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FISCAL IMPACT REPORT

SPONSOR Montoya/Vincent/Jones LAST UPDATED _____
ORIGINAL DATE 02/24/2025
BILL
SHORT TITLE Parental Consent for Minor's Health Care NUMBER House Bill 543
ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	No fiscal impact	No fiscal impact	No fiscal impact	No fiscal impact		

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Relates to House Bill 185/Senate Bill 459, Senate Bill 258, Senate Bill 356, and Senate Bill 500.
Conflicts with House Bill 466.

Sources of Information

LFC Files

Agency Analysis Received From
Health Care Authority (HCA)
New Mexico Attorney General (NMAG)

Agency Analysis was Solicited but Not Received From
Department of Health (DOH)

SUMMARY

Synopsis of House Bill 543

House Bill 543 amends Section 24-34 NMSA 1978, entitled Reproductive and Gender-Affirming Health Care Freedom Act. It adds the definition of minor as being someone under the age of 18, and it adds a subsection that would not allow minors to receive gender-affirming or reproductive health care without parental consent.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

FISCAL IMPLICATIONS

There is no appropriation in House Bill 543. The Health Care Authority (HCA) notes that Medicaid already covers gender-affirming and reproductive health care and so expects no fiscal impact from this bill.

SIGNIFICANT ISSUES

The Reproductive and Gender-Affirming Health Care Freedom Act currently prevents the state and its subdivisions from interfering with patients accessing gender-affirming services and reproductive health care and is not limited by age. This bill would add the requirement for parental approval for such care – to include contraceptive use, abortion, treatment of sexually-transmitted infections, management of pregnancy or infertility – and gender-affirming care, to include hormonal treatment and surgical care.

The New Mexico Attorney General (NMAG) notes:

The definition of minor does not account for emancipated minors or minors who are not under the legal authority of their parents. As such, there may be conflict between the definition of “minor” and the provision stating that the Freedom Act does not provide for a minor to receive the specified health care without parental consent in the bill, and a minor’s actual and legal reality. See, e.g., NMSA 1978, § 32A-21-5 (emancipated minors); NMSA 1978, § 24-7A-6.2 (minors living apart from a parent or guardian). To the extent the Freedom Act does provide a right to such health care, the bill would impose a natural conflict in these and other situations. Also, there are certain other statutes and constitutional provisions (see under “Other Substantive Issues”) that may conflict with this bill. Although the bill is written to automatically exempt reproductive and gender affirming health care that is protected by those other provisions, and only states that the Freedom Act, in particular, does not allow for minors to receive the specified care without parental consent, those other provisions may limit the bill’s effect.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Related to the following bills, all relating to LGBTQ+ persons:

- House Bill 185/Senate Bill 459, identical bills entitled Protection of Women’s Sports Act,
- Senate Bill 258, Human Sexuality Education,
- Senate Bill 356, State Diversity Act, and
- Senate Bill 500, Detransitioner Protection Act.

Conflicts in part and overlaps with House Bill 466, Hormone Therapy and Puberty Blocker Protection, which would prohibit forms of gender-affirming care to minors and also would amend the Reproductive and Gender-Affirming Health Care Act.

OTHER SUBSTANTIVE ISSUES

NMAG makes the following points about conflicts with current law and the New Mexico Constitution:

This bill states that the Freedom Act does not provide for minors to be able to obtain reproductive and gender affirming health care without parental consent, except as otherwise provided by law. Thus, it would likely have no effect on other statutes that could be construed to allow for this type of care to minors under at least some circumstances, including, e.g., statutes allowing for anyone to receive treatment for family planning, NMSA 1978, § 24-8-5, or treatment for sexually transmitted diseases, NMSA 1978, § 24-1-9.

To the extent this provision could be interpreted to serve as an outright ban, it might run afoul of state constitutional provisions, such as N.M. Const. art. II, § 18, which states that “Equality of rights under law shall not be denied on account of the sex of any person.”

LAC/hj/SL2