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## FISCAL IMPACT REPORT

**ORIGINAL DATE**  
**LAST UPDATED** 01/20/15    **HB** \_\_\_\_\_

**SPONSOR** Candelaria

**SHORT TITLE** LGBTQ Health Disparities Task Force    **S** SJM1

**ANALYST** Dunbar

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY15	FY16		
	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
 Department of Health (DOH)

### SUMMARY

#### Synopsis

Senate Joint Memorial 1 (SJM1) proposes that the Secretary of Health convene a Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Health Disparities Task Force to assess LGBTQ health disparities and make recommendations for addressing those health disparities to the Legislative Health and Human Services (LHHS) Committee by November 1, 2015. SJM1 was introduced on behalf of the LHHS Committee.

The task force will examine the current state of health and wellness among LGBTQ New Mexicans and perform a gap analysis of the needs that remain unaddressed. The Task Force would examine disparities in physical and behavioral health outcomes between LGBTQ and heterosexual New Mexicans by employing a “health in all policies model.” SJM1 also requests that the Secretary of Health invite representatives, agencies, and organizations with a variety of expertise, including from LGBTQ communities, health, children and families, public benefits programs, law, education, aging, disability, and public administration. SJM1 requests that the LGBTQ Health Disparities Task Force compile, publish, and present a report that includes recommendations to the LHHS and other appropriate legislative committees by November 1, 2015.

SJM1 proposes that the LGBTQ Health Disparities Task Force employ a “health in all policies model,” which examines the environmental, socioeconomic, cultural, and other social

determinants of health alongside areas such as epidemiology, population health, health care service utilization and health care finance and delivery systems. This comprehensive approach in assessing LGBTQ health disparities aligns with literature that describes some of the complex causes of these disparities. ([Krehly, 2009](#)) describes some of the causes of these LGBTQ disparities as being related to “factors like low rates of health insurance coverage, high rates of stress due to systematic harassment and discrimination, and a lack of cultural competency in the health care system.”

## **SIGNIFICANT ISSUES**

DOH reports that the health and well-being of LGBTQ people and the collection of health data for these populations have emerged as a priority at the national-level. The US Department of Health and Human Services made improving the health, safety, and well-being of LGBTQ people a new topic of [Healthy People 2020](#), which is a set of nationwide health promotion and disease prevention goals. Sexual orientation data has been collected in New Mexico’s primary adult survey, the Behavioral Risk Factor Surveillance System (BRFSS), since 2005 and in its primary youth survey, the Youth Risk and Resiliency Survey (YRRS), since 2013.

According to DOH, in New Mexico, there are at least 47,000 adults and 12,500 high school youth who identify as a sexual minority (lesbian, gay, bisexual). A study by the DOH found that LGB adults experience a significant number of health disparities when compared to their heterosexual counterparts. LGB adults are significantly more likely to report having depression and anxiety and more likely to have attempted suicide than their heterosexual peers. LGB adults smoke cigarettes at twice the rate of heterosexual adults, and lesbian and gay adults are more likely to binge drink than heterosexual adults. Although cigarette smoking has declined among heterosexual adults in New Mexico, it has remained high among bisexuals and actually increased among gay and lesbian adults in recent years ([NMDOH, 2013](#)).

LGB youth have significantly higher rates in most risk behavior categories within the YRRS. Compared to their heterosexual peers, LGB youth were twice as likely to be bullied at school, more likely to be in a fight at school, three times more likely to skip school due to feeling unsafe, twice as likely to binge drink, three times as likely to smoke cigarettes, and more likely to use marijuana or other drugs (DOH & Public Education Department LGB Data Report in process, 2015).

## **PERFORMANCE IMPLICATIONS**

SJM1 relates to the “Health Disparity and Health Equity” sections of the FY2016 NM Department of Health Strategic Plan and the 2014-2016 NM State Health Improvement Plan, which specifically mention sexual orientation and gender identity, among other demographic characteristics that impact health.

## **ADMINISTRATIVE IMPLICATIONS**

SJM1 would require some DOH program staff with specific expertise in LGBTQ health issues or LGBTQ health data may requested to participate in or provide information to the LGBTQ Health Disparities Task Force, and to assist with the development of recommendations, which would be reported to the interim LHHS Committee