

HB24-1075 Analysis of Universal Health Care Payment System  
House Health & Human Services Committee – 2-7-24 1:30 pm

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

---

<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>

House Health & Human Services  
HB24-1075 Analysis of Universal Health-Care Payment System  
Wednesday, February 7, 2024

Honorable Chair Daugherty and distinguished members of the Committee.  
My name is Ingrid Moore, from Longmont. I'm a concerned citizen speaking on my own behalf in **support of** House Bill 24-1075.

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;

In 2022, my son was unexpectedly 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. The chemotherapy drug, Temozolomide, is the current "gold standard" of care. **It is the only FDA-approved medication for this condition** and is prescribed as Standard Protocol.

My son had purchased prior to this a platinum-level insurance plan. However, when the time to begin treatments, the insurance company denied coverage for this chemo drug.

He was quoted a price of \$33,000 for a 6-week course. Yes, \$33,000.  
In an incredibly compassionate, lucky instance, the hospital stepped in to provide the drug outside of insurance at their cost - \$365 for 6-weeks.

That is a markup of 1,000%!

My questions for you regarding this bill are:

- Will the analysis include a requirement that the mark-up on pharmaceuticals be within some reasonable limit?
- Will analysis require that those drugs deemed "standard of care" with FDA approval be covered?
- 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? **Currently, the only option open to a person who is quoted an impossible amount for treatment is to die!**

The analysis called for in this bill is a critical next step for further decisions regarding how to pay for health care in Colorado. So much has already been done and so this is a logical next step.

**Please vote YES on this legislation.**

Thank you for your time and attention.

Ingrid Moore

Longmont, Colorado

From: Laura Hylbert <westernbelle99@hotmail.com>

Subject: HB24-1075 written testimony

Date: February 6, 2024 at 9:43:59 AM MST

To: lindsey.daugherty.house@coleg.gov, mary.young.house@coleg.gov,  
mary.bradfield.house@coleg.gov, brandi.bradley.house@coleg.gov,  
kyle.brown.house@coleg.gov, regina.english.house@coleg.gov,  
eliza.hamrick.house@coleg.gov, tim.hernandez.house@coleg.gov,  
richard.holtorf.house@coleg.gov, sheila.lieder.house@coleg.gov,  
David.Ortiz.house@coleg.gov, ron.weinberg.house@coleg.gov

Nathan Wilkes  
6254 S Kenton Way  
Englewood, CO 80111  
HD37 / SD26

Thank you, Committee Members,

Good afternoon, I'm Nathan Wilkes from Arapahoe County. My expertise in data analytics for complex problems brings me here to highlight a pivotal chance for Colorado: leading in addressing a crucial issue through data-driven decisions.

We've already set great precedents, from 2007's 208 Commission that produced vital data revelations on comprehensive reform strategies to launching the nation's premier All Payer Claims Database in 2011. The recent Prescription Drug Advisory Board similarly compiles comprehensive drug pricing data to help inform sensible regulation. These programs have not just used novel data to shape policy and enable groundbreaking research but also affirmed Colorado's role as a trailblazer in health care reform.

But this goes beyond policy—it's about real lives. My family's 20-year ordeal, wrestling with health care's complexities and claims exceeding \$1

Million EACH YEAR, means that stability of care is tenuous and administrative overhead is outrageous.

It underscores the urgent need for a system where continuous coverage and payments pipelines are assured, simplifying life for families and businesses while also boosting our economy.

Imagine a Colorado where unprecedented health care efficiency liberates businesses from undue burdens, benefiting every industry sector, including providers assured of payment. This is also about removing all the unnecessary middle layers of red tape and administration from the current dysfunctional multi-employer system, streamlining processes for everyone's benefit. More money for wages and hiring, no employee job lock, and Colorado businesses can better compete internationally.

We're obligated to leverage our historic ingenuity and data-driven insight for the betterment of all. It's time to complete the full model, utilize all available data, drive impactful changes, and continue leading as Colorado does.

