

Testimony to Colorado House Committee on Health and Insurance
March 14, 2023

Speaking and writing in support of HB23-1209

I'm a patient. A Colorado patient. And I've spent 35 years of my life terrified of medical bills and the stress they cause. I have insurance, and I've always had insurance, but that didn't save us from going bankrupt many years ago or from sitting on the brink of financial disaster since. Medical collectors are among the most aggressive companies doing business in our state, even more than a decade after the Affordable Care Act/Obamacare passed nationally.

My Colorado bonafides are on my husband's side since Artemis Smith was born outside a mining camp in the mid-1800s, Benjamin Smith was born in Blackhawk in the late 1800s, Raymond Smith was born in Denver in the Roaring 1920s, Larry Smith (my husband) was born in 1944, our children were born in Denver in the 1970s, some of our grandchildren and now great-grandchildren were born here. We count seven generations. I married Larry almost 47 years ago at University Hills United Methodist Church. We have six children, 15 grandchildren, and now 14 great-grandchildren.

In 2007, our family was featured in an award winning documentary about the dysfunctional healthcare system. I went on to work tirelessly to advocate for healthcare to be treated like a human right and a public good and not like a commodity to be secured by those who could afford it. I worked hard like I always did and do. I'm a three time cancer survivor who now has had multiple serious health emergencies in the past few years. Yet, I remain terrified about the costs. When I worked full time, I provided the insurance access for my family. If I didn't work, we wouldn't have insurance. The pressure of that meant I didn't have the option to feel sick or take time off. I abused my body and my health to keep going like so many people in Colorado do every day, and the costs of that have been devastating long term.

Now that I'm a senior, we are on a more fixed income. I still work gigs to keep us from being buried by medical costs again. I'm scared that what happened to us with co-pays and deductibles is happening to other Colorado families working really hard to be responsible. Actually, I know it's happening to hundreds of thousands of people in Colorado still. Many nights, I still go to bed scared and worried. I hate knowing other moms and grandmoms do too.

We need a publicly funded and privately/publicly delivered healthcare system in Colorado can be the place my children's children will feel valued to live as evidenced by using our shared resources to provide the best possible healthcare to one another. A strong majority of Coloradans support universal, public funding for healthcare. HR 1209 would provide the appropriate use of publicly funded expertise to match our human values with our financial knowledge. Please vote yes on HB23-1209.

Donna Smith
200 Rampart Way, Apt 317
Denver, CO 80230
Phone: 720-256-8373

HB23-1209 Testimony

for March 14, 2023

My name is Barbara Day and I am a retired Registered Nurse with 45 years of experience in various healthcare areas in Colorado. I wish to thank everyone who has chosen to put effort into establishing Universal Healthcare for Colorado. Nothing is more important than what you are attempting with this bill. Today I will describe several examples of patients suffering from health complications and quality of life issues. This happens from delay of care, lack of insurance or fear of financial inability to pay.

School Nurse Cherry Creek School District

School Nurses do health history reviews when a student is being evaluated for learning disabilities and special education services. I noticed a pattern with struggling readers who usually had a series of ear infections when they were 3-4 years old. Fluid gets trapped in the middle ear and reinfects over and over. This condition obstructs hearing of language which hurts sounding out words later when combined with phonics to read. Parents often explained they felt it was normal for kids to get ear infections, didn't think seeing a doctor was necessary, and they would need to miss work to take their child to the doctor. Learning disabilities are a major set back for successful life outcomes.

University Hospital, Denver CO.

As a surgical floor nurse, I cared for victims of the Columbine High School mass shooting in 1999. Generally, mass shootings are known for the body count alone and not the number of shooting victims paralyzed or horrifically mutilated for life. These victims spend months hospitalized while they suffer through several surgeries, their education or careers ended. Certainly, it is long past time for mass shootings to be considered a public health hazard. It is clear that the 2nd Amendment "obsessives" have won. That sad fact assures continued human suffering and medical bankruptcy. Huge gaps exist in rehabilitation and mental health interventions for these victims. The drain on family members also becomes an issue often leading to job loss, divorce and increased poor physical

and mental health conditions. So many insurance policies were inadequate for the people that were in my care. Who knew that one day their teen would go to school and be permanently disabled for the rest of their life?

