

Millions Lose Private Medicare Plans and Face Rising Costs

As enrollment for Medicare Advantage begins this month, older Americans are confronting fewer options because insurers are discontinuing coverage in many areas.



By Christopher Rowland and Reed Abelson

Oct. 9, 2026

Millions of people with private Medicare coverage are being forced to change their insurance for 2027 and will pay higher prices for prescriptions and medical care, prompting some experts to warn that more older Americans will face greater financial hardship.

Major insurers, like UnitedHealth, Centene and state Blue Cross plans, have shuttered plans that they viewed as unprofitable in certain markets, leaving some people with fewer choices of policies, and even more limited choices of doctors in 2027. In some rural counties from Oregon to New Hampshire, older Americans shopping for private Medicare Advantage plans will find that options have vanished completely or are dwindling to just a few plans.

Overall, as open enrollment begins this month, roughly five million people will be forced to switch plans because their current policy has been canceled or is no longer offered in the county where they live, according to an estimate from Duos, a health technology firm. Other estimates are lower, but analysts who have been studying the issue said cancellations would probably surpass the number this year, which was the highest on record.

Dependent on Social Security and other fixed incomes, recipients also will be paying substantially more in out-of-pocket costs next year when they need a prescription drug or go to a doctor or hospital.

The upheaval and confusion in some areas of the country are in sharp contrast to the Trump administration's claims that the Medicare Advantage program is "stable" and that average premiums will be lower next year. Now that about 35 million older Americans are covered by Medicare's private plans, many will face an enrollment period that is likely to be volatile, according to insurance brokers, industry analysts and experts.

The disruptions risk angering older voters before the midterm elections. Many voters say they are unable to afford increases in health care, groceries and gas. A KFF poll released this week found that nearly twice as many likely voters trust Democrats more than Republicans to handle health care costs.

President Trump has announced that the administration was sending out pre-election payments of at least \$90 to 20 million traditional Medicare beneficiaries — but not those covered by private plans. Democrats called it a "desperate" move in the face of voter disapproval.

The changes to Medicare Advantage will require members to carefully scrutinize the fine print of plan options, because costs are rising in multiple ways — from co-payments for doctors and prescriptions to deductibles, health analysts said.

In Pahoia, on the Big Island of Hawaii, Ann and Mick Kalber received a registered letter last week advising them their plan was being discontinued.

Mr. Kalber, 78, has a history of throat cancer and jaw surgeries, and he is now on a feeding tube. This year he was hospitalized twice in nearby Hilo. Together the couple are paying less than \$300 in monthly premiums. Now they are bracing to pay hundreds more. A high priority for the couple is maintaining access to a Mayo Clinic surgeon in Florida who has operated on Mr. Kalber's jaw.

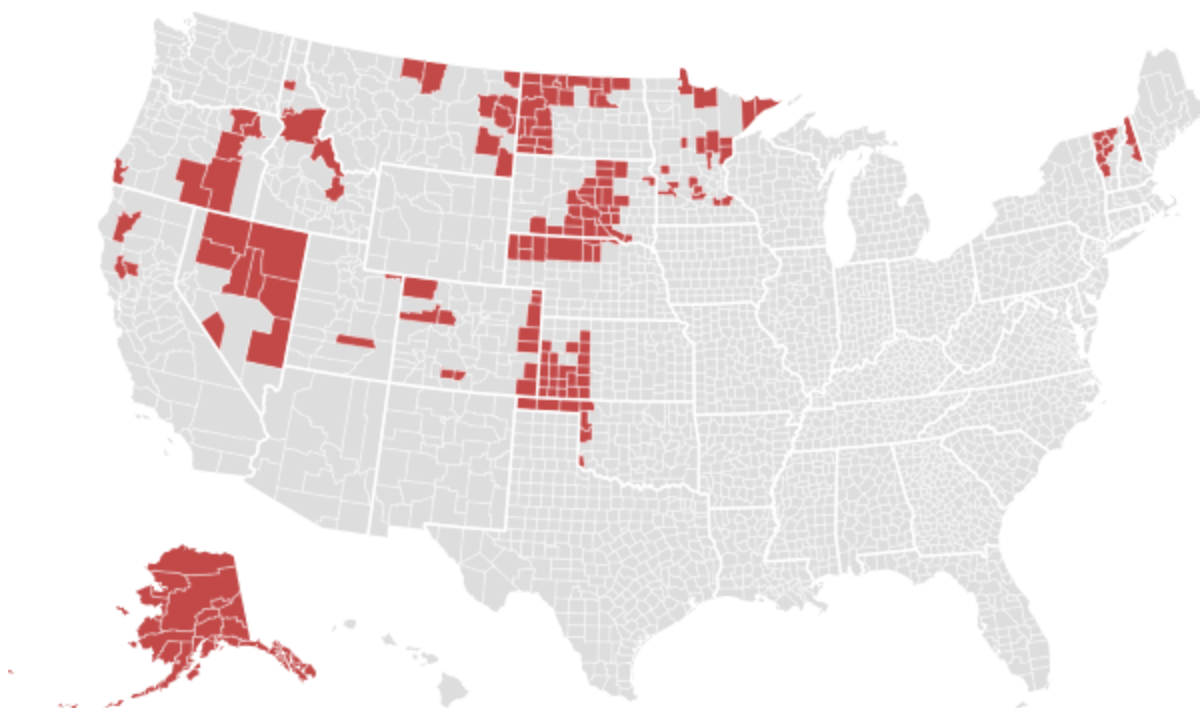
Asked if they could afford any increase while living on a combination of Social Security income, an inheritance and savings from careers making videos of volcanic eruptions, Ms. Kalber said, “No — but we can’t afford not to.”

