

LFC Requester:

Liu



**PUBLIC EDUCATION DEPARTMENT
BILL ANALYSIS
2023 REGULAR SESSION**

SECTION I: GENERAL INFORMATION*Check all that apply:*Original Amendment Correction Substitute Date Prepared: 02/18/23Bill No: HB394Agency Name
and CodeSponsor: BlockNumber: PED - 924Short NO GENDERPerson Writing Gregory FrostadTitle: REASSIGNMENTPhone: (505) 470-5752 Email: gregory.frostad@ped.nm.gov**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY23	FY24		
None	None	N/A	NFA

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY23	FY24	FY25		
None	None	None	N/A	NFA

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	None	None	None	N/A	N/A	NFA

(Parenthesis () Indicate Expenditure Decreases)

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

SECTION III: NARRATIVE**BILL SUMMARY**

Synopsis: House Bill 394 (HB394) prohibits public schools from allowing the teaching of gender reassignment and hormone blocking medication and from using or purchasing any instructional

materials, for use in a classroom, containing instruction on gender reassignment and hormone blocking medication. The bill requires a parent of a concerned school-aged person to be present if a licensed school nurse, school counselor, or teacher discusses gender reassignment and hormone blocking medication in any school setting, including afterschool programs offered by the school district.

FISCAL IMPLICATIONS

The bill does not contain an appropriation.

Schools with textbooks and other instructional materials that include references to hormone blocking medications or gender reassignment would be required to replace their texts.

SIGNIFICANT ISSUES

Schools would need to review their textbooks and other instructional materials in a variety of fields, including social studies, literature, and others to ensure there were no references to such medications or gender reassignment and to replace the texts if they do. However, hormone blocking medications are used to treat a variety of diseases, including breast cancer. Advanced placement biology courses and high schools with an emphasis on careers in the medical profession may use texts that include references to hormone blocking medications.

HB394 limits the ability of some school personnel to discuss hormone-blocking medication and gender reassignment. Such limitations stifle classroom discussion and transgender representation in the curriculum. HB394 stigmatizes transgender people and is likely to reduce the number of students who reach out to school personnel with questions regarding hormone-blocking medication or gender reassignment and is likely to reduce the number of school staff who are willing to speak with students about those topics. It is not always safe for transgender youth to discuss hormone-blocking medications or gender reassignment with their parents. Family rejection and discrimination and violence have contributed to a large number of transgender and other LGBTQ-identified youth who are homeless in the United States – an estimated [20 to 40 percent](#) of the more than 1.6 million homeless youth.

To create welcoming school environments and encourage the success of all students, the schools' curriculum should include representation of people of different ethnic and racial backgrounds, disabilities, sexual orientations, and genders (including non-binary and transgender). Teachers and schools may understand HB394 to outlaw curricular materials that include transgender people.

PERFORMANCE IMPLICATIONS

None.

ADMINISTRATIVE IMPLICATIONS

Schools would need to review their biology, medical, social studies, and literature texts to ensure there are no references to hormone-blocking medication or gender reassignment and to replace the texts if they do.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Conflicts with [HB207, Expand Human Rights Act Scope](#), which prohibits school districts, government agencies, and public contractors, from discriminating on the basis of sex, sexual

orientation, or gender identity.

TECHNICAL ISSUES

None.

OTHER SUBSTANTIVE ISSUES

In January 2023, the New Mexico Human Services Department announced it was working to help build awareness about the 988 crisis support line for meet the needs of the state's LGBTQIA+ communities. In late 2022, the 988 crisis support line integrated specialized, inclusive, emotional and crisis care support services to better serve the LGBTQIA+ community. The program is a pilot project of the [National Suicide Prevention Lifeline](#) supported by the federal Substance Abuse and Mental Health Association and in collaboration with [The Trevor Project](#), a suicide prevention group for LGBTQIA+ young people. Anyone can call the hotline, without the need of a parent to be present.

According to a 2019 Youth Risk and Resiliency Survey (NMYRRS), approximately 21,300, or 19.2 percent, of high school youth in New Mexico identify as LGBTQIA+. According to the same survey, six percent of New Mexico youth said they are transgender or unsure of their gender identity. The survey found that transgender, genderfluid, or genderqueer students were 3.5 times as likely as cisgender students to be kicked out, to run away, or be abandoned.

LGBTQ+ youth are more likely than their heterosexual or cisgender peers to experience stress, fear, bullying, and victimization. Schools can support LGBTQ+ youth by encouraging respect for all students and develop and implement nondiscrimination and anti-bullying policies that include actual or perceived sexual orientation as well as gender identity and expression. Research has found that states with these policies or laws have lower rates of anti-gay remarks in schools, fewer suicide attempts, and lower levels of harassment and assault based on actual or perceived sexual orientation or gender expression compared with states without these policies or laws.

According to [youth.GOV](#) - a government website composed of representatives from 13 federal departments and 12 federal agencies that support programs and services focusing on youth – research has found that LGBTQ+ youth are more likely to experience stress and fear in school than their non-LGBTQ+ peers. This experience is associated with verbal harassment, physical harassment, and physical assault because of sexual identity and gender identity or expression. These negative conditions can affect the likelihood that LGBTQ+ youth attend and complete school. Research on LGBTQ youth shows that if they experience bullying and victimization, they are more likely to:

- drop out of school;
- have higher absenteeism;
- have lower postsecondary education aspirations;
- have higher levels of depression and anxiety; and
- have lower self-esteem.

The [Trevor Project's 2021 National Survey on LGBTQ Youth Mental Health](#) surveyed nearly 35,000 LGBTQ youth ages 13-24 and found several revealing insights on the state of LGBTQ+ youth mental health in the U.S.:

- 42 percent of LGBTQ youth seriously considered attempting suicide in the past year,

including more than half of transgender and nonbinary youth.

- 31 percent of Native/Indigenous youth attempted suicide, 21 percent of Black youth did so, 21 percent of multiracial youth, 18 percent of Latinx youth, 12 percent of Asian/Pacific Islander youth, and 12 percent of white youth.
- More than 80 percent of LGBTQ youth stated that COVID-19 made their living situation more stressful.
- 70 percent of LGBTQ youth stated that their mental health was "poor" most of the time or always during the COVID-19 pandemic.
- Nearly half of LGBTQ youth reported they wanted counseling from a mental health professional, but were unable to receive it in the past year.

There were also findings that support the importance of welcoming and safe environments, resources, and services for LGBTQ+ youth and their mental health:

- Transgender and nonbinary youth who were able to change their name and/or gender marker on legal documents, such as driver's licenses and birth certificates, reported lower rates of attempting suicide.
- LGBTQ youth who had access to spaces that affirmed their sexual orientation and gender identity reported lower rates of attempting suicide.
- Transgender and nonbinary youth who reported having pronouns respected by all the people they lived with attempted suicide at half the rate of those who did not have their pronouns respected by anyone with whom they lived.

Strategies to improve mental health and prevent self-harming behavior and suicide include:

- providing safe and supportive environments, particularly through affirming relationships with family and peers.
- enacting legislation to protect the safety of LGBTQ+ youth.
- re-evaluating institutional practices that undermine positive youth development.
- building community awareness and capacity to understand and address stressors that LGBTQ youth may experience.

Transgender youth have a high risk for developing substance dependency issues. Transgender individuals have higher rates of usage for some drugs and may have higher rates of methamphetamine, injectable drugs, and tobacco usage.

Reducing the rates of bias, discrimination, and victimization that LGBTQ+ youth experience can help reduce substance use.

ALTERNATIVES

None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None.

AMENDMENTS

None.