

NEW MEXICO

Minor Consent and Confidentiality

A Compendium of State and Federal Laws

National Center
for Youth Law

teenhealthlaw.org/compendium

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National Center for Youth Law

The National Center for Youth Law (NCYL) is a national, non-profit advocacy organization that has fought to protect the rights of children and youth for more than fifty years. Headquartered in Oakland, California, NCYL leads high impact campaigns that weave together litigation, research, policy development, and technical assistance.

What this compendium is:

This is a compendium of laws that may be relevant when minors wish to access certain types of sensitive health care and/or wish to access care on their own consent. Each state compendium begins with a chart entitled “quick guide.” The topics listed in the quick guide represent the categories of laws most frequently identified across all states. A circle next to a particular category signifies that a relevant state or federal law was found. Where a law was found, those laws are described in the “summary” section. Each state’s compendium ends with a list of resources, including links to a series of Appendices that delve deeper into key topics.

What this compendium is not:

This is not a comprehensive guide to all consent, confidentiality, and disclosure laws in any state. For example, the compendium does not include all laws that allow or require parents or persons acting *in loco parentis* to consent to care. Nor does it summarize disclosure laws that may allow or require disclosure of health information for mandated child abuse or public health reporting.

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NEW MEXICO

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Quick Guide

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Key

- S** State law found⁵
- F** Federal/other law may apply

¹ The information in this chapter represents the state of the law as of May 2024 after a diligent search of statutes, regulations, case law, and guidance.

² This chapter does not address all the consent and confidentiality rules that may apply when minors are in special care situations such as living with a relative, in federal or state custody, or under court jurisdiction (including dependency, delinquency, or immigration custody).

³ This category includes parental involvement laws.

⁴ This category includes statutes or case law that ban conversion therapy or prohibit banning of conversion therapy.

⁵ Symbol indicates law found that either allows providers to offer services without parental consent or explicitly gives minors authority to consent.

General

Age of Majority

N.M. Stat. Ann. § 28-6-1 provides that the age of majority is 18.

Emancipation

N.M. Stat. Ann. § 32A-21-3 provides that an emancipated minor is any person age 16 or older who has entered a valid marriage, whether or not they are now divorced; is on active duty with the Armed Forces; or has received a declaration of emancipation. *N.M. Stat. Ann. §§ 32A-21-1 - 32A-21-7* set forth the criteria and procedures for a minor to obtain a declaration of emancipation from the court. *N.M. Stat. Ann. § 32A-21-4* provides that a minor 16 or older may be declared emancipated if the minor is willingly living separate and apart from their parents, guardian or custodian, is managing their own financial affairs and the court finds it in the minor's best interest.

N.M. Stat. Ann. § 24-7A-1 provides that for the purposes of the Uniform Health Care Decisions Act, emancipated minor is any person age 16 or older who has entered a valid marriage, whether or not they are now divorced; is on active duty with the Armed Forces; or has received a declaration of emancipation.

Minor Marriage

N.M. Stat. Ann. § 32A-21-3 provides that a married minor is emancipated. *N.M. Stat. Ann. § 40-1-6* provides that an unemancipated minor age 16 or 17 years may only marry with the written consent of both parents or the consent of one parent and a court order for good cause shown; a minor under age 16 years cannot marry unless they obtain a court order "upon request of a parent or guardian of the person in settlement of proceedings to compel support and establish parentage, or where an applicant for the marriage license is pregnant" and obtains a court order.

Consent to Health Care

Consent for healthcare refers to granting permission for a healthcare service. A healthcare provider generally must obtain consent before providing care. Adults typically consent to their own healthcare, except in cases of legal incapacity. State and federal laws and court decisions help establish who has the legal authority to provide consent on behalf of minors. Typically, federal and state law require parent or guardian consent for a minor's care. However, the laws in every state include exceptions that allow or require others to consent, in addition to or instead of a parent or guardian. These exceptions include exceptions that allow minors to consent to some or all health care based on the minor's "status" (situation in life) and exceptions that allow minors to consent to certain types of care based on the services sought. Sometimes, these laws are written in a way that allows providers to offer services without parental consent; sometimes, they are written in a way that explicitly gives minors the authority to consent. Federal law also allows minors to consent to specific care in some cases. See **Appendix B** for more on consent including the important role of parents and other adults in minors' healthcare.

