



Rx

GOVERNOR 2026
DEB HAALAND
NEW MEXICO

A Prescription for a Healthier New Mexico:

- ✓ More Providers
 - ✓ Shorter Waits
 - ✓ Affordable Care
-



Traveling across all 33 counties and the 23 Pueblos, Tribes and Native Nations in New Mexico, I've heard the same story in different voices: the nurse in Gallup who can't find enough colleagues to safely staff her unit, the Tribal member who does not have access to reliable transportation for their appointment, the family in Roswell who drives three hours for a specialist, the small business owner in Española who can't afford to insure his employees. I used to get my healthcare at the Indian hospital in Albuquerque. I'd sit in the waiting room for three or four hours just to see a doctor when my kid was sick. That just doesn't work for families.

I know what it feels like to worry about affording a doctor's appointment, to face a medical bill you can't pay, and to be grateful that a safety net was there when you needed it. New Mexico has the largest share of residents on Medicaid of any state in the country—nearly half of all New Mexicans—and we have the largest share of [private equity-owned hospitals](#) and among the [largest shares of private equity-owned nursing homes](#). We have more at stake than almost any other state, and more to lose from Donald Trump's cuts and shifts in the healthcare industry happening right now.

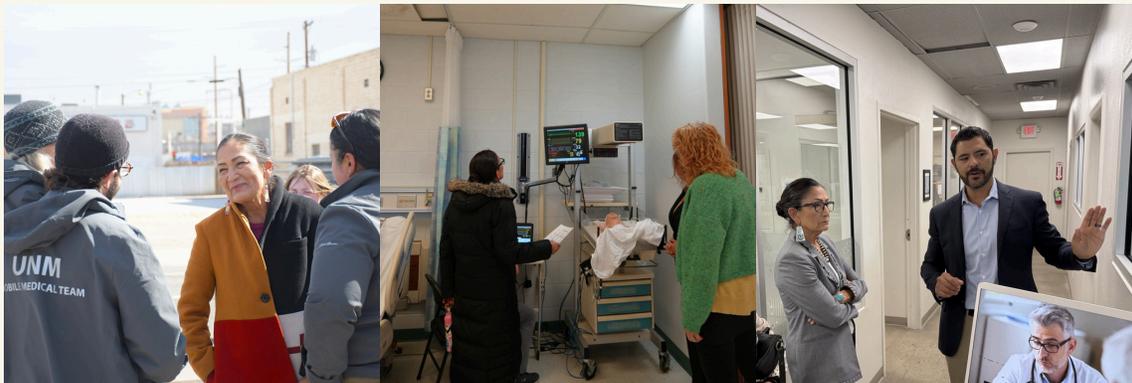
That's why I'm fighting so hard to protect programs that help people access affordable healthcare—and why I take it personally when Donald Trump tries to take them away.

As Governor, I will fight to protect what New Mexicans have and build what we still need to make our communities healthier. My plan defends Medicaid and rural hospitals from Trump's cuts, fixes our doctor and nurse shortage, lowers costs, takes back healthcare from corporations, and makes sure every New Mexican—regardless of where they live, who they love, how much money they have, or where they come from—can get the care they need. It also recognizes that a healthy New Mexico starts with clean water, clean air, and land free from toxic contamination. I will work tirelessly to build back New Mexico's behavioral healthcare system, as I previously laid out in my [Route to a Safer New Mexico Plan](#).

LOWER COSTS, BETTER COVERAGE

New Mexicans are paying too much and getting too little. Medical debt is the leading cause of bankruptcy in this country, and too many families in our state are one diagnosis away from financial ruin—even when they have insurance. I've been there. I know what it's like to wonder whether you can afford the care your family needs. No New Mexican should have to choose between paying a medical bill and keeping the lights on, or skip going to the doctor because they are afraid of the cost.

New Mexico has made real progress. We were the only state in the country to fully backfill tax credits on insurance premiums that Trump cut last year, and the Legislature has since put the Health Care Affordability Fund on firmer footing so those protections don't expire year to year. I will build on that progress, lower costs, and make sure that our state's healthcare system is built around patients, not profits.



As Governor, I will:

- **Work toward public coverage for all New Mexicans.** Offer an affordable option that can benefit every New Mexican while ensuring health care providers are paid a fair rate for their services. Relieve the burden of escalating health care costs on businesses in New Mexico. New Mexicans should not have to worry that changing jobs or a major life event will cause them to lose health insurance. A public option will provide a predictable and reliable form of coverage for those who want it. Make the public option more accountable to the needs of New Mexicans and more responsive to doctors than private insurance companies. Eliminate prior authorizations and other barriers to care for public option enrollees. Create an affordability standard to ensure all New Mexicans can afford coverage.