Republicans and many Democrats have long championed privatization of Medicare, but some supporters are concerned that Medicare Advantage is losing its luster. For years, the private market for Medicare plans seemed like a gold rush for insurers, which offered low-cost plans and policies that offered benefits like vision and dental care that were not available in the traditional program. By 2023, more than half of the people eligible to enroll had signed up for a private plan.

But the insurance companies soon came under sharp criticism for overbilling the program, prompting government officials to reduce reimbursements. Health care costs also began to climb more sharply, and some insurers say they struggled to make money.

Counties without any Medicare Advantage plans

In 187 counties, insurers are not offering any Medicare Advantage plans next year. Rural counties with low populations, fewer hospitals and higher costs are disproportionately losing plans.



Source: KFF. Rebecca Robbins/The New York Times

Health Care Service Corporation, which operates nonprofit Blue Cross plans in several states, is sharply reducing the number of places where it offers plans and exiting some half-dozen states.

Like other insurers, the company points to numerous reasons for dropping out of various regions of the country, including changing government policies, medical costs in certain communities and the number of people enrolled in its plans.

The company said it remained committed to the market. “Medicare Advantage is very important to us,” said Stephen Harris, who oversees government programs for the insurer.

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Cutbacks by UnitedHealth, the nation's largest insurer, are causing some 390,000 people to switch policies.

The company emphasized that 94 percent of individuals eligible for the program would still have access to one of their plans. “The program is delivering real value today,” said Bobby Hunter, the president of UnitedHealthcare.

Some of the extra benefits, like dental care, that have made Medicare Advantage especially popular and have been used by insurers for years to woo new customers and build market share are being pared back.

In announcing what plans would be available for 2027, the Trump administration emphasized the program's stability. It said people would pay lower premiums overall and pointed out that most parts of the country would have a robust number of plans competing for business.

Medicare “is fighting to keep high-quality care options affordable and accessible for the millions of beneficiaries who rely on Medicare Advantage and Part D prescription drug plans,” said Dr. Mehmet Oz, the administrator of the Centers for

Medicare and Medicaid Services. “By slashing handouts to big insurance companies,” he said, the government “is keeping premiums stable.”

“Individual plans make business decisions every year about where and how they participate, but those decisions should not be confused with M.A. instability,” Dr. Oz said in a statement, referring to Medicare Advantage.

But industry experts estimate that millions of people will no longer have access to the plans they had chosen, particularly those plans that did not charge a premium.

“In my decade of working in the industry, I have never seen the announcement so disconnected with what the market is experiencing as a whole,” said Jenn Kerfoot, the president of Duos, which helps people navigate Medicare. “We’re seeing the compounding forces of changes in this program.”

Many older Americans on fixed budgets will see monthly premiums rise — and what they must pay toward their medical and drug expenses will also go up. By one estimate, the average out-of-pocket limit on a typical plan will rise to \$6,600, from about \$5,000 in 2024.