The following sections summarize the minor consent laws in the state:

Minor Consent—Minor Status**Emancipated Minor**

N.M. Stat. Ann. § 24-10-1 provides that notwithstanding any other law, any emancipated minor may consent for hospital, medical, and surgical care. The consent of the parent is not necessary.

N.M. Stat. Ann. § 32A-21-5 provides that an emancipated minor may consent for medical, dental, or psychiatric care without parental consent, knowledge or liability.

For purposes of the Uniform Health Care Decisions Act, *N.M. Stat. Ann. § 24-7A-2* provides that emancipated minors have the right to make their own health care decisions and

may give an individual written or oral instruction. If the instruction is oral, it must be made by personally informing a health care provider. An emancipated minor may execute a power of attorney for health care, which may authorize the agent to make any health care decision the principal could have made while having capacity.

Married Minor

N.M. Stat. Ann. § 24-10-1 provides that notwithstanding any other law, any minor who is or has been married may consent for hospital, medical or surgical care. Subsequent annulment or divorce shall not deprive minor of ability to consent.

Minor in Armed Forces

N.M. Stat. Ann. § 32A-21-3 provides that a minor who is on active duty with the U.S. Armed Forces is emancipated. *N.M. Stat. Ann. § 24-10-1* provides that notwithstanding any other law, any emancipated minor may consent for hospital, medical, and surgical care. The consent of the parent is not necessary.

N.M. Stat. Ann. § 32A-21-5 provides that an emancipated minor may consent for medical, dental, or psychiatric care without parental consent, knowledge or liability.

Minor Living Apart from Parent/Guardian

N.M. Stat. Ann. § 24-7A-6.2 provides that an unemancipated minor age 14 years or older with the capacity to consent may consent to “medically necessary health care” if the minor is living apart from their parents or legal guardian.

“Medically necessary health care” means “clinical and rehabilitative, physical, mental or behavioral health services that are: (1) essential to prevent, diagnose or treat medical conditions or that are essential to enable an unemancipated minor to attain, maintain or regain functional capacity; (2) delivered in the amount and setting with the duration and scope that is clinically appropriate to the specific physical, mental and behavioral health-care needs of the minor; (3) provided within professionally accepted standards of practice and national guidelines; and (4) required to meet the physical, mental and behavioral health needs of the minor, but not primarily required for convenience of the minor, health-care provider or payer.”

Minor Parent

N.M. Stat. Ann. § 24-7A-6.2 provides that an unemancipated minor age 14 years or older with the capacity to consent may consent to “medically necessary health care,” provided that the minor is the parent of a child.

“Medically necessary health care” means “clinical and rehabilitative, physical, mental or behavioral health services that are: (1) essential to prevent, diagnose or treat medical conditions or that are essential to enable an unemancipated minor to attain, maintain or regain functional capacity; (2) delivered in the amount and setting with the duration and scope that is clinically appropriate to the specific physical, mental and behavioral health-care needs of the minor; (3) provided within professionally accepted standards of practice and national guidelines; and (4) required to meet the physical, mental and behavioral health needs of the minor, but not primarily required for convenience of the minor, health-care provider or payer.”

Minor Consent—Services

Abortion

Abortion is legal and protected in New Mexico. *N.M. Stat. Ann. § 30-5-1*, a pre-*Roe v. Wade* ban, was repealed by

S.B. 10, 55th Leg., Reg. Sess. (N.M. 2021), although some restrictions remain on the books. *N.M. Stat. Ann. §§ 24-34-1 – 23-34-5*, the “Reproductive and Gender-Affirming Health Care Freedom Act,” was enacted in 2023. *N.M. Stat. Ann. § 24-34-3* provides that “[A] public body or an entity or individual acting on behalf of or within the scope of the authority of a public body shall not deny, restrict or interfere with a person’s ability to access or provide reproductive health care or gender-affirming health care within the medical standard of care.” *N.M. Stat. Ann. § 24-34-2* defines key terms for this purpose. *For up to date information on the status of abortion restrictions and protections in New Mexico, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).*

Minors may consent to abortion in New Mexico. *N.M. Stat. Ann. § 30-5-1*, which had required parental consent for a minor’s abortion was repealed by *S.B. 10, 55th Leg., Reg. Sess. (N.M. 2021)*. Even prior to 2021, in *Op. Att’y Gen. No. 90-19 (Oct. 3, 1990)*, the New Mexico Attorney General had determined that the statute’s requirement of parental consent was unenforceable because it failed to provide the constitutionally required judicial bypass procedure which would allow a minor to seek court authorization for an abortion without first involving her parents.