Corrections Nurse, PADF (Pre-Arrestment Detention Facility) Denver City Jail

Working night shift at the Denver City Jail our team did health interviews with each newly arrested inmate, usually about 90 people each shift. We treated wounds and gave medications. So many of those arrested were from the homeless community, addicts forced into prostitution, or several with mental health diagnosis who had run out of their medications. Several were suicidal. The absolute biggest reason that we need Universal Healthcare for Colorado is to provide mental health services for all before their human condition leads to such despair.

Operating Room Nurse, Night Shift Trauma, UCHHealth in Colorado Springs, CO.

I have had several people act surprised when I mention that I worked 12-hour night shifts doing surgeries. They think surgery only happens 9-5. They forget about car crashes, shootings, knife fights, ruptured appendix, heart and brain aneurisms, or open arm and leg fractures. About every couple months I would have a young child brought in, deathly ill from a ruptured appendix. The loving parents hoped that it was just the flu or a normal stomach ache. Why go to the expensive Emergency Department for something like that? A normally easy quick surgery suddenly became emergent and the child would need admission to ICU for a 2-3 week recovery instead of "same day" surgery. Delaying a trip to the ER due to lack of insurance suddenly turned into an enormous medical bill. How does a family get through that?

Adults without adequate insurance also avoided seeking medical care when they were becoming dangerously ill. There were several with bad dental abscesses that became so symptomatic their throats would close and they couldn't breathe. Or adults with "just a sore throat" that also abscessed. The resulting exudate (pus) becomes so thick and sinks down into their chest. Those were the scariest emergencies and a chest surgeon was called in urgently to crack the chest open to save a life. The chest was irrigated, drains added and a trip to the ICU for days was the result from something that started as just a sore throat.

I'll finish with one last example and it is not meant to gross anyone out. The point is there are several healthy people who feel they can get by without insurance or if needed will just go to the ER and hope that they can say they just can't pay. As I have tried to show, healthy people can suddenly become very ill. Waiting to seek medical help is NEVER the answer but our insurance system fails people all the time. There has been an increase of necrotizing fasciitis (flesh eating disease) caused by a virulent bacteria, very hard to treat Strep A. About once a month we did emergency surgery on someone who seemed to have a small bug bite on their thigh or waist or arm a couple days before, but then suddenly become too painful to touch and swollen. At that point the pain caused them to quickly come to the ER. In these cases if they had waited another 1 or 2 days the quick spreading gangrene would have caused death. Surgical intervention would save a life but oftentimes amputation or extensive surgery caused large body trauma needing expensive rehabilitation or continued future surgeries.

To summarize my testimony, unexpected medical events can happen to anyone and it is rare that costs are covered sufficiently to limit financial harm.

- a) People will often wait to seek medical care which adds to costs and even may cause death or permanent disability and inability to support themselves.
- b) Lack of mental health services cause gigantic problems for individuals and society.
- c) Failure to declare mass shootings and gun violence as a public health hazard is no longer acceptable. This tragedy continues to grow unchecked and is the number one cause of death for children in our country.

I am just one nurse who worked in one hospital in one city. Imagine how much larger the problem is in our state and we haven't even discussed lack of medical and mental health care in rural areas of Colorado.

Barbara Day RN, BSN, CNOR

Hesperus, Colorado

My name is Robin Mills and I live in the Clayton neighborhood, north City Park. I work as a family nurse practitioner at a Denver community health center and have been in the health care field for 20 years.