- **Lower out-of-pocket costs when people use care.** Lower out-of-pocket costs when New Mexicans use care. Fight back against the Trump administration's [plan](#) to let insurance companies sell plans with deductibles as high as \$31,000. Direct the Superintendent of Insurance to set stricter limits on deductibles and out-of-pocket costs for plans sold in New Mexico, so that having health insurance means coverage that won't break your family's budget the moment you need care.
- **Medicaid for All Kids.** Create a program to cover every child in New Mexico. Apply for federal waivers to expand federal funding higher up in the income scale.
- **Ban medical debt from credit reports.** Stop the use of billing data in credit evaluations so New Mexicans can secure housing, auto loans, and competitive interest rates. Restrict debt collectors and healthcare providers from using the threat of credit damage as a coercive tactic to collect disputed or unaffordable medical bills. Work with the Indian Health Service (IHS) and non-IHS providers to ensure that bills for Patient Referred Care-approved services outside IHS are not referred to collection agencies and reported to credit bureaus while payment is being processed.
- **Focus on saving lives, not profits.** Mandate that all hospitals screen every patient for charity care eligibility and insurance coverage before any billing. Require healthcare facilities offer zero-interest payment plans or sliding scale billing and income-based financial assistance to prevent families from falling into cycles of debt. Prohibit hospitals from engaging in predatory collection tactics. Link public funding and nonprofit status to the strict adherence of patient-first financial protections.
- **Cap private insurance prescription costs.** Develop a program to establish upper payment limits for high cost drugs based on the best price available in other countries. Adopt Medicare's out-of-pocket limit on prescription costs for state regulated private insurance plans.



- **End medical junk fees and make medical bills transparent.** Enforce and build on the new facility fee law by requiring plain-language, itemized medical bills for all hospital and clinic visits, extending transparency protections to specialty practices and outpatient surgery centers, and giving patients a clear right to dispute surprise charges before they are sent to collections. Extend New Mexico's [Surprise Billing Protection Act](#) beyond its 2028 sunset and ensure the Office of Superintendent of Insurance has the staff and resources to investigate violations and hold corporate-owned physician groups accountable when they exploit billing loopholes at the expense of patients.
- **Protect New Mexicans' Healthcare Privacy.** Enforce rigorous safeguards to prevent privacy violations regarding reproductive health, gender-affirming care, and immigrant status records. Pass the [Healthcare Info Privacy Protections Act](#) to defend New Mexicans data against exploitation and legal overreach. Prohibit the use of digital geofencing around healthcare facilities to track or harass patients and providers, with strictly defined exceptions. Mandate expanded medical screenings for pregnancy-related emergencies and require providers to stabilize patients before any facility transfer. Allow for healthcare providers who fear for their safety to enroll in the state's substitute-address program.
- **Increase BeWell enrollment.** Devote resources from the Health Care Affordability Fund and the Health Insurance Marketplace to hiring new community-based patient navigators across the state, especially in rural and tribal areas, who will help people through the bureaucratic red tape deliberately created by the Trump administration to prevent people from accessing healthcare programs.

FIXING THE HEALTHCARE WORKER SHORTAGE

New Mexico's doctor shortage didn't start with Trump, but his cuts make it worse. We have one of the worst physician shortages in the country, and especially for families in Tribal and rural communities, that can mean waiting months for an appointment or driving hours to see a specialist. When I was raising Somáh as a single mom, I knew how hard it was to navigate a system that wasn't built for people like us. Too many New Mexicans today are in the same position—either because they can't afford care, or because there simply isn't anyone available to provide it.

I fought in Congress to expand medical residency programs and address workforce shortages in healthcare, and as Secretary of the Interior I worked to bring healthcare resources to Tribal communities that had been underserved for generations. While the state must do more to attract and retain healthcare professionals, New Mexico's provider shortage will be made worse by failed Trump policies that severely restrict the number of new physicians practicing each year. As Governor, I will use every tool available to recruit and retain providers, train the next generation of New Mexico's healthcare workers, and make sure it pays off to invest in a medical career in our state.

As Governor, I will:

- **Grow the pool of providers to serve New Mexicans.** Expand interstate medical compacts for occupational therapy, physical therapy, psychologists, and other healthcare providers. Improve the licensing process for international physicians. Remove the residency requirements for international physicians who meet all medical practice standards.
- **Increase the number of healthcare workers in New Mexico.** Grow existing nursing, phlebotomy, medical assistant, and certified nursing assistant programs. Work with colleges and universities to expand the number of slots for nursing programs in New Mexico and help with job placement. Provide mortgage and housing assistance to address shortages in high-need & rural areas. Increase dual-credit opportunities with high school programs to give New Mexican students interested in healthcare careers a head start after graduating.

