

LFC Requestor: KLUNDT, Kelly

2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 578

Type: Introduced

Date (of THIS analysis): 02/24/2025

Sponsor(s): Jennifer Jones

Short Title: EVERY MOTHER MATTERS ACT

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	\$816.2	\$816.2	\$1,632.4	Recurring	General Fund

Detail	Salary	W/Benefits	# Positions	Annual Cost
Admin Ops II-85	\$46.92	\$64.28	1	\$133,702
Social & Com III -70	\$34.23	\$46.90	3	\$292,656
Registered Nurse III	\$40.45	\$55.12	1	\$114,645
Epi Advanced-75	\$38.46	\$52.69	1	\$106,595
New IT system creation	\$150,000.00			\$150,000.00
Hardware	\$1,700.00		6	\$10,200.00
Software and fees	\$700.00		6	\$4,200.00
Phones	\$700		6	\$4,200
			Annual Total	\$816,198

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 578 (HB578) would establish the Every Mother Matters Act and create the Pregnancy Launch Program to provide no-cost services to pregnant women and new parents. It requires all licensed health facilities and health care providers make a resource access offer before performing an abortion.

Section 2: Provides definitions for: “abortion”, “department”, “medical emergency”, “pregnancy loss” and “program”.

Section 3: Provides new language defining the Pregnancy Launch Program which is to be created in the Department of Health (DOH) and be available in all counties of the state for all residents who are pregnant, and biological or adoptive parents of a child under age 2 or who have experienced a pregnancy loss within six months of applying. Components include:

- Education and outreach
- Family support services including case management and childcare assistance
- Prenatal, perinatal and pediatric health care

- Crisis triage include support for substance use disorder and legal assistance for victims of sexual or domestic violence

Section 4: New language will require all licensed hospitals, clinics, health facilities, and health care providers providing abortion or termination services to offer resource access prior to performing the procedure. The resource offer should include optional services that the provider does not bill for including:

- No-cost services
- Public assistance and social services
- Crisis advocacy
- Medically accurate information about abortion and pregnancy termination including risks and long-term consequences

Section 4D makes an exception if the patient is seeking an abortion for a medical emergency, and this shall be documented in the patient chart with a written certification of the medical emergency and reported to the DOH no later than 30 days after the procedure.

Section 4E New language requiring DOH to monitor compliance and notify the health care authority or relevant licensing board to initiate enforcement for any non-compliance.

Section 5: HB 578 proposes requiring DOH to publish an annual report on the activities of Every Mother Matters Act to include:

- Contractors providing services
- Number of participants
- Type of service and location offered
- Number of medical emergency certifications received
- Compliance activities

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

New Mexico faces high maternal mortality rates and significant disparities in access to prenatal and perinatal care, especially in rural and underserved communities. Data from the New Mexico Department of Health highlights these challenges, suggesting that targeted interventions are necessary to improve maternal and infant health outcomes ([NM MMRC Annual Report, 2022](#)). The Pregnancy Launch Program could help address these gaps by providing structured support for pregnant individuals and new parents, potentially reducing adverse maternal and child health outcomes.

Mandatory consultations required by HB578 may introduce significant delays for women seeking abortion care, particularly in rural areas with limited healthcare infrastructure. Studies indicate that waiting periods and mandatory counseling often pose logistical challenges, making it difficult for patients to access services in a timely manner. These barriers are particularly pronounced in underserved communities, where accessing an additional consultation may require substantial travel, time off work, and childcare arrangements. ([Bain, 2020](#); [Lindo & Pineda-Torres, 2020](#)). Research shows that such

delays do not improve patient decision-making but instead serve as obstacles to care, potentially pushing patients beyond the gestational limits for legal abortion ([Guttmacher Institute, 2025](#)).

The administrative burden on healthcare providers is another major concern. Many providers already operate with limited resources, and additional requirements for pre-abortion counseling and compliance tracking could dissuade them from offering abortion services altogether. Similar measures in other states, like Texas, have contributed to clinic closures and a reduction in available services, disproportionately affecting individuals in rural and low-income communities ([The American College of Obstetricians and Gynecologists, 2025](#)). The requirement to document medical emergencies and report compliance to the Department of Health adds further complexity, raising concerns about privacy violations and potential stigmatization for both providers and patients.

HB578 presents conflicts with current state law, particularly NMSA 24-34-1, which explicitly protects abortion access in New Mexico. NMSA 24-34-1 prohibits the state from imposing any additional restrictions on abortion, including mandatory waiting periods or counseling. HB578's requirement for a resource access offer could be interpreted as a restriction, potentially inviting legal challenges ([Guttmacher Institute, 2025](#)).

The disproportionate impact on marginalized communities is another significant issue. Low-income women and those in rural areas already face systemic barriers to healthcare access, and additional requirements may exacerbate these disparities. Research shows that when abortion access is restricted, individuals may be forced to seek less-safe methods or carry unwanted pregnancies to term, leading to worse health outcomes for both parents and children ([The American College of Obstetricians and Gynecologists, 2024](#)). In fact, individuals denied an abortion are more likely to experience poverty, stay in unsafe relationships, and suffer from increased stress and anxiety ([Foster et al., 2018](#)).

No budget allocations have been identified despite the increase in cost to NMDOH. Without a designated funding source, there is a risk that resources will be diverted from other critical healthcare services. The overlap with existing programs, such as New Mexico's [Family Planning Program](#) and the [NM Health Helpline](#), raises concerns about redundancy and whether expanding existing services would be a more cost-effective solution.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

The NMDOH will have to create a new program to implement the requirements of the Every Mother Matters Act including outreach, education and training, resource development, monitoring and surveillance.

- 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

HB 578 does not include an appropriation for implementation of the Pregnancy Launch program which is to be housed at the NMDOH.

4. ADMINISTRATIVE IMPLICATIONS

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

New positions will need to be created and housed. A tracking and monitoring system will also need to be developed to implement this new program.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None.

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

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

HB578 could be in contradiction of NMSA 24-34-1, which ensures abortion access remained protected in New Mexico.

8. DISPARITIES ISSUES

HB578 could exacerbate existing healthcare disparities, particularly for individuals in rural and underserved communities who already face significant barriers to reproductive care. [Prenatal genetic counseling in states hostile to abortion in the final days of Roe v. Wade: A qualitative study - Getchell - 2023 - Journal of Genetic Counseling - Wiley Online Library](#). Many rural areas in New Mexico lack direct access to maternal and pediatric services [March of Dimes, 2023](#), increasing the difficulty of complying with mandatory consultations.

Low-income individuals are disproportionately affected by additional steps in the abortion process, as they may struggle with transportation, childcare, and lost wages due to required waiting periods and counseling ([Boonstra, 2016](#); [Lindo & Torres, 2020](#); [Winny, 2023](#)). Research indicates that restricting abortion access increases financial instability and contributes to worse health outcomes for both the parent and child [Foster et al., 2018](#).

9. HEALTH IMPACT(S)

HB 578 proposes that all licensed hospitals, clinics, health facilities, and health care providers that provide abortion or pregnancy termination services in the state shall not perform or induce an abortion or pregnancy termination unless a resource access offer is made to the patient in accordance with this section. If the health facilities and health care providers do not agree or have staffing/resources to perform a “*resource access offer*” this could be interpreted as a restriction on women’s reproductive rights.

10. ALTERNATIVES

None

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

If HB 578 is not enacted, then Every Mothers Matters Act and the Pregnancy Launch Program will not be created.

12. AMENDMENTS

None.