

LFC Requester:

Lance Chilton

AGENCY BILL ANALYSIS - 2026 REGULAR SESSION

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SECTION I: GENERAL INFORMATION

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

Date Prepared: 2/11/26 **Bill Number:** HB279 **Original Amendment** **Substitute** X

Short Title: HEALTHCARE PRIVACY & SAFETY PROTECTIONS

Sponsor: Rep. Christine Chandler

Name and Code Number: HCA 630

Person Writing: Jennifer Williams

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

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
\$0	\$0	-	-

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
\$0	\$0	\$0	-	-

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$0.0	\$0.0	\$0.0	\$0	-	-

(Parenthesis () Indicate Expenditure Decreases)

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: HB279 attempts to mitigate the risk of out-of-state prosecution and other safety threats for individuals seeking reproductive or gender affirming care in New Mexico as well as the providers who treat those patients. The bill creates privacy protections for protected health care activities, calling out specifically reproductive health care and gender-affirming health care. Reproductive health care includes abortion; pregnancy prevention; managing the loss of a pregnancy; prenatal, perinatal and postpartum health; managing perimenopause and menopause; managing fertility and infertility; treating cancers of the reproductive system; and preventing sexually transmitted infections. The provisions would help protect the privacy of both patients who are residents of other states seeking care that has been criminalized in their home state and New Mexico citizens who travel to or move to other states after receiving health care that is legally protected in New Mexico.

This legislation amends the Electronic Medical Records Act to allow for segregation of health care information related to abortion, abortion related care, and gender-affirming care from the rest of the individual's health care information. Written authorization by the individual is required for users to access this segregated medical history. The "break the glass" exception to ensure healthcare providers can access necessary information during the treatment of emergent medical situations is currently found in NMSA Section 24-14B-6(G) and is retained in subsection (J):

"Notwithstanding any other provision of law, information in an individual's electronic medical record may be disclosed:

- (1) to a provider that has a need for information about the individual to treat a — condition that poses an immediate threat to the life of any individual and that requires immediate medical attention;"

Relatedly, NMSA Sections 24-1-15.2-4 are retained preserving appropriate reporting, testing, confidentiality, and use of information related to conditions of public health importance.

Additionally, section 24-14B-7 is retained which protects records locator services, health information exchanges (HIE), institutions, and providers from any liability for harm caused by the exclusion of an individual's information when the individual requested the exclusion. Additionally, the bill proposes a new enforcement section, 24-14B-11, for violations of the Electronic Medical Records Act, allowing the attorney general or any district attorney to pursue injunctive relief, \$2,500.00 for negligent violations, and \$10,000.00 for intentional violation. A new remedies section 24-14B-12 is also added, providing a private right of action with damages, equitable, and injunctive relief available to individuals who have suffered a loss or deprivation of rights due to a violation of the Electronic Medical Records Act.

The bill also adds a subsection 24-14B-6(I) to shield providers, plans, health care purchasers, health information exchanges, and electronic health care service providers from any civil, criminal, administrative liability or licensing disciplinary actions for refusing the release of an individual's health care information if there is reason to believe the request for information is based on another state's law that interferes with a protected health care activity under subsection (H). Further, if such information is requested, the covered entity shall make reasonable effort to notify the

individual and each of their provider(s) of reproductive health care and/or gender affirming care must be notified of the request within 30 days of the request.

The bill expands the existing protections around the transmittal of electronic information already found in Section 24-35-6 of the Reproductive and Gender Affirming Health Care Protection Act. The existing act prohibits harassment and harm by a third party; the amendment protects both individuals and providers, while prohibiting third parties from the identification or tracking of individuals and entities engaged in a protected health care activity. A new section would also prohibit geofencing around locations where reproductive or gender affirming health care is being provided, thereby preventing unwanted notifications, alerts, or monitoring targeted at those individuals and entities as well as preventing data tracking or collection that could otherwise reveal personal information such as genetic information, citizenship, financial data, identification numbers, data about physical or mental conditions, gender, gender identity, sex, sexual orientation, religious affiliation, union membership, or precise location.

This bill provides clarification and protects emergency departments and providers when providing pregnancy termination and/or sterilization procedures when they are necessary to stabilize a patient with a “emergency medical condition.” The definition of emergency medical condition includes presumptions for care in pregnancy in the setting of contractions; active labor; ectopic pregnancy; pregnancy complications; pregnancy loss; attempted termination of pregnancy; risk to future fertility; previable, preterm or premature rupture of membranes; risk of infection; cervical insufficiency; and emergency hypertensive disorders. As currently required under the federal Emergency Medical Treatment and Active Labor Act (EMTALA), largely codified in Section 1867 of the Social Security Act, 42 U.S.C. § 1395dd, certain hospitals are required to provide medical screenings, treatment, and transfer if appropriate. However, the provision of abortion or sterilization procedures needed to stabilize the patient are only contemplated if they are within the capability of the staff and the hospital.