- **Grow our own doctors, nurses and providers.** Build on the state’s historic investment in the UNM School of Medicine to expand residency slots for rural, Tribal, and underserved communities statewide. Strengthen the state’s “grow your own” pathway that incentivizes medical students from New Mexico to stay in state post-graduation and work in Tribal and rural areas to fill healthcare provider gaps. Increase student loan repayment programs, housing support, and tax incentives for residents working in areas with severe provider shortages.
- **Recruit and retain providers in underserved communities.** Increase and expand the rural practitioner tax credit, and extend it to underserved urban areas.
- **Cut red tape and upfront costs for new providers.** Cover the full cost of initial licensure—including application fees, background checks, credential verification, and compact fees—for physicians, nurses, psychologists, counselors, and other providers practicing in New Mexico, with priority for those entering primary care, behavioral health, and other shortage specialties. Consolidate credentialing with a centralized system for providers, speeding up the time to get licensed.
- **Make Medicaid work for providers, not just insurance companies.** Appoint a Secretary of the Health Care Authority (HCA) who will hold Managed Care Organizations’ (MCO) feet to the fire, requiring them to publish accurate, open-data network checks, tying contract renewals to measurable improvements in appointment access and wait times, and imposing real penalties when plans fail to meet standards. New Mexico has invested billions in Medicaid provider rate increases, but patients still cannot get timely appointments and MCO provider directories are riddled with inaccuracies.
- **Get Medicaid payments to patients and providers faster.** Direct HCA to enforce existing protections against MCO practices that drive providers out of the Medicaid system—including slow reimbursement, unclear fee schedules, and excessive prior authorization—so that independent providers can afford to keep seeing Medicaid patients. Implement timelines on MCO recoupment from providers so that MCOs process claims correctly and in a timely manner for providers.



- ***Increase resident pay and improve the physician training pathways.*** Invest in competitive salaries for residents at residency sites across the state, making New Mexico more competitive so physicians who train here have a reason to stay here. Invest in physician training in underserved communities, to provide durable, long-term funding for residency programs in rural and Tribal communities. Build housing at clinical sites for residents in rural and Tribal communities to reduce the early costs for providers getting experience where they are urgently needed.
- ***Create a dedicated Tribal provider recruitment and retention program.*** In partnership with Tribes, offer loan repayment, housing support, and covered licensure and credentialing costs for physicians, nurses, dentists, behavioral health clinicians, and other providers who commit to serve in Tribal or rural communities that care for Tribal citizens. Invest in the Tribal health workforce—including community health representatives, community health workers, behavioral health aides, doulas, midwives, and other frontline providers—through scholarships, training pathways, and paid career ladders. Build Native workforce pathways so more Tribal citizens can train, return home, and build health careers in their own communities.
- ***Lower health insurance costs for independent providers.*** Expand the Health Care Affordability Fund to cover a larger portion of health insurance premiums for small, independent practices.

- **Prevent healthcare worker burnout.** Set staffing standards for hospitals and nursing homes. With input from frontline nurses and hospital staff, establish minimum nurse-to-patient ratios in hospitals and minimum direct-care staffing requirements in nursing homes, so that patients and residents are not left dangerously understaffed. Restore nursing-home staffing protections that the Trump administration gutted, and phase in requirements so rural facilities have the time and support to recruit and retain staff. Collaborate with hospitals and care-providing staff to address the unsustainable workloads driving providers out of the profession, and offer incentives to increase the availability of mental-health resources to medical professionals.
- **Reduce costs for providers.** Build on the existing [law](#) requiring MCOs to reimburse providers for Gross Receipts Taxes (GRT) on Medicaid services by extending the current GRT deduction for copayments and deductibles to also include coinsurance—and make this deduction permanent. Phase in broader GRT relief for healthcare services in the form of state tax credits, so that New Mexico is no longer one of the few states in the country taxing medical care at the provider level.
- **Track the new medical malpractice law.** Publish annual data on malpractice costs, doctor recruitment and retention, malpractice insurance costs, access to care, and patient outcomes, so New Mexicans can see the law’s impacts.



COUNTERACTING MEDICAID CUTS

Healthcare is under attack. Trump is slashing Medicaid, gutting the workers and hospitals under the Department of Veterans Affairs, pushing pseudoscience under RFK Jr., and taking away crucial cost savings that New Mexicans rely on to afford coverage.

Nearly half of all New Mexicans depend on Medicaid for their healthcare—one of the largest shares in the country. When Trump's cuts come through in 2027, rural hospitals will close, families will lose coverage, and New Mexicans will drive hours for care that they used to get close to home.

I know what it means to depend on Medicaid. When I was raising Somáh as a single mom, running a small business and barely making ends meet, Medicaid was there for us. It wasn't a handout—it was a benefit that we paid into and a promise our state and country made to working families. I will not let Donald Trump break that promise to New Mexicans. The state is the first line of defense against Trump, and I intend to use every resource at our disposal to hold the line.

As Governor, I will:

- ***Protect New Mexicans' Medicaid coverage.*** Expand New Mexico's Medicaid Trust Fund to shore up Medicaid coverage for the more than 800,000 New Mexicans who depend on it, leverage federal matching dollars to improve access to coverage across the state. Ensure Medicaid patients who need mental or substance-use treatment can actually get an appointment—by requiring Turquoise Care plans to maintain behavioral health networks with enough providers to meet demand, publicly report wait times, and impose financial penalties on plans that consistently fail to deliver timely access. Increase Medicaid reimbursement rates for providers, reduce out-of-pocket costs for patients, and expand access.
- ***Lower prescription drug prices.*** Use the state's purchasing power to get better deals on drug prices across public programs, strengthen multi-state purchasing partnerships, and fully enforce transparency rules so New Mexicans can see who is driving up costs. Remove payment incentives within Medicaid for specialty drugs so decisions are not driven by the biggest markup, but instead the patient's health needs.

