

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: 2/12/25 *Check all that apply:*
Bill Number: SB347 Original Correction
 Amendment Substitute

Sponsor: Sen Ramos **Agency Name and Code** HCA-630
Short Title: Health Care Worker Conscience Protection Act **Number:** _____
Person Writing M. Reynolds
Phone: _____ **Email** Mark.reynolds@hca.n

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
NA	NA		

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
NA	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
Total	NA	NA	NA	-	-	-

(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:

SB347 would establish that health care workers, institutions and payers, all defined broadly, may refuse to participate in any abortion or abortion related service for conscience-based reasons. The worker or institution would not be held responsible for any such refusal and could not be discriminated against for such a refusal.

Provides extensive definitions of “health care worker,” “health care institution,” “health care payor,” “abortion,” and “participate” defining all such terms broadly. Defines “conscience-based” and indicates a conscience-based decision of an institution shall be determined by its writings and papers.

Requires health care institutions to provide a copy of Act to employees within 14 business days and to post the Act in conspicuous places.

FISCAL IMPLICATIONS

The Health Care Authority may be required to amend regulations to account for SB347 at an unknown cost.

Additionally, compliance with SB347 may put health care institutions that receive federal funding, such as Medicare and Medicaid reimbursements, at risk of penalties or loss of funding if the refusal of care violates federal mandates such as the Federal Emergency Medical Treatment & Labor Act (EMTALA).

SIGNIFICANT ISSUES

SB347 may conflict with 42 U.S. Code § 1395dd which guarantees examination and treatment for emergency medical conditions and women in labor. Federal law requires hospitals to provide stabilizing treatment, including abortion-related emergency care when necessary.

SB347 would increase the difficulty of obtaining abortion services, which is a statutorily protected right in New Mexico. SB347 allows health workers to deny abortion related services and to also limit information on where patients can receive services. Health care professionals and entities would not be required to inform patients of available funding or contact information. The rule’s expansive definition of health care worker could, for example, extend to a pharmacist filling a prescription, a receptionist scheduling an appointment for consultation, or an ambulance driver transporting a pregnant person for an emergency abortion.

SB347, in effect, removes protections for patients seeking needed care as patients probably do not know, in advance, the conscience objections of a health care worker or health care institution.

Access to services could be affected. Pregnant people who are poor, have a disability, or are otherwise disadvantaged may find it even more difficult to access reproductive health services. Underfunded and understaffed community health centers in predominantly rural areas often do not

have the resources to hire additional staff to cover services when health workers opt out on religious or moral grounds. This could perpetuate and increase existing health disparities.

SB347, if implemented, likely will result in medical malpractice implications and unforeseeable costs due to claims against and premium adjustments to providers.

SB347 broadly defines “abortion” well beyond a common definition of the term. It includes, as part of the definition, “...the provision of information about abortion, provision of a referral to another health care worker that provides abortion”. Under common usage, the term “abortion” does not include providing information about abortion or referring someone to another health care worker.

PERFORMANCE IMPLICATIONS

SB347 could have implications for medical training and workforce development in New Mexico. Hospitals affiliated with medical schools or residency programs may struggle to ensure that OB-GYN and emergency medicine residents receive necessary training in abortion care if institutions can opt out. This could contribute to a shortage of trained primary care providers and OB-GYNs, limiting access to reproductive health services statewide.

ADMINISTRATIVE IMPLICATIONS

No HCA impact.

Health care institutions, providers, and insurers may need to modify administrative policies to track which workers or institutions have opted out of providing abortion-related care, potentially increasing administrative burdens.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

Federal law, at 42 U.S.C. § 300a-7 already prohibits governmental agencies that receive federal financial assistance, such as HCA, from discriminating against health care personnel based on their religious beliefs or moral convictions related to health services or research activities. SB347 would greatly expand requirements and complicate compliance with federal law because of the immensely broad definition of “abortion.”

OTHER SUBSTANTIVE ISSUES

SB347 does not clarify how institutions should handle cases in which a patient's emergency care is delayed due to conscience-based objections. There is no requirement for institutions to have alternative providers available or to arrange timely transfers to facilities that will provide care. This could create enforcement challenges and potential gaps in emergency care.

ALTERNATIVES

None

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status Quo

AMENDMENTS