Michele Harris-Padron, 74, who lives in Santa Barbara, Calif., can keep her plan but will have to pay \$30 more a month in premiums next year. Her out-of-pocket costs could also go up. The amount she pays to see a specialist will go up from \$45 to \$60 a visit.

She and her husband switched plans two years ago from Blue Shield of California to UnitedHealthcare when her Blue Shield plan no longer covered her doctors.

“I’m really struggling to see if there are any other options for us, but I don’t really believe that there are,” Ms. Harris-Padron said.

Some states are getting hit harder than others. Insurers in Minnesota cut plans in 2026 and plan to again for 2027, with another 387,000 people caught in plans that are ending coverage either because companies closed the plan or left a county, according to Duos.

The number of counties with no plans available at all in 2027 rose to 187, from 118 this year, out of the nation's 3,069 counties, according KFF, a nonprofit health policy organization. States with counties that have no plans in 2027 for the first time are New Hampshire, North Dakota and Oklahoma. Alaska's vast rural area and tiny population have made it prohibitive for Medicare Advantage insurers for years.

One of those places where all plans have dried up is Minnesota's Crow Wing County, a two-hour drive from Minneapolis in the center of the state. Nicole Converse, a broker at RG Insurance, said she was advising Medicare Advantage beneficiaries there that they would have to switch to traditional Medicare and purchase a supplemental Medigap plan, which she said would cost \$330 a month in premiums. They also will have to purchase a separate Medicare Part D drug plan. She said the firm had about 1,000 Medicare Advantage clients in the county who would be affected.

"It's been pretty rough so far having to explain that to people," Ms. Converse said. "The biggest concern is they are going to have a hard time affording this."

Rural states are experiencing more turmoil because paying for care in those places can be more expensive for insurers. The limited number of hospitals and doctors outside urban areas makes it difficult for insurers to negotiate favorable contracts, said Roshan Desai, vice president for product and strategy at Rebellis Group, which advises health plans.

"There's a lot of volatility," he said. "Before, plans would never reduce a service area. Now it's common."

For many people in traditional Medicare, their stand-alone prescription benefit insurance, called Part D, also will be changing. About four million people who received this drug insurance with no monthly premium will now be required to pay, because the Trump administration is ending temporary subsidies.

The number of stand-alone Part D plans has declined by two-thirds, to 316 from nearly 1,000 in 2021, according to Duos.

Whether erosion and higher costs in Medicare Advantage will continue after next year depends on a number of factors, including any government response.

“This doesn’t have to be the new normal, and it shouldn’t be,” said Rebecca Buck, senior vice president for public affairs for the Better Medicare Alliance, which represents the private insurers. “It all starts by fully funding Medicare Advantage and good stable policymaking.”

Reed Abelson covers the business of health care, focusing on how financial incentives are affecting the delivery of care, from the costs to consumers to the profits to providers.

A version of this article appears in print on , Section A, Page 1 of the New York edition with the headline: Millions Lose Private Medicare And Face Rising Medical Costs

NEWS: HEALTH

Colorado targets cuts to addiction recovery coaches as Medicaid spending jumps 286%

Lawmakers passed bipartisan legislation to pay for peer counseling addiction services in 2021. The cost of the program rapidly exploded.



Jennifer Brown

4:00 AM MDT on Sep 28, 2026



State Sens. Jeff Bridges and Judy Amabile, both Democrats, talk in the Senate at the Colorado Capitol in Denver on the last day of the state's 2026 legislative session. (Jesse Paul, The Colorado Sun)

The letter Brian Bauer received in the mail hit hard — with one sentence, his northern Colorado nonprofit providing addiction counseling and sober living to people fresh out of prison and homeless shelters was over.

It was a 90-day notice that the regional agency that dispenses Medicaid funding was ending its contract with Bauer's organization, called Abundance Foundation. It meant that 230 people receiving support from 11 recovery coaches would lose services. The nonprofit's three sober living houses would close.

Bauer doubts those clients will find help elsewhere, as similar services are shrinking throughout Colorado.

The cuts affecting Bauer and others are the result of state Medicaid spending that is projected to **overgrow its budget** by nearly \$1 billion next year and the decisions that have followed in an attempt to rein in that spending. The latest target is peer counseling, which includes services provided by people with lived experience instead of licensed clinicians.