- ***Increase Medicaid enrollment outreach.*** With the Trump administration increasing burdens for families to enroll in lifesaving healthcare, we will hire more caseworkers to support New Mexicans navigating federal healthcare programs, simplify the Medicaid enrollment process by automatically enrolling those who meet qualifications, and increase outreach to New Mexicans who qualify in rural, Tribal, and hard to reach communities.
- ***Close the dental and vision gap.*** Expand Medicaid dental benefits so adults can get preventive and restorative care and add comprehensive vision coverage so families aren't paying out of pocket for eye exams. Increase reimbursement rates for dental and vision providers so they actually participate in Medicaid, and invest in mobile dental clinics and [school-based screening programs](#) to reach rural and Tribal communities where these services barely exist.
- ***Build a strong independent Medicaid provider network.*** Partner with providers to build a network that can coordinate primary care, surgery centers, and behavioral health to directly bill Medicaid. Explore pathways, including provider-sponsored health plans and Medicaid waiver reforms, to let these networks coordinate care and work directly with the state, so that more of every Medicaid dollar goes to patient care instead of corporate overhead.
- ***Support substance-use treatment with reliable drug testing.*** Require insurers to cover rehab and other addiction related services for substance-use treatment. Establish clear Medicaid reimbursement standards for toxicology services so providers treating New Mexicans for addiction can access timely, evidence-based drug testing through any New Mexico licensed laboratory—not just through whatever lab their managed care plan happens to contract with.
- ***Crack down on fraudulent and predatory testing labs.*** Strengthen enforcement against out-of-state billing schemes by auditing high-volume testing providers and shutting down entities that exploit addiction treatment patients for profit. Require laboratories billing New Mexico Medicaid for toxicology and drug testing to be fully licensed in New Mexico, maintain nationally recognized accreditation, designate an in-state agent for oversight and accountability, and comply with all state tax obligations.

- **Fix the state's broken Medicaid technology.** Get the Health Care Authority's long-delayed Medicaid information system across the finish line and modernize fraud detection to streamline the process for providers. Use the updated system to track where the state's healthcare dollars are going and increase accountability.
- **Fully fund Certified Community Behavioral Health Clinics (CCBHCs) for behavioral health access.** Expand access to CCBHCs to provide a no wrong door model—which allows intake for all services regardless of the initial point of entry—for addressing behavioral health that is centralized around a hub and is flexible delivery for specialized services, known as a hub-and-spoke model. Direct the Health Care Authority to expedite adding CCBHCs to the Medicaid Waiver so they become a permanent part of the Medicaid landscape. Reduce administrative burdens and duplicative service certifications for CCBHCs.



HEALTHCARE CLOSE TO HOME

Too many New Mexicans are locked out of the care they need because of who they are or where they live. New mothers in rural communities drive hours to reach the nearest maternity ward—if one is still open. Native American families living on Tribal lands have waited generations for the federal government to honor its trust and treaty responsibilities to fund adequate healthcare. Immigrant families are deterred from seeking care by a climate of fear that Donald Trump has deliberately stoked. People with disabilities depend on Medicaid for the care that makes independent life possible, and are now watching that lifeline chopped to smithereens by Trump.

I've spent my career fighting for the New Mexicans that others overlook. Both of my parents served in the military—my father in the Marine Corps, my mother in the Navy—and I grew up understanding what it means to depend on the federal government to keep the promises it made to service members and their families. In Congress, I fought for maternal health and reproductive rights, helped keep VA clinics in New Mexico open, protected healthcare workers from COVID-19, and expanded Medicaid eligibility while businesses and workers struggled during the pandemic. As the first Native American to serve as a Cabinet secretary, I worked to close healthcare gaps in Indian Country and bring federal resources to communities that had long been left behind. And as a New Mexican who has lived these struggles firsthand, I know that access to healthcare is often treated as a luxury, but it shouldn't be—it is a right.

As Governor, I will:

- **Build long-term rural healthcare.** Purchase and renovate abandoned buildings in rural areas, transforming them into modern, medical-ready facilities. Offer deeply discounted rental rates to practitioners to stabilize their operations during the critical first years of service. Incentivize long-term commitment by transferring property titles to providers who serve their communities for long-term duration, ensuring healthcare remains a permanent local fixture. Protect families from the impossible choice between affordable care and nearby care with dedicated providers within their neighborhoods. Ensure that these facilities are not sold to private equity after ownership is turned over to the provider.

