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**2024 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: House

Category: Bill

Number: 104

Type: Introduced

Date (of THIS analysis): 01/17/2024

Sponsor(s): Reena Szczepanski

Short Title: Statewide Public Health and Climate PGM

Reviewing Agency: Agency 665 - Department of Health

LFC Requester: Lance Chilton

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY25	FY25-29		
\$1,100	\$10,000	Nonrecurring	General Fund

[LFC Recommendation Volume II](#)

Other state revenues were increased from the forest lands protection revolving fund and the conservation planting revolving fund for forest and watershed management projects, grants to local governments and tribes, climate change response programs, wildland fire training courses, and purchases for the conservation seedling program. The LFC recommendation supports these increases (p. 239).

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 24	FY 25	FY 26		
\$0	\$0	\$0	NA	NA

None

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 24	FY 25	FY 26	3 Year Total Cost	Recurring or Non- recurring	Fund Affected
Total	\$0	\$78.76	\$1,178.76	\$2,436.28	Recurring	General Fund

HB104 proposes to establish a new public health and climate program in the Environmental Health Epidemiology Bureau of the 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 FY25 through FY29:

Personnel Services & Employee Benefits (PS&EB)

Program Manager (Epidemiologist Supervisor) Pay Band 80 - \$86,206 (midpoint) x 1 FTE x 1.39 (benefits)	\$119,826
Health Promotion Coordinator (Soc/Comm Coordinator A) Pay Band 70 - \$69,114 x 1 FTE x 1.39	\$96,069
Tribal Liaison (Soc/Comm Coordinator Supervisor) Pay Band 75 - \$77,660 x 1 FTE x 1.39	\$107,948
Climate Change Epidemiologist (Epidemiologist Advanced) Pay Band 75 - \$77,660 x 1 FTE x 1.39	\$107,948
Health Equity Specialist (Soc/Comm Coordinator A) Pay Band 70 - \$69,114 x 1 FTE x 1.39	\$96,069
Climate Change Evaluator (Epidemiologist O) Pay Band 70 - \$69,114 x 1 FTE x 1.39	\$96,069
Medical Director Consultant (Programmatic Physician Manager) Pay Band XC - \$208,532 x 0.5 FTE x 1.39	\$144,930
Sub-total	\$768,859

Office Setup

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

Office Space

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

Supplies

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

Travel Costs - In-state Travel and accommodations

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

Administrative Costs

Indirect costs @ 18.7%	\$208,535
Total	\$1,178,764

This is an additional \$78,764 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 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: None

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

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 104 (HB104) proposes to create: 1) a statewide Public Health and Climate Program by adding a new section to the Public Health Act and 2) a Public Health and Climate Resiliency Fund; and 3) appropriations to finance the proposed program and fund.

HB104 proposes to establish a statewide Public Health and Climate Program in the Environmental Health Epidemiology Bureau (EHEB) of the Epidemiology and Response Division (ERD) in the Department of Health (DOH) by January 1, 2025. The proposed Program will administer the Public Health and Climate Resiliency fund. In addition, the Program will help improve interagency collaboration focused on health equity, improving surveillance related to ongoing climate change and extreme weather events, reviewing and recommending appropriate updates to health and safety standards, and reducing health impacts of extreme weather and climate adaptation in New Mexico communities. The Program will also formulate action plans to support local communities in building health resiliency to future climate impacts and provide climate and public health expertise to assist local community planning. Finally, the Program will facilitate meaningful community engagement within communities most harmed by extreme weather events.

HB104 proposes to create a Public Health and Climate Resiliency Fund as a reverting fund in the state treasury appropriated to the NM Department of Health. This Fund will be used to make grants of up to two hundred fifty thousand dollars (\$250,000) to a political subdivision of the state or an Indian Nation, Tribe, or Pueblo for the purposes of preparing for and responding to public health emergencies related to extreme weather and other climate impacts. The NM Department of Health Cabinet Secretary will prioritize applications.

