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FISCAL IMPACT REPORT

LAST UPDATED _____
ORIGINAL DATE 02/11/2025

SPONSOR Jones

BILL
NUMBER House Bill 236

SHORT TITLE Notice for Medication Abortions

ANALYST Chilton

REVENUE* (dollars in thousands)

Type	FY25	FY26	FY27	FY28	FY29	Recurring or Nonrecurring	Fund Affected
Fines		See fiscal implications	See fiscal implications	See fiscal implications	See fiscal implications	Recurring	Uncertain

Parentheses () indicate revenue decreases.

*Amounts reflect most recent analysis of this legislation.

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
DOH	No fiscal impact	\$544.8	\$544.8	\$1,089.6	Recurring	General Fund
HCA	No fiscal impact	Up to \$1,975.0	No fiscal impact	Up to \$1,975.0	Non-recurring	General Fund
HCA	No fiscal impact	Up to \$459.9	Up to \$459.9	Up to \$919.8	Recurring	General Fund
HCA	No fiscal impact	\$67.5	\$67.5	\$135.0	Recurring	Federal Funds
Total	No fiscal impact	Up to \$3,047.2	Up to \$1,072.2	Up to \$4,119.4		

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Relates to House Bill 234 and Senate Bill 57

Sources of Information

LFC Files

Agency Analysis Received From
Department of Health (DOH)
Health Care Authority (HCA)

SUMMARY

Synopsis of House Bill 236

House Bill 236 requires the notification and posting of a notice to patients regarding medication abortions, specifically using the drug mifepristone. Clinics or other health facilities where mifepristone is prescribed must post a large-format sign in each patient waiting room and

consultation room or hospital admission room, using the following language prescribed in the bill:

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.

Pharmacies involved in mifepristone use must post the same sign at pharmacy drive-up windows and where medications are dispensed to patients within the pharmacy.

Physicians would have to provide the notice in written form at least 24 hours before the drug's reversibility and resources to which the patient may go if they change their mind and desire the drug's effects reversed. In the case of a medical emergency, defined as one threatening the life of or possibly causing serious damage to the patient, the provider must describe the reason that there cannot be a 24-hour delay. These would have to include a risk of substantial damage to a major body function and could not include psychological or emotional damage.

The bill would require the Department of Health (DOH) to post information on its website regarding the reversibility of mifepristone and resources for reversal.

Penalties are prescribed in the last two sections of the bill: up to a \$10 thousand fine for any health care facility prescribing mifepristone without having the required sign, and possible civil actions brought by the patient for whom mifepristone was prescribed without required notice, or by that patient's parents, if the patient was under 18 years of age.

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 236.

DOH specifies that 5 FTE Community and Social Service Coordinators would be needed at an annual total cost of \$494.8 thousand.

The Health Care Authority estimates a cost of up to \$1.975 million to develop the computer system it states that it needs, with on-going costs of up to an annual \$400 thousand for IT maintenance and \$59.5 thousand for an FTE to do the work, at a cost to the state of \$59.9 thousand and to the federal matching fund of \$67.5 thousand.

The penalty included in this bill would increase state revenues; however, predicting the future rate of violations among clinics, offices, hospitals, pharmacies, and other health care facilities in New Mexico, and the subsequent increase in state revenue from these violations, is extremely difficult without additional data.

SIGNIFICANT ISSUES

HCA points out that the American College of Obstetricians and Gynecologists has [specified](#) that waiting periods are not supported by evidence or guidelines. DOH agrees, stating that “the required wording is not factual or supported by the literature” and that there is no credible support for the reversibility of mifepristone, continuing that “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.”

HCA also states that:

The bill requires notification from both physicians’ offices/clinics as well as pharmacies. It is foreseeable that the pharmacy may not be associated with the office. In these instances, the pharmacies may require an additional waiting period to ensure their compliance, outside the waiting period that has already occurred. This could create a barrier to access medications in a timely manner.”

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

HB236 relates to House Bill 234, which would require life-saving efforts for any child “born alive” during an abortion procedure, and Senate Bill 57, which would exclude personal information on abortion-related healthcare providers from the Inspection of Public Records Act.

TECHNICAL ISSUES

In Section 1F, physicians are identified as prescribers who must provide written notice to patients for whom mifepristone is prescribed. Nurse practitioners, physician assistants and nurse midwives might also prescribe this drug and are not required to provide notice.

In Section J, “biological parents” of a minor are identified as having a right to civil action, leaving out “adoptive parents,” “parent” or “guardian.”

DOH notes that “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.”

LAC/rl