

The Shifting Burden of Mandates: The Good, the Bad, the Unfunded
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Every segment of society is directed or controlled, in part, by legal mandates. Many mandates ensure our safety in the workplace, others guard our rights as an employees or citizens and others are intended to guarantee access to information. Although there appears to be some logical reason for each new government mandate, the ramifications of these mandates are not clearly understood until after the mandates are enacted. Government has been quick to enact mandates but rarely provides financial support for their implementation.

Let's say your neighbor wanted you to hand out \$5 bills to trick or treaters every Halloween. The neighbor reasons that there are many benefits to their plan. The plan would be a great benefit to the trick-or-treaters. They could pick out their own candy at a later time or choose to buy something else with the money. You would look very generous. It would create a good feeling between the trick-or-treaters and you. Even the families of the trick-or-treaters would probably like you. Most importantly, good will would flourish every Halloween and the neighbor wouldn't have to pay for it. Sound like a good idea? Well, that's how it works when the federal and state government places unfunded mandates on local school districts in New York State. The government wants schools to do a myriad of positive things and these governments will not pay for it, you will.

No one is opposed to certain mandates but the unfunded nature of mandates is unacceptable. Currently, other unfunded mandates include new accounting requirements for schools that mandate the use of a business model that depreciate the buildings they use for daily instruction as if it were a current sellable asset ; professional development plans, academic assistance plans, employee fingerprinting, electronically operated partitions, private school transportation, seat belts on buses (it's mandated to have them but we can't make anyone use them), a myriad of health and safety mandates on pesticides, asbestos, right to know meetings, chemical hygiene, safety committees, shared decision committees, inspections of buildings and elevators, teacher training, bus driver training, and so on.

The state only pays about 47% of the cost of education in New York State but writes almost all of the mandates. The federal government provides very little support and the No Child Left Behind Legislation is going to cost a fortune. There is no doubt that schools must and should be safe environments for all who use them but government must step up to the plate. If they think these things are important enough to mandate, they are important enough to fund. The continuous shift of the financial burden to support schools has continuously increased for local taxpayers. State and federal governments must pay a lot more to support what they expect from schools.

Some mandates are potentially valuable; but at what cost?

State government decided it would be great if every school had the ability to save a life with the use of Automatic Electronic Defibrillators (AEDs). Tragically, the life of a child was lost in a New York State school a few years ago. It was determined that if an AED was available and used quickly by a trained person that child probably would have survived. A grassroots movement started to ensure that no child or anyone in a school, for that matter, should suffer such a preventable fate. That movement was embraced by state government. In fact, there have been a number of cases of lives saved since the AED mandate was put into law. The reason for the mandate is not the issue for schools. AEDs can and do save lives when used by trained people. The health and safety of children, employees, and visitors to schools is a high priority. The cost of the mandate, however, is borne by the local taxpayer annually without help from the state government.

The AED must be able to be accessed during normal hours within a couple of minutes of any location in each building. Next, an AED must be able to be accessed beyond normal school hours within two minutes. This would mean access at athletic events, after school programs and, so on. One local school of about 650 students determined that five AEDs were needed. Two would be installed on corridor walls in different parts of the building and three would be portable for use during and after school. The BOCES cooperative bid secured AEDs for \$2,100 each. Hardware and installation costs are about \$300 each. AEDs connected to municipal emergency response systems cost more in dedicated telephone line charges.

Training is mandated. Due to the gravity of the responsibility and the potential liability with regard to the AED, there were few volunteer trainees. Usually, nurses and coaches are trained first. Perhaps in the second year the district trains custodians and in the third year principals and advisors.

The American Red Cross provides the required six hour training for \$45 per person. Over the three years about 30 staff members of a small school will be trained to the tune of \$1,350 for initial training alone. The mandated training certificate is only good for one year. Therefore, in year two the district had to have the entire group of year one people recertified in addition to the initial certification of year two people. You can see where this is going. In year three, the year one and two people had to be recertified as the year three people were initially certified. The mandated training never ends. People retire, they get other jobs, they are out on leave, and they are out sick; to ensure full coverage for the AEDs, more training recruits are often needed.

There's more. Each person, while at training, still receives their full salary and benefits. Others must be found to perform their duties or in the case of teachers, substitutes must be brought in to continue instruction. Substitute teachers cost a district \$60 to \$85 a day.

The AEDs must be tested annually. The portable AEDs need battery replacements. Periodically, an AED will need repair. Pads for the AEDs must be replaced annually at \$25 a set for adult AEDs and \$100 a set for pediatric AEDs. Board policies must be enacted, administrative regulations created and disseminated, forms for monitoring maintenance and use of the AEDs must be created and employed, recordkeeping for training and AED certified staff must be

created and maintained, training arranged, and portable AEDs distributed for use inside and outside of the school on most school days.

It should be noted that some state legislators did provide special grants to area school districts to defray a portion of purchase of the AEDs but not enough to absorb the cost of the mandate. The Erie 2 -Chautauqua-Cattaraugus BOCES, with 18 buildings, did not receive any money from legislators despite the initial \$60,000 cost to institute the AED mandate.

The AED mandate could be a life saver? It's great to be able to save a life but who will pay for the ability to do it?