

LFC Requester: _____

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

AgencyAnalysis.nmlegis.gov and email to 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: _____ *Check all that apply:*
Bill Number: HB385 Original Correction
 Amendment Substitute

Sponsor: Rep. Lord **Agency Name and Code** HCA 630
Short Title: Chemical Castration of Some Sex Offenders **Number:** _____
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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
\$0	\$0	N/A	N/A

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
\$0	\$0	\$0	N/A	N/A

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	None	Unknown	Unknown	Unknown	Recurring	Unknown

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: HB385 requires a sex offender to undergo chemical castration as a condition of parole. Provides terms and conditions for the procedure, to be performed by Corrections Department if the person is incarcerated. Refusal of castration is a parole violation. Does not apply to geriatric or otherwise permanently incapacitated inmates.

FISCAL IMPLICATIONS

HB385 may have a financial impact if the intention of HB385 is to require Medicaid reimbursement of chemical castration for Medicaid eligible individuals. Currently Medicaid covers hormonal drugs such as medroxyprogesterone acetate or a chemical equivalent for birth control. Medicaid reimbursable services must be determined to be medically necessary. Use of medications for the purpose described here would require a state plan amendment and approval in order to be eligible for federal match. Without CMS approval the cost would be 100% state general funds.

SIGNIFICANT ISSUES

Section 1.B – Medical professionals (in lieu of district courts) are best equipped to inform individuals about the effect of the treatment and any side effects that may result from it. Acknowledgment of receipt does not translate to consent to treat and should be reviewed in more detail by legal experts.

Chemical castration may not guarantee human rights for involuntary cases performed without informed consent of the sexual offender and thus may be regarded as only punishment and not treatment (NIH, 2017).

Previous meta-analyses about the effectiveness of treatment on the rate of recidivism of individuals who committed sexual offenses have reported medium effect sizes for both hormonal treatments and cognitive behavioral therapy (Sage pub 2020., Volume 33, Issue)

Section 1.C - The bill presumes all individuals sentenced in violation of Section 31-21-10 NMSA 1978 have not rehabilitated while in prison or were otherwise treated for any presumed offense. The bill does consider that for an individual who has demonstrated rehabilitation, the process may impede the individual's ability to engage in normal sexual activity.

Section 1.D- does not provide specificity about the minimum qualifications of a corrections department employee who would be tasked to administer the treatment (e.g. licensed medical professionals).

Section 1.E: To mandate release health information to the Parole board as a condition of parole may be a violation of privacy and civil rights that should be further reviewed by legal subject matter experts.

Section 1.F - *“The person receiving chemical castration treatment shall pay for all of the costs associated with the chemical castration treatment....”* Typically, individuals leaving prisons do not have health insurance outside of Medicaid, if eligible. It is unknown if Medicaid would cover

this type of “treatment” services for male hormone therapy, placing additional burden on a person returning to the community. However, Medicaid does cover medroxyprogesterone acetate or a chemical equivalent for birth control.

Section 1. G - A medical professional, rather than the parole board, generally is more qualified in determining whether treatment is no longer necessary.

Eleven states have bills enabling “chemical castration” and studies have found that they tend to be more effective in individuals with problematic sexual behaviors, and not necessarily because of an antisocial orientation or personality structure. However, a clear cause-and-effect relationship between testosterone levels and sexual offending remains uncertain.

There is no provision made in the bill to provide the psychosocial treatment most likely needed to address the long-term issues involved. Further, while there is agreement among researchers that the knowledge base is far from complete, the evidence suggests that certain therapeutic interventions for sex offenders can and do work. Specifically, cognitive-behavioral/relapse prevention approaches have been identified as being effective at reducing both sexual and nonsexual recidivism. Treatment is apt to be most effective when it is tailored to the risks, needs, and offense dynamics of individual offenders and is more effective when treatment is administered voluntarily. ([US Department of Justice](#))

Chemical castration treatment may have side effects including hot flashes, mood swings, growth of breast tissue in men, and loss of muscle mass. It increases the risk for diabetes, high blood pressure, osteoporosis and fractures, stroke and heart attacks, and may have a higher fiscal impact to treat these conditions. A recent study conducted in 2020 by the National Cancer Institute reported that there are mixed studies indicating that males receiving hormone therapy are at increased risk for diabetes, high blood pressure, strokes and heart attacks (www.healthline.com).

PERFORMANCE IMPLICATIONS

N/A

ADMINISTRATIVE IMPLICATIONS

If the intent of HB385 is to require Medicaid reimbursement for these services, a state plan amendment and approval from CMS will be required as well as updates to NMAC and instruction to MCOs.

This would require a system change in the financial services IT system. This change will be part of maintenance and operations (M &O) and will be made at no additional cost.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

N/A

TECHNICAL ISSUES

N/A

OTHER SUBSTANTIVE ISSUES

HB385 puts the court in an untenable position of a medical care provider with no basis for eliciting informed consent.

ALTERNATIVES

N/A

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status Quo

AMENDMENTS

N/A