

LET'S KEEP NEW MEXICANS COVERED



**A Community Storybook on Medicaid,
BeWell, and What New Mexico Can Do Now!**

PREPARED BY NEW MEXICO TOGETHER FOR HEALTHCARE

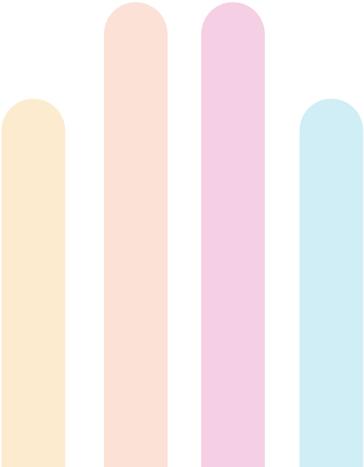
**JANUARY
2026**



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Every New Mexican deserves access to affordable, quality healthcare.

Seeing a doctor, getting medications, and caring for loved ones shouldn't come with unnecessary paperwork, delays, or financial strain. New Mexico has worked hard to make healthcare accessible for more families, cutting the number of uninsured residents nearly in half over the last decade.

But federal changes now threaten those gains and put our families, providers, and communities at risk.

As coverage becomes harder to maintain, eligible New Mexicans are already facing:



Paperwork barriers that push eligible families off coverage



Rising costs that delay care and create debt



Coverage loss that destabilizes the healthcare system



Clinic closures that threaten entire communities

IF NEW MEXICO DOES NOT ACT:



Tens of thousands residents projected to **lose Medicaid or BeWell**



6-8 rural hospitals face service cuts or closure



Emergency rooms overcrowd as access to routine care declines

This storybook includes the voices of real New Mexicans living through these impacts right now.



The state already created a tool that keeps families covered:

The Health Care Affordability Fund.



Created in 2021, the HCAF uses part of a health insurance surtax to make coverage more affordable and lower costs for New Mexicans. Since then, BeWell enrollment has hit record highs, small businesses have saved millions, and the fund now also helps low-income state employees and National Guard members.

Federal changes are cutting coverage—even for eligible families.

Federal policy changes are increasing paperwork, shortening deadlines, narrowing eligibility rules, and ending enhanced subsidies. These changes do not reduce need—they add barriers.

Families are being pushed off coverage because:



New paperwork requirements are more frequent and complex



Notices are missed, delayed, or never received



Caregiving and illness are excluded from new “work” definitions



New Mexico is uniquely positioned to protect families from the worst impacts of these cuts.

Using the Health Care Affordability Fund (HCAF) as intended—channeling money generated in the healthcare system to directly invest in coverage affordability—will protect families, stabilize the healthcare system, and prevent far more costly crises later.

By fully leveraging the Health Care Affordability Fund, New Mexico can:

- ▶ **Protect affordability**
- ▶ **Bridge coverage gaps**
- ▶ **Fortify state healthcare infrastructure**

POLICY TAKEAWAY

Coverage loss is being driven by administrative hurdles—not because families are ineligible.

Stopping these unnecessary gaps is a cost control and harm reduction strategy.

When Paperwork Cuts Off Care

Renée Beltran

Las Cruces

Renée is a mother of three whose children depend on Medicaid for ongoing mental health care and the life-saving medication one of her children needs to manage rheumatoid arthritis.



“In 2025, one of my children lost their Medicaid for a month due to a paperwork issue. We didn’t know it had lapsed. That one month cost us over \$600 for psychiatrist and therapy appointments, not including medication. We’re still paying it off.

My youngest son’s medication costs more than \$6,000 per month. Without Medicaid, it’s impossible.”

Even short gaps in coverage can cause long-term harm—especially for families and children with chronic or behavioral health needs.

What this story shows:

- ▶ Eligible families are losing coverage due to paperwork, not income
- ▶ Short lapses create long-term medical debt and instability
- ▶ Preventing gaps is cheaper than treating emergencies



“Families like mine fall through the cracks when paperwork blocks coverage.”

Caregiving Is Work



Stephanie Gomez*

Los Lunas

Stephanie is a lifelong New Mexican raising her two young children full time while her husband works full time. Stephanie provides essential, unpaid labor that keeps her household stable and supports the broader economy. Yet under new federal work requirements, this work often doesn't count—putting families at risk of losing coverage even when they are doing everything right.

