

# Robin Stelly Testimony on the Impact of the Costs of Vision, Dental, and Hearing Services on Medicare Consumers in Pennsylvania

August 30, 2021

Good morning. My name is Robin Stelly. Thank you, Senator Casey for convening this hearing to discuss an important issue that is on the minds of seniors across Pennsylvania and the country: expanding Medicare to include dental, vision, and hearing services.

I am an organizer for the Pennsylvania Health Access Network. PHAN is Pennsylvania's only statewide, consumer-led organization, focused on achieving quality, accessible, equitable, and affordable healthcare for all Pennsylvanians. Every year, we talk to over 10,000 Pennsylvanians from 62 of 67 counties. We assist people in enrolling in health insurance coverage. We also help with problems of accessibility and affordability of healthcare, including unaffordable medical bills, problems accessing providers, long travel or wait times for care, denials of medically necessary care, and many other similar issues. All of these personal interactions show us just how much Pennsylvania's families, seniors, and small business owners struggle to access healthcare. And we have numbers to back that up. Recently, PHAN was fortunate to partner with Altarum's Healthcare Value Hub to do the first-ever Pennsylvania specific survey on healthcare affordability in the Commonwealth. Among other findings, the results showed that 42% of residents enrolled in Medicare were concerned about being able to afford coverage in the near future. The premiums for Part B, Part D, and medigap plans add up. But something we hear about more frequently is the struggle to pay for services that are not covered by traditional Medicare: vision, hearing, and dental.

As I mentioned, through our work at PHAN we are lucky to be able to hear firsthand from consumers. In addition to reaching out through the telephone and in-person, we also engage consumers online via surveys. Last week, we conducted an informal online survey on the topic of expanding Medicare to include vision, hearing, and dental coverage. In fewer than 24 hours, we had over 200 comments. The comments come from people all over the state in response to the question, "What would expanding Medicare to include vision, dental, and hearing services mean to you?". I'm going to share just a few.

# JoAnn, Mechanicsburg

I haven't been to the dentist in five years. I can't hear in my right ear and unless people look straight at me so I can make out what they are saying I have no idea what they said. I am 72

and on Social Security which everyone knows is ... below the poverty level. This is horrific considering I worked for 42 years.

### Rochelle, Philadelphia

Over the past few years I've had severe dental issues and my vision has deteriorated. ... My Social Security benefits barely cover my monthly mortgage payment, utility bills, groceries, and prescription drugs. In order to cover the dental and vision bills I've needed to dip into what little savings I had. I'm now dealing with new serious dental problems that will be very costly, along with needing new glasses lenses immediately and the likelihood of eye surgery in the near future. Unlike many of my peers, I no longer have savings to pay for serious household or other emergencies. Expansion of Medicare to include vision, dental, and hearing services is vital to my well being.

# **Catherine**, Harwick

I would be able to get dentures and eyeglasses! I now stay home, avoid get-togethers because I'm embarrassed to see old friends and family in my current toothless state! I also would be able to eat healthier foods which is a priority with me being diabetic. I could get an eye exam which is critical when you have diabetes.

# Karen Anne (nurse practitioner) Lewisburg

The importance of dental, vision and hearing to the health of older adults is well noted in the medical literature. The lack of dental care and poor dentition is known to increase heart disease and frailty of older adults. Poor vision and hearing is highly correlated with loneliness, depression and injuries such as falls. Few older adults can afford the out of pocket costs for both glasses and hearing aids. I paid some \$6000 for my hearing aids and dread coming up with [the money for the] next pair as I live on my meager retirement.

That was a small sampling of the comments we've collected. The stories were all different, but common themes emerged. We repeatedly heard about the lack of economic security; living on a fixed income; going without or delaying care; digging into retirement to pay for care; isolation in the community and in the family; a reduced quality of life; seeking relief from pain and embarrassment; feeling like a burden to one's family; and the fact that this problem is something that medical providers, family members, and business owners see around them. It's not hidden or difficult to understand. People age. It's natural, and they deserve care for their entire body, not only selected parts.

In closing, I would like to again thank Senator Casey for taking on this problem at this critical time. I want to thank him for his commitment to affordable healthcare for seniors, and for all Pennsylvanians. I'm happy to answer any questions you may have. Thank you.

SOURCES:

Hearing Loss and Dementia: Breakthrough Research Seeks Causal Link

Wolfgang, Kelly The Hearing Journal: September 2019 - Volume 72 - Issue 9 - p 22,23,26 doi: 10.1097/01.HJ.0000582420.42570.de

<u>Gum disease and the connection to heart disease</u> Shmerling, Robert H. Shmerling, MD Harvard Health Publishing, April 22, 2021

<u>Hidden tooth infections increase heart disease risk by almost three times</u> Oral Health Foundation, September 27, 2016

Hearing Impairment Associated With Depression in US Adults, National Health and Nutrition Examination Survey 2005-2010

Chuan-Ming Li, MD, PhD1; Xinzhi Zhang, MD, PhD2; Howard J. Hoffman, MA1; et al April 2014, JAMA Otolaryngol Head Neck Surg. 2014;140(4):293-302. doi:10.1001/jamaoto.2014.42

Hearing Loss and Falls Among Older Adults in the United States

Frank R. Lin, M.D., Ph.D., and Luigi Ferrucci, M.D., Ph.D. February, 2013 Arch Intern Med. 2012 Feb 27; 172(4): 369–371. doi: 10.1001/archinternmed.2011.728