



May 2, 2023  
Senate Health & Human Services Committee

**Re: Colorado Consumer Health Initiative Supports Passage of the Analysis of Universal Health-Care Payment System (HB 1075)**

Dear Chair Fields and members of the Senate Health & Human Services Committee:

I write to you on behalf of the Colorado Consumer Health Initiative in support of the Analysis of Universal Health-Care Payment System (HB 1075) **We thank you for holding a hearing on this important bill and urge you to swiftly pass this measure.**

Colorado Consumer Health Initiative (CCHI), a nonprofit, nonpartisan, membership-based organization dedicated to ensuring all Coloradans have equitable access to high quality, affordable health care and we believe that Coloradans deserve the best information possible to guide our decisions about how to improve our health care system and this bill will help pave the path forward to inform this important work.

As an organization dedicated to health equity and access to care, we know that the status quo of how we pay for and deliver health care is not working. Consumers across Colorado feel the physical, financial, and emotional impacts of these market failures every day. In our most recent Listening Tour, consumers across Colorado shared stories to this effect with us--immigrant patients in the Roaring Fork Valley said our current system lacks dignity because they, as uninsured people left out of our safety net, struggle to get appointments with providers or information in their preferred language on hospital discounts they are eligible for, parents in East Colfax who limit the care they access so they can afford the copays for care their kids need, and more. We see people in our Consumer Assistance Program who are struggling with medical debt from seeking care with a high deductible plan, since most Coloradans don't have the savings to cover an average deductible.

A 2022 survey conducted by Perry Udem showed what most of us instinctively know to be true--almost 90% of Coloradans believe we need to change our health care system in some way. Almost 60% of people want major reforms instead of small or moderate changes. But we are not here to argue today about what we should do to that effect at this moment. Rather, we as proponents of this legislation are here to advocate for a study, guided by an intentionally designed task force, to improve the process of if and how our state should make decisions to change how coverage is provided and health care is paid for in Colorado.

The initial findings of the study implemented by HB19 1176, which CCHI also was proud to support, demonstrate that investing in obtaining information on the brass tacks of what implementing a publicly-financed, privately-delivered health care system could look like is a worthy cause. Not only did the study find that there may be billions in potential savings with this model, but it also found that there would be improvements on a variety of metrics, including medical financial hardship, collateral costs due



to frequent emergency services usage, and more. Understanding the transformative potential of these projected benefits, it is important for this body and Coloradans more broadly to at a minimum understand what implementing this system could look like in order to make informed decisions about what the best next steps are to tackle our state's health care affordability and access crises.

I'm sure we all have at least someone in their life who has struggled to afford the costs of health care and has wondered how we can leverage evidence-based policy making to implement necessary changes to make equitable access to high-quality, affordable health care a reality in our state.

Please support HB 1075 to give our state the opportunity to ground policy decision making around potentially transformative health care reform in independent evidence, rather than politics.

If you have any questions about CCHI's support for the Analysis of Universal Health-Care Payment System, please contact me at [hstonner@cohealthinitiative.org](mailto:hstonner@cohealthinitiative.org)

Sincerely,

Hope Stonner  
Policy Manager  
Colorado Consumer Health Initiative



## **KEY VOTE**

### **Hb 24-1075, Analysis of Universal Health-Care Payment System**

**On behalf of over 6,000 dues paying members of the Colorado Chapter of the National Federation of Independent Business (NFIB) I write to request Hb 24-1075 NOT be passed.**

**House bill 24-1075** is another attempt to force Colorado citizens to accept a universal, single payer healthcare plan.

NFIB's opposition begins with the failure of the Blue-Ribbon Commission, and the Health Care Cost Analysis Task Force to provide any creditable evidence supporting a single payer system.

**Colorado residents have already rejected attempts at an attempt at the polls in 2016 with Amendment 69 creating a single payer health care plan by 78.77 percent.**

**Higher Taxes:** A single-payer healthcare plan would require a significant increase in taxes to fund the program.

**Long Wait Times:** Single-payer healthcare systems have been known to have long wait times for medical procedures and surgeries.

**Reduced Quality of Care:** Critics argue that a single-payer healthcare system would lead to a reduction in the quality of care provided to patients.

**Limited Choice:** A single-payer healthcare system would limit the choice of healthcare providers available to patients.

