

If the legislators in Colorado agree, Colorado has an opportunity to say, “Maybe we should take care of it ourselves” when it comes to health care.

With the entrepreneurial spirit embedded in practical Coloradans, we could start a publicly accountable, member-governed, user-friendly health care cooperative. All Coloradans would be members of the *Colorado Health Care Cooperative*, so all residents would have continual health care—regardless of employment, marital or health status. And we’d find cost saving techniques while we maintain comprehensive, quality care because this is our money and our health.

It’s really not too good to be true, if we plan correctly and if we start the planning right now.

The Bill begins the process of establishing the nongovernmental Cooperative by directing the appointment of an interim Board which would employ a consultant to develop the details for an implementation blueprint. The Board’s 18 month planning process would be funded by grants and donations from those who believe in proactive preparation for the future. The blueprint would be referred by the Legislature to voters on the 2013 ballot.

With an entrepreneurial spirit we’ll start a member-governed, user-friendly health care cooperative for all Coloradans.

Will a Cooperative save money?

A nonprofit cooperative will focus on preventing health problems; providing timely treatment; removing incentives for over-utilization; negotiating for pharmaceuticals; slashing administrative costs; and curtailing fraud. Numerous studies provide data demonstrating that enough money can be saved to pay for comprehensive health care for everyone and still save money.

Will we get what we need?

The bill establishing the *Cooperative* includes guidelines to ensure that the system provides for:

- delivery systems that have been proven to be effective;
- fair compensation for providers;
- adequate access to quality care;
- competition based on quality and service;
- restrictions on administrative costs;
- no deductibles, minimal or no co-pays, and no one ever denied necessary care.

How will it be paid for?

The consultant will provide specific recommendations after looking at the data. The bill does require that funding come from multiple sources in order to ensure financial stability. Money previously spent on premiums will be collected as taxes from employers, employees and individuals, based on ability to pay. When we’re doing well, we pay a bit more; when we’re struggling, we contribute a bit less. It’s realistic.

What do we need to do right now?

It’s fairly simple. We need to get the bill passed. The bill provides for an implementation blueprint, at no cost to taxpayers, with complete details made public in a way that voters can understand. Then we vote.

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