While some stay-at-home parents may technically qualify for exemptions, confusing rules and added bureaucracy often still result in coverage loss.

“Medicaid makes it possible to take my kids to the doctor, get vaccines, fill prescriptions, and see the dentist. Without it, my hospital bill from having a baby would have been \$40,000—impossible for a stay-at-home mom caring for my kids full time.”

In New Mexico, caregiving has always been part of how families care for one another. Penalizing caregivers destabilizes households, harms children and elders, and increases long-term public costs—without reflecting how real family economies function.

What this story shows:

- ▶ Caregiving is essential work
- ▶ Work requirements don't reflect real family economies
- ▶ Punishing caregivers undermines child and family stability



**Name changed in this story to protect privacy.*

When the Safety Net Has a Gap

Iliana Perez and Michael Jason Baeza

Anthony, NM

Iliana and Michael are lifelong New Mexicans raising their family while managing chronic health conditions. Like many families, they raise their children, work hard, live within their means, and rely on consistent healthcare to stay stable.



“Before I had coverage, I was constantly dehydrated, in pain, and my blood sugar was dangerously high. Medicaid covered my insulin, doctor visits, and checkups. It gave me stability and a chance to rebuild my health.”

When Michael lost his job through no fault of his own, the family fell out of Medicaid during the renewal and eligibility transition process—not because they no longer needed care, but because the system can be difficult to navigate during periods of change. During that gap, Michael had to go without care for more than a month, delaying appointments and managing his health without coverage.

“We were bounced from office to office, told to call one place after another. Eventually, we got coverage through BeWell—but it came with higher costs we weren’t prepared for.”



What this story shows:

- ▶ **Losing Medicaid does not mean families no longer need care**
- ▶ **Transitions to BeWell can be costly and disruptive, not seamless**
- ▶ **Even short coverage gaps lead to delayed care and higher system-wide costs and instability**
- ▶ **Coverage continuity is a policy decision—not a personal failure**

POLICY TAKEAWAY 🔍

- ▶ *Federal cuts will push more families into coverage gaps unless the state acts.*

A Working Parent at the Medicaid Cliff



Mabel Gonzalez **Farmington**

Mabel Gonzalez is raising her son in the Four Corners while working to build stability for her family. Medicaid has made that possible. Through Medicaid, her son has been able to get regular checkups, vaccinations, and speech therapy when he needed it—care that supports his health and development.

But for families like Mabel's, earning more doesn't always mean moving forward.

“A better job isn't an easy choice for families like mine. It's a dangerous cliff. When you make a little more at work, you don't transition off Medicaid—you fall off it.”

Even a small increase in income can push working parents off Medicaid, leaving them suddenly responsible for insurance premiums and other out-of-pocket costs they cannot afford. There is not usually a smooth transition—just a sharp cutoff that puts families and children at risk of losing care.

As federal premium subsidies expire, this cliff will get steeper. More families will be pushed off Medicaid without an affordable option to turn to, increasing the risk of coverage loss and interrupted care for kids.

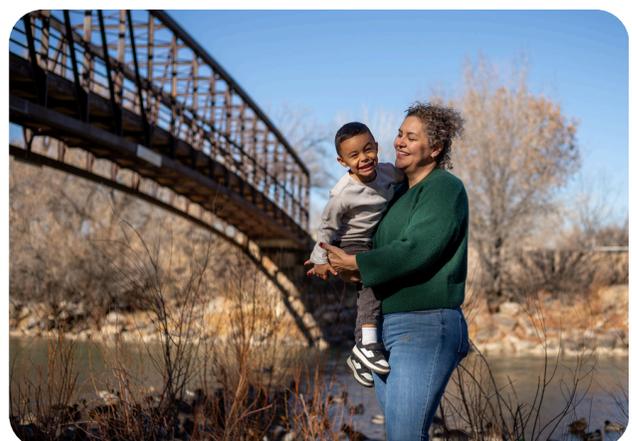
The **HCAF** exists to prevent this exact outcome. It helps **stabilize BeWell premiums, closes the gap for families transitioning off Medicaid, and ensures working parents don't lose access to care** simply because they earned a little more.

