

particularly if used to fund services and those services perform well, create an expectation the program will continue in future fiscal years; therefore, this cost could become recurring after the funding period.

DOH provided the following:

To fulfill the requirements of this bill, the following personnel and associated costs would be required annually from FY26 through FY30:

Personnel Services & Employee Benefits (PS&EB)

<i>Program Manager (Epidemiologist Supervisor) Pay Band 80 - \$88,792 (midpoint) x 1 FTE x 1.39 (benefits)</i>	<i>\$123,421</i>
<i>Health Promotion Coordinator (Soc/Comm Coordinator A) Pay Band 70 - \$71,188 x 1 FTE x 1.39</i>	<i>\$98,951</i>
<i>Tribal Liaison (Soc/Comm Coordinator Supervisor) Pay Band 75 - \$79,990 x 1 FTE x 1.39</i>	<i>\$111,186</i>
<i>Climate Change Epidemiologist (Epidemiologist Advanced) Pay Band 75 - \$79,990 x 1 FTE x 1.39</i>	<i>\$111,186</i>
<i>Health Equity Specialist (Soc/Comm Coordinator A) Pay Band 70 - \$71,188 x 1 FTE x 1.39</i>	<i>\$98,951</i>
<i>Climate Change Evaluator (Epidemiologist O) Pay Band 70 - \$71,188 x 1 FTE x 1.39</i>	<i>\$98,951</i>
<i>Medical Director Consultant (Programmatic Physician Manager) Pay Band XC - \$214,788 x 0.5 FTE x 1.39</i>	<i>\$149,278</i>
<i>Sub-total</i>	<i>\$791,925</i>
<u>Office Setup</u>	
<i>Computer setup - \$2,500 per staff x 7</i>	<i>\$17,500</i>
<i>Phones – Cell phone \$600 per staff per year x 7</i>	<i>\$4,200</i>
<i>Duplication and Printing - \$500 per staff per year x 7</i>	<i>\$3,500</i>
<i>IT Costs – Enterprise costs, help desk, email, \$2000 per staff annually x 7</i>	<i>\$14,000</i>
<i>Sub-total</i>	<i>\$39,200</i>
<u>Office Space</u>	
<i>ERD office space: 7 cubicles x \$ 500 per cubicle per month x 12</i>	<i>\$42,000</i>
<i>ERD office security: \$500 per month x12</i>	<i>\$6,000</i>
<i>Sub-total</i>	<i>\$48,000</i>
<u>Supplies</u>	
<i>Office Supplies - \$400 per staff per year x 7</i>	<i>\$2,350</i>
<i>Air filters, water testing supplies, air quality monitors</i>	<i>\$85,000</i>
<i>Sub-total</i>	<i>\$87,350</i>
<u>Travel Costs - In-state Travel and accommodations</u>	
<i>Mileage – 30 trips x 500 miles (annually) x \$0.58</i>	<i>\$8,700</i>
<i>Per diem - 30days x \$151 x 4 staff</i>	<i>\$18,120</i>
<i>Sub-total</i>	<i>\$26,820</i>
<u>Administrative Costs</u>	
<i>Indirect costs @ 18.7%</i>	<i>\$213,661</i>
<i>Total</i>	<i>\$1,206,956</i>

This is an additional \$106,956 to the proposed \$1,100,000 appropriated in the bill. The additional cost is due to salary increases as a result of the implementation of the FY24 and FY25 Classified Service Salary Schedule. Further, the bill appropriates only one year of funding for the program staff. This should be a recurring cost to first establish and then maintain a public health and climate program.

Funding for this program is not included in either the LFC or executive recommendations for DOH.

SIGNIFICANT ISSUES

DOH provided several research summaries and policy recommendations regarding climate change and this bill, reporting:

Health Impacts in New Mexico:

- A 2020 NM Epidemiology Report projected heat-related hospitalizations and emergency visits will double by 2030.
- In summer 2023, heat-related emergency department (ED) visits rose 49 percent from 2022, while heat-related deaths increased nearly fivefold between 2013 and 2022.
- Without dedicated climate funding, the Environmental Public Health Tracking (EPHT) program has independently monitored real-time heat- and cold-related illness dashboards.
- Wildfires, exacerbated by warmer, drier conditions, led to record-breaking fires in 2022, burning 660,000+ acres and increasing air-quality-related respiratory ED visits by 18 percent.
- Rising temperatures also contribute to vector-borne diseases (e.g., Valley Fever, West Nile Virus) and waterborne illnesses while impacting mental health.

Need for a Statewide Public Health & Climate Program:

- The EHEB collaborates with federal and state agencies on climate-related health messaging and response efforts.
- New Mexico is not currently funded under the CDC's Climate-Ready States & Cities Initiative, unlike states such as Washington and Michigan, which have established public health climate programs.
- A state-funded Public Health and Climate Program would enhance data collection, response coordination, and climate resilience efforts, working alongside NM EPHT to track and address climate-related health risks.