

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the Legislature. LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

## FISCAL IMPACT REPORT

**BILL NUMBER:** CS/House Bill 279/HHHCS

**SHORT TITLE:** Healthcare Info Privacy Protections

**SPONSOR:** Rep. Chandler/Sen. Trujillo

**LAST ORIGINAL**  
**UPDATE:** \_\_\_\_\_ **DATE:** 02/11/2026 **ANALYST:** Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Corrections Department		\$25.0		\$25.0	Nonrecurring	General Fund
Secretary of State Safe at Home Program		\$95.0	\$97.9	\$192.9	Recurring	General Fund
<b>Total</b>		<b>\$120.0</b>	<b>\$97.9</b>	<b>\$117.9</b>		<b>General Fund</b>

Parentheses ( ) indicate expenditure decreases.  
\*Amounts reflect most recent analysis of this legislation.

Relates to Senate Bill 30.

### Sources of Information

LFC Files

Agencies Providing Analysis to the Substitute Bill

Secretary of State  
Department of Health  
Health Care Authority

Agency or Agencies Providing Analysis to the Original Bill Only

Corrections Department  
Department of Information Technology  
Crime Victims Reparation Commission  
University of New Mexico  
New Mexico Attorney General

Because of the short timeframe between the introduction of this committee substitute and its first hearing, LFC has yet to receive analysis from state, education, or judicial agencies regarding the substitute. This analysis could be updated if that analysis is received.

## SUMMARY

### Synopsis of HHHS Committee (HHHC) Substitute for House Bill 279

The House Health and Humas Services Committee substitute for House Bill 279

(HB279/HHHCS) amends statute and adds new statutory language to strengthen protections for the privacy of both providers of reproductive and gender-affirming care and their patients, guarding against misuse of information and potential retribution by individuals or by states in which such procedures are prohibited.

The bill amends Section 24-35-4 NMSA 1978, adding “and other requests” to make the title of the section “Foreign Subpoenas, Summonses, and Other Requests.” This section further requires that entities covered in the federal Health Insurance Portability and Accountability Act (HIPAA) and those entities’ business associates may not release information on reproductive health care or gender-affirming care in response to any request or subpoena if the entity or business associate believes the request or subpoena may be based on another state’s law interfering with New Mexico’s protections of these types of care. Exceptions may occur in the following instances:

- The individual consents to the information release or
- A court requires the release of the information under federal or state law.

The covered entity or business associate must make a reasonable effort to identify a person subject to a request or subpoena for information within 30 days of receipt and each provider must also be notified. HIPAA-covered entities and their business associates cannot be subjected to criminal or civil liability or professional discipline for failing to comply with requests for protected information.

HB279/HHHCS, makes it illegal to geofence (defined as using technology to make a virtual fence around a location to detect a person’s presence at or within that location or to identify persons engaged in a protected health activity) a location, unless the geofencing is carried out by the health facility for patient protection, to comply with a subpoena pursuant to New Mexico law, or for research.

HB279/HHHCS amends Section 24A-1-7 NMSA 1978, entitled “Legislative findings; definitions; licensing requirements for certain hospitals.” For hospitals providing emergency care, acute care hospitals are required to treat any patient who presents with what a “prudent layperson” would consider a life-threatening or organ-threatening condition, regardless of the patient’s ability to pay. New language defines “emergency medical condition” to include pregnant persons experiencing uterine contractions where transferring the patient to another hospital might endanger the patient or risk delivery in transit.

This requirement also applies to pregnant persons experiencing severe pregnancy-related complications that threaten the patient’s well-being, as well as to any other condition a practitioner reasonably believes constitutes an emergency. As a condition of licensure, a facility must agree to screen patients who present for emergency conditions and to stabilize any such conditions prior to transferring the patient to another facility better equipped to provide appropriate care. Abortions or sterilization procedures must be provided when necessary to stabilize the patient.

HB279/HHHCS Section 4 deals with dangerous drugs, amending Section 26-1-16 NMSA 1978. If the drug to be prescribed is mifepristone or another drug used for a medication-induced abortion, the provider may specify that the drug is to be provided to the patient in a container marked with the institution’s but not the provider’s identifying information.

Sections 5 through 10 amend the Confidential Substitute Address Act (Section 40-13B), which

was adopted in 2018 to shield persons subjected to domestic abuse. It adds a definition of “protected health care provider” as someone giving care through the Reproductive and Gender-Affirming Health Care Protection Act, allowing such providers to request a confidential substitute address if the provider fears for their safety at their actual address. The Secretary of State is charged with providing that provider or that person experiencing domestic abuse with a substitute address, as well as facilitating that person’s ability to vote using that substitute address.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, which is May 20, 2026.

## FISCAL IMPLICATIONS

There is no appropriation in HB279/HHHCS.

The Corrections Department (NMCD), which maintains medical records on inmates, states that any required changes to its medical record system “would involve up to approximately three months...with estimated costs of approximately \$25 thousand”.

The Secretary of State indicates that its Confidential Substitute Address Program *Safe at Home*, might require additional funding if the number of additional applicants to that program – the providers of protected services – were numerous. It estimates that an additional full-time position would be required to service additional requests for confidential substitute addresses, estimates the additional cost as \$95 thousand for the first year and \$97.9 thousand for the second year after passage of the bill.

The Department of Information Technology states that state agencies may incur small costs to update their electronic systems to “implement segregation capabilities and access control mechanisms.”