- **Keep rural hospitals open.** Fight to protect the rural hospitals that federal Medicaid cuts threaten to close, and invest state resources to ensure that New Mexicans in every corner of the state can access emergency and essential care without traveling hundreds of miles. Utilize existing Federally Qualified Health Centers (FQHCs) and provide additional funding to protect against federal cuts in rural communities.
- **Expand mobile health clinics and telehealth.** Increase the number of mobile health clinics reaching rural, Tribal, and underserved communities, so that geography is not a barrier to basic care. Expand telehealth programs and ensure every community has access to broadband internet access to increase health outcomes.
- **Build stable, predictable funding for rural hospitals.** Move rural hospitals away from a revenue system in which they are paid based on the number of patients that come in and instead provide funding upfront based on operating costs, thus providing them with predictable funding. Use this model as the foundation for a Rural Care System that gives rural communities stable, long-term healthcare operations and positions New Mexico to bring in federal partnership when the opportunity arises.
- **Bring public health services in and near Tribal communities.** Work with Tribal Nations to bring immunizations, WIC, family planning, chronic-disease screening, and health education closer to home instead of forcing families to travel long distances to reach a public health office. Create regular co-located and mobile public health services in partnership with Tribes, help Tribes deliver more of these services directly, and make sure the people doing the outreach are culturally aware and, when possible, from the communities they serve.
- **Provide transportation support for rural and Tribal communities.** Increase direct financial aid for New Mexicans who must travel long distances to reach essential healthcare services. Partner with Tribal leaders to establish reliable, [long-distance bus routes](#) specifically designed to connect remote communities to medical hubs. Increase funding for travel reimbursements and expand eligibility for rural and Tribal members already enrolled in Medicaid Managed Care plans.

- **Expand public health clinics and preventive services across New Mexico.** Support existing Federally Qualified Health Centers that provide a healthcare safety net where access is scarce and expensive with increased funding so more New Mexicans can be seen. Build on the state’s existing network of public health offices by adding primary care, reproductive health, and chronic-disease screening capacity so communities without doctors have somewhere to go for basic care. Invest in staffing—nurses, community health workers, and other providers—so these clinics can meet demand. Strengthen the services New Mexicans already rely on these offices for, like family planning, immunization, and infectious-disease prevention. Expand the [community school model](#) to provide wrap-around services directly to families where they are.

- **Increase behavioral health for children with high needs.** Expand Health Care Authority (HCA) and CYFD behavioral health services. Build on my agenda to overhaul CYFD laid out in my [Route to a Safer New Mexico](#) plan.

- **Care for mothers and babies.** Take decisive steps to make it safer to give birth in New Mexico.
 - *Invest in expanding residency and training slots for OB-GYNs, midwives, and maternal health providers in rural and Tribal communities. Increase Medicaid reimbursement for maternity care so providers have a financial reason to deliver babies in New Mexico instead of leaving the state.*
 - *Expand Health Care Authority (HCA) and CYFD behavioral health services. Build on my agenda to overhaul CYFD laid out in my Route to a Safer New Mexico plan.*
 - *Require hospitals to implement evidence-based maternal safety protocols and publicly report maternal outcomes so the state can hold facilities accountable.*
 - *Screen every pregnant Medicaid patient for behavioral health needs and social risk factors to address those health risks before they become fatal.*

- ***Protect reproductive healthcare as the healthcare it is.*** Defend and expand access to abortion and family planning in New Mexico by keeping abortion covered by insurance, including Medicaid, and using state funds to backfill lost federal support so providers like Planned Parenthood can keep their doors open no matter what Washington does. Hold insurers accountable when they deny or delay care. Build a firewall around medical records and health data so that reproductive health information cannot be weaponized against patients or providers. Protect young people’s confidential access to care, and guarantee student is able to receive accurate, age-appropriate, and comprehensive sex education. Remove preauthorization requirements for abortion care so that Medicaid coverage is accessible in practice, not just on paper. Increase family planning reimbursement rates to help cover the cost of reproductive care. Make clear to MCOs that family planning is considered an essential service.

- ***Protect the lives of all who live in New Mexico.*** Make sure fear doesn't keep anyone from the doctor. Enact protections to ensure that no state-funded facility shares patient immigration information with federal enforcement agencies, that prevent providers from inquiring about immigration status unless legally required, and that route all ICE requests to legal counsel—so that every New Mexican can seek care without fear. Use the Health Care Affordability Fund to protect lawfully present immigrant families who are losing coverage because of Washington's cruel eligibility cuts.