House Health & Human Services

02/07/2024 01:30 PM

HB24-1075 Analysis of Universal Health-Care Payment System

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Cory Gaines Against themselves	<p>An open email to the sponsors of HB24-1075 Analysis of Universal Health-Care Payment System and the House Health and Human Services Committee</p> <p>Hello to all,</p> <p>My name is Cory Gaines. I am writing an email in lieu of testifying in person against HB24 - 1075 because my teaching schedule prevents it. I will also be submitting this email to the written record. If anyone who receives this email would like to read some or all into the record, please feel free.</p> <p>I write this open email on behalf of myself and other Coloradans; that is, I am not a member of any organization and speak on no one else's behalf (save for those who are concerned about their ability to meet their bills as government takes more and more of our money).</p> <p>As a taxpayer, as a citizen of this state, I have watched with some alarm at the perennial attempts to institute a government-run or financed health insurance.</p> <p>This bill, while just a study, is clearly part of what would be a multi-year effort to institute such a program; it merely does so over a longer time scale to limit the amount of citizen and business complaint.</p> <p>I am alarmed at these efforts because I am old and wise enough to have seen multiple times how government-run programs are inefficient, costly, and result in yet more burdens on those that pay taxes.</p> <p>Our current system is not perfect, and I doubt you could find someone who would claim it's working well, but a trip to the DMV ought to convince</p>

	<p>nearly anyone that the government should be kept as far away as possible from anything we want to at least have hope of functioning well. And function cheaply.</p> <p>This bill will start the process to create a government-run healthcare system in this state.</p> <p>It will create a system that will grow government when our state government is already at record levels of personnel and cost.</p> <p>It will create a new entitlement in Colorado's budget that will further drag the economy of this state down.</p> <p>It will reach yet farther into the pockets of taxpayers, taking the money they might have spent on their own families.</p> <p>And it will do all of this without any substantive increase in the well-being of the average Coloradans which foot the bill.</p> <p>I urge you to vote no and concentrate your efforts on things that don't take money from taxpayers and that will actually improve the lives of Coloradans.</p> <p>Thank you,</p> <p>C</p>
<p>Madeleine Jacobs MD For themselves</p>	<p>Remote Testimony for House Committee on Health and Insurance for HB24-1075</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, HB23-1209, 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>Guinn Unger For Colorado Healthcare Coalition</p>	<p>Our current health care system in the U.S. is severely broken! It is vastly more expensive than health care systems in other countries. We still have millions of people who don't have insurance and millions more who can't afford to use their insurance. Millions more have had to declare person bankruptcy due to medical bills. There is no expectation that anything will be done to fix this at a national level in the foreseeable future.</p> <p>Is it possible that we could do something to create a much better health care system in Colorado? That's what we want to find out. HB24-1075 does not create a new system. It commissions an analysis by the Colorado School of Public Health to find out what options we might have to do something for Coloradans.</p>

	<p>Health care is not a Democratic issue or a Republican issue. Democrats, Republicans, and Independents are suffering. Men, women, and children are suffering. People in rural areas, like where I live, struggle even more.</p> <p>I would encourage everyone on the House HHS committee to vote YES on HB24-1075. Once the analysis is completed, then we can have a knock down, drag out fight over what to do next!</p> <p>Thank you for your consideration and service.</p> <p>Guinn Unger</p>
<p>Kirby MacLaurin For themselves</p>	<p>I write in support of HB24-1075.</p> <p>My background includes a Masters of Social Work and Licensed Social Worker certification in Virginia. I witness the devastating effect of mental illness on community members across the country, but particularly here in southwest Colorado, where mental health resources are very sparse. Practitioners are hard to find, overbooked, and lacking a comprehensive system in which to operate, may themselves feel adrift in what can feel like a hopeless situation.</p> <p>Coverage for treatment options such as psychiatry or counseling is very poor in Colorado's current system, depending on location. Addiction grips many more of our fellows than we realize. We have all heard about the unacceptably high rates of teen and other suicide in Colorado, but few of us have felt the crushing, incapacitating blow ourselves – so we are able ignore it.</p> <p>Even short of suicide, the misery experienced by our young people – not to mention other age groups, including lonely elders, vets, parents and singles – is a subtext to our common life in Colorado. Again, most of us can ignore it. Lack of care options compounds their misery, and reinforces the sense many feel that “the world does not care about me, so I must not be worth caring about.”</p> <p>We ignore realities like these because they are often kept secret, out of shame.</p>

