

LFC Requestor: HILLA, Emily

**2025 LEGISLATIVE SESSION  
AGENCY BILL ANALYSIS**

**Section I: General**

**Chamber:** House **Category:** Bill  
**Number:** 109 **Type:** Introduced

**Date** (of THIS analysis): 1/21/2025  
**Sponsor(s):** Kristina Ortez and Elizabeth “Liz” Stefanics  
**Short Title:** Extreme Weather Resilience Fund

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**Section II: Fiscal Impact**

**APPROPRIATION (dollars in thousands)**

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
	\$12,000	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
<b>Total</b>	\$0	\$102.34	\$102.34	\$204.68	Recurring	General Fund

HB109 proposes to establish an “extreme weather resilience fund” by making an appropriation from the general fund to provide grants up to one million dollars (\$1,000,000) to political subdivisions of the state or Indian Nations, Tribes or Pueblos to prepare for and respond to public health emergencies related to extreme weather and other climate impacts. Pursuant to the passage of HB108 (Statewide Public Health and Climate Program), Public Health and Climate Program staff would administer distribution of funds. If HB108 is not enacted, then the following personnel and associated costs would be required annually from FY26 through FY28 to administer the fund.

**Personnel Services & Employee Benefits (PS&EB)**

Health Promotion Coordinator (Soc/Comm Coordinator A) Pay Band 70 - \$71,188 x .75 FTE x 1.39	\$74,214
<b>Sub-total</b>	<b>\$74,214</b>
<b><u>Office Setup</u></b>	
Computer setup - \$2,500 per staff	\$2,500
Phones – Cell phone \$600 per staff per year	\$600
Duplication and Printing - \$500 per staff per year	\$500
IT Costs – Enterprise costs, help desk, email, \$2000 per staff annually	\$2,000
<b>Sub-total</b>	<b>\$5,600</b>
<b><u>Office Space</u></b>	
ERD office space: 1 cubicle x \$ 500 per cubicle per month x 12	\$6,000
<b>Sub-total</b>	<b>\$6,000</b>
<b><u>Supplies</u></b>	
Office Supplies - \$400 per staff per year	\$400
<b>Sub-total</b>	<b>\$400</b>
<b><u>Administrative Costs</u></b>	
Indirect costs @ 18.7%	\$16,122
<b>Total</b>	<b>\$102,335</b>

**Section III: Relationship to other legislation**

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: HB108, Statewide Public Health and Climate Program

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

***Section IV: Narrative***

**1. BILL SUMMARY**

a) Synopsis

House Bill 109 (HB109) proposes to create an Extreme Weather Resilience Fund as a reverting fund in the state treasury. This Fund will be used to make grants of up to one million dollars (\$1,000,000) to a political subdivision of the state or Indian Nations, Tribes, or Pueblos to prepare for and respond to public health emergencies related to extreme weather and other climate impacts.

HB109 proposes to appropriate from the general fund twelve million dollars (\$12,000,000) for expenditure in fiscal years 2026 through 2028 for the Extreme Weather Resilience Fund.

Is this an amendment or substitution?  Yes  No

Is there an emergency clause?  Yes  No

b) Significant Issues

Climate change refers to long-term changes in temperature, precipitation, and other weather patterns. Climate change can lead to not only unusually high temperatures, but also unusually low temperatures, droughts, extreme rainfall, and changes in insect geographies. These changes can then lead to increases in wildfires, compromises to water supplies, and air quality, all of which impact 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). 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/>). 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)).

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](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, both of 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

If yes, describe how.

- 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

HB109 proposes to establish an extreme weather resilience fund. If HB108 passes, staff in the new Public Health and Climate Program would facilitate distribution of funds. If HB108 does not pass, however, then managing this fund would require 0.75 FTEs for a health promotion coordinator for FY26-28.

## 4. ADMINISTRATIVE IMPLICATIONS

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

If HB109 is enacted, and HB108 is not, then a Health Promotion Coordinator will need to be hired to facilitate distribution of funds. The program will be housed within the Environmental Health Epidemiology Bureau in the Center for Health Protection (formerly the Epidemiology and Response Division). As a newly established program, all staff will require new computer equipment, cell phones, and essential supplies. Additional costs will include duplication services, IT support, travel, and other administrative needs necessary for the program's implementation. These expenses are outlined above under Fiscal Implications.

## **5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP**

HB109 is related to HB108, which would create a statewide Public Health and Climate Program. Staff in the Public Health and Climate Program would help communities access the funds as well as facilitate the distribution of funds appropriated in HB109.

## **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**

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 an Extreme Weather Resilience Fund. This would happen by communities applying for and receiving funds to respond to their needs, such as establishing cooling centers or smoke shelters, and distributing air filters to those with respiratory conditions.

**10. ALTERNATIVES**

There are currently no other mechanisms to accomplish what the bill proposes.

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

If HB109 is not enacted, then the Extreme Weather Resilience Fund will not be established, and no appropriations will be made from the general fund.

**12. AMENDMENTS**

None.