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FISCAL IMPACT REPORT

SPONSOR	PONSOR <u>Candelaria</u>		ORIGINAL DATE LAST UPDATED		HB	
SHORT TITI	LE	Vital Record Sex	Designation		SB	120

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	Minimal	Minimal	Minimal	Minimal	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

<u>Responses Received From</u> Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 120 changes the requirement for amending the birth certificate of a person who considers himself/herself to be of a different sex than that assigned at birth. It amends Section 24-14-25(D) of NMSA 1978. Currently that statute states that a person wishing to change the sex assigned at birth must present a physician-signed statement that the person has had a sexchange operation. Senate Bill 120 would require that the "provider", based on his/her informed opinion, believes that "the individual's sex designation should be changed."

FISCAL IMPLICATIONS

DOH states that there would be costs to that agency in devising the form and amending the rules and "in processing a potential increase in requests. These exact costs are unknown at this time." They are expected to be minimal.

SIGNIFICANT ISSUES

Although the prevalence of transgender identification is unknown, there appears to be a marked discrepancy between the number of people identifying themselves as being of a different gender than that assigned at birth and the number who have a sex-change operation. In an on-line article written by researchers Sam Winter and Lynn Conway, recent figures from the US are quoted,

Senate Bill 120 – Page 2

indicating that as many as 0.3 per cent of adults self-identify as transgender. (https://web.archive.org/web/20141205022609/http://web.hku.hk/~sjwinter/TransgenderASIA/pa per-how-many-trans-people-are-there.htm)

If the definition of transgender were restricted to those seeking care in a transgender clinic, the percentage would be much lower, and it would be even lower if the definition is limited to those who have had surgery, according to the authors. It would fail to take into account five subgroups of transgender individuals:

a. people who, though anatomically dysphoric and seeking healthcare, do not approach the clinics tapped by the statistics (perhaps seeking surgery other parts of the world);

b.those anatomically dysphoric transpeople who do not attend clinics at all, perhaps modifying their bodies by way of self-administered hormones (and accessing nonspecialist healthcare if any at all); or

c. those who are socially dysphoric only and perhaps choose not to modify their bodies at all;

d. those who, though gender dysphoric, live (or feel a pressure to live) cisgender lives, hoping their gender issues will abate, and possibly entering fringe therapies (at their own or others' instigation) designed to rid them of those gender issues; or

e. those who experience no gender dysphoria at all, but are simply cisgender people who, for whatever reason, express their gender in ways that go against or beyond gender stereotype (cisgender cross-dressers for example).

ADMINISTRATIVE IMPLICATIONS

DOH would have to amend departmental rules.

TECHNICAL ISSUES

The term "provider" in page 2, line 19 is not defined; material deleted used the term "physician."

DOH states that "This proposed legislation is technically inconsistent with the model law language from the National Center for Health Statistics regarding amending vital records."

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Transgender individuals would not be able to change the sex designation on their birth records unless they had sex-change operations, as at present.

LAC/al