For up to date information on the status of abortion protections and restrictions in all 50 states and DC, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#). See also [Appendix C](#). These laws are changing rapidly, so consultation with counsel is also essential.

Family Planning/ Contraceptives

N.M. Stat. Ann. § 24-8-5 provides that neither the state nor local government nor any health facility furnishing family planning services shall subject any person to any standard or requirement as a prerequisite to the receipt of any requested family planning service, with limited exceptions related to referrals and payment or when a requirement is imposed by law or regulation as a prerequisite to the receipt of family planning services.

N.M. Stat. Ann. § 24-34-3 provides that “[a] public body or an entity or individual acting on behalf of or within the scope of the authority of a public body shall not deny, restrict or interfere with a person’s ability to access or provide reproductive health care or gender-affirming health care within the medical standard of care.” *N.M. Stat. Ann. § 24-34-2* defines “reproductive health care” to include “psychological, behavioral, surgical, pharmaceutical and medical care, services and supplies that relate to the human reproductive system, including services related to preventing a pregnancy.”

See [Appendix I](#) for information about the Title X Family Planning Program and minor consent for family planning, including contraception services. See [Appendix C](#) for discussion of contraception and the U.S. Constitution.

Outpatient Mental Health Care

N.M. Stat. Ann. § 32A-6A-14 provides that the informed consent of the child's legal custodian is necessary before a child under age 14 undergoes "treatment or habilitation" including psychotherapy or psychotropic medications. However, a child under age 14 may initiate and consent to an initial assessment with a clinician and for "medically necessary early intervention" verbal therapy services. The clinician may conduct an initial assessment and provide medically necessary early intervention service limited to verbal therapy with or without the consent of a legal guardian if such service will not extend beyond two calendar weeks. The purpose of the initial assessment is to allow a clinician to interview the minor and determine what, if any, action needs to be taken to ensure appropriate mental health or habilitation services are provided to the minor. *N.M. Stat. Ann. § 32A-6A-14* defines "habilitation," "treatment" and "medically necessary" for this purpose.

N.M. Stat. Ann. § 32A-6A-15 provides that a child age 14 or older is presumed to have capacity to consent, without the consent of a legal custodian, to individual psychotherapy, group psychotherapy, guidance counseling, case management, behavioral therapy, family therapy, counseling, substance abuse treatment or other forms of verbal treatment that do not include aversive interventions. *N.M. Stat. Ann. § 32A-6A-16* provides that the determination that a child age 14 or older lacks or has recovered capacity shall be made by two clinicians, one of whom shall be a person who works with children in the ordinary course of that clinician's practice; that a minor who is age 14 or older shall not be determined to lack capacity solely on the basis that the child chooses not to accept the treatment recommended by the mental health or developmental disabilities professional; and that such minor may contest a determination that they lack capacity through a process described in the statute.

N.M. Stat. Ann. § 32A-6A-14 defines "capacity" for this purpose as "a child's ability to: (1) understand and appreciate the nature and consequences of proposed health care, including its significant benefits, risks and alternatives to proposed health care; and (2) make and communicate an informed health care decision."

N.M. Stat. Ann. § 32A-6A-15 provides that a child age 14 or older may be administered psychotropic medication with the minor's informed consent, but the clinician shall inform the legal custodian of the child age 14 or older.

N.M. Stat. Ann. § 32A-6A-16 specifies that if a minor age 14 or older is found not to have capacity to consent, a legal custodian may consent if the child does not object.

Pregnancy-Related Care

N.M. Stat. Ann. § 24-34-3 provides that "[a] public body or an entity or individual acting on behalf of or within the scope of the authority of a public body shall not deny, restrict or interfere with a person's ability to access or

provide reproductive health care or gender-affirming health care within the medical standard of care." *N.M. Stat. Ann. § 24-34-2* defines "reproductive health care" to include "psychological, behavioral, surgical, pharmaceutical and medical care, services and supplies that relate to the human reproductive system, including services related to preventing a pregnancy; abortion...[and] prenatal, birth, perinatal and postpartum health."

N.M. Stat. Ann. § 24-1-13 provides that any person, regardless of age, may consent for an examination and diagnosis by a licensed physician for pregnancy.