- ***Partner with Tribal Nations to close healthcare gaps in Indian Country.*** Maximize Medicaid enrollment and re-enrollment in Tribal communities by funding system navigators on Tribal lands, cutting bureaucratic barriers, and helping Tribes, Pueblos, Nations, and Indian Health Service and Tribal 638 facilities capture the full federal Medicaid reimbursement available for covered services delivered through Tribal health systems.
 - *Fully implement and scale Medicaid reimbursement for traditional healing and for Tribal community health workers and community health representatives, with billing support and technical assistance so culturally grounded care is actually accessible.*
 - *Create a Tribal-directed behavioral health initiative focused on youth suicide, overdose prevention, crisis response, and culturally grounded care.*

- *Make sure Tribally operated clinics and programs get prompt payment, workable Medicaid contracts and care-coordination arrangements, and the state support they need to succeed, while fighting to protect federal funding for Indian Health Service facilities and tribal water and sanitation infrastructure when Washington falls short.*
- *Amend the Behavioral Health Reform and Investment Act to add a statewide Tribal-specific region, consistent and culturally-appropriate funding, programs and services to address behavioral health disparities in Tribal Nations and Native communities.*
- **Close healthcare gaps for LGBTQ+ New Mexicans.** Require insurance plans to cover fertility care and fertility-preservation services without discriminatory definitions that leave same-sex couples, transgender patients, and other LGBTQ+ New Mexicans behind when they try to build a family. Enforce insurance billing privacy standards so that LGBTQ+ patients can access care without risk of being outed through their explanation of benefits. Train the healthcare workforce on the specific health needs and cultural competencies required to care well for LGBTQ+ patients, and eliminate insurance policies that create unnecessary barriers to care. And make clear that gender-affirming care is protected in New Mexico, using state funds to keep it covered and issuing clear guidance to providers so they know the state has their back.
- **Strengthen Tribal disease prevention partnerships.** Partner with Tribal Nations and the Department of Health to establish formal, government-to-government compacts for coordinated disease prevention and response. Increase the number of dedicated Tribal liaisons within the Department of Health to ensure every Tribal community in New Mexico has a direct, active channel for statewide health coordination. Allocate surge funding and medical supplies to Tribal communities so they are fully equipped to manage infectious disease outbreaks. Support the rapid deployment of culturally competent, trained health professionals to Tribal lands during health emergencies to provide immediate, on-the-ground support.



- **Support healthcare for New Mexicans with disabilities.** Strengthen Medicaid home- and community-based services so more people with disabilities can receive care at home instead of being forced into institutions, and protect those services from federal cuts. Invest in the direct care workforce by improving wages, training, and career pathways. Help rural and Tribal clinics modernize aging facilities, equipment, and technology so they are fully accessible, and eliminate physical, digital, and communication barriers to care. Expand accessible medical transportation so no one misses care because they cannot get there.
- **Care for New Mexicans as they get older.** Ensure older New Mexicans can age with dignity and have the option to stay at home by strengthening home- and community-based services and aging-network supports, and defend those services from federal cuts. Expand Adult Protective Services and the Long-Term Care Ombudsman so reports of elder abuse, neglect, and financial exploitation get a timely, effective response. Invest in family caregivers and the direct care workforce through better wages, training, respite support, and caregiver tax relief. Create a statewide dementia care specialist program so families can get early support, care navigation, and caregiver education closer to home. And protect Medicare and programs like Meals on Wheels while strengthening the meal delivery, transportation, and community-based services older New Mexicans depend on.
- **Stand up for New Mexico veterans' health.** Use state resources to fill the gaps left by Trump's devastating cuts to the VA and federal veterans' programs. Invest in mental health and suicide prevention services for veterans and make it easier to access state-funded behavioral healthcare close to home rather than traveling hours to Albuquerque. Expand the Rural Veterans Transportation Program so veterans in all 33 counties can get to their medical appointments.

YOUR DOCTOR, NOT WALL STREET'S

New Mexico families are paying more and getting less from their healthcare, and corporate investors are a big reason why. Private equity firms buy up hospitals, nursing homes, and doctors' offices across our state, load them with debt and extract profits for out-of-state investors. At the same time, consolidated insurance companies and pharmacy benefit managers are using their market power to delay care, deny coverage, and drive up costs—answering to shareholders rather than patients. New Mexico now has the highest proportion of private equity-owned hospitals and nursing homes in the country—and has been ranked the state most at risk from the harms that follow. We have already seen what that looks like: when Genesis Healthcare's nursing home network collapsed into bankruptcy, it was New Mexico patients and workers who were left behind.

The Legislature has taken important steps, but the loopholes are real and the threat is growing. As Governor, I will build on that progress and take on corporate power across our healthcare system to give New Mexicans the protections they deserve.

As Governor, I will:

- ***Keep corporate investors out of the doctor's office.*** Sign into law protections that keep clinical decision-making in the hands of licensed physicians and other healthcare providers rather than private equity investors, while preserving legitimate administrative partnerships. Mandate that medical necessity is determined by licensed healthcare providers, not by financial algorithms or profit-driven insurance models. Build on the state's new prior authorization and prescription drug protections by conducting a comprehensive review of insurance guidelines to ensure that they do not override the expert clinical judgment of treating physicians. Ensure that life-saving treatments and essential procedures deemed clinically necessary cannot be denied based on restrictive, non-clinical cost-saving metrics.