**Please vote NO on Hb 24-1075**

**Tony Gagliardi, State Director, 303-831-6099**

Senate Health & Human Services

05/02/2024 01:30 PM

HB24-1075 Analysis of Universal Health-Care Payment System

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>William Semple For Colorado Foundation for Universal Health Care</p>	<p>HB 24-1075s a modest investment of taxpayer dollars to answer the questions about if and how we can cover every Coloradan with better care and save billions.</p> <p>We spend twice as much per person compared to 30 other countries with universal systems, yet have lower life expectancy, much higher infant and maternal mortality rates, and higher rates of deaths from preventable causes. This is a market failure.</p> <p>Can public funding work better than corporate insurance profit centers? Our experience with Medicare demonstrates that publicly funded, privately delivered health care works better. Traditional Medicare (TM) now covers 48% of Medicare beneficiaries, private Medicare Advantage (MA) plans 52%. The MA plans over-promise and under-deliver: MA plans require excessive prior authorizations; TM rarely. MA plans frequently deny claims; TM rarely. MA uses narrow, ever-changing provider networks, with the surprise bills that go with them; with TM we get to choose our providers since most accept Medicare.</p> <p>A recent study by Physicians for a National Health Plan showed that MA plans cost Medicare \$84 to \$140 billion more in 2022 than if their members had been in TM.</p> <p>MA's excessive bureaucracy implements their incentive to collect premiums and minimize paying for health care.</p> <p>How we pay for health care now impoverishes many, and is the cause of the majority of personal bankruptcies. Health care providers regularly face moral injury seeing their patients not being able to get the care they need. People of color experience unjust, worse health outcomes. Rural health care is languishing. At least one of five Coloradans are un- or under-insured. Employers struggle to provide health insurance, spending too much, wasting too much time, and often not being able to provide for their employees at all. COVID reconfirmed clearly the vulnerability of depending on a job for health care.</p> <p>We can and must do better.</p> <p>The HB 19-1176 Health Care Cost Savings Act Task Force report released in September, 2021 compared: a single, publicly funded, privately delivered way to pay for health care, both to how we pay now and to a multi-payer universal system. It clearly showed that a single, public</p>

	<p>system is the only way we can cover everyone and spend less for better care.</p> <p>But, can this work in Colorado? That is exactly the objective information the HB 24-1075 analysis will give. This leap must not be of faith, but grounded in well informed thought.</p> <p>Let's get the evidence.</p>
<p>Ingrid Moore For themselves</p>	<p>Honorable Chair Fields and distinguished members of the Committee. My name is Ingrid Moore, from Longmont. I'm speaking on my own behalf in support of House Bill 24-1075.</p> <p>My comments are concerning one of the TEN ESSENTIALS itemized in the bill: 26 (n) ESTIMATE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM ON THE PRICE OF PHARMACEUTICALS;</p> <p>Questions I hope this bill will answer:</p> <ul style="list-style-type: none"> <li>• Will the analysis include a requirement that the price mark-up on pharmaceuticals be within some reasonable limit?</li> <li>• Will analysis require that those drugs deemed "standard of care" with FDA approval be covered?</li> <li>• The analysis needs to identify what options are available to people in the above price-gouging situation. What can the new plan do in these cases?</li> </ul> <p>In 2022, my son was diagnosed with a malignant brain tumor (Glioblastoma multiforme - GBM). This is a nearly 100% fatal type of cancer, for which medical treatments have not changed much in nearly 20 years. The current standard of care for all GBM patients is chemotherapy with radiation.</p> <p>However, the insurance company denied coverage for this FDA approved chemo drug. He was quoted a price of \$33,000 for a 6-week course. The hospital ultimately provided the drug at their cost of \$365. That is a markup of 1,000%! What do people do when no angel steps in?</p> <p>Please vote YES on this legislation. Thank you for your time and attention.</p>
<p>Madeleine Jacobs MD For themselves</p>	<p>Thank you for the opportunity to speak to you and for the work you are doing for the people of Colorado. I'm Dr. Madeleine Jacobs. I live in Fremont County and am a volunteer with the Colorado Foundation for Universal Health Care, a non partisan, non profit organization. I wish to speak in support of the bill.</p>

