



Mexico's New Health Reform: El Servicio Universal de Salud

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On April 7, 2026, Mexican President Claudia Sheinbaum initiated a new nation-wide health reform, creating a national Servicio Universal de Salud (SUS) that promises to expand access to health services, improve efficiency across agencies, strengthen the quality of public-sector care, and improve population health outcomes.

President Sheinbaum announced the SUS during her daily morning press conference and explained the ethical principles behind the reform.¹ "The goal is for any Mexican to be able to seek treatment for any condition at any health care facility and be seen." She described the reform as "an historic step" toward a universal health service for Mexico. The system was enacted through an executive decree published on April 17,² avoiding a lengthy legislative process. The new reform seeks to address historical structural problems in the Mexican health system and some of the confusion created by organizational changes introduced by the previous administration.^{3–5}

The reform differs from earlier approaches because it does not seek to merge existing health-care institutions or create new agencies.^{6–8} Instead, it creates a network of services that citizens can access across existing public insurance systems. The reform preserves the identity of independent providers, especially the Mexican Institute for Social Security (IMSS) for private-sector workers and the Institute for Social Security and Services for State Workers (ISSSTE). The network also includes IMSS-Bienestar (health-care provider for the non-salaried population), national specialty hospitals, and several other public health organizations.

Implementation will occur step-by-step over the next eight months, allowing technical details and operational mechanisms to be negotiated and accepted by key stakeholders. The first step is already underway: enrollment. The government is issuing a new national identity card that will grant access to services across public health-care facilities without additional payment. Citizens will access

the SUS through a new cellphone app and a unified electronic medical record system to be shared across public-sector subsystems. Mexicans living in the United States will also be able to register and receive services in Mexico.

A central feature of the Mexican SUS is the creation of a single fee schedule and payment system so that one subsystem can reimburse another for services provided to enrolled patients. For example, IMSS could provide services to a person enrolled in IMSS-Bienestar and receive payment in return. Designing the fee schedule and ensuring timely reimbursements will be critical. Financial incentives could shape provider behavior: some providers may expand services with favorable reimbursement rates, while others may discourage services reimbursed below cost. Delayed reimbursements could also slow service delivery. These operational details will strongly influence the effectiveness of the new network and patient experiences.

The reform does not promise unlimited services for everyone, but it does establish broad goals. As shown in Table 1, the first phase, beginning January 1, 2027, will prioritize seven categories of health conditions. A second phase, beginning in July 2027, will expand SUS coverage to laboratory studies and diagnostics.

President Sheinbaum did not announce new funding for the reform and instead emphasized efficiencies in the use of existing resources. Whether efficiency gains alone can support the expanded system remains uncertain.

Mexico's SUS reform is ambitious and has already generated criticism across the political spectrum. Critics have raised concerns about the lack of new financial resources, insufficient facilities and equipment, unclear rules about access, possible declines in quality at social security facilities because of increased demand, the absence of an operational provider payment mechanism, unresolved issues in deciding on the single fee schedule, creating an effective governance structure for the mandated inter-agency collaboration, legal concerns about using

Table 1. Stages of Implementing the Mexican SUS Health Reform

Stage 1: January 1, 2027
Coverage started for: (1) emergency care; (2) pregnancy care for high-risk cases, including obstetric emergencies; (3) cardiovascular attacks; (4) cerebral vascular attacks; (5) continuous care for ambulatory treatments that cannot be interrupted such as chronic renal insufficiency, cancer, transplants, HIV, or hemophiliacs, when patients lose insurance coverage; (6) universal vaccinations; and (7) primary care consultations for preventive care and for light or acute care.
Stage 2: July 2027
Coverage extended for: laboratory studies and diagnostics, including CAT scans, ultrasound, MRI, and studies that use contrast materials, as well as radiotherapy sessions.

social security personnel and facilities for nonmembers, and continuing problems in the medicines supply chain.

Whether Mexico's SUS will be fully prepared to provide services by January 2027 remains unclear. No doubt there will be bumps in the implementation road. More broadly, it is uncertain whether the network will function effectively in practice. **Still, the reform represents a significant and innovative effort to create a fairer and higher-quality health system that serves all Mexicans, including those living in the United States. If the reform succeeds, it will offer important lessons for the United States.**

Author Contributions

CRediT: **Michael R. Reich:** Conceptualization, Writing – original draft, Writing – review & editing.

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