- ***Stop corporate monopolies in healthcare.*** Set limits on how much of any local healthcare market a single private equity-backed firm can control—preventing specialty practice monopolies that drive up prices and reduce patient choice in our state.
- ***Strengthen New Mexico’s healthcare oversight laws.*** Build on the [Health Care Consolidation Oversight Act](#)—which gives the state authority to review certain hospital acquisitions—by extending post-transaction review periods, requiring public disclosure of findings, and preventing private equity from calling the shots behind the scenes. Give the Health Care Authority meaningful authority to block acquisitions that would substantially reduce competition, increase prices, or threaten access to care—following the [model](#) Oregon enacted in 2025.
- ***Require healthcare entities to come clean about who owns them.*** Increase transparency in healthcare by strengthening New Mexico’s existing healthcare ownership reporting requirements to cover more healthcare entities—not just hospitals. Require health entities to disclose mergers, acquisitions, changes in ownership or control, debt levels, and fees paid to shareholders and investors and make that information available to the public with meaningful civil penalties for failure to comply or for submitting false information.
- ***Go after healthcare looting.*** Empower the Attorney General to claw back dividends, management fees, and other compensation extracted from healthcare entities in the years before a financial collapse—ensuring that private equity firms cannot strip value from New Mexico hospitals and nursing homes and walk away while leaving patients and workers behind.
- ***Protect New Mexico’s healthcare facilities from Wall Street schemes.*** Prohibit New Mexico healthcare entities from entering arrangements that sell their properties to a real estate investment trust and then lease it back—a financial engineering tactic that saddles facilities with extortionate rent obligations and has [driven](#) hospitals and nursing homes [into bankruptcy](#) across the country.
- ***Crack down on corporate healthcare gobbling up small providers.*** Use existing state antitrust authority to scrutinize serial acquisitions in physician practice markets, and establish a low-threshold notification requirement for healthcare transactions so that small add-on deals don’t slip through unnoticed.

- **Speed up coverage authorizations.** Enforce the state’s new prior authorization requirements and go further: hold insurers and pharmacy benefit managers accountable when they break the law, speed up appeals, and make sure people with cancer, serious mental illness, autoimmune disease, substance use disorder, and chronic conditions get the medicine they need without endless reapprovals.
- **Rein in pharmacy benefit managers.** Enforce and strengthen New Mexico’s pharmacy benefit managers (PBMs) rules so drug middlemen can’t profit by charging health plans more than they pay pharmacies and pocketing the difference. Ban PBMs from steering patients away from independent and community pharmacies, or from getting paid more when they place higher-priced drugs on a formulary. Require PBMs serving Medicaid, state employee plans, and other state-regulated coverage to pass on manufacturer rebates to patients, and back these rules up with strong state licensing, reporting, and enforcement.



A HEALTHY ENVIRONMENT FOR HEALTHY COMMUNITIES

Growing up, I remember hearing about the Jack Pile Mine, and how Laguna had suffered from contamination of our air, land, and water because of it. Decades after the mine closed, radioactive material still blew around in the wind. People got cancer and many died. Years later, while I was serving in Congress, the Tularosa Downwinders came to my office. They shared the stories of miscarriages, cancer, and deaths because of nuclear radiation from the Trinity Site Tests. One woman told me, “Around here, you’re born, and it’s not a question of if you’ll get cancer, but when.” In 2026, this statement is becoming a theme for more people throughout New Mexico. It’s tragic. Our grandmothers and grandfathers were healthier than we are today.

Protecting our environment is also about safeguarding our health. The water we drink, the air we breathe, and the land we live on sustains us, but New Mexico has often been the dumping ground for harmful materials. Big corporations and at times the military, have come into our state to mine our resources—without regard for the people who live here. That’s why, when I was in Congress, I conducted strong oversight over Trump’s ploys to drill for oil on public lands, fought for land restoration funding with the Land and Water Conservation Fund, and co-led a bill to expand and extend the Radiation Exposure Compensation Act (RECA). I also introduced the Climate Stewardship Act to fund massive reforestation and farm and ranch conservation practices, and the Environmental Justice Legacy Pollution Cleanup Act to address the health disparities caused by legacy pollution in marginalized communities.

As Secretary of the Interior, I oversaw the largest federal investment in legacy pollution cleanup in American history—directing billions of dollars to close up abandoned wells and reclaim abandoned mine lands across the country, including tens of millions in New Mexico alone. We also invested in protecting people’s health across the country from pollution by strengthening environmental protections, supporting clean vehicle infrastructure, and working to address extreme heat.

My plan for healthcare recognizes the connection between healthy landscapes and healthy communities, and it works to protect our drinking water, clean up legacy pollution and protect our communities from the harms of future contamination.