	<p>I was a rural country physician in Fremont County for 30 years. I loved being a family physician and caring for my patients. I left practice in 2017 primarily due to the frustrations of having my patients suffer and die from treatable disease due to the obstacles placed by our deteriorating health care system. And it has only gotten worse with the pandemic. I'm not alone. Doctors and other health care professionals are leaving their professions in droves and dying by suicide due to the moral injury of being caught in a system where we can't do what we are trained to for our patients.</p> <p>It seems logical that the purpose of a health care system is to maximize the health and wellbeing of a community. Unfortunately, the purpose of our current system is to maximize profit for the few by denying care and pushing for expensive and often unnecessary treatment for those with the means to pay for it. The American people are dying sooner, maternal and infant mortality are increasing and the per capita cost of health care in America is twice what it is in other countries that cover everyone with better outcomes.</p> <p>HB 19-1176 showed that a publicly financed, privately delivered system covers everyone and saves billions. The obvious next step is to do a followup of that study of how to implement such a system, asking all the questions people have and getting answers. I hope you will support this bill, HB24-1075, to do just that. Coloradans are suffering physically and financially from this corrupt system. We need a solution that is focused on health, not greed.</p>
<p>James Potter For Colorado Foundation for Universal Health Care</p>	<p>Madam Chair, Vice Chair and members of the committee. My name is Jim Potter. I am a retired lawyer living near Cotopaxi in Fremont County and I am on the Board of the Colorado Foundation for Universal Health Care. I appreciate this opportunity to speak in favor of HB1075.</p> <p>I would like to tell you about my friends and neighbors, Dana and Jason Fortner. Dana and Jason have 4 kids, two in middle school, one in high school and one who just started her first year of college. Dana fell and seriously injured her knee last October. Because of continuing complications, post-surgery, she has not been able to return to her work as an LPN. To make matters worse, this last December Jason lost his job as an HVAC technician along with his employer provided health insurance. This disastrous course of events has put the family into substantial debt and at further risk of even more expense.</p> <p>Fortunately, Jason got a new job at the end of February but his health insurance will not start until his probationary period ends later this month.</p> <p>Their story is not uncommon. Some 22 million Americans lost their jobs during the pandemic and 15 million of those lost their health insurance</p>

	<p>as a result. Clearly, employer provided health insurance is little protection for those who lose both jobs and insurance leaving employees in the lurch and in debt when illness strikes.</p> <p>Medical debt burdens too many Americans. The Colorado Sun recently reported that over a million Coloradans have medical debt of more than 1.3 billion dollars.</p> <p>We need to investigate a possible solution to all these cracks and gaps in coverage. HB1075 will do just that. This bill goes beyond any previous studies because it will require the School of Public Health to vet a model health care payment system that would cover all Coloradans with comprehensive health benefits without deductibles and copays, based upon ability to pay, and would cover those who lose their jobs like Jason and Dana. Let us see if we can do that and determine what impacts it would have on our public health system. I urge you to support 1075.</p>
<p>Elaine Branjord For League of Women Voters, Colorado</p>	<p>May 2, 2024 CO Senate. Health and Human Services Committee Colorado General Assembly 200 E. Colfax Avenue Denver, Colorado</p> <p>RE: HB24-1075— Analyze Universal Health-Care Payment System Dear Members of the Colorado Senate, Health and Human Services Committee:</p> <p>I am Elaine Branjord, a retired registered nurse and am a member of the Legislative Action Committee of the League of Women Voters of Colorado. The League is a nonpartisan organization established in 1920 that encourages informed and active participation in government. Its mission is to protect and expand voting rights and ensure that everyone is represented in our democracy. The LWV Colorado is one of 750+ League chapters of all sizes throughout the country. Colorado has 19 chapters across the state. I am here today to testify in support of HB24-1075, on behalf of our state league’s legislative action committee. The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all US residents. Other US health care policy goals should include the equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level for healthcare. HB19-1176, the Health Care Cost Savings Act Task Force, clearly showed that a universal, single payer financial system of health care costs less and covers everyone. The next logical step is to pass HB24-1075 to authorize the analysis of such a system pertinent specifically to Colorado. Questions would be answered. Would it function in Colorado? Would money be saved? How would everyone be covered? Would there be social</p>

