



Polis: Health-care system is failing millions State legislation a small move toward sane coverage

*By Jared Polis
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The growing health care crisis is among the most crucial and complex challenges facing this country. Medical costs are rising at five times the rate of inflation and account for half the personal bankruptcies; corporations are downsizing their health-insurance benefits to remain competitive; and small employers and their employees are being priced out of the health-insurance market. More than 45 million uninsured Americans, including more than 750,000 Coloradans, lack access to basic health care services and live in constant fear of financial ruin.

In contrast to public perception, this is not a result of unemployment, nor is it primarily an urban phenomenon. For nearly 20 percent of working-age adults in Colorado, health insurance is beyond reach, making them vulnerable to increased health problems and economic loss.

The uninsured are not just an amorphous "them" consisting of the disenfranchised poor. The uninsured are our friends and neighbors. A friend of mine in Boulder has been a self-employed editor and writer for many years. She was able to afford a middle-class lifestyle and raise two children but was unable to purchase health insurance for herself. She was recently diagnosed with cancer and is currently battling it, thanks to the Colorado Indigent Care Program, a ray of hope in a complex and cumbersome health care system.

We all pay for the cost of uninsured care, since it is ultimately shifted to the state and to the insured. Our insurance rates are higher because of the lack of a comprehensive approach to health care. By lacking access to regular screenings and preventive medical care, the uninsured receive health-care services only when their medical conditions become severe and require much-costlier and less-effective treatment. As a result, hospital emergency rooms have essentially become their default primary care providers.

Uncompensated care — when a hospital provides care and receives no payment — has a massive impact on health-care providers. For example, Boulder Community Hospital's uncompensated costs went from \$32 million in 2004 to an estimated \$42 million in 2005, and are expected to reach \$46 million in 2006. In total, there is approximately \$1.3 billion in uncompensated care in Colorado and \$41 billion in the country.

Clearly, additional resources are needed for primary care services that will provide better care for uninsured Coloradans, decrease the use of hospital emergency rooms, cut the associated financial losses and ultimately reduce the cost of individual health-insurance and hospital charges.

As evidenced by the passage of Referendum C in November, Coloradans recognize the need to expand access to affordable health care and invest in our future. It has become clear that after the severe budget cuts of recent years, legislators must prioritize how to allocate the revenues allowed under Referendum C. Stopping Colorado from continuing its race to the bottom in its rate of uninsured working adults surely belongs at the top of the list.

While several bills have been introduced to address the health care crisis, a particular bill to provide primary care to eligible uninsured, low-income adults is an extremely important step. A product of the Interim Committee on Health Insurance, Senate Bill 44 (Sen. Bob Hagedorn, D-Aurora; Rep. Betty Boyd, D-Lakewood) creates the Colorado Health Care Services Fund and directs \$15 million annually for five years from Referendum C revenues to serve the medically indigent through the Colorado Indigent Care Program, which can be matched with federal funds.

Created in 1983 to cover those ineligible for any other program, CICIP provides partial reimbursement for medical services through its provider network. Unlike Medicaid and Children's Basic Health Plan, CICIP does not offer enrollment with a defined list of benefits, but is instead designed for people who are not eligible for other programs and are unable to pay for care themselves. It has allowed my friend to receive at a discount chemotherapy and CT scans, which otherwise she would not have been able to afford.

Senate Bill 44 is an effective way to reach those very low-income adults who do not qualify for Medicaid, and to serve those suffering from chronic illness. Furthermore, the bill increases the eligibility of the program from 200 to 250 percent of the federal poverty level and allows community health clinics to develop pilot programs to coordinate care and disease management. In addition, by expanding CICIP instead of Medicaid, the legislation offers the state flexibility to limit enrollment according to available funds and avoids creating an entitlement.

This \$15 million annual infusion will also ensure that community health centers — such as Clinica Campesina, the People's Clinic and the Metro Community Provider Network — continue to provide primary health-care services to the estimated 175,000 Coloradans who qualify for CICIP. Denver Health, the largest CICIP provider, reported a loss of \$180 million in 2004-05 from serving 31,000 CICIP patients. This cannot continue forever.

By leveraging state money for additional federal dollars, providing flexibility on the basis of available funding, expanding access for the most needy, helping to control health care costs, and investing in community health centers, this proposal, if enacted, will represent a significant effort to improve the broken health care system in Colorado.

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