N.M. Stat. Ann. § 24-1-13.1 provides that a health care provider "shall have the authority, within the limits of his or her license, to provide prenatal, delivery and postnatal care to a female minor, and a female minor shall have the capacity to consent for prenatal, delivery and postnatal care by a licensed health care provider."

See **Appendix I** for information about the Title X Family Planning Program and minor consent for family planning services, including certain pregnancy-related care.

Sexually Transmitted Infection/Disease/HIV Care

N.M. Stat. Ann. § 24-1-9 provides that any person regardless of age has the capacity to consent to an examination, preventive care and treatment by a licensed health care provider for any sexually transmitted infection.

N.M. Stat. Ann. § 24-1-9.3 provides that a positive test result for a sexually transmitted disease shall not be revealed to the person upon whom the test was performed without the person performing the test, or the health facility at which the test was performed, providing or referring that person for individual counseling. Counseling shall include information about the meaning of the test results, the possible need for additional testing, the availability of appropriate health care services, including mental health care, social and support services, and the benefits of locating and counseling any individual by whom the infected person may have been exposed to the sexually transmitted disease and any individual whom the infected person may have exposed to the sexually transmitted disease.

N.M. Stat. Ann. § 24-2B-3 provides that a minor has the capacity to give informed consent for an HIV test.

N.M. Stat. Ann. § 24-2B-4 provides that a positive test result [for HIV] shall not be revealed to the subject of the test without the health care provider referring the test subject for individual counseling about the meaning of the test results, the need for additional testing, the availability of health care services (including mental health care), and the benefits of informing other exposed parties.

See **Appendix I** for information about the Title X Family Planning Program and minor consent for family planning,

including STI/STD/HIV services.

Substance Use Care

N.M. Stat. Ann. § 32A-6A-15 provides that a child age 14 or older is presumed to have capacity to consent to substance abuse treatment without the consent of a legal custodian.

N.M. Stat. Ann. § 32A-6A-16 provides that the determination that a child age 14 or older lacks or has recovered capacity shall be made by two clinicians, one of whom shall be a person who works with children in the ordinary course of that clinician's practice; that a minor who is age 14 or older shall not be determined to lack capacity solely on the basis that the child chooses not to accept the treatment

recommended by the mental health or developmental disabilities professional; and that such minor may contest a determination that they lack capacity through a process described in the statute.

N.M. Stat. Ann. § 32A-6A-14 defines "capacity" for this purpose as "a child's ability to: (1) understand and appreciate the nature and consequences of proposed health care, including its significant benefits, risks and alternatives to proposed health care; and (2) make and communicate an informed health care decision."

Confidentiality & Disclosure

Federal and state laws determine the privacy and confidentiality of medical and health information. Different laws may apply depending on the health services provided, the source of funding, the location of care, the type of provider, and the characteristics of the patient.

One law with overarching importance is the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, a federal regulation that protects the privacy of patient health information held by health care providers who transmit certain information electronically and other "covered entities." As a general rule, HIPAA prohibits healthcare providers from disclosing protected health information without a signed authorization. HIPAA specifies who must sign an authorization to release information. When minors have consented for their own care, HIPAA says the minors usually must sign the release. HIPAA includes exceptions that allow or require a provider to disclose protected information without an authorization in some circumstances, such as to meet state child abuse reporting requirements. HIPAA also addresses when parents and guardians may access a minor's health information: It explains how this HIPAA rule intersects with state law and other federal laws regarding parent access, and includes rules for what to do about parent access when state law is silent, and for authorized limitations on access in some situations.

See **Appendix H** for a detailed discussion of HIPAA. Other appendices address other important federal health privacy laws that may apply in addition to, or instead of, HIPAA. See **Appendix I** (Title X, family planning), **Appendix J** (Part 2, substance use), **Appendix K** (FERPA, education records), **Appendix L** (insurance and billing), and **Appendix M** (21st Century Cures Act Information Blocking, EHI).

The following sections summarize selected state laws related to confidentiality, access to records, and disclosure to parents/guardians:

Confidentiality/Access to Records

The New Mexico Administrative Code contains implementing regulations for the federal HIPAA Privacy Rule. See *N.M. Admin. Code* §§ 8.8.5.3 – 8.8.5.19.

