Tracy Dorman

Testimony for Healthcare Hearing Medicaid for Working Persons with Disabilities (MWPD) January 19, 2018

I was so excited to think that I was finally going to be eligible for the MWPD program after the changes that were approved by the legislature almost 3 years ago were approved by CMS and implemented beginning January 1, 2018. Those changes being a spousal income disregard and increase in asset levels. Well, I was wrong. My husband is no longer working (disabled Vet) so that is not an issue any more. The asset levels were increased to \$10,000 for an individual and \$15,000 for a couple. When I was able to work full-time I worked at both Williams and then Bennington College and earned retirement money. When I left Bennington College in 1999, I withdrew what I could to see me through the waiting period of applying for and obtaining SSDI. The remaining retirement funds have been earning interest since that time. I have not been allowed to contribute to those funds and I was told that I could not withdraw any more until I reach the age of 59 ½ without incurring a penalty and taxes being deducted. I am currently age 58; I have another year and a half till I reach that golden age of 59 1/2. The balance of that retirement account was now over the \$15,000 MWPD limit. I am forced to withdraw the allowable cash balance and begin my 10 annual payments to draw down the balance to a balance under the \$15,000 limit. I have to pay penalties and taxes on those withdrawals. Trust me, the annual retirement payments will not cover the medical expenses that I will incur over the year. I am a left leg amputee (from birth defect) with a below the knee prosthesis and wear special socks that are at minimum \$35/each. I am also a diabetic. My medications are unaffordable most of the year. In anticipation of becoming eligible for MWPD, I changed my Medicare D prescription drug plan to use a plan that met the State's requirements with a benchmark premium, etc. In doing so, I now have a\$315 deductible and higher copays. I went to refill my diabetes medication this month and learned that I had a \$400 copay for a month's supply (the only amount allowed, I can't purchase just one pen at a time). My Med D plan last

year had higher premiums but more affordable copays until I reached the donut hole during the last four months of the year and the copay was then \$300 for a month's supply. I did not have my medication regularly and I ended up in the ER last weekend with altered mental status and high blood sugar that required a brain scan to rule out a stroke and chest CT scan to rule out a blood clot. How much do you think that is going to cost me? If I had MWPD, I would not have to pay those ridiculous deductibles and copays. Yes, it would cost the State of Vermont, but it probably wouldn't have even happened had I had my medications through the MWPD program, and if I had a stroke or blood clot the costs could have become exorbitant thereby costing the State even more.

Don't get me wrong, I am very thankful for the changes that were made to the MWPD program after all this time. I still believe that Vermont can do better by their hardworking, tax-paying, disabled citizens that are trying to remain independent and not be so reliant on public benefits. Neighboring states have higher asset levels. In fact, I believe Vermont can and should do better by its citizens by instituting a universal healthcare system for all. By having so many intricacies that are built into the healthcare programs that exist only costs the State more money to administer. Not to mention the insurance plans that are unaffordable or not accessible with high deductibles and premiums, etc., that are offered through VT Health Connect. I urge you to consider the opportunity that Vermont has in becoming the first state to implement a universal health plan—one that treats people with respect and dignity. It's time to start thinking outside the box and comfort zone that you've been programmed to work within. Vermont needs to lure young families to come and stay and grow our economy. I bet a universal health program would certainly be a big draw to many.

Respectfully,

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