

Thank you for inviting me here today. My name is Meg Polyte and I am the Policy Director for the Vermont Chapter of the Alzheimer's Association. You have heard from many of my colleagues about how expansion of Medicare Savings Programs will impact seniors in our state. I work closely with my counterparts in Maine and Massachusetts and know those state have increased their income eligibility limit to ensure more access to health care. I'd like to share why increasing the eligibility limit for Medicare Savings Programs, as proposed in Section 9 of H. 721 - *An act relating to expanding access to Medicaid and Dr. Dynasaur*, is important to the demographic I represent.

In 2020 there were 13,000 Vermonters over the age of 65 diagnosed with Alzheimer's. That number is projected to be 17,000 next year, an estimated 30.8% increase. The number of Vermonters with dementia is even higher if you include those who are misdiagnosed or undiagnosed and those with Younger Onset meaning they were diagnosed before the age of 65.

Vermont's demographic shifts predict the number with Alzheimer's and other dementias to continue to rise. In 2021, nearly 100,000 Vermonters (15%) were over 60 years old, 9% were over 70, and 4% were over 80. After the age of 65 the risk of Alzheimer's doubles every five years.

Vermonters with dementia usually require a caregiver and data from Vermont's 2021 Behavioral Risk Factor Surveillance System (BRFSS) report shows:

- More than 16% of Vermont's dementia caregivers are a partner or spouse and 44.5% are a child or child-in-law
- 71.1% of dementia caregivers in Vermont are female.
- 32.4% are over the age of 65 and almost 60% are over 55
- 24% of dementia caregivers spend more than 40 hours a week providing care, 28% spend 9-39 hours, and 48% spend up to 8 hours a week

I share these numbers to highlight the many ways the expansions proposed in section 9 of this bill are needed by Vermonters. There are two scenarios I hear about a lot that I think specifically relate to the proposed expansion.

The first is a couple. Alzheimer's and other dementias are brain disorders that get progressively worse over time. On average, a person with Alzheimer's lives 4 to 8 years after diagnosis but can live as long as 20 years, depending on other factors. The long duration of this disease has a significant impact on a couple's finances, savings, and retirement. According to *The American Journal of Managed Care* article [The Economic and Societal Burden of Alzheimer Disease: Managed Care Considerations](#) from September 2022, "the total lifetime cost of care for a patient with dementia is estimated at \$412,936 dollars, with 70% of those costs borne by the family caregivers in the form of unpaid caregiving and out-of-pocket expenses for items ranging from home health support to medications." Even couples with robust savings often find themselves out of resources because they are forced to spend down in order to access programs. Expanding eligibility for Medicare Savings Programs would help them stretch their final dollars and would provide a small safety net for the surviving spouse who can live for many years after their loved one has died.

You've already heard about the story collection project compiled by Vermont Legal Aid. One of their featured testimonials is from Pamela whose husband had dementia. Through Pamela's story you will understand how dementia impacts both spouses and the struggle the surviving spouse faces. Access to affordable health care and prescription drug coverage is especially important because more than 60% of Vermont's dementia caregivers have their own chronic health conditions.

I want to highlight the large financial burden of caring for someone with dementia and the impact of that reality. In 2021, caregivers spent approximately \$12,400 on out-of-pocket expenses for the person with dementia. This is about twice what is spent when caring for someone without dementia. Further, 4 in 10 caregivers indicated the "food they bought just didn't last," and 3 in 10 reported eating less

because of care related costs. Expansion of these eligibility limits will have a real impact on the health and wellbeing of Vermonters.

The second scenario reflects the economic impact that women face due to caregiving. As I mentioned, more than 71% of dementia caregivers are female. Caregivers for those with Alzheimer's and dementia face unique challenges and are often managing multiple conditions. One in four caregivers spends 40 or more hours a week on caregiving responsibilities. Obviously, this has an impact on one's ability to work:

- 57% reported sometimes needing to go in late or leave early due to care responsibilities
- 18% reduced their work hours
- 9% gave up working entirely

Caregiving impacts wages, retirement, promotions and even the ability to remain employed. The result of caregiving can mean lower earnings and therefore lower social security payments and smaller retirement savings. Expanding eligibility for the Medicare Savings Programs will have a significant impact on those who have sacrificed their earning potential to care for a loved one and help ensure older women have access to the affordable health care they require.

I'll close by saying Alzheimer's is one of the most expensive diseases for our government, our state and families. That is why here in Vermont we are working so hard to increase awareness and educate providers and the public about modifiable risk factors. We know that prevention is the most cost-effective option. When individuals can't afford health care they purposely avoid seeing a doctor. This often results in poor health outcomes and the need for more expensive care. Expanding eligibility limits for low-income, older Vermonters is one tangible action that can help them access the health care they deserve and ensure they age well in our state.

Resources:

[Vermont 2023 Alzheimer's Statistics](#)

[Dementia Caregiving in Vermont – Data from 2021 BRFSS](#)

[Caregiving in Vermont Lived Experience Brief](#)