	<p>advantages that don't exist now? The voters in Colorado deserve answers to many questions. The League studies a question thoroughly before coming to a conclusion. Colorado has the opportunity to do the same. Taking the next step to do this analysis to get needed information and data to inform policy decisions by our elected officials makes for good governance.</p> <p>Thank you for your consideration of this bill. We urge you to vote "yes".</p> <p>Sincerely,                  Elaine Branjord                  League of Women Voters, Colorado                  Legislative Action Committee                  1410 Grant Street, Suite B-204                  Denver, CO 80203</p>
<p>Thalia Oster                  For                  League of Women Voters of                  Colorado</p>	<p>Colorado Senate Health and Human Services Committee                  May 2, 2024                  Colorado General Assembly</p> <p>RE: HB24-1075— Analyze Universal Health-Care Payment System</p> <p>Madam Chair and Members of the Colorado Senate Health and Human Services Committee,</p> <p>My name is Thalia Oster, and I am a volunteer lobbyist for the Colorado League of Women Voters' Legislative Action Committee.</p> <p>The League is a nonpartisan organization established in 1920 that encourages informed and active participation in government. Its mission is to protect and expand voting rights, civil rights, and ensure that everyone is represented in our democracy.</p> <p>I am here today to testify in support of HB24-1075.</p> <p>The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all US residents. The League promotes health care policy goals that: encourage the equitable distribution of services, create efficient and economical delivery of care, advance medical research and technology, and promote reasonable expenditures for healthcare.</p> <p>The study required by this legislation won't prescribe a solution to Colorado's healthcare crisis but will analyze the feasibility, costs, and delivery options of healthcare in our state to inform future policy development.</p>

	<p>The League supports the single-payer concept as a viable and desirable approach to implementing equitable access, affordability, and financial feasibility.</p> <p>HB24-1075 will give policymakers the information they need to address barriers to healthcare access and affordability and ensure that residents throughout Colorado can get the care they need.</p> <p>Thank you for your consideration of this bill and we urge you to vote "yes".</p> <p>Sincerely,</p> <p>Thalia Oster Gunnison, CO 740-25-3827 Colorado League of Women Voters, Legislative Action Committee</p>
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Hello, Madame Chair and members of the Committee,

My name is Carol Pace. I am a volunteer with AARP Colorado. AARP has over 670,000 members in Colorado and is focused on Coloradans age 50 and above, as well as their families. AARP supports HB24-1075 which would provide the research and analysis to support AARP goals of a health care system that ensures access to equitable, high quality and affordable care.<sup>1</sup>

- With a population of 5.8 million in Colorado, approximately 20% of that population are in the 50-64 year olds, a vulnerable pre-Medicare age group for concerns about health care insurance.<sup>2</sup>
- One study found that nearly half of adults in their 50s and early 60s aren't sure they'll be able to afford health insurance after they retire.<sup>3</sup> Some postpone retirement so that they won't lose their health benefit. Others put off health care when it is most needed, or postpone surgery until they are eligible for Medicare.
- AARP identifies that older people have specific health care needs that may not be reflected in the broader population. They are more likely to suffer from chronic conditions that require lifelong or complex treatment. And they may have unique health care service needs related to cognitive health and end-of-life care.
- AARP believes in a functioning public health system and infrastructure that promotes and maintains health.

This bill is the natural progression to conduct the appropriate analysis where individual, family and community health are at stake. AARP urges the support by this committee for HB24-1075.

Sincerely,  
Carol Pace, AARP Volunteer Advocate

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<sup>1</sup> AARP Policy Book 2023-2024: <https://policybook.aarp.org/>  
<https://www.aarp.org/health/>; Health Policy

<sup>2</sup> Statista. <https://www.statista.com/statistics/1021889/colorado-population-share-age-group/>

<sup>3</sup> Michigan Medicine, Univ. of Michigan. <https://www.michiganmedicine.org/health-lab/middle-aged-adults-worried-about-health-insurance-costs-now-uncertain-future>

Good afternoon Madame Chair and Committee Members

Thank you for prioritizing HB24-1075 for a Senate Committee Hearing and thank you for inviting me to your gathering this evening.

You have heard so much testimony this evening reinforcing how much we need to know more about alternative funding and delivery strategies.....just explore options as this bill authorizes.

I am Colleen Casper, a doctor nurse, here today representing the Colorado Nurses Association.

For Colorado Nurses Association, understanding through data analysis and research, what options may exist to assure access and choice for affordable and quality health care sounds like a brilliant thing to do. This issue is both professional and personal for nurses.

Nurses are the largest cohort of front-line health care providers and witness firsthand, every day, the challenges that patients and families face in accessing care. A couple examples we can share include patients and families of lower socio-economic status who often cannot stay for care or cannot be transferred to the best level of care based on underinsurance or lack of network choice. We know that individuals with complicated chronic disease states access is also limited in choosing of specialty physicians or provider, limiting ability to receive quality standards of care including pharmaceuticals, or advanced technological interventions can also be impacted due to costs or network limitations.

We also recognize that most providers, care and treatment decisions must be “approved” by 3<sup>rd</sup> party payor, who may or may not have a clinical background.