The longer I work in this system, the more frustrated I become with the constant roadblocks that exist to provide quality, equitable, and timely care to my patients. Across the world, the USA spends the most money on health care while having some of the lowest health quality measures. Most often, roadblocks to providing quality care originate from the for-profit structure we currently have, where insurance companies make as many or more health care decisions as we, the health care providers do. Our hospital systems often rely on donations to help patients pay for procedures and supplies including car seats for newborns and assistive devices like hearing aids and glasses. Daily, I see patients needing to wait until they get their paycheck or borrow money from friends and family just to afford their medications, meanwhile pharmaceutical companies make larger profits each year. These experiences are the sources of moral injury and burnout: I know how to help my patients but, more and more often, I am prevented from doing so by insurance companies or the drive to see more patients in the same amount of limited time with limited resources, because this is the primary way to bring in more profits to keep our doors open. This has created an unstable health care system as health care workers cannot provide the needed services and no longer feel they are helping, so they leave. We need a change.

In September of 2021, the Health Care Cost Savings Act (HB19-1176) report was released, which demonstrated that a state wide, publicly financed, privately delivered health care system is a financially viable option that would increase access to health care for everyone. Additionally, it projected a potential savings of billions of dollars for Coloradans. The next step is HB23-1209, as it will provide a detailed analysis of the feasibility of creating a publicly financed, privately delivered universal health care system in Colorado. This bill will provide more details about how such a system would work day to day. Additionally, it would give more details about how such a system would affect people, like myself, who work in the health care system and those who currently administer health care. I am particularly interested in the answers this bill would provide about how such a system could reduce administrative burden which allows health care providers to spend more time actually caring for patients. HB23-1209 would also give us valuable information about how those who currently have barriers to utilizing the health care system would gain more access, creating greater equity and a healthier community. Thank you for your time, I am excited and hopeful for the opportunity this bill provides to further evaluate the potential of a health care system that is more equitable, just, and financially sustainable.

I've been fighting this particular fight a very long time, painfully privately insured the entire time.

TWENTY YEARS AGO, Colorado faced a natural disaster with the blizzard of 2003. Day after day after day the snow continued to pile on. Many couldn't keep up, and cars and homes buried.

Just SIX MONTHS LATER, our family was introduced to our own little phenomenon of nature — an otherwise healthy son with a genetic bleeding disorder that requires \$1MM in medication every year just to be able to live a life. Imagine if the blizzard of 2003 had never stopped and continued to dump 20 years later.

When your health care system is optimized for profits instead of patients, bad things happen. I've experienced just about every such negative aspect over the last 20 years. Bills and debt. Denials and appeals. Coverage gaps and carrier churn. Every social worker we talked to suggested that my wife and I get a divorce on paper so my son could be covered by Medicaid as long as my wife didn't work.

When your health care system is optimized for corporate profits instead of patients, bad things happen to patients. I've experienced just about every such negative aspect over the last 20 years. Bills and debt. Denials and appeals. Coverage gaps and carrier churn. Narrow networks and subrogation.

Before the ACA, every social worker we talked to suggested my wife and I get a divorce on paper so my son could be covered by Medicaid so long as my wife didn't work.

Yet still today I cannot expect to be hired or work for any company with more than 100 employees thanks to underwriting and lack of community rating in the large group market. I've told my story in many ways over the last two decades, including here at the Capitol. Along the way, I've witnessed your progress in righting this multigenerational wrong.

You remember the 208 Commission from 2007. Twenty-four (24) diverse stakeholders that couldn't even agree on lunch tried to agree on how to fix our health care system. They did mostly agree,

however, to ignore their own published findings that universal health care was the only way to improve coverage and cut costs, saving at least \$1.4 Billion dollars per year over our status quo. (The trick they pulled was to ONLY compare public tax revenues and not also include the private taxes we call premiums. \$1 Apples were clearly better, but they sold us \$2 oranges instead.) We also know people WANT universal health care because SEVEN of the 28 comprehensive independent proposals submitted were fundamentally single payer in nature.