POLICY TAKEAWAY



Sustaining the HCAF:

- ▶ Keeps coverage affordable for working families
- ▶ Protects children's care
- ▶ **Turns the Medicaid cliff into a bridge**



“We Did Everything Right and Still Worry About Losing Coverage”

Carmen Meyer, RN, BSN, CCM **Albuquerque**

Carmen is a mom and a nurse. She has spent her career helping people navigate health care systems. Now, she’s on the other side, trying to keep her own family insured. Carmen and her husband are both self-employed. They budget carefully, drive used cars, cook at home, and rarely eat out. Like many New Mexico families, they’re working hard just to stay afloat.



When she opened her insurance renewal last year, the numbers made her panic. Their family’s monthly premium was set to jump from **\$1,063** to **\$2,550** — nearly **17%** of their annual income, more than their mortgage.

“I burst into tears. I felt a gut punch. I didn’t know how we were going to make it work. On paper, our household income is 713% of the federal poverty level. In reality, without an employer helping cover the cost, we pay close to \$18,000 a year just to stay insured.”

Carmen lives with chronic conditions — fibromyalgia, migraines, IBS, and POTS — and faces a **30% lifetime risk of breast cancer**. Losing coverage is not an option. She keeps working because she must — and can — **only as long as insurance remains affordable.**

What this story shows:

- ▶ Income caps can make families with full-time jobs lose coverage
- ▶ Temporary help leaves families exposed to mid-year premium shocks
- ▶ A lifetime of hard work isn’t enough when coverage is out-of-reach

POLICY TAKEAWAY

- ▶ Affordable coverage is what allows working, self-employed families to stay healthy, stable, and productive
- ▶ Arbitrary income caps and short-term fixes don’t reflect the real cost of living — or the real cost of losing coverage

Higher Premiums are Preventable



Dr. Caryn McHarney-Brown **Albuquerque**

With more than 30 years of experience, Dr. McHarney-Brown has seen first-hand what happens to communities when coverage shrinks. She has served patients in Albuquerque, Carlsbad, and the South Valley, with additional experience practicing in New Zealand.

“The premium increases we’re seeing right now aren’t accidental. They’re the direct result of federal decisions that make healthcare more expensive and harder to maintain for everyone.”

When coverage declines:

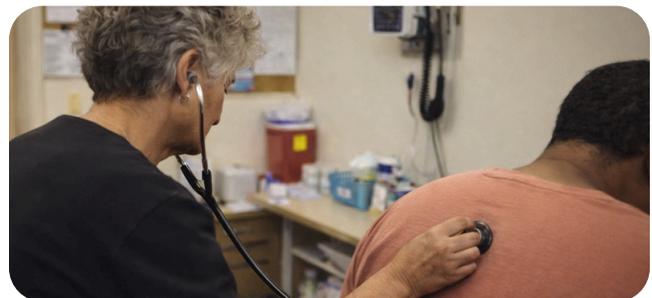


- ▶ Risk pools shrink
- ▶ Premiums rise on BeWell
- ▶ Hospitals and clinics absorb uncompensated care

Medicaid and BeWell are two doors into the same healthcare system. When one or both weaken, the entire system becomes dangerously unstable.

POLICY TAKEAWAY

- ▶ Stabilizing Medicaid enrollment stabilizes BeWell premiums and provider networks.
- ▶ **Coverage stability is a foundational policy decision for a functioning healthcare system.**



“Preserving affordable coverage through Medicaid and BeWell is the most responsible path forward—for families, providers, and New Mexico’s healthcare system as a whole.”

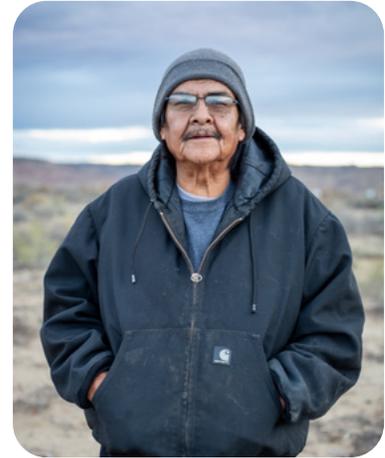
Clinic Closures Push Care Farther Away

Leroy Tso

Gallup (Navajo Nation)

Leroy relied on Medicaid for recovery after a traumatic brain injury he got when he was attacked at work as a heavy equipment operator.

“Medicaid helped me get therapy, medication, and rides to appointments. But more and more services are disappearing. Even with coverage, care is harder to find.”



