

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the Legislature. LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

## FISCAL IMPACT REPORT

<b>SPONSOR</b> <u>Sen. Charley/Rep. Gurrola</u>	<b>LAST UPDATED</b> <u>2/27/2025</u> <b>ORIGINAL DATE</b> <u>2/13/2025</u>
<b>SHORT TITLE</b> <u>Human Sexuality Education</u>	<b>BILL NUMBER</b> <u>Senate Bill 258</u>
<b>ANALYST</b> <u>Chilton</u>	

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
PED	\$110.0	\$110.0	\$110.0	\$330.0	Recurring	General Fund

Parentheses ( ) indicate expenditure decreases.  
 \*Amounts reflect most recent analysis of this legislation.

### Sources of Information

LFC Files

Agency Analysis Received From

Regional Education Cooperatives (RECA)  
 New Mexico School for the Blind and Visually Impaired (NMSBVI)  
 New Mexico School for the Deaf (NMSD)  
 Department of Health (DOH)  
 Public Education Department (PED)

Agency Analysis was Solicited but Not Received From

Albuquerque Public Schools (APS)  
 Health Care Authority (HCA)  
 New Mexico Activities Association (NMAA)

## SUMMARY

### Synopsis of Senate Bill 258

Senate Bill 258 (SB258) amends Section 22-13 NMSA 1978, Courses of Instruction and School Programs, to establish a requirement for sexuality education in middle schools and high schools. It codifies criteria that the Public Education Department (PED) should use in developing curriculum. School districts and charter school boards would be required to devise implementation plans for the new requirement, which would then be approved by PED.

Section 1 of the bill amends Section 22-13-1, mandating that students entering seventh grade in the 2027-2028 school would be required to take health education, and instructs school boards and charter school governing bodies to determine in which middle school grades health should be offered (the requirement is currently during high school). Comprehensive sexuality education

meeting PED standards must be included. The bill allows students whose parents object to be excused for the sexuality part of the course, which could be taught by a school nurse, other qualified school personnel, or any qualified private person.

Section 2 amends Section 22-13-1.1 regarding high-school graduation requirements. It requires that each student earn one half credit in health education during high school (currently statute requires one half credit in either middle or high school). For students entering ninth grade in 2027-2028, the health education course would include human sexuality education aligned with PED standards. Like the middle school requirements, a parent could exempt a child from this part of the health education course, the same types of teachers could be sought, and PED-approved course materials would be used. Children exempted from the sexuality part of the curriculum would take replacement course material during the time the sexuality education is being given. Life-saving skills training, including recognition of heart attacks, use of a defibrillator, and the Heimlich maneuver would also be taught. All material would be available in English and Spanish.

Section 2Y requires each school board and charter school governing body to submit an implementation plan for this bill's requirements by the beginning of the 2026-2027 school year, to be implemented the following year.

Section 3 of the bill makes certain requirements for PED to follow in developing academic content for this block. The human sexuality information would be age-appropriate and medically accurate, would include methods of preventing sexually transmitted infections and unwanted pregnancy, options in case of pregnancy including parenthood, adoption, and abortion, the link between human papillomavirus and cancer, and information about healthy relationships, including consent for sexual activity and impairment of judgment caused by drugs and alcohol. The information is to be presented objectively, avoiding stigmatizing language and gender stereotypes, including LGBTQ health needs, and allowing students to express opinions on the material from health, moral or religious perspectives.

The PED is to develop a process to review and approve school governing boards' curricula and develop model curricula for both middle and high schools available to schools or people engaged to teach those curricula.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

## **FISCAL IMPLICATIONS**

There is no appropriation in Senate Bill 258.

PED estimates its costs as follows: "To develop curriculum and standards for health education and to establish and maintain a health education plan review and approval process, as required by the bill, would require at least one additional PED staff member beginning in FY26, at a cost of \$110 thousand annually."

## **SIGNIFICANT ISSUES**

The American Academy of Pediatrics (AAP) strongly supports comprehensive sex education for

all children:

Developing healthy sexuality is a core developmental milestone for child and adolescent health. Youth need developmentally appropriate information about their sexuality and how it relates to their bodies, community, culture, society, mental health, and relationships with family, peers, and romantic partners.

AAP supports broad access to comprehensive sex education, wherein all children and adolescents have access to developmentally appropriate, evidence-based education that provides the knowledge they need to:

- Develop a safe and positive view of sexuality.
- Build healthy relationships.
- Make informed, safe, positive choices about their sexuality and sexual health.
- Defining comprehensive sex education

Comprehensive sex education involves teaching about all aspects of human sexuality, including anatomy, consent, cyber solicitation/bullying, healthy sexual development, body image, sexual orientation, gender identity, pleasure from sex, sexual abuse, sexual behavior, sexual reproduction, sexually transmitted infections (STIs), abstinence, contraception, interpersonal relationships, reproductive coercion, reproductive rights, and reproductive responsibilities.

The Department of Health (DOH) agrees with the importance of sexuality education; despite the 59 percent drop in teen pregnancy in New Mexico; the state's rate continues to be above the national average. DOH states:

Comprehensive sex education programs have demonstrated success in reducing rates of sexual activity, sexual risk behaviors, sexually transmitted infections (STIs), and adolescent pregnancy. Comprehensive sex education programs also have demonstrated success in delaying sexual activity, reducing the number of sexual partners, reducing frequency of unprotected sex, increasing condom use, and increasing contraceptive use.

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.

PED also supports the importance of sexuality education for all students, stating:

SB258 allows for parents to excuse their students from human sexuality education. Students are not statutorily allowed to be excused from other educational topics. Meta-analysis shows that comprehensive human sexuality education is important for helping students to recognize and respect social and sexual relationships and to increase protective behaviors such as abstinence. The National Association of School Nurses notes that students with disabilities are often excused from human sexuality education and that they experience a higher incidence of sexual abuse and exploitation. Excusing students from important health education content that parents find inappropriate could set precedent for students to be excused from other topics that parents may take exception to, such as slavery or the holocaust. Additionally, students given an alternative assignment to human sexuality content due to parental excusal may feel self-conscious or isolated from

their peers.

DOH also supports the teaching of lifesaving skills but notes concerns about potential liability for students or staff confronting a medical emergency.

The New Mexico School for the Blind and Visually Impaired (NMSBVI) states that it already teaches this information to high school students, would have to develop middle-school curricula and then submit these courses to PED for approval.

## **TECHNICAL ISSUES**

The bill's title does not indicate the presence in the legislation of the addition of lifesaving skills to the state's high school graduation requirements.

DOH relays some of PED's concerns regarding provisions in this bill:

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.

LAC/hj/SR/hg/sgs