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## FISCAL IMPACT REPORT

LAST UPDATED \_\_\_\_\_

SPONSOR Ramos/Gallegos/Scott/Thornton/Paul ORIGINAL DATE 02/17/2025

Health Care Workers Conscience Protection **BILL**

SHORT TITLE Act NUMBER Senate Bill 347/ec

ANALYST Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
HCA	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Recurring	General Fund
HCA	Indeterminate, potentially substantial	Indeterminate, potentially substantial	Indeterminate, potentially substantial	Indeterminate, potentially substantial	Recurring	Federal Funds

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

Relates to House Bills 234 and 236 and to Senate Bill 57.

### Sources of Information

LFC Files

Agency Analysis Received From

Health Care Authority (HCA)

Agency Analysis was Solicited but Not Received From

New Mexico Medical Board (NMMB)

Agency Declined to Respond

Administrative Office of the Courts (AOC)

## SUMMARY

### Synopsis of Senate Bill 319

Senate Bill 347 would create the Health Care Workers Conscience Protection Act. Any health care worker (widely defined in Section 2 of the bill) could for conscientious or religious reasons refuse to participate in any way(s) in abortion or abortion-related services (which would include provision of information about abortion and referral to a provider of abortion), and could not be subjected by professional or licensing entities or employers to discipline or employment actions for that refusal. The employer could replace the refusing person's involvement in the case with another provider, who would be given access to the patient's medical records. Health care payers – insurers – could not be subjected to adverse action based on their conscience-based refusal to pay for an abortion-related service.

According to Section 4 of the bill, health care institutions that provide abortions must notify all affiliated health care workers with a copy of the act within 30 days of its going into effect, and each new hire must be provided by the institution with a copy within 14 days of hiring. A summary of the act's provisions must also be posted on the institution's premises.

This bill contains an emergency clause and would become effective as soon as it is signed by the governor.

## FISCAL IMPLICATIONS

There is no appropriation in Senate Bill 347.

According to the Health Care Authority (HCA):

HCA may be required to amend regulations to account for SB347 at an unknown cost. Additionally, compliance with SB347 may put health care institutions that receive federal funding, such as Medicare and Medicaid reimbursements, at risk of penalties or loss of funding if the refusal of care violates federal mandates such as the Federal Emergency Medical Treatment & Labor Act (EMTALA).\

LFC staff assume HCA could amend regulations using existing resources.

## SIGNIFICANT ISSUES

HCA notes:

SB347 may conflict with 42 U.S. Code § 1395dd, which guarantees examination and treatment for emergency medical conditions and women in labor. Federal law requires hospitals to provide stabilizing treatment, including abortion-related emergency care when necessary.

SB347 would increase the difficulty of obtaining abortion services, which is a statutorily protected right in New Mexico. SB347 allows health workers to deny abortion-related services and to also limit information on where patients can receive services. Healthcare professionals and entities would not be required to inform patients of available funding or contact information. The rule's expansive definition of health care worker could, for example, extend to a pharmacist filling a prescription, a receptionist scheduling an appointment for consultation, or an ambulance driver transporting a pregnant person for an emergency abortion.

HCA notes the following:

- SB347 broadly defines “abortion” well beyond a common definition of the term. It includes, as part of the definition, “...the provision of information about abortion, provision of a referral to another health care worker that provides abortion”. Under common usage, the term “abortion” does not include providing information about abortion or referring someone to another health care worker.
- SB347 does not clarify how institutions should handle cases in which a patient's emergency care is delayed due to conscience-based objections. There is no requirement for institutions to have alternative providers available or to arrange timely transfers to facilities that will provide care. This could create enforcement challenges and potential gaps in emergency care.

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

This bill relates to House Bill 234, which would require abortion-providers to provide resuscitation to any fetus delivered with signs of life, to House Bill 236, which would require any healthcare facility prescribing mifepristone to post a notification that the drug's effects can be reversed in some circumstances, and to Senate Bill 57, which would exclude personal information on abortion-related healthcare providers from the Inspection of Public Records Act.

LAC/hj/SL2