

Dear Members of the Board,

First, thank you for volunteering your time to serve your community. As an employee of a local nonprofit health and human services agency, I know that your commitment is neither lucrative nor glamorous.

I'm writing to share with you my experience because amidst all the measures and regulations that come with serving on a board, sometimes it's worthwhile to hear from a person served. My husband, Jess, and I are trying to obtain healthcare for him as he is a full-time medical student at the University of Colorado Anschutz campus and has no income. Don't worry, the irony of a medical student struggling for healthcare is not lost on us.

While I am offered healthcare through my job, it would cost over \$400 a month for both of us to be on my plan and with a net salary of \$37,000 that's just not an option. Not to mention, Jess' pre-existing autoimmune diseases require a more robust plan than I have. After no less than 5 applications through the Colorado PEAK online system, 3 in-person visits to the Arapahoe County Human Services Office (because the online system crashed), and over 10 phone calls with county staff and insurance brokers, we were denied any healthcare benefits. Apparently my salary disqualifies Jess from obtaining tax credits or Medicaid although the published salary threshold for a household of two to qualify for Medicaid is \$1766/month—about \$100 more than my gross pay per month (MAGI MEDICAID Monthly Maximum Income Guidelines).

Although I'm saddened by the system of healthcare inequity that we're subject to, I'm more disappointed that two individuals with post-graduate degrees and all the attributes of basic American privilege were unable to sit down with someone who could take action on our behalf. I firmly believe if a person were to survey our situation we would have healthcare for Jess now instead of facing a coverage gap. There is a fundamental misunderstanding here that a technological solution will most effectively and equitably meet our needs. This is sadly misinformed. Perhaps a conversation with our case worker may have helped, but that would have required us knowing that person's name or location—neither of which was ever shared. We only learned we had a case worker after the 4th round of applying.

My profession is a "Communications Specialist" at an agency serving individuals with disabilities; I help translate the complexity of government programs to the people who come desperately in need of their help. I now find my position reversed, as I need an intermediary, but have found only circuitous government systems and automated answers. In your effort to serve your community by guiding public healthcare, I ask that you consider how to influence a system so that it's based less on ease of maintenance and more on quality of care.

Thanks very much,
Natalie Coulter