Summary Table of Health Care Financing Report prepared by the Colorado School of Public Health for the Health Care Cost Analysis Task Force formed by HB19-1176.

Information and analysis by the Colorado School of Public Health.

	A The current CO health care financing system in which residents receive health care coverage from private insurers and public programs or are uninsured	B Multi-payer universal health care system in which all residents of CO are covered under a plan with a mandated set of benefits that is publicly and privately funded	C A publicly financed and privately delivered option that provides universal coverage.
Coverage: **% insured** **# under-insured**	 93.5% 1,000,000 (~18%)	 100% 0	 100% 0
Total healthcare expenditures within the state **1st year** **5th year** **10th year**	$38.2 – 38.3 Billion, depending on uninsured rate $45.55 – 46.77 Billion $56.77 – 56.92 Billion	$38.6 - 39.34 Billion, depending on provider reimbursement rate and private crossover to public product $46.03 – 46.91 Billion $57.36 - 58.46 Billion	$34.62 - 37.78 Billion, depending on provider reimbursement rate $41.28 – 45.05 Billion $51.45 – 56.14 Billion
% of total current spending	99.7 – 100%	100.78% - 102.7%	90.38 – 98.64%
Premiums, deductibles, And co-payments cost of reform option **actual cost to patients would be determined by premium and other subsidies*	N/A	Modeled 34% of total cost as premium, deductible, and co-payments 15% of total cost, comprised of deductible and co-payments (not including premiums)	Modeled 34% of total cost as premium, deductible, and co-payments 15% of total cost, comprised of deductible and co-payments (not including premiums)
Averaged annual utilization cost per individual	Average cost per individual = $6,616 - $6,634, depending on uninsured rate	Average cost per individual = $6,686 – 6,813, depending on reimbursement rate	Average cost per individual = $5,996 - $6,544, depending on reimbursement rate
Compensation for providers	Variable	100 – 250% (multiple scenarios modeled)	100 – 250% (multiple scenarios modeled)
Benefits	Medicare, Medicaid, ACA plans, grandfathered plans, etc.	Private market equivalency	Private market equivalency

Additional Performance Metrics outlined in HB19-1176			
Collateral costs to society from ER, urgent care, intensive care treatment[1]	While the number of Coloradans who report at least one annual preventive care visit increased from 62.4% in 2017 to 74% in 2019, the percentage of Coloradans reporting emergency department utilization has remained around 20%.10 Of those visits, 38% reported that they went for a non-emergent reason.		
Relative performance:	Reference / current system	Same or slightly better than current system	Better than current system
Lost time from work, decreased productivity[2]	Studies have found that decreased productivity and lost time from work due to chronic health conditions constitute most health-related lost productivity costs to employers, employees, and society. Early intervention for acute and chronic health conditions, which occurs with regular utilization of preventive care services, is assumed to improve health, and decrease overall costs to society.		
Relative performance:	Reference / current system	Same or slightly better than current system	Better than current system
Bankruptcies[3]	Medical cost related bankruptcies may range approximately between 2,210 and 5,695 in Colorado in 2019. The Colorado Health Institute's Colorado Health Access Survey (CHAS) estimated that medical bankruptcies have decreased in Colorado over recent years. Among people who had trouble paying medical bills in the past year in Colorado (approximately 18% of Coloradans), only 3.7% reported filing bankruptcy, compared to 11.1% in 2013, the first year the statistic was collected.		
Relative performance:	Reference / current system	Same or slightly better than current system	Better than current system
Medical Financial Hardship[4]	The CHAS found that in 2019, 30% of Coloradans received an unexpected medical bill in the past year and that the percentage of Coloradans who had trouble paying a medical bill in the past year rose for the first time since the ACA was passed. Black Coloradans are nearly twice as likely as white Coloradans to have had problems paying a medical bill. Of the 18% of Coloradans who had trouble paying medical bills, 54% took on credit card debt, and 33% were unable to afford essentials such as food and utility bills.		
Relative performance	Reference / current system	Same or slightly better than current system	Better than current system

[1] Section 1.2.3.1 "Cost of Emergency Care" in Health Care Financing Report prepared by the Colorado School of Public Health.
[2] Section 1.2.3.2 "Lost Time, Productivity, and Unemployment" in the Report.
[3] Section 1.2.3.3 "Medical Bankruptcy" in the Report.
[4] Section 1.2.3.4 "Medical Financial Hardship" in the Report.

Medical costs caused by the diversion of funds from other health determinants, such as education, safe food supply, safe water[5]	The state of Colorado spends about 33% of its total budget on health care, over half of which comes from federal dollars to fund Medicaid, where most of this funding is directed. Nineteen percent of the state budget is used for kindergarten through 12th grade (K-12) education, and a little over 7% goes to human services, which oversees financial and food assistance, child welfare, rehabilitation, mental health and substance use treatment programs, and programs for the aging, among other things.		
Relative performance	Reference / current system	Dependent on governmental spending priorities	Dependent on governmental spending priorities
Economic Impacts for Employers, Employees, and Households[6]	The available evidence suggests that, in states where health care reforms have occurred, rates of employment in the healthcare industry remain approximately the same or eventually decrease if provider reimbursement rates decrease. Furthermore, evidence also suggests that expanded public healthcare options result in a decrease in insurance-related jobs (more so under a publicly financed option), and an increase in overall employment.		
Relative Performance	Reference / current system	Slight sector specific improvements	Decrease in insurance-related jobs, but increase in overall employment that varies by sector
Federal and Legal Constraints to Healthcare Reform in Colorado[7]	A viable model for health care reform at the state level must overcome several legal and federal constraints. The primary legal constraint is The Employee Retirement Income Security Act of 1974 (ERISA). Federal constraints include stipulations of Medicare, Medicaid, and the Affordable Care Act (ACA). Deliberately crafted legislation can avoid the legal constraints associated with ERISA. Federal constraints can be addressed using waivers. States can apply for waivers from the US Department of Health and Human Services requesting exemptions from certain federal requirements in order to develop innovative methods of health care delivery at the state level.		

[5] Section 1.2.3.5 "Health Determinants, Social Spending, and Healthcare Costs" in the Report.
[6] Section 2.3.5.1 "Economic Impacts for Employers, Employees, and Households" in the Report.
[7] Section 1.2.4.2 "Federal and Legal Constraints for Healthcare Reform in Colorado" in the Report.