FISCAL IMPACT REPORT

BILL NUMBER: Senate Bill 123
SHORT TITLE: Defibrillators in Schools
SPONSOR: Campos
LAST UPDATE: **ORIGINAL DATE:** 1/29/26 **ANALYST:** Liu

APPROPRIATION*
(dollars in thousands)

FY26	FY27	Recurring or Nonrecurring	Fund Affected
	$1,200.0	Recurring	General Fund

*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency or Agencies Providing Analysis
Public Education Department
Department of Public Safety
Department of Health

SUMMARY

Synopsis of Senate Bill 123

Senate Bill 123 (SB123) appropriates $1.2 million from the general fund to the Public Education Department (PED) for the purpose of purchasing, installing, testing, or maintaining automated external defibrillators (AED) in nonurban public schools. The bill limits spending to $400 thousand per year between FY27 and FY29 and requires schools to have a cardiac emergency response plan to be eligible for a grant.

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

The appropriation of $1.2 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY29 shall revert to the general fund.

According to PED, most new AEDs range in cost between $1,200 and $3,000 and routine maintenance costs for AEDs are around $112 on average for the first three years. Out of the 835

public schools in the state, approximately 528 schools are within the 31 school districts with a U.S. Census Bureau urban area designation. Provisions of this bill would limit the number of eligible schools to nonurban schools in FY27—about 307 schools—effectively limiting expenditures to a range of $402.8 thousand and $955.4 thousand, depending on need.

The FY27 budget recommendations from the LFC, the Legislative Education Study Committee (LESC), and executive did not include specified funding for AEDs; however, in FY26, the Legislature appropriated $50 million from the public school capital outlay fund to all public schools for infrastructure related to security, career technical education, or general maintenance, which could be used to install AEDs.

SIGNIFICANT ISSUES

Laws 2025, Chapter 129, (House Bill 54) established new requirements for all schools in New Mexico to install and maintain an AED, establish protocols for AED use, and provide training on rules promulgated by PED. The bill required implementation to be completed by all high schools in FY27 and all elementary, middle, charter, and private schools by FY28. The appropriation in this bill would support installation and maintenance of AEDs in rural schools to meet part of the requirements of the new law.

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 thousand patient-years and 6.3 of 100 thousand patient-years for children and adolescents, respectively. Others found an incidence of SCA in school-age children of 2.1 of 100 thousand per year. These deaths, although infrequent, are particularly tragic because, except for their propensity for lethal arrhythmia, most individuals have an otherwise excellent life expectancy.
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> 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 percent to 10.2 percent. In contrast, the survival rates of students in schools with AED programs who had shockable rhythms ranged from 64 percent to 72 percent. 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.

PED cites 2020 statistics from the Resuscitation Outcomes Consortium and the Cardiac Arrest Registry to Enhance Survival, which revealed cardiac arrest incidents for children in a public place were 12.2 percent, and sport-related SCA incidents accounted for 39 percent of SCA incidents for children.

The Department of Health summarizes American Heart Association data indicating the chances of surviving SCA decrease 7 to 10 percent for every minute use of an AED is delayed and notes 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 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.

PERFORMANCE IMPLICATIONS

The Department of Public Safety (DPS) notes the bill directly saves lives by ensuring AEDs are available in schools, where sudden cardiac arrest can occur and emergency response times—especially in rural areas—are often longer. By prioritizing nonurban schools, the bill strategically addresses known gaps in emergency medical access and allows DPS officers, who are frequently among the first responders on scene, to provide immediate, life-saving intervention using equipment designed for use by nonmedical personnel. The appropriation strengthens emergency preparedness in high-occupancy public spaces, reduces preventable deaths, and lowers long-term public safety and emergency response costs.

ADMINISTRATIVE IMPLICATIONS

To distribute grants, PED would need to review whether schools were meeting statutory requirements for cardiac emergency response plans and identify whether the schools were outside of an urban Census tract in FY27.

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