Instead, the 208 Commission suggested a collection of small changes, many of which have already been implemented but none of which have solved our most vexing problems.

In 2009, Representative Kefalas, on the basis of these findings and other facts, proposed HB09-1273, the Colorado Guaranteed Health Act. It failed in the House by a single vote.

Since then, we've seen Connect for Health Colorado launch as our insurance exchange in 2011. The All Payer Claims Database, the nation's leading APCD in content, quality, accessibility, and affordability launched the same year.

Colorado citizens, not content with the lack of substantial progress, launched two initiatives in 2015 via the Title Board to put a universal system to a vote of the people. One option spelled out a system in detail, while the other used the same simplified "make it happen" approach that Amendment 64 took to legalize marijuana. In gathering signatures, it was discovered that the short concept bill was immensely popular among citizens REGARDLESS of party affiliation or income.

The following year, a different group that had shadowed this first group's initiative process launched their own initiative, following the "spell it out completely" route. By the time Amendment 69 was on the ballot, well-financed dark money opposition had flooded TV and social media with over \$4MM in lies and fearmongering that people believed because they did NOT have the facts that a study like this will provide. We all know lies and manipulation played a huge role in the 2016 election.

So we contend with smaller steps, like a You launched a reinsurance program to socialize private insurer losses and minimize premium increases. In 2019, you passed the Colorado Option to give everyone a plan choice with less red tape and financial barriers. Last year saw the implementation of the PDAB to begin to tackle unwarranted and uncontrolled drug pricing.

Also in 2019 we had HB19-1176, which created the Healthcare Cost Analysis Task Force, whose full Final Report I'm sure everyone on this committee has read and appreciated. It clearly showed that a multi-payer universal system is possible, but very expensive – and the real star of the show is a universal publicly funded system because it saves billions of dollars per year. Not just billions over universal multi-payer, but it saves BILLIONS per year over the CURRENT system that still leaves many UNINSURED and most UNDERINSURED. That study was limited in nature, where this study will answer far more.

We've made some great progress in the last 20 years of health care reform, but our remaining challenges are only getting bigger. This is not the time to stop climbing. This is not the time to let off the gas. This is the next essential step – the next mile – in our journey towards health care perfection. I thank you for your vote to stand on the shoulders of the giants that came before you. You don't have to do everything, but this one little bit gets us one huge step closer to the realization of universal health care, freedom, and security for the citizens of Colorado. People need to know what it would look like so they can vote responsibly.

The Blizzard of 2003 thankfully stopped after 3 days. My personal insurance blizzard started the same year and hasn't stopped since. Three feet of temporary snow just can't compare to tens of thousands of dollars a year in medical expenses and the significant long-term impact to one's credit rating. In all that time, I once came into a large sum of money about 8 years ago and was able to temporarily dig out. But only once. Since then, the bills continue to roll in. I know there are other attempts to address medical

debt on credit reporting, but there is ONLY ONE way to eliminate consumer medical DEBT entirely, and that is to eliminate consumer medical BILLS.

There never seems to be an end to the systemic problems in health care, yet there also never seems to be a problem that universal health care doesn't eliminate or alleviate.

Again, I thank you for your vote for the crucial information needed for a well-informed legislature and citizenry.

###

House Health & Insurance
 03/14/2023 Upon Adjournment
 HB23-1209 Analyze Statewide Publicly Financed Health-care
 Typed Text of Testimony Submitted