As Governor, I will:

- **Make sure every New Mexican can drink safe water.** Use state resources to help Tribal nations, rural towns, acequia communities, and colonias repair aging drinking-water systems, cut massive water loss from leaking pipes and pumps, and recruit the engineering, operator, and technical support needed to complete projects.
 - *Invest in public water refill stations in parks across the state to expand access to safe drinking water.*
 - *Fight to protect federal funding for Tribal water projects, ensure the state pays its share, and push Congress to fulfill its obligations to Tribal Nations.*
 - *Expand the Water Trust Board’s capacity, help small systems share operators or regionalize when they cannot sustain certified staff on their own, and prioritize communities with documented health-based violations.*
 - *Invest in the operator, engineering, and project-development workforce needed to keep small systems running.*
 - *Enforce New Mexico’s new PFAS and water-pollution laws so polluters, including the federal government, pay to clean up the contamination they caused.*
 - *Push for enforcement of state and Tribal water quality standards and fight to have the definition of waterways restored to include intermittent streams, especially as New Mexican’s fresh water is reduced by climate change.*
- **Ensure every New Mexican has access to healthy food.** Defend SNAP and food assistance programs from federal cuts, using state resources to supplement federal programs and keep families fed. Build on the state’s investments in the [Regional Farm to Food Bank program](#) and [Double Up Food Bucks](#) by expanding their reach and making them permanent, so that local farmers and food-insecure families are both better supported. Invest in bringing grocery stores, food co-ops, and farmers’ markets to Tribal lands, rural communities, and colonias that lack reliable access to fresh food. Protect and strengthen access to free school meals so no child goes hungry at school. Pilot medically tailored meal delivery for New Mexicans with diet-sensitive chronic conditions—including people with diabetes, patients managing serious illness, and seniors—building on the evidence that targeted nutrition support improves health outcomes and cuts healthcare costs over the long run.

- **Promote safe testing for cannabis.** Return the cannabis testing back to the Department of Health to provide the testing to decrease risk of unhealthy cannabis products and increase quality control for recreational and medicinal marijuana.
- **Protect New Mexicans from the air pollution.** Strengthen and fully fund air quality monitoring across all 33 counties, filling the gaps that leave large parts of the state without adequate data and communities in northwest New Mexico’s San Juan Basin—who live and attend school surrounded by oil and gas facilities—with elevated asthma rates.
 - *Enforce New Mexico’s methane and air toxics rules for oil and gas operations with real resources and real penalties, fund the inspection and enforcement capacity that New Mexico Environment Department needs to do its job, and require cumulative impact assessments when making permitting decisions so that communities already overburdened by pollution aren’t made to absorb more.*
 - *Push back against the Trump administration’s rollbacks that put our most exposed communities at risk. Establish or expand health-based buffer zones between new oil and gas or mining operations and schools, daycares, hospitals, and homes—building on the [model](#) the Commissioner of Public Lands adopted for state lands.*
 - *Invest in cleaner school buses and public vehicles in high-pollution areas so that children aren’t breathing diesel exhaust on their way to school.*
- **Bring justice for radiation exposure survivors.** Direct state agencies to help downwinders and uranium workers apply for [RECA compensation](#), and back those efforts with real funding and staff. Direct agencies to proactively reach out to eligible communities, especially in rural, Tribal, and low-income areas, rather than waiting for people to find the program on their own and ensure they apply and guide through the process. Partner with Tribal governments, community health workers, libraries, senior centers, and legal aid organizations to help people gather documentation and complete applications. Work with the New Mexico Tumor Registry and the Department of Health to identify and connect potentially eligible individuals with assistance before the December 2027 deadline.

- ***Plant more trees where New Mexicans need them most.*** Expand the state’s urban and community forestry programs—building on efforts like the [Forest Re-Leaf Program](#) and the [ABQ NeighborWoods model](#)—to increase tree canopy in low-income communities, Tribal communities, and other neighborhoods that lack shade, clean air, and protection from extreme heat. Use the Tree Equity Score and similar data tools to target areas with the largest canopy gaps and highest temperatures. Make tree planting and maintenance part of the Civilian Conservation Corps-style projects proposed in [my plan for an affordable New Mexico](#), so expanding New Mexico’s tree canopy also creates good local jobs. Require climate-ready species and long-term care so the trees we plant today survive and deliver real benefits for decades. Connect New Mexico kids with planting tree programs for healthier communities with my [Every Child Outdoor Initiative](#).
- ***Clean up the legacy pollution.*** Capture every federal dollar available to plug orphaned wells and reclaim abandoned mine lands, and require oil and gas companies to pay to plug any wells they abandon—so that when companies walk away, New Mexicans aren’t left holding the bill. Build on abandoned uranium mine and mill site cleanup, and accelerate remediation of other legacy contamination that continues to harm Tribal and rural communities. Hold the federal government accountable for the contamination it caused: a chromium plume from LANL that has migrated for decades has now reached San Ildefonso Pueblo land, and the Department of Energy must be required to fully clean it up, not simply push contamination elsewhere. Use state oversight and enforcement tools, with real teeth and real consequences, to make sure polluters—including the federal government and its national labs, oil and gas companies, and mining operations—pay to remediate the damage they have done.
- ***Build more outdoor recreation space in communities.*** Create a state level recreation expansion program, modeled after the federal [Outdoor Legacy Partnership](#) (ORLP), to build more parks and outdoor recreation space in urban communities. Work with local municipalities to turn abandoned lots into green parks, grassy areas, and other spaces for community engagement.