

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: 2/13/25 *Check all that apply:*
Bill Number: SB371 Original Correction
 Amendment Substitute

Sponsor: Sen Sharer **Agency Name and Code** HCA-630
Short Title: Abortion Limitations **Number:** _____
Person Writing Keenan Ryan
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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
HCA Staff	\$0.0	\$48.7	\$48.7	\$97.4	Recurring	FF
HCA Staff	\$0.0	\$48.6	\$48.6	\$97.2	Recurring	GF

Total	\$0.0	\$97.3	\$97.3	\$184.6	N/A	Total
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(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: Not known

Duplicates/Relates to Appropriation in the General Appropriation Act: Not known

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

SB371 would create additional abortion access restrictions that include:

1. Limiting abortion procedures to only be performed by a licensed physician in a health facility licensed by the Health Care Authority.
2. Limiting the ordering of medications for abortions only to licensed physicians.
3. Changing the definition of standard of care for abortion to only be furnished by a licensed physician.
4. Medications for abortion can only be filled at licensed pharmacies.
 - a. Medications for abortion is the use or prescription of any drug for the purpose of inducing an abortion.
5. Up to a \$5,000 fine for individuals found to knowingly violate these provisions,

FISCAL IMPLICATIONS

The bill contains no appropriation but contains an enforcement requirement. MAD would require a staff member to implement this bill for major updates and monitoring. One (1) Full Time Employee (FTE) will be needed to implement, monitor and enforce SB371. One (1) FTE at pay-band 70 would cost \$97.3 thousand. This includes \$48.7 thousand in state funds and \$48.6 thousand in federal funds.

SIGNIFICANT ISSUES

SB 371 would limit access to abortion services. It would prevent qualified practitioners other than licensed physicians, such as certified nurse practitioners, from performing abortion services. Nurse practitioners are currently providing services to NM Medicaid patients.

SB 371 includes a civil penalty not to exceed five thousand dollars (\$5,000 for a person found to have knowingly and willfully violated the provisions. The bill does not identify which agency(s) would be responsible for oversight.

PERFORMANCE IMPLICATIONS

If SB371 is enacted, access to medically necessary abortions would be reduced by reducing the number of qualified practitioners by healthcare providers mitigating risk of civil penalties described in the bill. Addressing statewide provider shortages continues to be a significant challenge while developing and maintaining provider networks that meet the needs of the Medicaid population. This challenge is particularly acute in rural areas and “OB deserts,” where access to obstetric care and other essential health services is severely limited. According to the most recent New Mexico Health Care Workforce Committee Report, the state is short 59 OB-GYN physicians, and 344 Primary Care physicians with the biggest disparities in rural counties. Limiting the provider types capable of ordering an abortion will likely limit access especially in the rural setting.

The availability of abortion medications in retail pharmacies is variable. In some instances, the medications can be dispensed directly at the clinic. The clinics get registered as public health

clinics and not as a pharmacy. This again could limit members access to these services.

There could also be spill-over effect on network adequacy as these medications would not be given when used for treating patient for other appropriate medical needs. This could potentially be a large concern for midwives who could use many of the same medications for cases of miscarriage or in labor and deliveries. Conversely providers may choose not to provide other medical services, unrelated to abortion, that use these medications due to legal concerns.

ADMINISTRATIVE IMPLICATIONS

In order to implement this bill major updates to Medicaid's NMAC, MCO policy manual, billing system and point of sale pharmacy system are likely needed:

- Rules would need to be promulgation and would likely require a new section to be added to the NMAC and MCO policy manual.
- Medicaid billing system would need to be updated to limit provider types that can bill for abortion services.
- The pharmacy system would require the creation of a new drug program system for any agent that could be used for an abortion that would apply restriction criteria for both provider type and indication of the agent.

IT System changes related to this bill would need to be completed at no additional cost.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

N/A

OTHER SUBSTANTIVE ISSUES

N/A

ALTERNATIVES

None

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status Quo

AMENDMENTS

None