| Name, Position, Representing | Typed Text of Testimony |
|-----------------------------------|---|
| Philip Riffe For themselves | <p>Our healthcare system is in shambles, with close to a million Coloradans uninsured or underinsured.</p> <p>I am convinced that we could cover everyone and spend less than we are spending now by simplifying the system and removing the private health insurance middle man.</p> <p>I fully support a task force to investigate the costs of a statewide publicly financed healthcare system for Colorado.</p> <p>Thank you, Philip Riffe</p> |
| Gordon Rodda For themselves | <p>I recently queried the clinic of my primary care physician to determine the number of clerks that were needed to support the four doctors. The answer was 27. This encapsulates an important reason why health care is so expensive. This number of clerks are needed to navigate the bewildering complexity of reimbursement regimes to which the medical professionals are tethered. I strongly support the intent of HB23-1209 in that only a determined effort on the part of our political leaders can find a way to reduce this unnecessary complexity in an equitable and non-regressive way. The states are the nation's laboratory for finding a new path. Colorado is well positioned to lead on this, as we are politically balanced and results oriented. Please support HB23-1209 or something like it, to devise a workable template for this critical problem. Thank you for your attention.</p> |
| Karyn Reid For themselves | <p>I am writing in support of HB23-1209</p> <p>.</p> <p>The HB19-1176 Task Force Summary Report found that “a fully publicly financed and privately delivered health care system could yield significant health care savings” for Coloradans. It is readily apparent to all of us that our current health care system does not work. At this time, we know that too many Coloradans are uninsured and/or underinsured. More will soon lose their Medicaid coverage when the COVID-19 Emergency Declarations end in May.</p> <p>We are fools if we drop the ball at this point. It only makes sense to continue the investigation to get additional information that will be needed in order to determine what a universal health care system in CO could look like and what costs might be incurred or, more likely, reduced. We should seek additional information including:</p> <ul style="list-style-type: none"> • Impacts to the statewide economy • Positive and/or negative effects on health care providers • Eligibility criterion including minimum length of full-time residence in CO |

| | |
|---|---|
| | <ul style="list-style-type: none"> • Potential effects – positive/negative – on rural hospitals and health services • Anticipated improvements in overall health of individuals and communities • Possible elimination of health insurance middlemen who currently have incentives to limit benefits and create barriers to and/or deny coverage for medically necessary procedures • And many, many other needs too numerous to note here <p>Most other developed nations have figured out functional national healthcare systems that improve health outcomes for the majority. The US is dragging its feet due to pressure from those who make lots of \$\$ from the current system (insurance companies, billing companies, and large corporations – not the doctors, nurses, technicians, etc.). I hope CO can lead the way forward for the nation.</p> <p>Thank you.</p> |
| <p>Madeleine Jacobs MD For themselves</p> | <p>Remote Testimony for House Committee on Health and Insurance for HB23-1209</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</p> |

| | |
|--|---|
| | <p>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>Kirby MacLaurin For themselves</p> | <p>I support HB23-1209, and urge you to pass it out of Committee, and on the floor.</p> <p>Here’s what we do know: the current healthcare system in Colorado (as across the country) regularly fails to provide the services and protection that Coloradans need, resulting in unnecessary deaths, suffering, and disability. Compared with single-payer systems, our domestic healthcare outcomes are abysmal and embarrassing.</p> <p>Among many other topics, we need to know what impacts such a system would have on rural hospitals, which are in terrible shape. Here in Durango our single hospital, Mercy, fails to compensate specialists adequately and controls their procedures. Our region continues to lose doctors to other regions, resulting in extremely long wait times for appointments and operations. For example, I have been waiting for 8 months since referral just to SCHEDULE a colonoscopy appointment, since we have only one provider in the 4 corners area. I know personally it is similar with cardiologists.</p> <p>Too, since Mercy is a Catholic-owned and -run hospital, it has elected not to provide reproductive healthcare for women, including tubal ligations. This exposes patients to unnecessary risk, since many would elect that operation after giving birth (involving one stay at a hospital and one anesthesia experience - both known mortal risks). Mercy’s refusal forces these women to endure both twice, and travel to a distant hospital for the second operation.</p> <p>This has also caused our region to lose OB-GYN doctors and related operational specialists because they are unable to perform the full range of their specialty. This again puts women’s lives at risk, due to the backup caused by limited providers. A state-wide system not directed by religious doctrine could avoid such specialist shortages, as well as by providing fair compensation and patient-centered staffing clear of profit motives.</p> <p>Please support and pass HB23-1209. Thank you.</p> |
| <p>KRISTEN BARA Against themselves</p> | <p>I oppose HB23-1209. Although our current healthcare system has many challenges, universal healthcare is not the solution. Government involvement in our healthcare system has created more problems than it's solved. This is exactly why Obamacare was such a failure and also why it was very unpopular with constituents. It monopolized our hospital systems, increase medical and insurance premium costs, and created barriers to access. Quality of care has since suffered because much like insurance companies, the government is dictating the type of care people can receive getting in the way of the patient/doctor relationship. As a graduate student specializing in healthcare</p> |

