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FISCAL IMPACT REPORT

SPONSOR Anderson ORIGINAL DATE 2/3/06
LAST UPDATED _____ HB 638
SHORT TITLE Automatic External Defibrillator Programs SB _____
ANALYST Lewis

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY06	FY07		
	250.0	Non-Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HJM 57 (Sheriff's Deputies David Brown & Robbie Ray)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 638 appropriates \$250,000 from the general fund to the Department of Health to provide grants to political subdivisions of the state and state agencies for automatic external defibrillator programs.

FISCAL IMPLICATIONS

The appropriation of \$250,000 contained in this bill is a non-recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2007 shall revert to the general fund.

SIGNIFICANT ISSUES

According to the Department of Health (DOH), cardiac arrest (sudden stopping of the heart) is the third leading cause of death in New Mexico and in the United States. The primary first-aid treatment for cardiac arrest is the proper use of an automatic external defibrillator (AED) and secondly (CPR). Public access to defibrillation (PAD) makes AEDs available in public and/or private places where large numbers of people gather or people who are at high risk for heart at-

tacks live, so that trained CPR responders can use an AED to resuscitate an individual during cardiac arrest. Survival chances of a fibrillating patient start at 90 percent if defibrillated immediately, and decrease by 10 percent every minute thereafter.

According to the American Heart Association (AHA) (<http://www.americanheart.org/>) defibrillation is a process in which an electronic device (defibrillator) helps reestablish normal contraction rhythms in a heart that's not beating properly. It does this by delivering an electric shock to the heart. An automated external defibrillator (AED) is a computerized defibrillator that:

- can check a person's heart rhythm;
- can recognize a rhythm that requires a shock;
- can advise the rescuer when a shock is needed; and
- uses voice prompts, lights, and text messages to tell the rescuer the steps to take.

The AHA indicates that AEDs are very accurate and easy to use, and that anyone can learn to operate an AED safely with a few hours of training. The AHA strongly advocates that all EMS first-response vehicles and ambulances be equipped with an AED or another defibrillation device (semiautomatic or manual defibrillator). The AHA also supports placing AEDs in targeted public areas such as sports arenas, gated communities, office complexes, doctor's offices, shopping malls, etc. When AEDs are placed in the community or a business or facility, the AHA strongly encourages that they be part of a defibrillation program in which:

- persons that acquire an AED notify the local Emergency Medical Services (EMS) office;
- a licensed physician or medical authority provides medical oversight to ensure quality control; and
- persons responsible for using the AED are trained in CPR and how to use an AED.

The AHA explains that CPR training is critical, because early CPR is an integral part of providing lifesaving aid to people suffering sudden cardiac arrest. CPR helps to circulate oxygen-rich blood to the brain. After the AED is attached and delivers a shock, the typical AED will prompt the operator to continue CPR while the device continues to analyze the victim.

According to the AHA, most AEDs cost between \$1,500 and \$2,000.

PERFORMANCE IMPLICATIONS

Although HB 638 is not part of the DOH executive budget request, it is part of DOH's Strategic Plan, Program Area 3: Epidemiology and Response Division; Objective 1: Improve the state's capacity to respond to public health emergencies

ADMINISTRATIVE IMPLICATIONS

Existing DOH staff in the Emergency Response and Epidemiology Division would administer the programs proposed in HB 638.