Personally, many nurses are often underinsured when employed in essential positions such as private duty, assisted living or long-term care, or if not able to work full time in a nursing job. We know that premiums are rising, and covered services and choices are falling for all Coloradans who work as independent contractors and sole proprietors.

A couple recent headlines that emphasize the need to study better options to our current state:

**Private Equity Impacts on Health Care: Federal & State Legislative Actions, Will it Matter?** An article describing the concern about the rapid growth of this form of investment and control of health care providers,<sup>1</sup>and the *evidence that private equity-controlled facilities and practices charge more,<sup>2</sup> cost more, and may compromise the quality of care.*

From yesterday’s Colorado Springs Gazette: **CommonSpirit Anthem split means out of network status for 7,800 El Paso County Residents** pretty self-explanatory.

Colorado Nurses know that all of us have more questions than answers so let's fund this study and see what we can learn. No risks, no glory!  
Thank you for your time and support of HB24-1075.



## **Vote yes**

### **HB 24-1075 Analysis of Universal Health-care Payment System**

The Alliance for Colorado Health Care and almost 60 Colorado organizations support HB 24-1075 Analysis of Universal Health-care Payment System. It's a modest investment of taxpayer dollars to assess if and how we can cover every Coloradan with better care and save billions.

We spend twice as much per person as over 30 other countries with universal systems, yet have lower life expectancy, much higher infant and maternal mortality rates, higher rates of deaths from preventable causes. This is a market failure.

Medicare demonstrates that publicly funded, privately delivered health care works better. Traditional Medicare (TM) now covers 48% of Medicare beneficiaries, Medicare Advantage (MA) plans 52%. The MA plans over-promise and under-deliver. MA plans require excessive prior authorizations; TM rarely. MA plans frequently deny claims; TM rarely. MA uses narrow, ever-changing provider networks, with the surprise bills that go with them; with TM we get to choose our providers since most accept Medicare. A recent study by Physicians for a National Health Plan showed that MA plans cost Medicare \$84 to \$140 billion more in 2022 than if their members had been in TM. MA's excessive bureaucracy implements their incentive to collect premiums and minimize paying for health care.

How we pay for health care impoverishes many, and is the cause of the majority of bankruptcies. Health care providers regularly face moral injury seeing their patients not being able to get the care they need. People of color experience even worse health outcomes. At least one if five Coloradans are un- or under-insured. Employers struggle to provide health insurance, spending too much, wasting too much time, and often not being able to provide for the employees at all. COVID showed clearly the vulnerability of depending on a job for health care.

We can and must do better.

The HB 19-1176 Health Care Cost Savings Act Task Force report in 9/2021 showed clearly that a single, publicly funded, privately delivered way to pay for health care, compared to how we pay now or to a multi-payer universal system, is the way we can cover everyone and spend less for better care.

But, can this work in Colorado? That is exactly the objective information the HB 24-1075 analysis will give.

HB24-1075 Senate Testimony: May 2, 2024  
Honorable Members of the  
Senate Health & Human Services Committee

My name is Dr David Ehrenberger, and I am a family physician who has lived and worked in Colorado for almost 30 years. My healthcare experiences, in addition to private practice for 25yrs, range from serving as the Chief Medical Officer at a Centura Hospital & leading a 250-physician IPA, to guiding a national healthcare consulting firm, HealthTeamWorks. Today, I express my strong support for House Bill HB24-1075, which calls for the Colorado School of Public Health to analyze draft model legislation for a single-payer, non-profit, publicly financed, and privately delivered universal healthcare payment system in our state.

Throughout my career, I've witnessed firsthand the profound inequities in healthcare access and quality of care, both of which are the inevitable consequences of our fragmented, profit-based, and complex healthcare system. As a family physician, I've been troubled by the observation that people seeking healthcare fall into three classes: those who are *well-insured*; others who are *underinsured* with the burden of large out-of-pocket expenses; and, finally, the *uninsured* who struggle to find the healthcare they need, often suffer, and may on occasion face medical bankruptcy due to relatively minor health issues and brief hospitalizations.

In various leadership roles, I have worked in corporate and not-for-profit healthcare systems that strive to deliver high quality care but are challenged by large payers whose focus is largely on maximizing profit, often at the expense of the real needs of Colorado's citizens. I've seen, for instance, ER evaluations, MRI scans, hospitalizations, and even routine primary care become cost-prohibitive for many.