	<p>Add on the physical health issues that drag people down, as they try to navigate life, working demanding jobs, caring for their children, dealing with the operational mishaps inherent in Life.</p> <p>Our current healthcare system is broken, most people agree. Premium and other costs are too high to sustain for a large segment of our community, so if they insure at all, they purchase policies that would only cover an extreme emergency, and choose to forego treatment for “usual” illness (which should be tended to, lest long-term complications arise) because they cannot afford the co-pay, co-insurance etc. Kids go without treatment too.</p> <p>We cannot continue to ignore these realities.</p> <p>We need to find better options to our current mis-treatment system. I urge you to vote yes for HB24-1075 so we can learn whether a universal single-payer system might be the answer for Coloradans, who currently are suffering and dying in this painfully destructive nightmare of a “healthcare system.” At the very least, we owe our fellow residents some answers about what might be possible to ease their pain and desperation.</p> <p>Thank you for your good work at the capitol.</p>
<p>Chip Bair For Beau Jo’s Colorado style pizza</p>	<p>Thank you for the opportunity to endorse, HB24-1075 Analysis of Uniform, Universal Healthcare Payment System.</p> <p>Our healthcare system in this country is broken and we need to fix it.</p> <p>I opened Beau Jo’s over 50 years ago and one of the very first things I wanted to accomplish was being able to provide healthcare for my employees. 50 years later we still have a unworkable system and that “dream” seems unattainable. Although it is extremely expensive for our business, we currently pay 70% of the premiums for our employees . With the remaining minimal expenses, a many of them do not take advantage of this health coverage.</p> <p>One of the primary reasons young people in Colorado are hesitant to purchase health insurance, is the financial burden it imposes on these individuals. most are already facing financial responsibilities, such as student loans, rent or mortgage payments and other day to day living</p>

	<p>expenses. Consequently, health insurance premiums are considered as an additional financial strain.</p> <p>Another concerning development in healthcare is the number of professionals that are leaving the industry because of the hassles with regulations and insurance.</p> <p>Today, you have an opportunity to start a process where ultimately our healthcare system can be repaired. Please vote for funding this study so we can learn from the Colorado School of Public Health if we can, and how we can, prepare for a future where our health care payment system works for everyone.". Thanks for reaching out. Please vote for funding this study so that we can prepare for a future, where our healthcare system works for everyone.</p> <p>Thank you</p> <p>Chip Bair</p> <p>Beau Jo's</p> <p>Colorado Style Pizza</p>
<p>Sara Wright</p> <p>For themselves</p>	<p>Dear Honorable Representatives,</p> <p>I write to you in support of the passage of HB24-1075 to provide answers to Coloradans questions about how we might best make health care work for everyone in our state. As a native of Colorado, I'm proud of our innovation and forward-thinking, and our ability to pull together to help one another in times of crisis. As you likely know, scores of studies have shown that a nonprofit single payor for health care can simplify the entire system, save billions, and help ensure that our health care dollars pay for health care rather than obscene profits for a few. What we don't know is if a single payer universal health care payment system could work in Colorado, and we also don't know HOW such a system might work best for all involved. The HB24-1075 Analysis would provide vital data that can help Coloradans and Colorado's leaders make wise choices for the good of everyone for how to best move forward finding the real solutions Coloradans want and need. As a type 1 diabetic, I'm thankful for all the Legislature's work making insulin more affordable! But what of all the other health care expenses sinking Coloradans right now? I think the health of Coloradans—and how to provide health care for everyone most efficiently and affordably—is at least worth analyzing. I hope you agree and that you'll support this bill so we can have the insights and data to make wise choices as we move forward together. Thank you so much for your time, your service, and your curious pursuit of information. ~Sara</p>