At Abundance Foundation, peer coaches who have gone through addiction recovery, and spent time in jail or without housing, help others navigate the journey.

The legislature passed a **law in 2021**, when there was more federal and state money for Medicaid, that said the government insurance program for people with low incomes would cover peer support. The intent was to create greater capacity in the behavioral healthcare system, where waitlists to see a psychiatrist or mental health therapist are often months long.

It worked.

The law, passed with widespread bipartisan support, was estimated to cost \$35,000 in state funds the first year and about \$54,000 the next, according to its **fiscal note**.

That was way off. Last year, "peer and support services" cost \$293 million, split between federal and state funds. It covered services for 35,000 people per month.

"That is causing us concern," said Gretchen Hammer, executive director of the Colorado Department of Health Care Policy and Financing. "There may not be appropriate clinical oversight."

The spending was discussed during a recent meeting of the state Commission on Medicaid, which includes 10 lawmakers charged with coming up with solutions to create a sustainable Medicaid budget. The numbers enraged lawmakers, who unloaded a round of attacks on peer services, and any other services Medicaid is paying for that are provided by unlicensed clinicians.

That includes peer counselors who are running sober living homes across the state.

“You don’t go to somebody who had cataract surgery to get your cataracts removed,” said Sen. Judy Amabile, a Boulder Democrat and commission chair. “You go to a doctor.

“I am getting a lot of feedback from people that they are not actually getting excellent care. Medicaid is paying for people to be in places where they are actually being harmed,” she said. “This is an area that we should really be taking a close look at.”

Sen. Barbara Kirkmeyer, a Brighton Republican, asked whether the state healthcare department could just end the program now.

“That’s outrageous,” she said. “Can we work to eliminate it, ... and we are not just supporting people so they can go to AA and whatever kind of things? The governor can stop spending, even if the legislation has been passed.”

Hammer, the head of the department that includes Medicaid, said state healthcare officials were already in talks about a “moratorium” with the regional agencies that contract for peer services — like the one that sent notice it was ending Bauer’s contract three weeks ago.

There was a 286% growth in spending in what the Medicaid program defines as self-help and peer services from 2022 to 2024, state officials said. That included a jump to \$51.8 million last year from \$8.4 million three years earlier for just one peer services billing code.

The Health Care Policy and Financing Department is “working to address the growth in expenditures and bring spending in line with the budget,” spokesman Marc Williams later told The Colorado Sun via email. That has included asking “regional accountable entities,” the agencies that contract with providers, to work with providers that can “demonstrate improved health outcomes.”

Bauer, who has been sober for 14 years, said it’s clear that lawmakers on the committee don’t understand how peer counseling works. People coming out of the corrections system, or out of homelessness, want help, at least initially, from those who’ve walked the same

path, he said. That's how they figure out how to stay sober, how to get a job, and make probation and therapy appointments, he said.

"The argument that they need a medical professional is invalid," he said. "The idea is that when somebody gets out of jail or prison, the main person they trust to do the next right thing has been in jail or prison. Getting them to go to a psychiatrist to sit down and talk about their feelings is not something they are going to do."

Otherwise, are they "just supposed to white knuckle sobriety?" he asked.

Other services are not available, he said. The largest nonprofit mental health center in Larimer County, SummitStone Health Partners, often has a waiting list.

And in August, Jefferson Center Mental Health closed its adult residential recovery program due to "substantial reductions in Medicaid reimbursement rates," the center said in a community letter. About 50 employees lost their jobs.

"Significant budget challenges for Medicaid and safety net behavioral health funding have squeezed providers for some time now," the center wrote.

Bauer acknowledged that fraud exists in the peer services industry, because it has been operating as "the wild west" for the past five years. But the solution, he said, is not to eliminate services that are working for people who need them.

Rocky Mountain Health Plans, the regional entity that canceled Bauer's contract, did not respond to questions about why. In an email, a spokesperson said the agency's "goal is to help people find the right services at the right time" and that "peer support services can be an important part of a member's behavioral health care."

Amabile cautioned against talk of abruptly eliminating peer services. Colorado spent years trying to build up its behavioral health system so that people had more access to care, so state officials should use caution as they look for cuts, she said.

"This talk of 'let's just get rid of all that' is a little bit dangerous," she said.