This bill includes provisions that protect reproductive care providers from out-of-state criminal prosecution, violence, and other threats to their safety by allowing prescribing providers of medication abortion to request that dispensing containers are not marked with the prescribing practitioner’s personal name or address. Finally, the bill would add health care providers who provide care covered by the Reproductive and Gender-Affirming Care Protection Act to the existing confidential substitute address program that the Secretary of State already maintains for individuals with a history of domestic violence.

The committee substitute bill removed the original bill’s data segmentation and new electronic health records requirements. It does this by removing amendments to the Electronic Medical Records Act and references to data segmentation and consent requirements. Instead, an additional layer of protection for PHI is added to the Reproductive and Gender Affirming Care Protection Act, prohibiting covered entities and their business associates from releasing information about an individual’s protected health activities when a request is based in another state’s laws that do not provide the same privacy protections as New Mexico and requiring those entities to make a reasonable effort to alert patients and providers that a request has been made.

FISCAL IMPLICATIONS

None.

SIGNIFICANT ISSUES

The current proposed healthcare record segregation changes are needed to protect the rights of individuals to make very intimate and personal decisions. Access to complete medical histories is often critical in emergency and acute care settings. While there may be, at times, medical implications for clinicians not having access to key information such as recent pregnancy, postpartum status, medication use, or prior gender-affirming surgeries, many patients receiving care in New Mexico also encounter legitimate threats related to physical safety and criminal liability when crossing state lines.

The changes this bill proposes are necessary in the current climate where national electronic records systems can lead to sensitive information in the custody of out-of-state providers and law enforcement who could criminally prosecute patients who came to New Mexico for life-saving treatment. As a safety measure, the bill retains the existing exception that allows providers to “break the glass” and access this segregated health information when treating “a condition that poses an immediate threat to the life of any individual and that requires immediate medical attention.” See current NMSA Sec. 24-14B-6(G) and Sec. 24-14B-6(J) in the proposed bill.

Further, New Mexico law already mandates record locator services and health information exchanges provide a mechanism whereby individuals may exclude demographic information, location, and their electronic medical records completely from these services. See NMSA Sec. 24-14B-6(E). Section 12-14B-7 is retained which protects records locator services, health information exchanges (HIE), institutions, and providers from any liability for harm caused by the exclusion of an individual’s information when the individual requested it. Thus, the proposed legislation provides a practical solution to the variety of risks patients and providers are currently weighing.

PERFORMANCE IMPLICATIONS

None.

ADMINISTRATIVE IMPLICATIONS

Other states, including Washington, California, and Nevada, have passed analogous legal privacy protections. EPIC, the provider of the nation’s most common and comprehensive Electronic Health Record (EHR) software (MyChart), has developed privacy controls and restrictions, including “data-silo” functionalities that allow organizations to limit the visibility of reproductive or gender-affirming care records and prevent automatic transmission of sensitive data to other facilities or states where such care may be criminalized. <https://epic.org/issues/data-protection/health-privacy/>.

Hospitals in New Mexico that are part of larger healthcare networks with locations in multiple states with a unified medical record should be able to access these types of features. While the bill’s application is limited to electronic information, implementation and applicability of this legislation may present a challenge for smaller facilities and providers who use other software systems that may not provide the necessary functions.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

None

OTHER SUBSTANTIVE ISSUES

On June 3, 2025, the Centers for Medicare and Medicaid Services (CMS) [revoked](#) previous federal guidance from [2021](#) and [2022](#) that clarified health care provider obligations to provide emergency care under the Emergency Medical Treatment and Active Labor Act ([EMTALA](#)). Previous guidance affirmed that, if a physician concludes that a pregnant woman is experiencing an emergency medical condition under EMTALA, and that abortion is the stabilizing treatment necessary to resolve that condition, the hospital has an obligation to offer an abortion. (This had been the standard under EMTALA for decades, but the issue of whether EMTALA applies irrespective of any state laws that apply to specific procedures did not need to be affirmed until the Supreme Court [allowed](#) Texas to ban abortion after six weeks of pregnancy in September 2021).

CMS also withdrew a [2022 letter](#) to health care providers affirming EMTALA protects the clinical judgment of health care workers and their ability to fulfill their professional and legal duty to offer stabilizing medical treatment to patients, regardless of state restrictions.

Under EMTALA, hospitals that receive Medicare funds must provide emergency room patients with an appropriate medical screening and examination and provide stabilizing treatment to any individual with an emergency medical condition. The HCA Division of Health Improvement is the state oversight entity for federal EMTALA compliance.

ALTERNATIVES

~~The proposed Section 24A-1-7(B)(1)(b) does not explicitly explain that “complications resulting from pregnancy” and “pregnancy loss” cover fetal demise and stillbirth. Expressly including situations such as stillbirth and fetal demise, as well situations such as fetal anomalies incompatible with life or ruptured membranes for a preivable fetus can help prevent risks to a patient’s life due to delay of induction or termination. Similarly, including the language “includes, but is not limited to,” could provide additional clarification that the list is not exhaustive.~~

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status quo

AMENDMENTS

None