<p>Elaine Branjord</p> <p>For</p> <p>League of Women Voters of Colorado</p>	<p>February 7, 2024</p> <p>House of Representatives, Health and Human Services Committee</p> <p>Colorado General Assembly</p> <p>200 E. Colfax Avenue</p> <p>Denver, Colorado</p> <p style="text-align: center;">RE: HB24-1075—Analyze Universal Health-Care Payment System</p> <p>Dear Members of the House of Representatives, 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.</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. 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.</p> <p>The 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 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,</p> <p>Elaine Branjord</p> <p>League of Women Voters, Colorado</p>
---	---

	<p>Legislative Action Committee                  1410 Grant Street, Suite B-204                  Denver, CO 80203</p>
<p>Barbara Mills Bria                   For                   Be The Change - Colorado</p>	<p>My name is Barbara Mills-Bria and I live in Lakewood.</p> <p>Have you tried to access the health insurance market in Colorado? First of all, Colorado has tried earnestly to apply fixes to the difficulties and the high cost to low income people, but each fix adds another layer of difficulty to the entire system. Universal healthcare would be that simplifying action that would strip away the complications.</p> <p>When the idea of a “deductible” started the amounts were \$100 -\$200. Now they are closer to \$4000-\$6000, which is just a way for insurance companies to add to the cost of the premiums while at the same time obscuring that cost. So basically, to have everyone in Colorado covered with premiums (and no deductibles) based on what they can afford and not the based on the profit margin desired by an insurance company totally simplifies healthcare access in Colorado. This also means that, healthcare costs can be reduced while access to healthcare is increased in line with other industrialized nations. A person’s access to healthcare would not be linked to their job and healthcare decisions would be made by doctors and not someone in an office looking at a code without any knowledge of the patient.</p> <p>This bill is an opportunity for people in Colorado who are frustrated by the complicated access to healthcare to weigh in on a different system which has the patients and local doctors making decisions and not huge insurance companies presenting a myriad of confusing options with a specific interest on profit margins and not healthcare.</p> <p>Thank you for allowing me to present my thoughts on this important bill</p>
<p>Sara Day                   For                   themselves</p>	<p>My name is Sara Day. I am a stay at home mom and my husband and I run a tree care business in Buena Vista. We have been self employed for the last 10 years. We have been on medicaid as well as using the Connect for Health Colorado for our healthcare needs. Being self employed means that</p>

	<p>our income can shift often, so we end up changing how we procure insurance. The experience of being shuffled between these two systems has added an extra degree of stress when dealing with health issues for me and my husband, and especially our two children. Seeking out insurance through the marketplace is confusing and time consuming. Even if you take the time to read the different plans it is still difficult to understand the ins and outs and whether a higher premium is worth the benefits. I find medicaid to be a wonderful program and have often wished I could pay to stay on it when our income has increased. The peace of mind of knowing I can access the care my children need is worth so much. My two year old son will be having dental surgery in a week. On top of the stress and fear I am feeling knowing he will be going under anesthesia, I have also been feeling stress about our healthcare, not sure that we will be on medicaid when the procedure happens. Learning about HB24-1075 looking to analyze the possible benefits and look into the questions about a single payer system feels exciting for me and my family. It feels that there are people and hopefully our state representatives who are considering the impact of having fluctuating health coverage and what that means for people with lower incomes and changing incomes. Thank you for taking the time to listen to what I have to say and for considering this bill.</p>
--	--

My name is Suzanne Miller. I am a doctor of physical therapy, and I am a constituent from Parker, CO. I write to you today to ask you to support HR24-1075. I write out of concern for my patients, my family, and myself.

Our current health care system is broken, and we need to start asking questions about how to fix it. This has touched me personally in many ways, but perhaps the most dramatic example happened on New Year's Eve of 2022. That evening, I got a concerning message from my aunt. My grandmother, who was in a skilled nursing home recuperating from injuries sustained in a car accident, had suddenly become unable to answer basic questions. I rushed over to confirm that not only was she unable to talk, her vital signs were in dangerous ranges. The staff had no idea any of this was happening. The nurse on duty called the paramedics, and my grandmother was taken to the hospital. Three weeks later, she was dead.

