

I am Carol Blackard and I'm a primary care physician in a small practice I started 25 years ago in Aurora. I want to share two points with you today.

- 1) The crisis my patients are experiencing in the health insurance system.
- 2) The difficulties I experience in my practice with the current multi-payer private insurance system

First, my patients. Every single day I go to work, my patients tell me about the unaffordability and inaccessibility of health insurance. Premiums, co-pays and deductibles keep rising and benefits keep dwindling. Patients who are self-employed or have a pre-existing condition cannot find affordable insurance at all and continuity of care suffers when employers change insurance plan. One benefit now frequently excluded is preventive care, and that troubles me deeply, because that is a pillar of my practice. I have given you a written account of one of my patients who can't be here today because she's too ill, which is just one agonizing example of Coloradans falling through the cracks when she most needs support.

Health insurance bureaucracy is a significant burden to primary care physicians. Despite a fully-digitalized electronic medical record, we still have employees solely dedicated to functions unrelated to health care...verifications, prior authorizations, research about pre-existing conditions and the coding and billing inconsistencies of our current system. Staff and doctors spend time switching prescriptions to fit plan changes and searching for codes, rebilling denied claims, and chasing payments that are months overdue. It's hard to stay in practice under these pressures. No wonder medical students don't want to go into primary care.

Insurance companies provide choice, but it's not the kind of choice that results in better health care.

Choice and free enterprise should be returned to doctors providing actual health care and to consumers who deserve unfettered choice of provider.

Real choice means a consumer can choose her provider for the values she holds, not for the lowest premium or because her employer chose the plan for her. HB 1273 would achieve that goal.

HB 1273 would guarantee all Coloradans medical care all the time and it is medical care we should guarantee, not insurance.

HB 1273 is the only plan projected to contain costs here in Colorado as projected by the very important Lewin study

Under HB 1273 106 l) (3) my patients will be able to stay in their medical home and not be forced to change doctor from year to year due to employer insurance shift.

Under HB 1273, preventive care will be a benefit for patients and I strongly believe that's a path toward better health. (108) (a)

HB 1273 offers our best chance for improved quality and safety of care as charged in three separate sections of the bill. See 106 (i) (j) and (p). These are strong safeguards to make sure our system is smooth and delivers results.

HB 1273 will encourage graduating medical students and residents to choose primary care as their profession by removing the insurance morass that scares so many away.

We have learned that health is lost when costs are out of control.

1273 is best suited to control these costs,

will enable and encourage free enterprise amongst health care providers,

will re-establish true choice for patients,

and will open a dialogue with providers to improve quality of care.

CMS & CAPF support. I hope you will support us through supporting 1273
In closing, [REDACTED] health
legislation [REDACTED] support health
providers through HB 1273 because [REDACTED] the
effect that change.
position to [REDACTED] professional organizations
[REDACTED] bill.

I ask you also to vote YES for HB 1273

From Carol Blackard, MD

Sally came to the office last week. Here's her story.

58 year-old Sally (name changed)

- She has underlying lupus (auto-immune disease) with painful joints, walks with cane
- She had a tooth extraction
- She had antibiotics
- Antibiotics caused pseudomembranous colitis
- Colon had to be resected
- Pt developed steroid-induced diabetes and psychosis
- Got pneumonia
- 7 wks in the hospital
- 24 wks in rehab
- on last day, got a deep venous thrombosis (clot)
- lost job
- lost insurance which had been provided by employer
- Pt is bread-winner in family
- Cobra would cost \$960/mo but she has no income
- Food? or Cobra? ?Medicines?
- Cobra's not a long-term resolution
- Future looks dim, no work anytime soon, long, long recovery
- Doesn't qualify for unemployment because she can't look for work

My patient is suffering. She is frantic and stressed exactly when she should be focusing solely on recovery. She told me her dignity has been stripped and she has been thrown out to fend for herself at the very moment she is unable to do so.

- Do you think she'll get her colon put back together in a couple of months?
- Do you think her leg clot will advance to lung clots?

1st bill arrived today \$439,000 for 1st hospital day

COLORADO

Colorado's economy lost as much as \$3.9 billion because of the poor health and shorter lifespan of the uninsured in 2007. This equates to almost \$4,900 per uninsured Colorado resident.

Table 1. Economic Cost of Failure, 2007
(Ranked by High Bound and Per Uninsured)

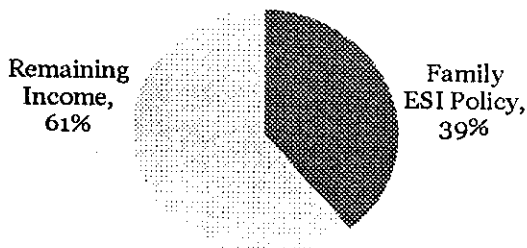
Low Bound	High Bound	Rank (High Bound)	Per Uninsured Cost	Rank (Per Uninsured)
\$1.82 Billion	\$3.87 Billion	37	\$4,825	37

By 2016, Colorado residents will have to spend more than \$25,000 or almost 40 percent of median household income to buy health insurance for themselves and their families. This represents a 91 percent increase over 2008 premium levels.

Table 2. Affordability of Premiums,
(Ranked by Level in 2016 and Percent Change)

	2008	2016	Rank (2016)	Percent Change	Rank (%)
Full Cost of Family ESI	\$13,159	\$25,119	32	90.9%	37
Full Cost of Family ESI as a Share of Median Household Income	22.0%	38.9%	11	n/a	n/a

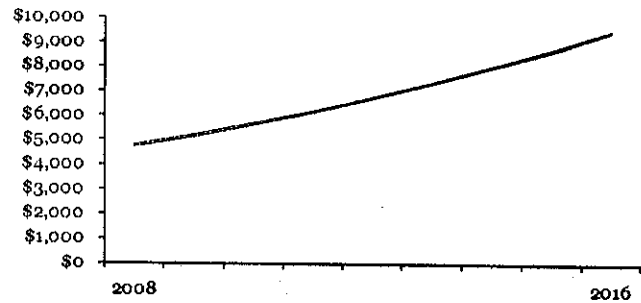
Figure 1. Full Cost of Family ESI as a Share of Median Household Income, 2016



The cost of health insurance for single individuals in

Colorado will grow faster than any where else in the country—almost 9 percent a year between 2008 and 2016. Premiums will reach nearly \$9,500—almost double 2008 levels.

Figure 2. Full Cost of Individual ESI, 2008-2016



During that same period, individual contributions to employer-sponsored health insurance will grow from \$840 to more than \$1,500 by 2016.

Table 3. Affordability of Premiums: Employee Contributions, (Ranked by Percent Change)

	2008	2016	Percent Change	Rank
Individual ESI	\$840	\$1,597	88.1%	20

The amount Colorado residents will have to pay to see a doctor will rise sharply by 2016 when the average copayment reaches \$37. This is one of the highest copayment levels in the country.

Table 4. Benefits: Copayments and Deductibles, (Ranked by Level in 2016 and Percent Change)

	2008	2016	Rank (2016)	Percent Change	Rank (%)
Average Copayment	\$24	\$37	44	51.1%	36
Average Deductible	\$1,831	\$3,069	33	67.6%	25