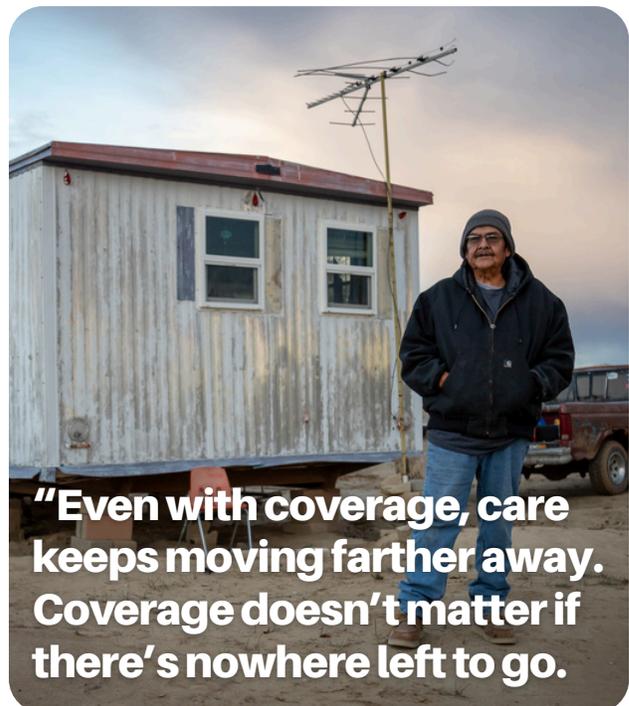
When clinics close in rural NM:

- ▶ Emergency rooms overcrowd
- ▶ Patients travel farther and wait longer for basic care
- ▶ Providers burn out and leave the state

Especially in rural New Mexico, coverage alone doesn't guarantee care. When clinics lose staff, reduce services, or close, patients are left with longer drives, fewer appointments, and higher costs—even when they are insured.

What this story shows:

- ▶ Coverage in rural communities does not guarantee access
- ▶ Provider stability is essential to rural survival



Medicaid Saved My Life

Danielle Viramontes **Las Cruces**

“I lived with pain that became so unbearable, I couldn’t work anymore. It was Medicaid that saved my life. Without it, I would not have made it through the surgeries, the specialists, or even the diagnosis.”

Danielle Viramontes grew up hiking the desert trails of southern New Mexico, finding strength in the wide, open Organ Mountains. But in her twenties, a dull ache became constant pain, leaving her unable to work and desperate for answers.



Danielle’s Medicaid coverage took her across cities and specialties for the care she needed—cardiology visits, heart medications, tests, and surgeries. Each step was impossible without Medicaid, which covered tens of thousands of dollars she couldn’t have paid on her own.

“I have my life back because of Medicaid. I want my community to have the same chance.”



What this story shows:

- ▶ Medicaid helps people get healthy and return to work
- ▶ Access to health coverage prevents medical crises and costly hospital visits

POLICY TAKEAWAY

- ▶ Federal decisions shouldn’t take away Medicaid and health coverage from tens of thousands of New Mexicans
- ▶ **Protecting coverage saves lives, supports families, and keeps communities healthy**

New Mexico Can't Afford to Turn People Away From Care



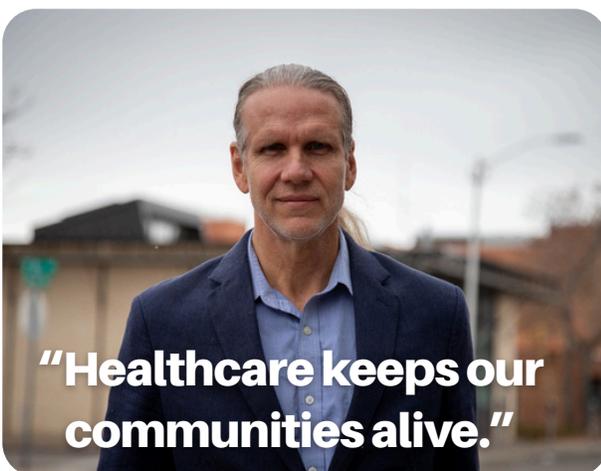
Dr. Bill Wagner, LCSW, PhD **Albuquerque**

Founder of Centro Sávila, Dr. Wagner has spent over 30 years serving New Mexicans. For the past 15 years, he's provided behavioral healthcare and social services in Albuquerque's South Valley and the International District.