I understand that people get sick, and that sometimes there is nothing that a healthcare provider or healthcare system can do. Given the nature of her injuries, I suspect my grandmother's course was terminal from the moment those two cars collided. That being said, she shouldn't have had to suffer so much. She shouldn't have had to lie unnoticed for hours with a 102 degree fever. Yet, in my experience, our medical system is so concerned about cost savings that staffing is minimal. In that particular unit, staffing was one nurse to thirteen patients. I can hardly blame the nurse for not knowing what was going on.

I wish I could say my grandmother's case was isolated, but I see the ways in which concerns over cost impact patient care on the daily. Recently, a patient whose condition was so bad she was considering quitting her job told me she couldn't come back to PT because her car needed work and she couldn't afford both. "Can you tell me what to do over email so I don't have to come in and pay a copay" is one of the most common questions my patients ask.

Then, there is the staffing model my organization uses. I understand not wanting to be overstaffed. People are expensive, and it's important to be a good steward of resources. But I often wonder if this has been taken too far the other direction. Every day I see patients in pain who need a surgery or an injection but who have to wait months to get it. Every day patients complain about the multi-month wait to be seen in physical therapy.

There is talk about burnout in healthcare, but for me that's not the most accurate term. I'm not overwhelmed by the amount I'm asked to do. I'm overwhelmed by the sense that this isn't right—that we shouldn't be asking patients to suffer for months before their pain is treated, that we shouldn't be asking them to choose between repairing their car and repairing their bodies.

But I believe in Colorado. I think we can find a better way to do this, and I believe a privately delivered, publicly financed universal health care system may be the best way. However, we cannot know the answer the questions we don't ask. Please support HR24-1075.

Thank you,

Suzanne Miller, PT, DPT

Written Testimony In Support of HB24-1075 by Elinor T. Christiansen, M.D.

My name is Elinor T. Christiansen, M.D. I have had the unique experience of working in a single payer universal health care system for twenty years. My 40 year medical career has embraced four chapters:

1. Private practice in general and family medicine in Granville, Ohio 3 years.
2. Inner City Maternal and Child health clinics in Denver 4 years.
3. College Health for the next 20 years: Colorado Woman's College 2 years and followed by 18 years at the University of Denver Student Health Service in their single payer universal health plan for all students (undergraduate, graduate, and foreign) where she was staff physician and also served as Medical Director the last 9 years, until her first retirement in 1985.
4. Clinical faculty in Family Medicine at University of Colorado School of Medicine and Medical Director and staff physician at Columbine Family Health Center in Black Hawk and Nederland, two clinics 17 miles apart in the rural, underserved mountains west of Denver. Since my second retirement in 1992 my special interest has been how to improve access to health care. The goal of universal health care has become my passion.

In 1995 I served as a delegate from the American Medical Women's Association (AMWA) to the 23<sup>rd</sup> International Congress of the Medical Women's International Association (MWIA) which was held at the Hague in the Netherlands. This was a golden opportunity to talk with women physicians from around the world and learn from them about the many universal health care systems that exist among all developed nations, except for U.S.A. In 1998 I traveled with a group of AMWA physicians to Norway and to Finland to learn about the unique features of their effective universal health plans. In 2003 I traveled with a group of physicians to Scotland to learn how their universal health care is better than England's.

In 1947 the University of Denver administration established a single payer universal health care plan to cover all their students (undergraduate, graduate, and foreign) because they did not want students to drop out of their expensive school because of an unexpected medical bill. What a concept!

It was a joy to work in such a simple and cost effective plan; where everyone had comprehensive benefits and choice of providers. Every student paid a health fee which covered outpatient care at Student Health Service on campus, and every

student paid for the insurance plan which we wrote and administered in house.  
My years at DU Student Health Service were the happiest and most fulfilling years  
of my medical career

Dear Representative Lindsey Daugherty,

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 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 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 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.

House Bill HB24-1075 represents an important step in understanding the risks and benefits of a potential a single-payer, non-profit, publicly financed, and privately delivered system. This bill is about exploring what it may 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.

Sincerely,

David Ehrenberger MD