| | |
|--|---|
| | <p>management, I studied the negative effects these universal healthcare systems have on the health of communities, especially when it involves the government rationing care to certain individuals (cutting off care to the elderly and infirm); this is not the type of system we want to bring to Colorado. Please oppose this bill.</p> |
| <p>Ashley Stolzmann For Boulder County</p> | <p>Chair Daugherty and Members of the Health and Insurance Committee:</p> <p>Boulder County respectfully asks for your YES vote on HB23-1209, Analyze Statewide Publicly Financed Health Care, for the bill’s important place in moving our state forward in ensuring access to health care for all of our residents.</p> <p>In 2023, many of our friends and neighbors are left behind in the U.S.’s fragmented and costly health care “system.”</p> <p>Our constituents pay more for health care than people in any other wealthy nation in the world, yet we suffer some of the worst health outcomes when compared to peer countries. We pay more than \$12,000 per capita in health care spending each year, almost double that of the next highest country in spending (Organisation for Economic Co-operation and Development, 2021), while our country ranks last in health outcomes, equity, efficiency, and access to care, when compared to peer countries (The Commonwealth Fund, August 2021, Mirror, Mirror 2021: Reflecting Poorly).</p> <p>Numerous analyses of health care systems across the world, and Colorado’s own Blue Ribbon Commission for Health Care Reform of 2008 and Health Care Cost Analysis Task Force of 2021, have shown that single payer health coverage is more cost-efficient and would provide more equitable access to quality care than our current system.</p> <p>And while the Affordable Care Act made invaluable strides to improve coverage, we all know someone who cannot afford health care coverage or has gone bankrupt due to medical bills.</p> <p>Children and adults should not go without lifesaving care due to the lack of health insurance. Entrepreneurs should not be hindered from starting businesses because they can’t afford to pay out of pocket for health care coverage. Small businesses should not struggle to retain employees because they cannot afford to offer high quality insurance.</p> <p>Boulder County respectfully requests your support of HB 1209 and its work to analyze and provide the legislature with recommendations in how best to enact legislation to provide a not-for-profit, single payer, health care financing system that pays for comprehensive, high quality, affordable health care, including dental, vision, hearing, mental, and behavioral health services for all of our constituents.</p> |

| | |
|--|--|
| | <p>Thank you for considering Boulder County's perspective on this important legislation.</p> <p>Sincerely,</p> <p>Ashley Stolzmann Commissioner Boulder County Board of County Commissioners</p> |
|--|--|

Please support HB 23-1209 Analyze Statewide Publicly Financed Healthcare

My name is Wren Oldham, and I'm a member of Young Invincibles through their Young Advocates program. For most of my childhood I lacked access to healthcare. While I saw a pediatrician as a very young child, from the age of around 7 the only doctors I saw were at urgent care or in the health department.

As a young adult, I struggled a great deal with my mental health and energy levels, to the point where I ended up putting off college and being unable to work for a few years. I had no way of knowing anything was wrong with me- all my problems, from my weight gain to the perpetual exhaustion I suffered, were blamed on me simply being lazy.

5 years ago, at the age of 20, I finally got access to insurance and was able to see a primary care physician for the first time. At this first appointment, routine blood tests showed I was suffering from hypothyroidism.