N.M. Admin. Code § 8.8.5.7 provides that a minor's "personal representative" is their parent, guardian, or other person acting *in loco parentis* except where the minor is authorized by law to act on their own behalf or via a court approval or where the parent, guardian or person acting *in loco parentis* has assented to an agreement of confidentiality between the provider and the minor. *N.M. Admin. Code* § 8.8.5.12 provides for the authority and limitations on authority of a personal representative.

N.M. Admin. Code § 8.8.5.10 provides that individuals and their personal representatives generally have a right to inspect protected health information but provides for limitations on this right in some circumstances. *N.M. Admin. Code* § 8.8.5.11 provides for authorized uses and disclosures of protected health information.

For purposes of the Uniform Health Care Decisions Act, *N. M. Stat. Ann. § 24-7A-8* provides that unless otherwise specified in an advance health-care directive, a person then authorized to make health-care decisions for a patient has the same rights as the patient to request, receive, examine, copy and consent to the disclosure of medical or any other health-care information.

See [Appendix H](#) for information about minors' rights under the HIPAA Privacy Rule to access their own health records when they are authorized to consent for their own care.

Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See [Appendix K](#) for information about federal confidentiality protection for education records.

See [Appendix J](#) for information about federal confidentiality protections for certain substance use treatment records.

See [Appendix I](#) for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See [Appendix M](#) for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule

Disclosure of Health Information to Parents/Guardians

Emancipated Minor

N.M. Stat. Ann. § 32A-21-5 provides that an emancipated minor may consent for medical, dental, or psychiatric care without parental consent, knowledge or liability.

Psychotropic Medication

N.M. Stat. Ann. § 32A-6A-15 provides that when a minor age 14 years or older gives informed consent for the administration of psychotropic medication, the clinician shall inform the legal custodian of the child age 14 or older. The section also provides that a "clinician or other mental health and developmental disabilities professional shall promote the healthy involvement of a child's legal custodians and family members in developing and implementing the child's treatment plan, including appropriate participation in treatment for children fourteen years of age or older. However, nothing in this section shall limit the rights of a child fourteen years of age or older to

consent to services and to consent to disclosure of mental health records."

Sexually Transmitted Disease

N.M. Stat. Ann. § 24-1-9.4 provides that except in situations of the testing of criminal sex offenders, the identity of a person tested for a sexually transmitted disease or the results of the test shall not be disclosed in a manner that permits identification of the subject of the test, except to the subject of the test or the subject's legally authorized representative, guardian or legal custodian. The statute also contains restrictions on redisclosure.

HIPAA rules relevant to disclosure to parents/guardians

See [Appendix H](#) for information about minors' access to and control of their medical information under HIPAA when they have consented to their own care, the HIPAA rule when state law is silent as to parent access, and the HIPAA rule authorizing providers to limit access to records in certain circumstances.

See [Appendix K](#) for information about federal confidentiality protection for education records.

See [Appendix J](#) for information about federal confidentiality protections for certain substance use treatment records.

See [Appendix I](#) for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See [Appendix M](#) for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

Insurance claims/ Billing

See [Appendix L](#) for information about confidentiality protection in the billing and insurance claims process under the HIPAA Privacy Rule.

Other

This section summarizes a range of laws that may not explicitly address minor consent or disclosure of information but that health care providers often have questions about when minors seek care, especially when they seek care on their own.

"Conversion Therapy" Ban

For up to date information on the status of statutes or case law that ban conversion therapy for minors, or prohibit state entities from banning conversion therapy for minors in all 50 states and DC, see Movement Advancement Project's ["Equality Maps: Conversion "Therapy" Laws."](#) These

laws are changing rapidly so consultation with counsel is essential.

Emergency Care

N.M. Stat. Ann. § 24-10-2 provides that, notwithstanding any other law, in cases of emergency when a minor needs

immediate hospitalization, medical attention, or surgery and the parents cannot be located after reasonable efforts, any person standing in lieu of the parents may consent for the emergency attention.

Financial Responsibility

N.M. Stat. Ann. § 24-7A-6.2 provides that the parent or guardian of an unemancipated minor is not liable for payment for medically necessary health care services rendered to the minor for which the minor consented, when the minor is age 14 or older and is either living apart from their parents or is the parent of a child, unless the parent or guardian consented to those services. A parent or legal guardian shall still be held liable for payment for emergency health care provided to a minor.

N.M. Stat. Ann. § 32A-21-5 provides that an emancipated minor may consent for medical, dental, or psychiatric care without parental consent, knowledge or liability.