NEWS: HEALTH

Rural Colorado communities getting healthcare upgrades with \$170M in federal grants

Grant funding will benefit 250 projects aimed at strengthening rural Colorado's healthcare workforce, equipment and services



Erica Breunlin

3:52 AM MDT on Sep 29, 2026



Memorial Regional Health hospital, Feb. 2, 2023, in Craig. (Hugh Carey, The Colorado Sun)

Rural communities across Colorado will train and retain healthcare workers, expand mobile healthcare clinics and adopt modern electronic health record systems — among other priorities — through nearly \$170 million in federal grant funds aimed at improving access to care for rural residents.

The grants, announced Monday by Gov. Jared Polis and the Colorado Department of Health Care Policy and Financing, are part of Colorado's Rural Health Transformation Program. Competing against other states for dollars, Colorado **received more than \$200 million** in federal grant funding the Trump administration carved out in the One Big Beautiful Bill Act specifically to advance rural healthcare.

In the grant program's first year, the state Health Care Policy and Financing Department — which received the grant money from the U.S. Centers for Medicare & Medicaid Services — chose to fund 91 applicants in rural Colorado. The money is slated to support 250 projects.

The program drew 112 applications that altogether asked for \$250 million in funding to help roll out 368 projects, according to a news release from Polis' office. The Health Care Policy and Financing Department weighed factors such as the strength of the projects and programs, how far their impact would go and the different kinds of healthcare providers involved.

“This funding will give rural healthcare providers some relief and help protect healthcare access across rural Colorado,” Polis said in a statement.

The grants will be renewable for five years as long as grant recipients fulfill their obligations. However, dollar amounts could fluctuate based on the amount of money the U.S. Centers for Medicare & Medicaid Services allocates to Colorado yearly, according to Michelle Mills, CEO of the Colorado Rural Health Center.

Among the groups awarded the largest grants:

- Salud Family Health in northeastern and southeastern Colorado is receiving a \$8.4 million grant.
- San Luis Valley Health's Regional Medical Center is getting a grant worth close to \$7.9 million.
- Middle Park Health in Grand County is receiving a \$7.7 million grant.

- Porch Light Health with 30 locations across Colorado is being awarded a \$6.6 million grant.
- Valley-Wide Health Systems in 14 rural counties is getting a grant worth nearly \$6.4 million.

The dollars come at a time of deep strain for both rural healthcare systems and residents, with nearly half of Colorado's 43 rural hospitals operating at a deficit and many patients reliant on Medicare and Medicaid, Mills said.

Mills said she hopes the grants will drive opportunities for innovation and collaboration.

"I'm really hopeful that folks are going to be able to expand services that are needed in their communities and make investments in things like equipment upgrades, other technology that will make access to care better and easier and ultimately improve outcomes for patients," she said.

Colorado Mountain College, the only institution of higher education to net grant funding, will use an annual \$1.9 million to train more than 200 healthcare professionals over the next five years. The college, which received the funding in partnership with seven hospitals, is also the only institution of higher education with a physical presence in mountain communities like Vail, Aspen, Glenwood Springs and Rifle. Its programs have become a major training ground for critical healthcare positions in those mountain towns, according to Colorado Mountain College President Matt Gianneschi.

Grant dollars will allow the college to add eight or nine new positions, including faculty and support staff, to expand some healthcare programs and bring back others the institution previously paused.

Among the college's top priorities is doubling the number of students in its two-year radiology program, which launched with a capacity of 12 students this fall. Colorado Mountain College initially had enough faculty to accept a new class of students every other year. With the grant money, the college will now be able to enroll a new cohort every year, Gianneschi said. Students can pursue an associate's degree with the goal of becoming a radiology technician or earn a bachelor's degree and become qualified for a career in advanced imaging.

Colorado Mountain College will also reintroduce its surgical technician program, what Gianneschi describes as “a critical need” for rural hospitals, and a certification for instrument sterilization.

Those positions, desperately needed by local hospitals trying to care for aging populations in mountain towns, offer students a shot at a living wage, Gianneschi said.

“For many of our folks, this is a once-in-a-career kind of opportunity to have the kind of impact that they’ve always dreamed of in supporting their communities,” he said.

The grant will also give the college a boost in continuing to meet the needs of local economies, which are increasingly relying on healthcare, Gianneschi said.