I was put on medication, and seemingly overnight the struggles I'd been facing since I was 18 started to diminish. My mood improved, I was able to be more active, and I was able to start working for the first time.

Though my medications keep me healthy, I'm currently reliant on Medicaid to afford this treatment. Though I would like to improve my economic situation, this prospect also fills me with anxiety- I know that should I get a better paying job, I will lose this coverage, and if I lose coverage and am unable to afford my medication because of it, I'll be right back where I was 5 years ago. To this day 350,000 Coloradans are uninsured, with a further 600,000 being under-insured. I understand universal healthcare may seem like a big step to many of you. I also understand the desire for more information before such radical change is enacted. That is why I've decided to talk to you today- to ask that you vote yes on The Statewide Healthcare System Study. As I said, I understand the need for more information on the logistics of universal healthcare, and that is exactly what this bill would provide- hard facts, statistics, peer-reviewed data that, no matter the results, will undoubtedly shed further light on how best to solve the issue of healthcare accessibility.

My hope is that we can improve accessibility to healthcare so future generations do not have to face the same struggles I did. Voting 'YES' on the Statewide Healthcare System study would be a vital step towards this goal.

Thank you so much for taking the time to listen to me today.

Please support HB 23-1209 Analyze Statewide Publicly Financed Healthcare

Thank you members of the committee for your time today. My name is Jilda Nevarez and I am here today with Young Invincibles. My siblings and I loved to play outside as children. When I was around 9 years old my siblings and I were playing duck duck goose and as I was trying to sit down I slipped on some rocks and glided across the rocky parking lot. The next thing I remember is sitting on the sink with warm water running through my knees while my mom and dad were getting the rocks from under my skin. Today it is very clear to me that I needed stitches but that was not an option. I have scars on my knees that will forever remind me of when I fell while playing duck duck goose. While we were on Medicaid and it was great, the income thresholds are not equitable. My mother had to choose between working and bringing home extra income and or not because it would put our family above the income. Ultimately she decided to not work so her children could have health insurance. This meant that they had no room to get sick because they could not afford to go to the hospital. For years we relied on the school nurses to let us know if anything was wrong. In my 22 years of life I have seen my parents go to the dentist and the doctor once. This doesn't mean they didn't need it as I saw them silently suffering and letting it out when they thought no one was looking. I remember going with my mom to an office as she pleaded and asked why our health insurance was getting taken away; asking them if they could please take into consideration that they had to feed and clothes 4 kids but the system did not allow it.

While Medicaid is a great form of health insurance it is not equitable as the threshold is, as I experienced, under a livable wage. As I am preparing to graduate this May I am terrified of the thought of not having health insurance. I have peers at Colorado State University who pay to get insured through the school but they are only allowed to get sick Monday through Friday during business hours and can only go to the campus health center otherwise they are either not covered or have to pay high copays. While copays may not seem like a large amount of

money, for a college student or someone making minimum wage this can be the difference between having a nutritious meal or going to the doctor. I know that this is a reality for too many people as we all bond through dark humor about how we do not have the time or money to get sick. We joke that if we are ever in an emergency, we would rather take the time to get an uber or walk because we cannot afford an ambulance ride. All of this is said in a joking manner, but we also know there is a lot of truth behind these jokes.

In 2022 a survey found that $\frac{2}{3}$ of Coloradans characterized the cost of healthcare as a “very serious” problem. Even with insurance Coloradans cannot afford to get care due to high copays, deductibles, and several other reasons. As mentioned previously, 350,000 Coloradans are uninsured and 600,000 are under-insured. I am here to ask you to please vote yes on the Statewide Health-Care System Study. The data shows that Coloradans need comprehensive and affordable healthcare and this bill is the next logical step. Vote yes on this bill so people do not have to choose between getting their next meal or getting care. Votes yes on this bill so the struggles of this generation are not a reality for the next. Vote yes on this bill so that every Coloradan can have accessible care when they need it because a healthcare accessible Colorado is a better Colorado. Thank you.