

TESTIMONY March 18, 2009

House Committee on Business Affairs and Labor

My name is Elinor Christiansen. I am a retired physician. I am testifying in support of House Bill 1273. I am a pragmatist speaking from my own experience both as a physician and also as a medical director in two very opposite healthcare systems. After a few years as a GP in private practice I moved to Denver in 1959. From the mid 1960's to mid 1980's I devoted twenty years to college health, taking care of diverse students, age 16 to 60, at University of Denver, an expensive private university.

In 1947 the DU administration had the wisdom to establish a single payer universal health plan for all its students because they did not want any student to drop out of school because of unexpected medical bills. All undergraduate students, graduate students, part-time students and foreign students were included in the plan. Every student automatically paid a health fee which covered the out-patient care at the Student Health Service and every student paid the premium for the supplemental insurance designed by DU to cover other medical services that may be needed. It was wonderful to work in a system where all patients had full coverage for the medical care they needed. We were able to deliver high quality, patient centered care on a very limited budget because everyone shared the cost and everyone shared the benefits of one comprehensive plan. During the last nine years I was at DU I was Medical Director, responsible for budgeting, staffing and delivery of quality care, and administrator of the supplemental insurance plan, including processing claims and writing the claim checks in house. I know from my own experience that single payer universal health care is the simplest, most equitable, and most cost effective way to deliver quality health care to all.

After my first retirement in 1985, I taught at CU medical school and became the Medical Director and primary care physician for two rural clinics in the mountains west of Denver, Nederland and Black

Hawk. This experience from 1990 to 1992 was the opposite of my wonderful experience at DU because a majority of these patients were uninsured. They were not indigent but could not afford to buy private health insurance. About 10% of our patients were covered by Medicare or Medicaid, 20% had private health insurance, and 70% had no health insurance. Every day I would be on the telephone trying to arrange for a specialty consultation or diagnostic procedure for one of my patients and the first question always asked was "What insurance does the patient have?" If the patient was uninsured the doors were closed. The majority of our patients refused to go to the emergency room when they needed to because they feared losing their life savings, losing their homes, or ending up in bankruptcy. It was heart breaking to see so many patients unable to get the medical care they needed.

Since my second retirement in 1992, I have traveled to several countries with national single payer universal health care systems which are working well to study how they govern, deliver, and fund their programs. It was fascinating as each country does it a little differently, but all spend about half as much per capita as we spend while having better health outcomes and better quality of life.

I am convinced from my own experience that single payer universal health care is the BEST solution to our health care crisis. I urge you to have the vision and courage to do the right thing and vote for House Bill 1273 which will establish a Health Care Authority to design and implement a new health care system to deliver quality, affordable health care to all Coloradans with choice of providers and a Health Fund to finance the new system. Colorado could be a pilot project for our country, demonstrating how it can be done affordably and done well.

--- Elinor T. Christiansen, M.D.