

LFC Requester: Chilton



**PUBLIC EDUCATION DEPARTMENT
BILL ANALYSIS
2025 REGULAR SESSION**

SECTION I: GENERAL INFORMATION

Check all that apply:

Original Amendment
Correction Substitute

Date Prepared: 02/28 /25
Bill No: HB54/HECS

Agency Name and Code: PED - 924

Sponsor: Herndon/Gurrola

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Short Title: DEFIBRILLATORS IN EVERY HIGH SCHOOL

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SECTION II: FISCAL IMPACT

(Parenthesis () Indicate Expenditure Decreases)

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
None	None	N/A	NFA

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
None	None	None	N/A	NFA

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$400.20	None	None	None	N/A	NFA

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

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: The House Education Committee Substitute for House Bill 54 (HB54/HECS) would update the [Emergency Medication in Schools Act](#) to require each school to develop and implement an evidence-based cardiac emergency response plan, determine an appropriate location for an automatic external defibrillator (AED), and provide routine maintenance for AEDs. Additionally, HB54/HECS would mandate every high school in the state install an AED at the beginning of the 2026-2027 school year and require the Public Education Department (PED) to promulgate rules for the training of high school employees on the use of automated external defibrillators.

This bill does not provide an effective date. Laws go into effect 90 days after the adjournment of the Legislature enacting them, unless a later date is specified. If enacted, this bill would become effective June 20, 2025. However, the bill does delay applicability of Section 3.A of the bill – requiring development and implementation of emergency response plans – until the beginning of the 2025-2206 school year for all public, non-charter high schools in the state, and until the beginning of the 2026-2027 school year for all other schools in the state.

FISCAL IMPLICATIONS

This bill does not contain an appropriation.

Most new AEDs range in cost between \$1,200-\$3,000. If each high school were to acquire AEDs, it would cost at least \$271,200, with additional maintenance costs to be incurred in the future. The average AED training and certification would cost at least \$100 per person, resulting in training costs upwards of \$150,000, though the exact cost is dependent upon the number of school personnel identified to respond to sudden cardiac arrest.

SIGNIFICANT ISSUES

There are 18 states in the U.S. that currently require schools to have an AED, with an additional five more recommending their use. In 1999, the New Mexico Legislature enacted the [Cardiac Arrest Response Act](#), providing for greater deployment and use of AEDS, which are capable of delivering electrical impulses into the heart. Current law ([22-13-31.2 NMSA 1978](#)) requires all licensed public school coaches to receive certification in cardiopulmonary resuscitation, which must include training in the use of an AED.

In 2020, statistics from the Resuscitation Outcomes Consortium and the Cardiac Arrest Registry to Enhance Survival, revealed cardiac arrest incidences for children in a public place were 12.2 percent, and sport-related sudden cardiac arrests accounted for 39 percent of sudden cardiac arrests for children. A trained responder or team can make a difference in the minutes before emergency medical services arrive.

Laypeople are less likely to initiate cardiopulmonary resuscitation or intervene during emergency episodes due to barriers regarding legal liability, particularly in the educational setting. The scope of immunity law does not prevent lawsuits but does make it easier to defend by protecting certain people for certain activities. New Mexico's Good Samaritan Law ([Section 24-10-3 NMSA 1978](#)), generally protects from civil liability persons who attempt to come to the aid of another by

providing care or assistance in good faith at the scene of an emergency, which is defined to mean, "an unexpected occurrence of injury or illness occurring in public or private places to a person that results from motor vehicle accidents or collisions, acts of God, and other accidents and events of a similar nature."

An estimated 1,700 lives were saved nationally by bystander use of AEDs in 2018.

PERFORMANCE IMPLICATIONS

None.

ADMINISTRATIVE IMPLICATIONS

The Public Education Department (PED) promulgated rules for the administration of requirements related to the training of athletic coaches in the use of AEDs (see, [6.63.8 NMAC](#)). HB54 requires that PED promulgate similar rules for the training to all high school personnel, by January 1, 2026. That training must be consistent with standards adopted by the American Heart Association.

This bill would require schools and staff to develop policies and procedures related to the storage, use, and maintenance of AEDs, as well requiring training for all staff. This bill will impact school budgets and staff time for training and handling of the device by imposing operational requirements in maintenance, agency notification, training, and medical direction.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to Senate Bill 494, Rural School Defibrillator Training, which proposes and appropriation of \$150 thousand to the department to provide training to rural school district educational personnel on the use of defibrillators.

TECHNICAL ISSUES

None.

OTHER SUBSTANTIVE ISSUES

Neither HB54 nor [Section 24-10C-7 NMSA 1978 \(Limited liability protections\)](#) currently extend limited liability protection to schools or school staff, although that section does extend such protections to "trained targeted responders," which term is defined as, "a person trained in the use of an automated external defibrillator under emergency cardiac care guidelines." Likewise, Rule [7.27.8.11 NMAC](#), indicates, "Limited immunity protections are provided for persons or entities associated with an AED program, as described in the Cardiac Arrest Response Act...These protections are provided when the AED program is established and operated in accordance with that statute and these regulations." If PED, in the promulgation of rules for this mandated AED training, required that training to include emergency cardiac care guidelines, it seems that such personnel would be covered by the limited liability protection of Section 24-10C-7 NMSA 1978 and 7.27.8.11 NMAC.

ALTERNATIVES

None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None.

AMENDMENTS

The sponsor may wish to consider adding a requirement to Section 2, Subsection B of the bill – directing PED to promulgate rules for training of high school personnel in the use of AEDs – that the required training be conducted with emergency cardiac care guidelines, to ensure that affected school personnel can enjoy the limited liability protections established under Section 24-10C-7 NMSA 1978.