“We exist to ensure that the mountain communities have the workforce that they need to survive, to exist, to thrive,” he said, adding that the outcomes from the funding will be “truly transformational” in rural Colorado.

Peaches put this town on the map. The Colorado River drought could wipe it all away.

Like much of the Southwest, the home of the “perfect peach” is facing the greatest Colorado River crisis in recent memory.

September 26, 2026



By [Sarah Kaplan](#)

PALISADE, Colo. — Ask almost anyone in this tiny desert town, and they will tell you providence has endowed their valley with three attributes that produce the world’s most perfect peach.

The first is a warm wind that blows out of neighboring De Beque Canyon in springtime, dispelling frosts that could damage delicate blossoms. Next are the sunny days and cool nights of high-altitude summers, which encourage production of sugars and other compounds that make the fruits teasingly tangy and blissfully sweet.

And then there is the [Colorado River](#), the greatest of nature’s gifts. Born in the breathless heights of the Rockies and channeled through irrigation canals, the river is Palisade’s lifeblood. For more than 100 years, its waters have coaxed orchards from dusty desert soil, nurturing peaches so succulent they have made small fortunes, impressed presidents and turned a [remote corner of western Colorado](#) into a produce powerhouse.

Without the river, there could be no peaches. And without the peaches, there could be no Palisade.

Yet this town and the entire Southwest are facing [the greatest Colorado River crisis](#) in recent memory. An unprecedented drought worsened by climate change has depleted mountain snowpacks that feed the river, driving its flows to [record lows](#). Decades of overuse has [drawn down reservoirs](#), imperiling dams and leaving no buffer against dry spells.

This month, for the first time since they were founded, the irrigation districts serving many Palisade orchards stopped supplying water before the end of growing season, forcing farmers to scramble for ways to keep their peach trees alive.

The colossal gap between surging demand for the Colorado and its dwindling supply has ratcheted tensions between farmers — the river’s largest longtime users — and the cities that also depend on it. Experts increasingly say the only long-term solution is to stop using so much of the river for agriculture, which would reverse a century-old precedent that helped create rural communities like Palisade.

For farmers who rely on priority access to the Colorado, the stakes are existential.

“If we don’t have water,” said Dennis Clark, a fifth-generation Palisade peach grower, “we’re done.”

The peach’s promise

To the Grand Valley’s early White explorers, this arid region on the Western Slope of the Rocky Mountains seemed like a wasteland fit only for sagebrush and stunted pines. But after the U.S. government violently expelled the valley’s native Ute inhabitants in 1881, officials were eager to encourage settlement by farmers who would tame the landscape.

By the time Clark’s great-great-grandfather James passed through on a cattle drive in the 1890s, officials were marketing the area as an agricultural Eden, with near limitless potential for irrigation.

As soon as James returned home to Kansas, he packed up his wife and children, purchased 20 acres in Palisade and began planting peach trees.

In those days, there were no irrigation canals conveying water to the Clark family farm, which lay in an area then known as “Poverty Flats.” James and his sons hauled water from the river by horse-drawn wagon.

Their effort paid off: In 1904, the Palisade Tribune estimated an acre of peaches could generate \$500 of revenue — equal to nearly \$19,000 today.

The region’s reputation for exceptional produce soon reached Washington, where officials were investing millions of dollars in water infrastructure that would accelerate the “reclamation” of the Western desert. President William H. Taft attended the valley’s 1909 Peach Days celebration, praising residents for turning a “God-forsaken spot” into “paradise.”

Taft pledged to help build a dam and canal that would ensure Colorado River water always flowed to the farms. More than a century later, the Cameo Diversion Dam and Government Highline Canal still irrigate Palisade’s nearly 300 peach orchards, including Clark’s.

Running the family orchard remains hard work. New trees are planted every year, though it takes three to four years for them to become commercially productive. Workers prune the trees at the end of winter dormancy and protect them from weather and pests until harvest begins in June. During the summer, the Clarks and their staff labor from before sunup to past nightfall — picking peaches, monitoring irrigation lines, packing crates, staffing the farm stand, shipping to grocery clients.