Gender Affirming Care, Protections

N.M. Stat. Ann. §§ 24-34-1 – 23-34-5, the “Reproductive and Gender-Affirming Health Care Freedom Act,” was enacted in 2023. *N.M. Stat. Ann. § 24-34-3* provides that “[A] public body or an entity or individual acting on behalf of or within the scope of the authority of a public body shall not deny, restrict or interfere with a person’s ability to access or provide reproductive health care or gender-affirming health care within the medical standard of care.” *N.M. Stat. Ann. § 24-34-2* defines “gender-affirming care” as “psychological, behavioral, surgical, pharmaceutical and medical care, services and supplies provided to support a person’s gender identity” and defines “public body” as “a state or local government, an advisory board, a commission, an agency or an entity created by the constitution of New Mexico or any branch of government that receives public funding, including political subdivisions, special tax districts, school districts and institutions of higher education.”

For up to date information on the status of protections and restrictions on gender affirming care for minors, see [Movement Advancement Project’s “Equality Maps: Bans on Best Practice Medical Care for Transgender Youth”](#). These laws are changing rapidly so consultation with counsel is essential.

Good Faith Reliance/Immunity from Liability

N.M. Stat. Ann. § 24-7A-6.2 provides that a health care provider or institution shall not be held liable for reasonably relying on statements made by an unemancipated minor that the minor is eligible to give consent pursuant to *N.M. Stat. Ann. § 24-7A-6.2(A)* (i.e. that the minor is age 14 or older and living apart from his or her parents or is the parent of a child).

Parent Consent

As part of New Mexico’s Uniform Health-Care Decisions Act, *N.M. Stat. Ann. § 24-7A-6.1* provides that except as otherwise provided by law, a parent or guardian of an

unemancipated minor may make that minor’s health-care decisions.

Reproductive Freedom

N.M. Stat. Ann. §§ 24-34-1 – 23-34-5, the “Reproductive and Gender-Affirming Health Care Freedom Act,” was enacted in 2023. *N.M. Stat. Ann. § 24-34-3* provides that “[A] public body or an entity or individual acting on behalf of or within the scope of the authority of a public body shall not deny, restrict or interfere with a person’s ability to access or provide reproductive health care or gender-affirming health care within the medical standard of care.” *N.M. Stat. Ann. § 24-34-2* defines “reproductive health care” for this purpose as “psychological, behavioral, surgical, pharmaceutical and medical care, services and supplies that relate to the human reproductive system, including services related to: preventing a pregnancy; abortion; managing a pregnancy loss; prenatal, birth, perinatal and postpartum health; managing perimenopause and menopause; managing fertility; treating cancers of the reproductive system; or preventing or treating sexually transmitted infections” and defines “public body” as “a state or local government, an advisory board, a commission, an agency or an entity created by the constitution of New Mexico or any branch of government that receives public funding, including political subdivisions, special tax districts, school districts and institutions of higher education.”

Right to Refuse Life Sustaining Treatment

As part of New Mexico’s Uniform Health-Care Decisions Act, *N.M. Stat. Ann. § 24-7A-6.1* provides that if an unemancipated minor has capacity sufficient to understand the nature of that unemancipated minor’s medical condition, the risks and benefits of treatment and the contemplated decision to withhold or withdraw life-sustaining treatment, that unemancipated minor shall have the authority to withhold or withdraw life-sustaining treatment.

Shield Laws

New Mexico enacted *N.M. Stat. Ann. §§ 24-34-1 – 23-34-5*, the “Reproductive and Gender-Affirming Health Care Freedom Act,” in 2023 which includes protections designed to shield New Mexico health care providers from civil and criminal penalty when they legally provide reproductive health services and gender affirming care in the state and protects sensitive information from being disclosed related to provision of reproductive health services. The Act include definitions of key terms at *N.M. Stat. Ann. § 24-34-2*.

For up to date information on the status of abortion protections including shield laws in all 50 states, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).

For up to date information on shields laws for gender affirming care, see [Movement Advancement Project’s “Equality Maps: Bans on Best Practice Medical Care for Transgender Youth”](#).

Resources

New Mexico Statutes https://nmonesource.com/nmos/nmsa/en/nav_date.do

New Mexico Code of Regulations https://nmonesource.com/nmos/nmac/en/nav_date.do

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