

LFC Requestor: CHENIER, Eric

2025 LEGISLATIVE SESSION  
AGENCY BILL ANALYSIS

Section I: General

Chamber: House  
Number: 236

Category: Bill  
Type: Introduced

Date (of THIS analysis): 2/4/2025

Sponsor(s): Jenifer Jones

Short Title: Notice for Medication Abortions

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$0	\$0	N/A	N/A

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	N/A	N/A

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$544.757	\$544.757	\$1,089.514	Recurring	SGF

House Bill 236 (HB236) requires the Health Care Authority to fine any healthcare facility or pharmacy that does not post signs in compliance with rules in this legislation. With over 400 pharmacies across the state, many of which may dispense mifepristone, and assuming that there would have to be two visits per year per site to assure that signs were posted, there would be a need to have at least five (5) full-time staff to conduct inspections and determine if fines were necessary.

Cost would be 5 full-time staff x mid-point of pay band 70 for a Community and Social Services Coordinator at \$71,188 plus 39% benefits.

$\$71,188 \times 1.39 \times 5 = \$494,757.$

Office space, IT equipment, telecom and other expenses would be at least \$10,000 per FTE additional, for another \$50,000.

### **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 236 (HB236) would require a number of actions for any office, clinic, hospital, pharmacy or other health care facilities where the medication mifepristone is prescribed, dispensed or administered.

- Have visible signage with font at least ¾” in boldface type stating:  
“NOTICE TO PATIENTS HAVING MEDICATION ABORTIONS THAT USE MIFEPRISTONE: Mifepristone, also known as RU-486 or mifeprex, alone is not always effective in ending a pregnancy. It may be possible to reverse the drug's intended effect if the second pill or tablet has not been taken or administered. If you change your mind and wish to try to continue the pregnancy, you can get immediate help by accessing available resources”.
- Ensure all postings are in a variety of locations including patient waiting rooms in hospitals, and both indoors and at drive-through areas of pharmacies.

- Ensure that physicians provide such notice and information to patients at least 24 hours in advance of such a prescription.
- Ensure that the Department of Health posts such information on its website.
- Require the Health Care Authority to assess fines to sites that do not post required signage.
- Provide for civil actions and punitive damages against any physician not compliant with such notices.

Is this an amendment or substitution?  Yes  No

Is there an emergency clause?  Yes  No

b) Significant Issues

Individuals require access to safe, legal abortion. Abortion, although legal, has become increasingly out of reach because of numerous restrictions imposed by some governments targeting patients seeking abortion and their health care practitioners.

HB236 would require a number of actions for any office, clinic, hospital, pharmacy or other health care facilities where the medication mifepristone is prescribed, dispensed or administered. Most notably, there would have to be posted signage providing information that a medication abortion using mifepristone may be reversible if a second dose is not taken.

Current research studies demonstrate that the required wording on this notice is not factual or supported by the literature. A systematic review of literature on the “reversal” of first-trimester medical abortions finds both that 1) it is rare that a woman changes her mind after starting medical abortion, and 2) evidence is insufficient to determine whether treatment with progesterone after mifepristone results in a higher proportion of continuing pregnancies compared with expectant management (<https://pubmed.ncbi.nlm.nih.gov/26057457/>). Abortion reversal is a legislative concept and effort that lacks evidence, according to a review of the literature (<https://www.nejm.org/doi/full/10.1056/NEJMp1805927>). It notes that legislation similar to HB236 in several other states was based solely on a case series of seven patients, and that more systematic reviews do not support this treatment. The study also notes that “one could argue that the demand for abortion reversal is so low that additional research is not justified.”

Posting such counter-factual information at health care facilities has the potential to increase fear and stigma related to accessing legal health care services. It could also confuse patients about their options and the accurate representation of the safety of various options related to abortion and other reproductive health services.

HB236 also requires physicians to provide patients with written notice at least 24 hours prior to medication abortions and provides for civil actions with punitive damages against non-compliant physicians. Given that mifepristone can be prescribed and dispensed by other health care professionals other than physicians, such as nurse practitioners, pharmacist clinicians, and other advanced practice providers, this would appear to be an

inconsistent requirement of one type of medical professional within a group of eligible providers.

A requirement for 24-hour advance notice becomes a de-facto “waiting period” for access to some abortion services, though not consistently as it would not apply to procedural abortions. This may lead clients with fewer resources to opt for options that are more complicated and not otherwise medically necessary or in their best interest, just to avoid a delay.

## 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

## 4. ADMINISTRATIVE IMPLICATIONS

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

## 5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None.

## 6. TECHNICAL ISSUES

Are there technical issues with the bill?  Yes  No

House Bill 236 (HB236) would require a number of actions for any office, clinic, hospital, pharmacy or other healthcare facilities where the medication mifepristone is prescribed, dispensed or administered. Most notably, there would have to be posted signage providing information that a medication abortion using mifepristone may be reversible if a second dose is not taken. As noted above, current scientific research does not support this being factual and accurate.

HB236 also requires physicians to provide patients with written notice at least 24 hours prior to medication abortions and provides for civil actions with punitive damages against non-compliant physicians. However, given that mifepristone can be prescribed and dispensed by healthcare professionals other than physicians, such as nurse practitioners, pharmacist clinicians, and other advanced practice providers, this would appear to be an inconsistent requirement for the group of eligible providers.

#### **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

This bill would require physicians, but not other health care professionals, to provide 24 hour written notice. That would essentially create a waiting period for the provision of mifepristone, in conflict with state laws about providing access to abortion without any such waiting period or delay.

#### **8. DISPARITIES ISSUES**

Where abortion is illegal or highly restricted, pregnant people may resort to unsafe means to end an unwanted pregnancy, including self-inflicted abdominal and bodily trauma, ingestion of dangerous chemicals, and reliance on unqualified or predatory abortion providers.

#### **9. HEALTH IMPACT(S)**

A requirement for 24-hour advance notice becomes a de-facto “waiting period” for access to some abortion services, though not consistently as it would not apply to procedural abortions. This may lead clients with fewer resources to opt for options that are more complicated and not otherwise medically necessary or in their best interest, just to avoid a delay.

#### **10. ALTERNATIVES**

None.

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

If HB236 is not enacted, there would not be new requirements for any office, clinic, hospital, pharmacy or other health care facilities where the medication mifepristone is prescribed, dispensed or administered.

#### **12. AMENDMENTS**

None.