Yet peaches are good business, Clark said, especially by agriculture’s often unreliable standards. In Colorado, the nation’s sixth-largest peach producer, the area around Palisade accounts for 75 percent of all peaches grown. The fruits’ arrival each year is heralded at farmers markets and gas stations as far in the state as Fort Collins.

Consumers seem to understand that each peach is precious — highly perishable, easily bruised. And during the brief window when they are available, people are willing to pay a premium for that fleeting taste of summer.

“It is tangy. It is sweet. It is ... mmmm,” said Beverly Bussey, a 76-year-old from nearby Grand Junction who volunteers each summer at the Peach Days celebration pancake breakfast.

She smacked her lips and laughed. “It’s a party in your mouth,” she said. “I mean, it’s luscious.”

But the joy of this year’s peach season has been clouded by the mounting crisis on the river. Last winter was Colorado’s warmest in 132 years of recordkeeping, producing the smallest snowpack ever observed by scientists. The seven states that rely on the Colorado are at a stalemate over how the shortage should be managed, and experts say the federal government’s latest efforts are insufficient to stave off collapse.

 Dive deeper

Clark stood at the river’s edge, where grass and weeds were starting to grow from the mud on the exposed banks, and shook his head.

“The mighty Colorado River,” he said. “It makes you thirsty just looking at it.”

An unprecedented drought

As dam tender for the Grand Valley Water Users Association, Eric Hergert has organized his life around the ebbs and flows of the Colorado. From the moment the irrigation season begins in April to its finale in November, he lives beside the Cameo Dam, alone but for a Calico cat named Misha. He can’t travel more than 45 minutes away — if there is an emergency, he must be on hand to ensure water still reaches the users who have a right to it.

But with so little snowmelt entering the river, Hergert could tell this year that “everyone was going to have to work their butts off to keep this thing going.”

Managing demands on the Colorado is difficult under any circumstances. The river is often called the world's most litigated water body, and the number of claims to its contents has always outstripped the volume that travels between its banks.

But after 26 years of a historic megadrought, which research shows has been worsened by climate change, flows are about 20 percent lower than their 20th-century average. That shortage is straining the byzantine legal framework known as the "Law of the River," which allocates water according to who has been using it the longest.

Near the bottom of the hierarchy are many of the region's most populated areas — Central Arizona, Colorado's Front Range — whose growth was enabled by massive diversion projects that transport water hundreds of miles from the river's main stem. In times of shortage, these junior rights holders can see their entire allocations eliminated before more senior rights holders have to make a single cut.

It was a sign of how bad the drought had become that officials were gearing up to enforce the same rule within the Grand Valley, where even the lowest-priority water rights date back more than 100 years.

"We have a knot in our stomach every time we think about it," Clark said.

Like many Palisade peach growers, Clark's farm is served by the Orchard Mesa Irrigation District — the second-most junior in the Grand Valley. Cognizant that he could soon face restrictions for the first time since his ancestors started farming, Clark spent the spring aggressively pruning his trees. That would mean fewer peaches come harvest, but it also reduced the amount of water the trees would need during the hottest and driest months.

Elsewhere in the valley, farmers who grew annual crops, like vegetables or alfalfa, switched to drought-tolerant varieties or planted fewer acres. That option wasn't available to Palisade's peach growers, Clark said. If he tried to ration water, his trees could die, depleting harvests for years to come.

Meanwhile, the directors of the valley's five irrigation districts issued all-caps, underlined missives urging users to conserve. They drew on water stored in small upstream reservoirs to supplement low flows. All districts, even the most senior ones, agreed to use less than their full allotment in an effort to prolong the irrigation season.

But residents knew those measures would only stave off the inevitable. So many people came up to Hergert to ask when the canal would go dry that he decided to signal its status with a leftover Christmas light in one of the dam's towers. The light's green glow would be visible to drivers zipping past on Interstate 70, reassuring them that water still flowed.

'Everything is connected'

Even as water continued to stream through the valley's irrigation systems, barely a trickle remained in the actual Colorado River bed. Levels dropped too low to support endangered fish species. Local pastors struggled to find a spot deep enough for the outdoor baptisms they hold every year.

At one point in early August, the river's discharge as it wound through town was below 100 cubic feet per second — less than 10 percent of what was flowing in the Highline Canal.

"They're taking everything out of the river," said Rondo Buecheler, a veteran river guide who co-owns Palisade Cycle and Shuttle on the town's main street.