HB104 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 2025 to support the statewide Public Health and Climate Program within the EHEB of the ERD; and 2) ten million dollars (\$10,000,000) for expenditure in fiscal years 2025 through 2029 for the Public Health and Climate Resiliency 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). In the absence of a dedicated and funded climate program, the Environmental Public Health Tracking (EPHT) program in Environmental Health Epidemiology Bureau (EHEB) produced weekly reports monitoring heat-related ED visits for the DOH Cabinet Secretary as well as posting updates in the NMTracking newsroom (<https://nmtracking.doh.nm.gov/newsroom/Introduction.html>). EPHT provided data and information periodically throughout the summer of 2023 to the City of Albuquerque Sustainability Office's newly formed Urban Heat Cohort, as well as shared data and an urban heat map with the City of Santa Fe's Office of Emergency Management. Further, EPHT analyzed ED (NSSP) and hospitalization data for work-related visits to provide the NMED Occupational Safety and Health Bureau as they drafted a heat standard for outdoor workers.

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/calf-canyon-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). EPHT participated in daily smoke coordination calls with the National Weather Service, US Forest Service, State Forest Service, and NMED Air Quality Bureau to review weather forecasts and predicted smoke impacts. EPHT added health-protective messaging through localized alerts and sent press releases as needed. Also in 2022, the Forest Stewards Guild and US Forest Service requested EHEB assistance to distribute a limited number of air filters to rural health centers (personnel communication 4/11/2022). However, with no funding or staff dedicated to climate change, no action could be taken. Later in the wildfire season, EHEB was called upon again to assist with private well water testing and information dissemination in impacted communities; two staff members from EPHT and the Environmental Health Capacity Program traveled to Mora to assist. Further requests for well testing assistance were received by EHEB but the capacity to provide testing was not available due to lack of funding and staffing shortages.

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/fungal/diseases/coccidioidomycosis/statistics.html>, <https://www.cdc.gov/westnile/statsmaps/data-and-maps.html>), 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 2023. 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 EPHT Program Manager serves as the co-chair of the Emergency Management, Health, and Resilience Climate Action Team on the Governor’s Climate Change Taskforce as well as the chair of the Climate and Health Adaptation Workgroup (CHAWG). She also participated in the three Climate Change Adaptation and Resilience Planning workshops hosted by Energy, Mineral, and Natural Resources Department and provided comments on the draft Climate Adaptation Resilience Plan.

Despite the lack of a climate program and staff, Epidemiology and Response Division’s Environmental Health Epidemiology Bureau has received numerous requests to respond to climate-related health events which has contributed to additional burden on existing programs, particularly EPHT. 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/climateandhealth/climate_ready.htm). 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
- 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

HB104 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) and a Public Health and Climate Resiliency Fund. The cost of staff salaries, office setup, office space and administrative costs total about \$1,178,764 per fiscal year. HB104 proposes to appropriate one million one hundred thousand dollars (\$1,100,000) from the general fund for FY25 to the Department of Health for this purpose which would not cover the staff and administrative costs. Additionally, these staff and costs would continue to be needed from FY26 through FY29. There is currently no appropriation for those years.

HB104 also proposes to appropriate ten million dollars (\$10,000,000) from the general fund to the Department of Health for expenditure in fiscal years 2025 through 2029 for the Public Health and Climate Resiliency Fund.

4. ADMINISTRATIVE IMPLICATIONS

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

If HB104 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 will be situated in the Environmental Health Epidemiology Bureau in the Epidemiology and Response Division. As this program is new, all staff will need new computer equipment, cell phones, and supplies. There are associated costs with duplication services, IT needs, travel, and other administrative needs in implementing the program. The costs have been listed above under Fiscal Implications.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None.

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

Page 2 item (2), (b) line 10 should read: ... excess **disease**, injuries and deaths...

Page 2 item (2), (d) line 16 should read: weather ~~and adaptation~~ in New Mexico;

Page 3 item (3) line 19 should read: communities in building health resiliency **and adaptation** to future climate...

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://svi.cdc.gov/A%20Social%20Vulnerability%20Index%20for%20Disaster%20Management.pdf>), 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. Additionally, the heat.gov vulnerability mapping tool identified two NM counties (Luna and Cibola) as among the most vulnerable. <https://geoxc-apps2.bd.esri.com/Climate/HeatVulnerability/index.html>.

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 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. The Public Health and Climate Resiliency Fund would provide communities with much-needed resources to prepare for and/or respond to public health emergencies related to extreme weather and other climate impacts.

Other potential health impacts to be gained by enacting HB104 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 the 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 HB104 is not enacted, then the statewide Public Health and Climate Program and the Public Health and Climate Resiliency Fund will not be established, and no appropriations will be made to the Department of Health from the general fund.

12. AMENDMENTS

None.