"When coverage is unstable, families suffer and clinics struggle. Parents delay care, students miss treatment, and communities feel the strain — and every day we don't act, the consequences grow.

Since the Health Care Affordability Fund was created, more patients have coverage and clinics can keep providing care. But new barriers are creating a ripple effect: chronic conditions go untreated, clinics and rural hospitals scramble to keep up, and communities bear the costs — in health, stress, and dollars."

"If we want a healthier New Mexico — and a stronger economy — the path is clear: protect access, invest in prevention, and maximize every tool available to keep people covered."



POLICY TAKEAWAY

- ▶** Stabilizing coverage prevents crises, keeps clinics open, and protects communities.
- ▶** **The Health Care Affordability Fund is one of the most effective tools in the nation for improving healthcare affordability.**

Losing Coverage Between Midterms and Finals



Dr. Tasha Barnes & Dr. Heather Applewhite **Albuquerque**

At a university health center in New Mexico, care comes in waves of stress, illness, anxiety, and chronic conditions surfacing late in the semester.

Dr. Barnes and Dr. Applewhite treat university students who are juggling classes, jobs, family obligations, and mental health — often for the first time on their own.

Now they're bracing for something new: **Medicaid rules that require frequent paperwork and verification**, threatening to push students in and out of coverage just as their schedules — and stress — peak.

“Students don't live month to month. Midterms and finals take over everything. If coverage depends on constant paperwork reporting, they will lose it. If patients can't plan coverage, we can't plan care.”

When coverage churns, care breaks. Tests ordered one month can't be followed up the next. Medications are delayed. Students wait — until symptoms spiral into emergencies.



“Postponing health is how the preventable becomes irreversible.”

What this story shows

- ▶ Coverage gaps turn prevention into crisis
- ▶ Work and school schedules don't align with monthly reporting
- ▶ Coverage loss forces clinics into patchwork medicine

“By the end of the semester, students come to us suicidal or so sick they need the Emergency Room — even though they could have been treated earlier.”



These stories are not isolated. They are the predictable result of policy choices that determine who gets care, when, and at what cost.

New Mexico didn't choose these changes—but the consequences will be catastrophic if coverage isn't stabilized now.

When coverage is unstable, families pay the price—in missed care, rising debt, and worsening health. But these outcomes are not inevitable. New Mexico has the tools to prevent them.

Fully leveraging the HCAF will secure the resources needed to continue to make sustained, targeted investments in maintaining and improving affordability, even as federal decisions made far from our communities threaten coverage.

Federal Changes (Can't Control)



New work reporting requirements



Loss of federal subsidies



Narrower eligibility rules

State Tools (Can Control)

Health Care Affordability Fund



- Lowers BeWell premiums
- Fills coverage gaps

Administrative Capacity



- Prevent churn
- Help families stay continuously enrolled

Clinic + Provider Stabilization



- Support clinics, hospitals, & doctors
- Ensure care remains accessible and reliable

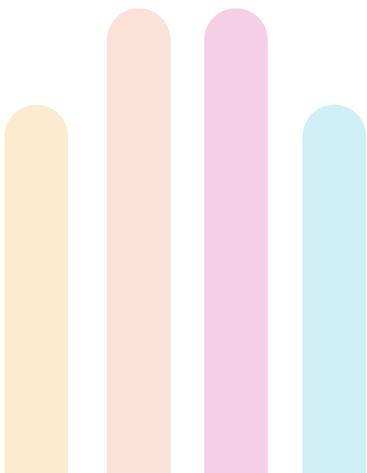
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Coverage loss is a policy choice. Stability is too.

If New Mexico acts now to build on protections lawmakers passed in the special session:

- **Families stay covered**
- **Premiums stabilize**
- **Clinics stay open**
- **Costs stay lower for everyone**

Without action, New Mexico faces higher costs and deeper hardships for families and communities.





PREPARED BY NEW MEXICO TOGETHER FOR HEALTHCARE

NM Together for Healthcare is a statewide, multiracial campaign of families and community organizations working together to strengthen healthcare access in New Mexico, supported by:

- Strong Families** (strongfamiliesnm.org)
- Health Action New Mexico** (healthactionnm.org)
- New Mexico Center on Law and Poverty** (nmpovertylaw.org)

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