## SIGNIFICANT ISSUES

Debate surrounding abortion care and gender-affirming care has been ongoing and highly contested in many states. New Mexico law currently provides that both types of care are legal and protected for patients, including those from other jurisdictions. In 2024, the federal Department of Health and Human Services issued a final rule intended to strengthen privacy protections related to abortion care; however, the status of that rule has become uncertain as of January 2025. Some states have adopted policies or pursued legal actions aimed at patients who obtain these services and the medical providers who deliver them. This bill would provide additional protections for patients receiving such care in New Mexico and for the providers who furnish that care.

As noted by DOH, actions taken by other states to restrict abortion or gender-affirming care may have disproportionate impacts on individuals with limited financial resources or limited medical insurance coverage. DOH indicates that HB279/HHHCS may help mitigate some of these disparities.

The American College of Obstetricians and Gynecologists has stated:

As detailed by the [National Abortion Federation](#), since the U.S. Supreme Court decision

in *Roe v. Wade* more than 50 years ago, violence and intimidation against health care professionals who provide abortion care and abortion clinic staff have escalated. Since that time, [in the United States] there have been 11 murders; 42 facility bombings; more than 200 facility arsons; and thousands of documented incidents of other criminal activity, including assault, bomb threats, butyric acid attacks, clinic invasions, delivery of suspicious or threatening packages, stalking, and harassment.

According to the National Council of State Legislatures in 2024, a federal [rule](#) (45 CFR Parts 160 and 164) was adopted to limit the disclosure of protected health information for the purpose of identifying, investigating, or penalizing patients who receive reproductive care that is lawful in the state where it is provided. The rule, issued by the Office for Civil Rights within the U.S. Department of Health and Human Services, also applied to health care providers in states where abortion is prohibited when treating patients who obtained abortion care in a state where such care is legal. The rule did not apply in states where abortion has been banned and modified provisions of the [Health Insurance Portability Act of 1996](#) (HIPAA) Privacy Rule. The rule further clarified that covered health care providers and entities may continue to use or disclose protected health information for otherwise lawful purposes permitted under HIPAA.

However, a January 2026 [article in HIPAA Review](#) reports that the reproductive health privacy provisions finalized in 2024 were subsequently vacated nationwide by a federal court in Texas, which determined the provisions to be unlawful. As a result, implementation of those reproductive health privacy changes has been halted, and updates to the HIPAA Privacy and Security Rules proposed by the Office for Civil Rights have not yet been finalized. Consequently, the legal status of state actions related to patients and providers involved in reproductive health care obtained lawfully in another state remains unsettled.

In a September 2024 article from the Associated Press, the reporter states the following:

At least 22 Democratic-controlled states have laws or executive orders that seek to protect medical providers or patients who participate in abortion from investigations by law enforcement in states with bans.

The federal regulation in question is an update to the Health Insurance Portability and Accountability Act of 1996, which prohibits medical providers and health insurers from divulging medical information about patients. Typically, however, law enforcement can access those records for investigations.

A group of Republican attorneys general, all from states with strict abortion laws, had urged Health and Human Services to ditch the rule when a draft was released last year. In a 2023 letter to HHS, the group said the regulation would unlawfully interfere with states' authority to enforce laws.

The bill makes extensive reference to the Confidential Substitute Address Program administered by the Secretary of State (SOS), wherein the SOS's office receives a participant's mail and forwards it to the participant's real address, maintaining the secrecy of the participant's real address from potential abusers, whether they be domestic abusers, or, with the passage of this bill, protected health care providers.

UNM, while stating that the intent of HB279/HHHCS is laudable, states that there are some pitfalls to the restriction of access to some health information:

1. Data segregation may compromise patient safety, by creating “clinical blind spots.”
2. Technical barriers may complicate effective segregation of protected data.
3. Management of historical data – i.e., data existing before the law was passed – is not addressed in the current bill.
4. Public health data may be inaccurate if some protected information is denied to those collecting the data, making them inaccurate. The example of human papillomavirus vaccination is given as an example.
5. Health equity may be jeopardized if those with lower health literacy are asked to authorize use of their protected data.
6. The implementation timeline envisioned in this bill may not be possible: electronic medical records may not have developed segregation capabilities in time for the July 1, 2028 deadline.
7. It may be difficult to segregate data regarding gender-affirming care, as it is often intermingled with unrelated general medical history.

## OTHER SUBSTANTIVE ISSUES

The Crime Victims Reparation Commission (CVRC) notes that it does not develop or deliver training programs, as mentioned in the law, but that it could assist with “funding training efforts through established grant mechanisms” to inform providers and/or patients about their rights under this law’s provisions.

The New Mexico Attorney General (NMAG) states that it “will have authority to enforce the civil liability provisions added to the Electronic Medical Records Act. However, HB279/HHHCS does not also authorize Civil Investigatory Demands (CIDs). The absence of CID authority will impede the effective civil enforcement.

Further, NMAG states that “the meaning of ‘interferes with’ [in the substitute bill’s Section 1-D(1)] may be ambiguous in the context of this legislation. The degree of interference (i.e., minor burdens versus complete inability to engage in an activity) with a protected health care activity could be the subject of litigation due to potential ambiguity. The inclusion of specific instances of ‘interference with’ a protected health care activity or with a person’s rights under the Reproductive and Gender-Affirming Health Care Freedom Act or the Reproductive and Gender-Affirming Health Care Protection Act may be worth consideration.”

The SOS notes that “survivors [of domestic abuse] can receive help in developing their personal security strategy and finding resources and ideas [beyond the Confidential Substitute Address Program] ... If added as eligible participants to the program, protected health care providers would also need to explore additional resources for a comprehensive approach to their personal security.” SOS provides some of these services to survivors of domestic abuse and could provide help in this regard to concerned health care providers.

## CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to Senate Bill 30, “Reporting on Induced Abortions,” which also protects patients and providers from release of information regarding patients’ abortions.

LAC/dw/sgs/dw/ct/cf