There were only two weeks out of his usual five-month season when the stretch of Colorado near Palisade was deep enough to safely float down, Buecheler said. He estimates the shop has lost one-fifth of its annual revenue due to canceled trips and lack of boat rentals.

Grand Valley farmers are hardly the only ones pulling water from the riverbed, Buecheler noted. Roughly a quarter of the state's allocation is diverted from the headwaters and pumped across the Rockies to serve the Front Range communities where 80 percent of the population lives. The valley's residential users rely on the river to flush their toilets and water their lawns. Still more water is required to flow downstream to serve California's vast produce farms and cities such as Phoenix and Los Angeles.

"We're creating these false meccas," Buecheler said.

On the other hand, Palisade's bucolic scenery makes for an idyllic float trip — a large part of what drew Buecheler to the area almost 20 years ago. Many of his customers are people who come to town for peaches and wind up booking a rafting adventure or renting bikes.

Most of the town's economy depends on the fruit industry, said Palisade Chamber of Commerce President Jessica Burford. Farms are among the town's bigger employers. During the annual Peach Days celebration — still going strong more than a century after Taft was its guest of honor — hotels sell out and lines for restaurants stretch around the block.

"Everything is connected," Buecheler acknowledged. "I don't think we should get rid of agriculture uses so I can run rafting trips."

Still, he wondered, "is it too much to ask for [more water] to flow down this river that is our lifeblood?"

These tensions are part of what makes the crisis on the Colorado so hard to solve, said Doug Kenney, director of the Western Water Policy Program at the University of Colorado at Boulder. Across the Southwest, the river supports some 5.5 million acres of farmland, 40 million municipal water users, a booming recreation industry and 30 Native American tribes, among others.

"As a society, we never really made a decision about how the water should be shared among these various competing interests," he said. "We just said, 'First come, first served.'"

In December, Kenney led a group of experts from across the basin to publish a report on the Colorado's increasingly precarious status. In "[Dancing With Deadpool](#)," the researchers warned that one or two more years of bad snowpack could deplete the river so much that its dams and reservoirs no longer function. Severe cuts will be needed, and because [agriculture accounts for about three-quarters](#) of human consumption from the Colorado, that would have to mean sharp reductions in the amount of water used for farming.

Many Southwestern states are already trying this, with compensated fallowing programs that pay farmers to forgo their annual water allocation and leave their fields empty for a season.

 Dive deeper

What some of the "Deadpool" report's authors proposed was even more drastic: More than a century after the U.S. began diverting the Colorado to encourage farming in the West, [they argued](#), the federal government should reverse that process, permanently buying up the most marginal agricultural land so water can remain in the river's natural flow.

"It takes a pretty dire set of circumstances to go down that road," Kenney said. "But the circumstances here are really dire."

When the water runs out

The news that Clark had been dreading arrived at the end of August: Water supplies to the Orchard Mesa Irrigation District would be shut off on Sept. 17. Farmers would get some additional water at the beginning of October, but otherwise needed to figure out how to make do with what little rain nature provided.

Clark was most worried about what the shutoff might mean for the winter, and for the season to come. Normally, he gives his trees a good long drink before they go into dormancy. That way, their roots remain wet through the cold season, protecting them from frost and helping with nutrient absorption.

If they didn't get that water, and this winter was another dry one, would they be able to bloom in the springtime? And even if they survived this shortage, what about the next?

"We farmers keep doing more and more with less and less," Clark said. "Feels like the only thing left they can do is take it away."

This is where he fears the river may be headed. Even though Grand Valley farmers have senior priority over cities like Phoenix and Denver, Clark feels certain that politicians will never allow the region's economic powerhouses to go without.

What that might mean for Palisade, for the peaches, for his family business, is hard to imagine.

“I’m not trying to be selfish,” he said. “But when you have the best of something, you hate to see it dissolved or gone.”

Up at the dam, Hergert watched as the river levels dropped lower and lower. There was just enough water in the canal to supply the valley’s most senior irrigation districts.

For them, at least, the green light was still on.

What readers are saying

The comments reflect concerns about water scarcity and unsustainable agricultural practices in arid regions, particularly focusing on the Colorado River's overuse. Many commenters criticize the cultivation of water-intensive crops like alfalfa and peaches in desert areas,... [Show more](#)

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