

**BERNALILLO COUNTY HEALTH SAFETY NET CAMPAIGN**  
*JUNTOS PARA LA SALUD / TOGETHER FOR HEALTH*  
**GROUP AND ORGANIZATION SUPPORT STATEMENT**

We support the Bernalillo County Health Safety Net Campaign - *Juntos para la Salud / Together for Health!*

WHEREAS, Bernalillo County voters support a “mill levy” tax to provide health care through hospital and clinics services to indigent county residents, and

WHEREAS, UNM Hospital currently operates an indigent care program (UNM Care) with public funds that benefits approximately 27,000 county residents, and

WHEREAS, under the Affordable Care Act most people who use UNM Care will be eligible for coverage through Medicaid or the Health Insurance Exchange in 2014, and

WHEREAS, under the Affordable Care Act, public hospitals like UNM Hospital are required to continue serving as a community safety net health care service provider, and

WHEREAS, tens of thousands of low-income county residents cannot afford health insurance or do not qualify for health coverage under the Affordable Care Act, and

WHEREAS, UNM Hospital has a practice of sending patients known to be indigent to collections – receiving less than 5% return and causing undo distress for patients, and

WHEREAS, UNM Hospital proposes to use indigent care funds to support only those county residents who have purchased a certain type of health insurance plan starting in 2014.

THEREFORE, we publicly support a county indigent care program that assures affordable healthcare to all Bernalillo County residents under 200% of the federal poverty level, refers no indigent patient to collections, and includes a meaningful public planning process in decision-making about the county health safety net. We join Centro Savila, East Central Ministries (One Hope Centro de Vida), EleValle, New Mexico Center on Law & Poverty, Partnership for Community Action, VIDA in Healthcare and others in endorsing the Bernalillo County Health Safety Net Campaign - *Juntos para la Salud / Together for Health.*

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Name of Group or Organization

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Name of Representative & Title

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Signature & Date

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Mailing Address

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City, State & Zip Code

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Phone

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E-Mail Address

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