

LFC Requestor: LIU, Sunny

**2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: House

Category: Bill

Number: 54

Type: Introduced

Date (of THIS analysis): 01/21/25

Sponsor(s): Pamela Herndon and Yanira Gurrola

Short Title: Defibrillators in Every High School

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	\$0	N/A	N/A

REVENUE (dollars in thousands)

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

ESTIMATED 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

House Bill 54 (HB54) would amend Section 22-33-2 NMSA 1978 (being Laws 2014, Chapter 50, Section 2) to require every high school to install an automated external defibrillator (AED) and require all high school employees to be trained in the use of automated external defibrillators.

Is this an amendment or substitution? ☐ Yes ☒ No

Is there an emergency clause? ☐ Yes ☒ No

b) Significant Issues

The American Heart Association recommends that AEDs be available in all public areas where large numbers of people gather, including schools. The chances of surviving cardiac arrest drop by about 7%-10% every minute that defibrillation is delayed, according to the American Heart Association Journals, and the average Emergency Medical Services (EMS) response time in the United States is about 7 minutes (<https://corp.publicschoolworks.com/resource/why-aeds-are-a-must-have-in-schools-a-superintendents-guide/>). That median time increases to more than 14 minutes in rural settings, with nearly 1 of 10 encounters waiting almost a half hour for the arrival of EMS personnel. Longer EMS response times have been associated with worse outcomes in trauma patients. In some, albeit rare, emergent conditions (e.g., cardiopulmonary arrest, severe bleeding, and airway occlusion), even modest delays can be life threatening. (<https://jamanetwork.com/journals/jamasurgery/fullarticle/2643992>)

It is estimated that over 20% of the United States population can be found in schools, including students (<https://www.census.gov/newsroom/press-releases/2023/school-enrollment-report.html>) and teachers (<https://www.statista.com/statistics/185012/number-of-teachers-in-elementary-and-secondary-schools-since-1955/>). Of the over 309,000 students in New Mexico only 100,000 are in high school. Limiting this requirement to high schools would leave 68% of students in New Mexico, and an equal percentage of teachers, without access to an AED while at school.

Costs for implementing this legislation could be significant. New Mexico has 221 high schools statewide (<https://webnew.ped.state.nm.us/bureaus/information-technology/stars/>). With an average cost of \$1,500.00 per AED, equipment costs would exceed \$330,000.00 for initial startup. It is estimated that there are around 3,300 high school teachers in New Mexico, and training costs for cardiopulmonary resuscitation (CPR) and AED is a minimum of \$50 per person (https://www.redcross.org/take-a-class?scode=PSG00000E017&gclid=01672fcfd6a614f19fa2485fc185abcb&gclsrc=3p.ds&&cid=generator&med=cpc&source=google&msclkid=01672fcfd6a614f19fa2485fc185abcb&utm_source=bing&utm_medium=cpc&utm_campaign=FACPR%20%7C%20NonBrand%7CSearch&utm_term=bls%20training%20classes%20near%20me&utm_content=All%20Classes) bringing training costs for the first year to \$165,000.00. With no budget in HB54 for these expenses, schools and school districts will be forced to choose between compliance with this mandate and other important priorities. This estimate does not account for high schools that may already have AEDs and trained staff.

The Department of Health (DOH) has been engaged in ongoing conversations with representatives of public school districts who have removed automated external defibrillators (AEDs) from schools based on liability concerns. Primarily, school districts have expressed concern that the NM “Good Samaritan” statute (NMSA Section 24-10-3) only immunizes natural persons - i.e., actual individual persons, rather than legal entities such as schools and school districts - and that the Good Samaritan law would therefore not immunize schools from damages in a lawsuit. However, this interpretation of the law ignores the fact that a separate, AED-specific program exists that affords broad immunity both for schools and school representatives.

The NM Cardiac Arrest Response Act (CARA) provides clear immunity to both natural persons and legal entities (such as APS) 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
- 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.

As noted above, younger children are left out of this bill. Young children are less likely to require use of an AED compared to adults; however, the teachers in those schools would have less access than those in the high schools.

9. HEALTH IMPACT(S)

AEDs are potentially life-saving 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 such as high schools.

10. ALTERNATIVES

Public schools in New Mexico are required to update their Safe Schools Plan annually. These requirements could be added to these plans without having to legislatively mandate them.

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

If HB54 is not enacted, Section 22-33-2 NMSA 1978 (being Laws 2014, Chapter 50, Section 2) would not be amended to require every high school to install an automated external defibrillator and require all high school employees to be trained in the use of automated external defibrillators.

12. AMENDMENTS

The bill could be amended to require that all participating high schools become enrolled as an AED program in the Department of Health's Cardiac Arrest Targeted Response Program, administered by DOH pursuant to the Cardiac Arrest Response Act; and that the bill also be amended to remove the requirement that the Public Education Department adopt AED training requirements for participating high schools, as DOH has already adopted AED training requirements for enrolled programs.