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## FISCAL IMPACT REPORT

<b>SPONSOR</b> <u>Ramos/Gallegos/Scott/Thornton/Paul</u> <b>SHORT TITLE</b> <u>Health Care Workers Conscience Protection Act</u>	<b>LAST UPDATED</b> <u>02/28/2025</u> <b>ORIGINAL DATE</b> <u>02/17/2025</u> <b>BILL NUMBER</b> <u>Senate Bill 347/ec</u> <b>ANALYST</b> <u>Chilton</u>
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### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\*

(dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
HCA	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Recurring	General Fund
HCA	Indeterminate, potentially substantial	Indeterminate, potentially substantial	Indeterminate, potentially substantial	Indeterminate, potentially substantial	Recurring	Federal Funds
DOH		\$104.0	No fiscal impact	\$104.0	Nonrecurring	General Fund
<b>Total</b>	<b>Indeterminate, potentially substantial</b>	<b>At least \$104.0</b>	<b>Indeterminate, potentially substantial</b>	<b>At least \$104.0</b>		<b>Mixed state general fund and federal funds</b>

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

Relates to House Bills 234 and 236 and to Senate Bill 57.

### Sources of Information

LFC Files

Agency Analysis Received From  
 Health Care Authority (HCA)  
 Department of Health (DOH)

Agency Declined to Respond  
 Administrative Office of the Courts (AOC)

## SUMMARY

### Synopsis of Senate Bill 347

Senate Bill 347 (SB347) would create the Health Care Workers Conscience Protection Act. Any health care worker (widely defined in Section 2 of the bill) could for conscientious or religious reasons refuse to participate in any way(s) in abortion or abortion-related services (which would include provision of information about abortion and referral to a provider of abortion), and could not be subjected by professional or licensing entities or employers to discipline or employment actions for that refusal. The employer could replace the refusing person's involvement in the case with another provider, who would be given access to the patient's medical records. Health care payers – insurers – could not be subjected to adverse action based on their conscience-based

refusal to pay for an abortion-related service.

According to Section 4 of the bill, health care institutions that provide abortions must notify all affiliated health care workers with a copy of the act within 30 days of its going into effect, and each new hire must be provided by the institution with a copy within 14 days of hiring. A summary of the act's provisions must also be posted on the institution's premises.

This bill contains an emergency clause and would become effective as soon as it is signed by the governor.

## **FISCAL IMPLICATIONS**

There is no appropriation in Senate Bill 347.

According to the Health Care Authority (HCA):

HCA 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).

The Department of Health (DOH) states:

Senate Bill 347 would require DOH to write amendments to approximately 15 regulations, and for the DOH Office of General Counsel (OGC) to review and promulgate those rule amendments. Costs would include approximately \$5,000 to appoint hearing officers and hold rule hearings for each new regulations. One full-time staff person would be necessary to coordinate the process of developing rules, securing public input including from health care professional associations impacted by these rules, and ensuring timely publication. Social and Community Services Coordinator (pay band 70) with salary midpoint of \$71,188 plus 39% benefits x 1 position = \$99 thousand.

## **SIGNIFICANT ISSUES**

As noted by DOH, SB347 could result in access barriers for New Mexico residents who desire abortion-related services. In some jurisdictions, strictures such as those in this bill have resulted not only in inability to get abortion-related care but also life-saving care for such conditions as bleeding from a spontaneous abortion.

DOH also notes:

This bill is in conflict with 24-7A-1 NMSA (1978), The Uniform Health-Care Decisions Act, involving advanced health care directives, which allows health care practitioners to decline to comply with individual instructions or health-care decisions for reasons of conscience but also requires that the practitioner make efforts to assist in the transfer of the patient to another health-care practitioner.

HCA notes:

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. Healthcare 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.

HCA notes the following:

- 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.
- 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.

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

This bill relates to House Bill 234, which would require abortion-providers to provide resuscitation to any fetus delivered with signs of life, to House Bill 236, which would require any healthcare facility prescribing mifepristone to post a notification that the drug's effects can be reversed in some circumstances, and to Senate Bill 57, which would exclude personal information on abortion-related healthcare providers from the Inspection of Public Records Act.

LAC/hj/SL2