

LFC Requestor: KLUNDT, Kelly

**2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: House **Category:** Bill
Number: 108 **Type:** Introduced

Date (of THIS analysis): 1/21/2025
Sponsor(s): Kristina Ortez and Elizabeth “Liz” Stefanics
Short Title: Statewide Public Health and Climate Program

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	\$1,100	Nonrecurring	General Fund

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	NA	NA

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	\$	\$106.96	\$1,206.96	\$1,313.92	Recurring	General Fund

HB108 proposes to establish a new public health and climate program in the Environmental Health Epidemiology Bureau of the Center for Health Protection (formerly Epidemiology and Response Division) of the Department of Health. 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)

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

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.

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: HB109, Extreme Weather Resilience Fund

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 108 (HB108) proposes to create a statewide Public Health and Climate Program by adding a new section of the Public Health Act and accompanying appropriations to finance the proposed program.

HB108 proposes the creation of a statewide Public Health and Climate Program within the Environmental Health Epidemiology Bureau (EHEB) of the Center for Health Protection (CHP), formerly the Epidemiology and Response Division, under the Department of Health (DOH). The Program would launch by January 1, 2026.

The initiative aims to enhance interagency collaboration with a focus on health equity. The program is directed to develop action plans to support local communities in building resilience to future climate impacts and provide expertise in climate and public health to guide local community planning efforts.

The Program would collaborate with county and tribal public health councils, as well as the Environmental Protection Division of the Environment Department, to strengthen local planning and response efforts. A key goal is to facilitate meaningful engagement between agencies and communities most affected by extreme weather events, ensuring their needs and perspectives are prioritized.

HB108 proposes to appropriate from the general fund to the Department of Health: 1) one million one hundred thousand dollars (\$1,100,000) for expenditure in fiscal year 2026 to support the statewide Public Health and Climate Program within the EHEB of the CHP (formerly ERD).

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Climate change refers to long-term shifts in temperature, precipitation, and other weather patterns. It can result in not only extreme heat but also unusually cold temperatures, droughts, heavy rainfall, and shifts in insect populations. These changes can trigger wildfires, disrupt water supplies, and degrade air quality, all of which pose significant risks to human health.

A New Mexico Epidemiology Report from 2020 (<https://www.nmhealth.org/data/view/report/2406/>) estimated that the number of hospitalizations and emergency department (ED) visits for heat-related illnesses would double by 2030. In summer 2023, with record-breaking temperatures around the state

(<https://www.ncei.noaa.gov/news/national-climate-202307>), there was a 49% increase in heat-related ED visits compared to summer 2022 (National Syndromic Surveillance Program). In addition, heat-related deaths of NM residents increased almost five-fold between 2013 and 2022 (death data from Bureau of Vital Records and Health Statistics). In the absence of a dedicated and funded climate program, the Environmental Public Health Tracking (EPHT) program in Environmental Health Epidemiology Bureau (EHEB) published a near real-time dashboard with heat-related emergency department visits (<https://nmdoh-reports.shinyapps.io/HeatRelatedIllnessDashboard/>) as well as a cold-related dashboard (<https://nmdoh-reports.shinyapps.io/ColdRelatedIllnessDashboard/>).

Climate change is leading to warmer, drier conditions, resulting in longer and more active fire seasons (<https://www.noaa.gov/noaa-wildfire/wildfire-climate-connection>). Wildfires and prescribed burns can result in poor air quality which in turn can exacerbate chronic respiratory issues, such as asthma and chronic obstructive pulmonary disease, as well as potentially contribute to heart disease ([Wildland fire smoke and human health - ScienceDirect](#)). The two largest fires in state history occurred in the summer of 2022, burning more than a combined 660,000 acres (<https://nmfireinfo.com/2022/09/14/california-hermits-peak-fire-final-update/>, <https://nmfireinfo.com/2022/06/27/local-type-3-organization-to-assume-command-of-the-black-fire/>). Without dedicated climate funding, EPHT monitored air quality-related respiratory ED visits throughout the fires. There was an 18% increase in 2022 compared to the same time frame in 2021 (National Syndromic Surveillance Program).

Other health impacts from climate change include an increase in vector borne and infectious disease, such as Valley Fever (Coccidioidomycosis) and West Nile, (<https://www.cdc.gov/valley-fever/php/statistics>, <https://www.cdc.gov/west-nile-virus/data-maps>), illnesses from drinking contaminated water, and mental health impacts (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7068211/>). With the assistance of a Council of State and Territorial Epidemiologists-funded Applied Epidemiology Fellow, EPHT is developing a database of Valley Fever cases from 2001 through 2024. The goal is to determine the association between incident Valley Fever cases with precipitation and temperature data, similar to a study conducted in California ([https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(22\)00202-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(22)00202-9/fulltext)).

EHEB routinely coordinates with the National Weather Service, US Forest Service, State Forest Service, NMED Air Quality Bureau, and Forest Stewards Guild to address climate related events through health-protective messaging (localized alerts and press releases), and participates in emerging climate related incidents as they occur. This funding would strengthen the work of EHEB through the creation of a statewide Public Health and Climate Program within the Bureau.

