

LFC Requestor: Self Assigned

**2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: Senate

Category: Bill

Number: 258

Type: Introduced

Date (of THIS analysis): February 4, 2025

Sponsor(s): Angel M. Charley and Yanira Gurrola

Short Title: Human Sexuality Education

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

Senate Bill 258 (SB258) would require that health education courses include comprehensive human sexuality education beginning in the 2027-2028 school year for middle school and high school grades; provide that one-half unit of health education shall be a graduation requirement for students entering the ninth grade in the 2027-2028 school year; require school districts and charter schools to submit an implementation plan for comprehensive human sexuality education; require the Public Education Department to develop academic content and performance standards for comprehensive human sexuality education; provide minimum requirements for academic content for comprehensive human sexuality education; require the Public Education Department to establish a process to approve school districts' curricula for comprehensive human sexuality education; and develop model curricula for middle school and high school grades.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Comprehensive sex education provides children and adolescents with the information that they need to understand their body, gender identity, and sexuality; build and maintain healthy and safe relationships; engage in healthy communication and decision-making around sex; practice healthy sexual behavior and understand and access care to support their sexual and reproductive health. ([The Importance of Access to Comprehensive Sex Education](#))

Comprehensive sex education programs have demonstrated success in reducing rates of sexual activity, sexual risk behaviors, sexually transmitted infections (STIs), adolescent pregnancy. Comprehensive sex education programs also have demonstrated success in delaying sexual activity, reducing the number of sexual partners; reduced frequency of unprotected sex; increased condom use and increased contraceptive use. ([The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to](#)

[prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: two systematic reviews for the Guide to Community Preventive Services - PubMed](#))

However, comprehensive sex education curriculum goes beyond risk-reduction, by covering a broader range of content that has been shown to support social-emotional learning, positive communication skills, and development of healthy relationships. ([Three Decades of Research: The Case for Comprehensive Sex Education - Journal of Adolescent Health](#))

A 2021 review of the literature found that comprehensive sex education programs that use a positive, affirming, and inclusive approach to human sexuality are associated with concrete benefits across five key domains including 1) appreciation of gender and sexual diversity, 2) prevention of dating and intimate partner violence, 3) healthy relationships, 4) child sexual abuse prevention, and 5) other benefits such as social emotional learning and media literacy. ([Three Decades of Research: The Case for Comprehensive Sex Education - Journal of Adolescent Health](#))

Current content standards and benchmarks for health education classes already exist for grades K-4, 5-8 and 9-12 ([New Mexico Adopted Content Standards – New Mexico Public Education Department](#)). SB 258 would make CPR, use of an automate external defibrillator, and the Heimlich maneuver required education during high school health classes. Lifesaving skills training that follows nationally recognized guidelines for hands-on psychomotor skills cardiopulmonary resuscitation (CPR) training to a requisite ninth grade health class offer the opportunity to 1) equip students with vital lifesaving skills that can be pivotal during cardiac emergencies, 2) cultivate a broader sense of civic duty and responsibility among students, and 3) see a ripple effect in terms of health awareness among students, encouraging students to learn more about health, wellness, and the importance of timely medical intervention.

States with laws that require basic CPR and AED training in high school have shown to have higher rates of response by bystanders with both AED and CPR after the law was enacted ([Impact of State Laws: CPR Education in High Schools | Journal of the American College of Cardiology](#)). With over 90% of cardiac arrests occurring outside of hospitals, having CPR-trained bystanders can dramatically impact survival rates ([Reality of out of hospital cardiac arrest - PMC](#)). Similarly teaching of the Heimlich Maneuver to children greatly increases their confidence on responding to a situation where someone may be choking, this will likely lead to a higher rate of response similar to what is seen with CPR and AED response ([ChokeSafe: Empowering Children with Life-Saving Choking-Management Skills - PMC](#)).

Special consideration should be paid to liability when students/ staff intervene when confronted by a medical emergency. In most cases, individuals are protected by Good Samaritan laws, which provide legal protection against civil liability for those who offer reasonable and necessary aid in good faith. Bystanders should be encouraged to act swiftly in emergencies without fear of legal consequences, but within their level of training and in a non-negligent manner.

The Public Education Department has cited some considerations that should be noted including:

1. The proposed implementation timeline may not be long enough to train and hire the additional health teachers needed.
2. Many school districts currently teach health in middle school to reduce the number of high school requirements.
3. As with any other high school subject (i.e. Math teachers are certified math teachers), the instructors should be certified health teachers.
4. Parents should not be allowed to opt students out of required classes. For example, parents are not allowed to opt their child out of English or History requirements.

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

It is possible that NMDOH staff may be called on to support the creation of content and performance standards for human sexuality education.

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

Teen pregnancy rates in New Mexico have declined significantly from 2010 to 2020, with a 59% decrease to a rate of 21.8 per 1,000 in 2020. ([NM-IBIS - Summary Health Indicator Report - Teen Birth Rate](#)) However, New Mexico still has high rates compared to the national average. Hispanic women, women ages 18 and 19 years, and 13 counties contribute to the majority of teen births. ([Action Plan - Reducing Unintended Teen Births.pdf](#))

Fifty-six percent of reported chlamydia cases in New Mexico are among persons aged 15-24 years. Thirty percent of reported gonorrhea cases in New Mexico are among persons aged 15-24 years. ([New Mexico STD Program Summary Slides 2021](#))

9. HEALTH IMPACT(S)

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Comprehensive sex education could positively impact the health of New Mexicans by further reducing the rate of teen pregnancies and reducing the instances of sexually transmitted diseases amongst the youth population.

10. ALTERNATIVES

None

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

If SB258 is not enacted, health education courses, to include comprehensive human sexuality education, beginning in the 2027-2028 school year for middle school and high school grades, would not be required. School districts and charter schools would not be required to submit an implementation plan for comprehensive human sexuality education; the Public Education Department would not be required to develop academic content and performance standards for comprehensive human sexuality education, or minimum requirements for academic content for comprehensive human sexuality education. The Public Education Department would not be required to establish a process to approve school districts' curricula for comprehensive human sexuality education; and the development of a model curricula for middle school and high school grades, would not be required.

12. AMENDMENTS

None