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2024 LEGISLATIVE SESSION  
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 0289

Type: Introduced

Date (of THIS analysis): 02/02/2024

Sponsor(s): Cristina Parajón

Short Title: LGBTQ HEALTH CARE TRAINING

Reviewing Agency: Epidemiology and Response Division

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 24	FY 25		
\$	\$250	Nonrecurring	

REVENUE (dollars in thousands)

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

Explain what type of revenues this bill will generate: surcharges, taxes, fees, patient billing, federal revenues, etc.

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	\$16.1	\$0	\$	Non-recurring	General

House Bill 289 (HB289) proposes appropriating \$250,000 from the General Fund to the Department of Health for contracting purposes. Estimated additional operational costs would be for approximately 0.1 FTE staff time to manage the effort (developing a Request for Proposals, evaluating the training, ensuring delivery of the program, and evaluations). For a General Manager I position (Pay band 90 - \$79,459-\$127,134/year – midpoint \$103,297) this would be  $\$103,297 * 0.1 = \$10,330$ . Desktop software (\$699/FTE/year), phones (\$1,724.40/FTE/year), IT Enterprise costs (\$1,500/year), and office space (\$54,000/year) would add an additional  $\$57,923 * 0.1 = \$5,792$ /year. Therefore, total would be  $\$10,330 + \$5,792 = \$16,122$ .

### Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: SB221 – Diversity Act

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

### Section IV: Narrative

#### 1. BILL SUMMARY

a) Synopsis

House Bill 289 (HB289) proposes to make a \$250,000 appropriation to the New Mexico Department of Health to contract with community-based lesbian, gay, bisexual, transgender, and queer organizations to train health care providers on lesbian, gay, bisexual, transgender, and queer health care laws, provider and patient rights and best practices for inclusivity and the implementation of an education campaign on HIV prevention and testing. This appropriation would be for state FY25, and any unencumbered balance remaining at the end of state FY25 would revert to the general fund.

Is this an amendment or substitution?  Yes  No

Is there an emergency clause?  Yes  No

b) Significant Issues

- Healthcare-related discrimination leads to delayed or skipped care. The Office of Civil Rights ([Protecting the Rights of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex \(LGBTQI+\) People | HHS.gov](#)) asserts that “one quarter of LGBTQ people who faced discrimination postponed or avoided receiving needed medical care for fear of further discrimination.”

- Section 1557 of the Affordable Care Act prohibits discrimination against people based on sex, and in 2020 the Supreme Court (*Bostock v. Clayton County, GA*, 140 S. Ct 1731) ruled that sex discrimination included discrimination due to sexual orientation or gender identity.
- People who are LGBTQ have higher rates of health risks and negative health outcomes.
- Health care providers all see LGBTQ patients. Knowing the history and unique needs of LGBTQ population can lead to more compassionate and appropriate care (Bass and Nagy, 2023).

## 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

This bill would expand equitable and appropriate health care access to New Mexicans, and thus improve the health status of New Mexicans.

## 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

NMDOH would receive an appropriation of \$250,000 to contract with community groups for health care provider training.

## 4. ADMINISTRATIVE IMPLICATIONS

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

## 5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

SB221 (Diversity Act) – proposes to address diversity within state agencies. It does consider LGQTB in considerations of underserved communities and it does direct each state agency to have a diversity, equity, and inclusion strategic plan. Therefore, SB221 does not relate to healthcare providers in general, but does relate to efforts to address equity, gender identity, diversity, and inclusion that would be similarly addressed by HB289.

## 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

None.

## 8. DISPARITIES ISSUES

- Health inequities and disparities that persist among LGBTQ people include frequent mental distress, depression, suicidal ideation, binge drinking, and smoking (Health and Disease among Transgender and Gender Non-Conforming Persons in New Mexico, 2019 (nmhealth.org)).
- Below are several key behavioral risk factors identified through the New Mexico Behavioral Risk Factor Surveillance System in which sexual minorities and gender minorities (Lesbian, Gay or Bisexual (LGB); Transgender or Nonbinary (TGNB)) experience disparities compared to straight and cisgender individuals as a percentage of their respective overall populations:

Risk Factor	LGB (%)	Straight (%)	TGNB (%)	Cisgender (%)
Unemployed/Unable to Work	15.9	13.5	31.0	13.7
Binge Drinking	21.3	13.4	21.7	13.9
Current Smoking	18.8	14.4	24.7	14.7
Suicidal Ideation	18.3	5.3	16.0	6.1
Depression	42.5	17.6	35.4	19.1

Data Source: New Mexico Behavioral Risk Factor Surveillance System, 2020-2022

Among NM youth, 16.2% of high school students were Lesbian, Gay, or Bisexual (LGB) and another 4.8% were questioning their sexual orientation. Among high school students, 5.8% were transgender, genderqueer, or genderfluid (New Mexico Youth Risk and Resiliency Survey, 2021).