The CDC has established funding through Climate-Ready States & Cities Initiative to support jurisdictions respond to health effects related to climate change (https://www.cdc.gov/climate-health/php/climate_ready). New Mexico is not one of the 13 jurisdictions currently funded. Individual states who have enacted state-funded public health climate resiliency programs include Washington <https://doh.wa.gov/community-and-environment/climate-and-health> and Michigan <https://www.michigan.gov/mdhhs/safety-injury-prev/environmental-health/Topics/climate/overview>. Like New Mexico, these states receive CDC funding for

EPHT programs. The proposed Public Health and Climate Program would partner closely with the NM EPHT program for data and information dissemination.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

HB108 would provide funding for a statewide Public Health and Climate Program. This program would be able to provide additional climate related services throughout the state.

- 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

HB108 proposes to amend the Public Health Act to establish a statewide Public Health and Climate Program. This would require 7 staff members (6.5 FTEs). The cost of staff salaries, office setup, office space and administrative costs total about \$1,206,956 per fiscal year. HB108 proposes to appropriate one million one hundred thousand dollars (\$1,100,000) from the general fund for FY26 to the Department of Health for this purpose, which would not fully cover the staff and administrative costs. Additionally, these staff and costs would continue to be needed from FY27 through FY30. There is currently no appropriation for those years.

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

If HB108 is enacted, a statewide Public Health and Climate Program would need to be created along with staff members to run it. This would include an estimated seven staff members (6.5 FTEs) to perform the various tasks required by the program. The program will consist of the following positions:

- Program Manager (Epidemiologist Supervisor)
- Health Promotion Coordinator (Soc/Comm Coordinator A)
- Tribal Liaison (Soc/Comm Coordinator Supervisor)
- Climate Change Epidemiologist (Epidemiologist Advanced)
- Health Equity Specialist (Soc/Comm Coordinator A)

- Climate Change Evaluator (Epidemiologist O)
- Medical Director Consultant (Programmatic Physician Manager)

The program would be housed within the Environmental Health Epidemiology Bureau in the Center for Health Protection (formerly the Epidemiology and Response Division). Expenses for the proposed program are outlined above under Fiscal Implications.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

HB108 is related to HB109, which would create an extreme weather resilience fund. Staff in the Public Health and Climate Program would help communities access the funds as well as facilitate the distribution of funds.

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

Page 1, Section 1, item A, line 21 should read: department **of health**

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

No regulatory impact.

8. DISPARITIES ISSUES

The burden of climate change is most acutely felt by those with the fewest resources. The NMDOH Environmental Health Epidemiology Bureau's assessment of vulnerable populations using the NM Climate Vulnerability Index (CVI), derived from the CDC/ATSDR's Social Vulnerability Index (<https://www.atsdr.cdc.gov/place-health/php/svi/index.html>), includes the additional parameters of population and housing density, access to healthcare, and historical climate data such as extreme heat events, drought, and heat-related illness outcomes. Analysis has revealed 22 highly vulnerable small areas (areas of similar population size (<https://ibis.doh.nm.gov/resource/SmallAreaMethods.html>)) in NM located within 15 counties. Notably the 12 small areas with the highest poverty level were also among those with the highest overall climate vulnerability rank. Nineteen of the 22 were below the state mean for the education metric and overall had above-average levels for disability and crowded housing, and below-average levels for health insurance coverage and vehicle access. As the 22 identified small areas often rank worse than the state average for individual climate vulnerability indicators, the index appears to characterize the overall risk well. The small areas in the northwest (McKinley and San Juan Counties) and southern NM (Doña Ana County) stand out for having poor access to health care, high poverty levels, and high levels of crowded or mobile housing. Furthermore, two counties which encompass much of the Navajo reservation in NM are majority American Indian Alaska Native (AIAN) population: San Juan and McKinley are 39% and 75% AIAN, respectively. Doña Ana County on the US/Mexico

border is 69% Hispanic. Heat-related factors rank high in Doña Ana County in the south, and small areas identified across several counties across eastern and southeastern NM.

9. HEALTH IMPACT(S)

The most vulnerable populations, such as those with lower SES, rural communities, children, elderly, the unhoused, low English literacy, and those with chronic conditions such as chronic obstructive pulmonary disease (COPD) or asthma would benefit the most from a Public Health and Climate Program. This would happen by Program staff working with communities to develop plans to respond to needs, such as the establishment of cooling centers or smoke shelters, and distribution of air filters to those with respiratory conditions.

Better integration of air quality and respiratory surveillance data would allow for improved health alerts and response. Heat- and cold-related illness surveillance could be established in near real-time through ED surveillance and resources could be deployed. Other potential health impacts to be gained by enacting HB108 would be better surveillance of climate-related infectious diseases and the establishment of best practices for prevention, and improved water quality health impact surveillance during extreme events such as flooding and prolonged drought.

10. ALTERNATIVES

There are currently no other mechanisms to accomplish what this bill proposes. In 2021, the Environmental Health Epidemiology Bureau in Epidemiology and Response Division within the Department of Health applied for Building Resilience Against Climate Effects (BRACE) funding through CDC. Despite the proposal's high score, there were not enough funds to establish staff capacity. Funds were instead awarded to other states that already had staff capacity and could readily implement actions necessary for climate adaptation. There is no dedicated climate program in the NM Department of Health.

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

If HB108 is not enacted, then the statewide Public Health and Climate will not be established, and no appropriations will be made to the Department of Health from the general fund for this purpose. If HB108 is not enacted, and HB109 is enacted, there will be an extreme weather resilience fund with no staff allocated to manage disbursements to communities.

12. AMENDMENTS

None.