

LFC Requester:

Eric Chenier

**AGENCY BILL ANALYSIS - 2025 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO  
[AgencyAnalysis.nmlegis.gov](http://AgencyAnalysis.nmlegis.gov) and email to [billanalysis@dfa.nm.gov](mailto:billanalysis@dfa.nm.gov)  
*(Analysis must be uploaded as a PDF)*

**SECTION I: GENERAL INFORMATION**

*{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}*

**Date Prepared:** 2/4/25 *Check all that apply:*  
**Bill Number:** HB236 Original  Correction   
 Amendment  Substitute

**Sponsor:** Rep. Jenifer Jones **Agency Name**  
**Short Title:** Notice for Medication **and Code** HCA 630  
Abortions **Number:** \_\_\_\_\_  
**Person Writing** Kresta Opperman  
**Phone:** 505.231.8752 **Email** Kresta.opperman@hca

**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
\$0.0	\$0.0	NA	NA

(Parenthesis ( ) indicate expenditure decreases)

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
\$0.0	\$0.0	\$0.0	NA	NA

(Parenthesis ( ) indicate revenue decreases)

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

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>ITD – build system</b>	\$0.0	\$1,975.00	\$0.0	\$1,975.00	Nonrecurring	SGF
<b>1 ASD FTE</b>	\$0.0	\$59.9	59.9	\$119.8	Recurring	SGF
<b>ITD - maintenance</b>	\$0.0	\$0.0	\$400.00	\$0.0	Recurring	SGF
<b>Total</b>	\$0.0	\$1,975.00	\$400.00	\$2,494.8.00		

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: none  
Duplicates/Relates to Appropriation in the General Appropriation Act: none

### **SECTION III: NARRATIVE**

#### **BILL SUMMARY**

Synopsis: HB 236 requires that patients seeking medication abortions be provided with specific information before the procedure. Here are the key points:

1. **Notice Requirement:** Health care facilities where medication abortions are provided must post a conspicuous sign informing patients that mifepristone (also known as RU-486 or mifeprex) may not always be effective in ending a pregnancy. The sign must also mention that it may be possible to reverse the drug's effect if the second pill has not been taken.
2. **Written Notice:** Physicians must provide patients with written notice at least 24 hours before the abortion except in an emergency. The written notice must detail the information as mentioned in the sign and include:
  - (1) the possibility of reversing the intended effects of a medication abortion that uses mifepristone; and
  - (2) resources for reversing a medication abortion, including contact information that the patient can use to obtain information to reverse the medication abortion.
3. **Penalties and Private Right of Action:** The bill includes penalties for non-compliance and creates a private right of action, allowing individuals to sue if the notice requirements are not met.

#### **FISCAL IMPLICATIONS**

To support the monitoring and oversight function outlined in the bill, it is assumed that an IT system with a database would need to be designed, developed, implemented, and maintained. Using general IT costs as a baseline, it is anticipated that such a system could cost up to \$1,975,000.00 to create. Annual maintenance costs could be as high as \$400,000.00. Processing the payment of fines outlined in the bill would be outside of the IT system. Since this bill does not specify a specific federal program with which HCA operates (such as Medicaid), for which to claim matching funds for IT costs, it is assumed that the funding would need to be from state general fund.

This bill charges HCA to assess a fine not to exceed ten thousand dollars (\$10,000) to any office, clinic, hospital, pharmacy or other health care facility that fails to post a sign, however it doesn't indicate if the fine needs to be assessed on the first offence or if there is any progressive assessment leading up to the ten thousand dollars (\$10,000). If fees are assessed then this would require 1 FTE-Accountant & Auditor-75 in Administrative Services to notify/bill, collect, and reconcile this activity. If HCA is to collect this fee, there is no mention of what or how HCA is to do or use this money.

Range	Classification	Hrly	Salary	Benefits	Total
75	Accountant Auditor	38.46	80,304.48	32,121.79	112,426.27
			80,304.48	32,121.79	112,426.27
	Operating Cost \$15K per employee				15,000.00
				Total Need	127,426.27
				FF	67,535.92
				GF	59,890.35

### **SIGNIFICANT ISSUES**

Such waiting periods for medical abortion are not evidence-based nor guideline-directed. See: <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-up-to-70-days-of-gestation>

### **PERFORMANCE IMPLICATIONS**

HCA would need to add this additional requirement to the Division of Health Improvement scope within NMAC.

### **ADMINISTRATIVE IMPLICATION**

See Fiscal Implications, Performance Implications, and Technical Issues.

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

Not known.

### **TECHNICAL ISSUES**

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.

It is unclear which agency at HCA would be responsible for compliance oversight. DHI currently has oversight of hospitals but does not have regulatory authority over doctor's offices and pharmacies. The bill does not identify which agency(s) would be responsible for oversight.

### **OTHER SUBSTANTIVE ISSUES**

HB 236 includes "private right of action" if a physician provides a medication abortion using mifepristone in violation of this section, the following individuals may bring a civil action in a court against the physician for compensatory damages, punitive damages and any other appropriate relief: (1) the patient that was provided mifepristone; or (2) the patient's biological parents, if the patient was not eighteen years of age or older at the time of the medication abortion, or if the patient died as a result of the medication abortion.

[Per New Mexico Minor Consent and Confidentiality- A Compenium of State and Federal Laws \( August 2024\)](#) "Minors may consent to abortion in New Mexico. N.M. Stat. Ann. § 30-5- 1, which had required parental consent for a minor's abortion was repealed by S.B. 10, 55th Leg., Reg. Sess. (N.M. 2021). Even prior to 2021, in Op. Att'y Gen. No. 90-19 (Oct. 3, 1990), the New Mexico Attorney General had determined that the statute's requirement of parental consent was unenforceable because it failed to provide the constitutionally required judicial bypass procedure which would allow a minor to seek court authorization for an abortion without first involving her

parents.”

Per [N.M. Stat. Ann. § 24-7A-6.2](#) An unemancipated minor fourteen years of age or older who has capacity to consent may give consent for medically necessary health care; provided that the minor is: (1) living apart from the minor's parents or legal guardian; or (2) the parent of a child.

#### **ALTERNATIVES**

None suggested

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

Status quo.

#### **AMENDMENTS**

No known amendments at this time.