-/media/CPR-Files/Training-Programs/AED-Implementation/2023-updates/AED-fact-sheet-Feb-2023.pdf>)

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%-10% 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% of cases, the wait 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. (<https://corp.publicschoolworks.com/resource/why-aeds-are-a-must-have-in-schools-a-superintendents-guide/>; <https://jamanetwork.com/journals/jamasurgery/fullarticle/2643992>)

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 non-medical 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.

In New Mexico, more than 309,000 students are enrolled in public schools, with approximately 110,000 attending schools in the three largest urban districts—Albuquerque Public Schools, Las Cruces Public Schools, and Santa Fe Public Schools. (<https://webnew.ped.state.nm.us/bureaus/information-technology/stars/>) 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 participated with the CARA program at DOH. The NM Cardiac Arrest Response Act (CARA) provides clear immunity to both natural persons and legal entities who register their AED programs with DOH and follow CARA program requirements. CARA at NMSA Section 24-10C-7 immunizes “persons” that acquire, provide, or make available to the public automated external defibrillators pursuant to CARA. “Person” is defined at NMSA Section 24-10C-3 to include “an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture or any legal or commercial entity.” Schools and school employees would thus be immunized, provided that the schools registered their AED programs with DOH and followed CARA program requirements, as described in Department regulation at 7.27.8 NMAC.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

If yes, describe how.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

Goal 1: We expand equitable access to services for all New Mexicans

Goal 2: We ensure safety in New Mexico healthcare environments

Goal 3: We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?
 Yes No N/A
- If there is an appropriation, is it included in the LFC Budget Request?
 Yes No N/A
- Does this bill have a fiscal impact on NMDOH? Yes No

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

8. DISPARITIES ISSUES

Rural areas are less likely to have AEDs available as there are fewer large public spaces where AEDs are usually found, and those same areas have fewer clinics and hospitals as well as longer EMS response times. Therefore, AEDs in schools, especially in rural and remote areas, could potentially offer a way to improve these disparities.

9. HEALTH IMPACT(S)

AEDs are potentially lifesaving for someone in sudden cardiac arrest from a dysrhythmia, so there would be anticipated health benefits from having them more accessible in public spaces around the state.

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If SB 494 is not enacted, there will not be \$150,000 of funding for the training of rural schools in the use of CPR and AED's.

12. AMENDMENTS

None