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FISCAL IMPACT REPORT

BILL NUMBER: House Bill 256

SHORT TITLE: Defibrillators at School Athletic Events

SPONSOR: Herndon/Gurrola/Johnson

LAST ORIGINAL
UPDATE: _____ **DATE:** 02/06/2025 **ANALYST:** Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*

(dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	No fiscal impact	No fiscal impact	No fiscal impact			

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Related to Senate Bill 123.

Sources of Information

LFC Files

Agency or Agencies Providing Analysis

Department of Health

Regional Education Cooperatives

Agency or Agencies That Were Asked for Analysis but did not Respond

Public Education Department

New Mexico Activities Association

Because of the short timeframe between the introduction of this bill and its first hearing, LFC has yet to receive analysis from state, education, or judicial agencies. This analysis could be updated if that analysis is received.

SUMMARY

Synopsis of House Bill 256

House Bill 256 alters Section 22-33-6 NMSA 1978, which is entitled “Cardiac Emergency Response Plan – Automated External Defibrillators.” Statute currently requires that each school have a plan to respond to persons on school grounds experienced sudden heart arrest, and the bill would add that the plan must include those attending a school athletic activity. The plan must include locations where defibrillators are to be located or made available. The bill adds language requiring the external defibrillator to be clearly marked and accessible.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, which is May 20, 2026.

FISCAL IMPLICATIONS

There is no appropriation in House Bill 256. No appropriation is made to purchase or service defibrillators for those schools not already owning them, although Senate Bill 123, if passed, would subsidize purchase of defibrillators, especially for nonurban schools.

SIGNIFICANT ISSUES

In a 2009 [article in *Sports Health*](#), the authors, from the Sports Medicine Clinic at the University of Washington, concluded that “Schools and organizations sponsoring athletic programs should implement automated external defibrillators as part of a comprehensive emergency action plan for sudden cardiac arrest. In a collapsed and unresponsive athlete, sudden cardiac arrest should be suspected and an automated external defibrillator applied as soon as possible, as decreasing the time interval to defibrillation is the most important priority to improve survival in sudden cardiac arrest.”

The following states require AEDs in at least some schools: Alabama, Arkansas, California, Florida, Hawaii, Maryland, Maine, Massachusetts, New Jersey, New York, Oregon, South Carolina, Tennessee, Texas, and West Virginia. Laws differ among these states, some specifying the need for AEDs in all schools, some only in high schools, some only for athletic events.

In a 2013 study published in *Journal of Athletic Trainers*, 3,371 high schools were surveyed regarding AEDs; 82.6 percent of schools had AEDs available, and these schools were more likely to have emergency plans available as well.

Sherrid et al. summarize a number of studies of sudden cardiac arrest incidence and outcomes as follows:

- Sudden cardiac arrest (SCA) in school- and college-aged individuals is an important public health concern. The Resuscitation Outcomes Consortium found an incidence of 3.7 of 100,000 patient-years and 6.3 of 100,000 patient-years for children and adolescents, respectively (1). Others found an incidence of SCA in school-age children of 2.1 of 100,000 per year (2). These deaths, although infrequent, are particularly tragic because, except for their propensity for lethal arrhythmia, most individuals have an otherwise excellent life expectancy...
- In observational, largely uncontrolled studies with small numbers of SCA cases, installation of AEDs in schools and colleges has also been associated with increased hospital survival. The Resuscitation Outcomes Consortium found that in children, the survival rate of SCA was 6.7% to 10.2%. In contrast, the survival rates of students in schools with AED programs who had shockable rhythms ranged from 64% to 72%. At least in part, such higher survival may have resulted from SCAs in schools being witnessed, leading to earlier cardiopulmonary resuscitation and earlier arrival of emergency medical services.

The Department of Health summarizes American Heart Association data indicating that the chances of surviving SCA decrease 7 to 10 percent for every minute use of an AED is delayed, and notes that emergency medical services response time is greater in rural areas.

In FY25, New Mexico public schools enrolled approximately 306.5 thousand students in its 835 public schools. Applying the midpoint of the rates of SCA mentioned above, which would be 4.2 SCA events per 100 thousand students per year, one might expect 13 episodes of SCA per year among students. SCA events occur at a higher frequency during athletic events, but a majority (65 percent) of SCA events are among students at other times. SCA events can also occur among school personnel and visitors, including spectators at school athletic events.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Related to Senate Bill 123, which carries an appropriation to PED for defibrillators in nonurban schools. Related to 2025 House Bill 54, which provided defibrillators in every high school (passed) and 2025 Senate Bill 494, which would have provided training in rural schools in defibrillator use, but was not passed.

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