Furthermore, my work as Chief Medical Officer at a not-for-profit consulting firm--helping to lead Medicare innovation pilots aimed at reducing costs and improving care in primary care practices nationally--exposed me to the byzantine complexity of improving care access and affordability from the ground up. The changes in cost to patients from these pilots were marginal at best, and there was a notable lack of interest in participation from the payer industry.

HB24-1075 represents an important step in understanding the risks and benefits of a potential single-payer, non-profit, publicly financed, and privately delivered system. *This bill is about asking a critical question and doing the work to get an answer:* what might it take to improve societal health equity and to ensure every Coloradan has access to the healthcare they need without the looming threat of financial ruin.

I urge the committee to support this bill, not just as a physician who has seen the system's flaws from the inside but as a citizen who believes in the right to healthcare for all. This is our chance to set a precedent, to show that Colorado values the health and well-being of its people above all else.

Thank you for considering my testimony on this critical matter.

David Ehrenberger MD  
601 Fairfield Ln  
Louisville CO 80027  
303 641 8753; drehrenberger@gmail.com

## Testimony for HB 24-1075

Thank you, Chair Fields, Vice Chair Ginal, and members of Senator Health and Human Services. Thank you Senator Jaquez-Lewis for bringing this very important bill. My name is Michael Neil and I rise in strong support of HB24-1075 on behalf of myself. While we already see significant concerns with our current health financing system such as massive corporate executive pay and power and in addition to the significant sway of large pharmaceutical companies, there are great benefits to a single-payer system for those of us with disabilities and personal care attendants. If constructed in certain ways, it would also greatly aid in employment for people with disabilities. While I greatly appreciate the Medicare and Medicaid systems, especially the innovative and much-needed Medicaid Buy-In program, both systems suffer from the notion that recipients cannot or should not gain the wealth and upward economic mobility that comes with a good job and investments. While Colorado's buy-in is generous, at 450% of the Federal Poverty Level as a maximum, that is not enough to both provide for an individual with a disability and provide a wage for a personal care attendant commensurate with his or her worth, and it makes, as I have said, obtaining a quality job and investing difficult if not impossible for these reasons, and because one would likely lose their SSI or SSDI funds. That being said, there are so many questions left for implementation? What sort of technology would be possible in such a system? How long can we sustain long-term care? In order to answer these questions, we need a study that does not prejudge the outcome. I could see a system of care that would not work with a person with a disability, but let us have the chance to examine the possibilities. I ask for an aye vote.

Honorable Senators,

Thank you for hearing my testimony. My name is Rhonda Horwitz-Romano and my husband Leonard and I live in unincorporated Black Hawk in beautiful Gilpin County, Colorado.

I thank you for considering this bill to analyze ways to finance health care that is affordable for all Coloradans. The need for affordable and comprehensive health care is a topic very close to my heart. For when my husband began to have serious health issues 25 years ago, although we had excellent Union benefits, only part of the surgeries and hospitalizations were covered.

To pay these medical costs, we cashed in everything we could until we had to begin refinancing our home to pay the 20% not covered by insurance. And when all your energy, hopes and prayers are put toward healing your loved ones, how to pay the medical bills is something one should not have to worry about.

We felt lucky to have a home that was increasing substantially in value and that for every surgery we could refinance to pay our medical costs. Leonard could no longer work and our mortgage tripled but we were surviving.

And yet, when I stated how lucky we were, my dear friend pointed out to me that if we lived in Canada, Israel or any of the other industrialized nations, we would have been fully covered and would not have had to refinance our home to pay our medical debt.

We were so close to losing everything. And, I know there are so many people who HAVE lost everything and many whom are choosing between food and medicine due to the high medical and insurance costs. I don't want anyone to go through what we endured. Being ill is bad enough.

I also want to mention that after 35 years as a Public Education Teacher, my PERA insurance is \$650.00 a month and covers virtually nothing. Most everything is applied to my huge deductible. One quarter of our income goes to medical costs. I have several medical needs which we cannot afford to take care of until I am Medicare eligible in November.

How many Coloradans are foregoing health care because we can't afford it?

I think Health Care coverage should be like Public Education. Everyone receives good quality service; everyone's needs are met. It levels the playing field and makes everyone equal in community. Think of how much community and society would benefit from a public who was not in constant worry and financial jeopardy due to health care insurance and health care costs.

Please pass this bill to allow the School of Public Health to determine the feasibility of a Colorado Plan that would cover EVERYONE who lives in Colorado.

Respectfully Submitted,  
Rhonda J. Horwitz-Romano  
466 Coyote Circle  
Black Hawk, Colorado 80422