

Jane Doyle
Testimony before the
United States Senate Special Committee on Aging
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Good morning, Chairman Casey, Ranking Member Scott, and Members of the Senate Special Committee on Aging. My name is Jane Doyle. I have lived in Bartonsville, Pennsylvania for the past 32 years. I have two children and three grandchildren living in the suburbs of Atlanta and Boston. I am honored to have this opportunity to testify to help make a positive change towards better health care for everyone.

I have experienced, for myself and my family, several different “kinds” of dual eligibility. When I was first diagnosed with Multiple Sclerosis over 20 years ago, I applied for Social Security disability benefits. Because I qualified for these benefits, I also qualified for Medicare. I was still able to work part-time, and I also accessed Medicaid through the Medical Assistance for Workers with Disability program. This program allows working people with slightly higher incomes, but otherwise qualify for Medicaid, to pay premiums for Medicaid benefits. It was a relief to have affordable insurance that covered my out-of-pocket costs, and I found it quite purposeful to continue to work.

Since 2017, due to further medical circumstances, I have been unable to work. I qualified for regular Medicaid. In 2020, Pennsylvania required Medicaid through managed care. From the eight doctors I see, I don't believe any of them are enrolled in the new system. So far, I have been fairly fortunate. Most of my doctors continue to see me, but they write off all balances after Medicare. I recently received a balance bill from a doctor I just started to see. He may not even be aware that I am not supposed to receive these bills because I have Medicaid, and that could be a potential hardship ahead. My doctors have shared that the new system is complicated, requires more documentation, and the rules are different across the three different networks.

I also worry that since many doctors don't take the managed care, and these programs try to cut costs, the quality of care I receive suffers. During the pandemic I had to undergo three operations, one of which resulted in irreversible nerve damage. This resulted in me needing neurosurgery, and I had to travel 100 miles to Philadelphia to get that care.

My mother is also dually eligible. She was enrolled in Medicare, and then began to need more help to live safely at home. She needed the kind of long-term care that Medicare doesn't cover. For some time, she paid for home health care out of her pocket, costing around \$7,000 a month. But, after 24 years as a widow, her money was running out at 87 years old. Thankfully, in Pennsylvania, Medicaid does have a special program known as “waiver” that provides home care. Our family viewed this a great alternative to a nursing home for our mother, as it would allow her to stay independent and involved with us. But to qualify, someone must first apply for Medicaid and then apply for the waiver. This process was long and difficult.

It involved several applications, documentation from both Medicaid and doctors, choosing a provider to oversee your case, and finding a participating home health care agency with enough staff to meet my mother's needs. We had to complete hundreds of documents for my mother's

application. Eventually, we didn't have enough money to pay for one more day of care. I was fortunate to have stumbled across the Pennsylvania Health Law Project. They helped to expedite my mother's case. It came just in time. As you can imagine, the stress of not knowing how we were going to care for our mother was insurmountable.

I have talked about the trouble my mother faced becoming dually eligible, the challenges I experience as a dually eligible person. I would like to tell you what would happen if I stop being dually eligible. If I lose Medicaid, I would not be able to buy Medigap insurance to cover my out-of-pocket costs because I have a pre-existing condition. For those of us with pre-existing conditions, Medigap is allowed to deny you insurance if you have Medicaid when you first sign up for Medicare. As a result, I am stuck. I can't increase my income or savings because I will no longer qualify for Medicaid. Since I can't buy a Medigap, I would face high costs from having Medicare with no other insurance.

This is a lot for one person to navigate. Fortunately, there are sources of help like the Pennsylvania Health Law Project and the kind folks at the Medicare Rights Center's national helpline that I have reached out to when it has gotten to be too much.

I ask you to do whatever you can to ease the burdens people like me and my mother have faced. While these programs are important, they are not easy to use. To make these programs actually work, it needs to be much easier for people like my mother to enroll and for people like me to find care. Thank you again for the opportunity to speak with you today. I look forward to answering your questions.