Below are several key behavioral risk factors identified through the New Mexico Youth Risk and Resiliency Survey in which sexual minorities and gender minorities (Lesbian, Gay or Bisexual (LGB); Transgender or Nonbinary (TGNB)) experience disparities compared to straight and cisgender individuals as a percentage of their respective overall populations:

Risk Factor	LGB (%)	Straight (%)	TGNB (%)	Cisgender (%)
Binge drinking	10.0%	7.1%	7.4%	7.5%
Current cigarette smoking	5.8%	3.5%	9.6%	3.6%
Seriously considered suicide in the past year	41.9%	13.6%	50.8%	17.7%
Made a suicide attempt in the past year	22.7%	6.5%	30.9%	8.3%
Experienced persistent feelings of sadness or hopelessness	67.2%	37.1%	76.7%	42.0%

Data Source: New Mexico Youth Risk and Resiliency Survey, 2021

- **Violence victimization:** sexual and gender minorities are at an increased risk of victimization of sexual violence, gun violence and other violent crimes.
- People who are transgender are at greater risk of domestic violence or sexual assault. The Office of Justice Programs Office of Victims of Crime ([Sexual Assault: The Numbers | Responding to Transgender Victims of Sexual Assault \(ojp.gov\)](https://www.ojp.gov/sexual-assault-the-numbers-responding-to-transgender-victims-of-sexual-assault)) reports that research shows that half of all transgender people experience domestic violence after coming out as trans, and that half of transgender people also experience sexual violence in their lifetimes.
- In New Mexico, lesbian, gay, bisexual and gender non-conforming adults were 3.8 times more likely to have experienced sexual violence within their lifetime than straight adults (unpublished data, New Mexico Department of Health, New Mexico Behavioral Risk Factor Surveillance System, 2022).
- Additionally, according to the U.S. Department of Justice, based on 2017-2020 population data from the National Crime Victimization Survey (NCVS), rates of violent victimization among self-identified lesbian, gay or bisexual persons 16 years of age or older (43.5 victimizations per 1,000 persons age 16 or older) were more than twice the rate than their straight counterparts (19.0 per 1,000) ([Violent Victimization by Sexual Orientation and Gender Identity, 2017–2020](https://www.dhs.gov/ncvs/violent-victimization-by-sexual-orientation-and-gender-identity-2017-2020)). Furthermore, the rate of violent victimization against transgender persons (51.5 victimizations per 1,000 persons aged 16 or older) was 2.5 times the rate among cisgender persons (20.5 per 1,000), and domestic violence was eight times as high among bisexual persons (32.3 victimizations per 1,000 persons aged 16 or older) and more than twice as high among lesbian or gay persons (10.3 per 1,000) as it was among straight persons (4.2 per 1,000).
- Gun violence uniquely impacts transgender and gender non-conforming people. Since 2013, at least 233 trans and gender non-conforming people have been killed with a gun in the U.S.: approximately seven in ten (69.6%) of all identified fatalities. Guns were used in all police-involved killings, in more than 80% of killings by a friend or family member, and in over half (58.3%) of all killings by an intimate partner. ([The Epidemic of Violence Against the Transgender and Gender Non-Conforming Community in the United States, 2023](https://www.dhs.gov/epidemic-of-violence-against-the-transgender-and-gender-non-conforming-community-in-the-united-states-2023)).

## 9. HEALTH IMPACT(S)

- In part due to these health disparities, in 2021 NM’s governor issued an Executive Order requiring state agencies begin collecting voluntary data on sexual orientation and gender identity.

- Adolescents who identify as LGBT are more likely than heterosexual adolescents to exhibit symptoms of emotional distress, including depressive symptoms, suicidal ideation, and self-harm.
- According to the Williams Institute at the UCLA Law School, people who are lesbian, gay, bisexual, or transgender (LGBT) are 9 times more likely to be victims of violent hate crimes than non-LGBT people.
- In addition to increased risk of violent hate crimes, people who are LGBT+ are at higher risk of discrimination than people who are not LGBT+, are at greater risk of substance misuse, poor mental health, and increased risk of some infectious diseases.
- Transgender individuals experience a dramatically higher prevalence of intimate partner violence (IPV) victimization compared to cisgender individuals, regardless of sex assigned at birth (Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates, American Journal of Public Health (nih.gov)).
- HB289 would increase awareness of these, and other health disparities impacting the LGBTQ community and should lead to more appropriate health care including screenings for risk factors and negative health outcomes.

## **10. ALTERNATIVES**

None.

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

If HB289 is not enacted, an appropriation will not be made for NMDOH to contract with community-based lesbian, gay, bisexual, transgender, and queer organizations to train health care providers on lesbian, gay, bisexual, transgender, and queer health care laws, provider and patient rights and best practices for inclusivity and the implementation of an education campaign on HIV prevention and testing.

## **12. AMENDMENTS**

If the implementation of an education campaign on HIV prevention and testing is intended for health care providers, suggest inserting the words “health care providers” on page 2, line 4, [Section IA(2)] at the end of the sentence to read: “implementing an education campaign on HIV prevention and testing awareness for health care providers.”