Statement of Judy Korynasz

before the
United States Senate
Special Committee on Aging

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Good morning, Mr. Chairman, Ranking Member Smith, and Members of the Committee. Thank you for the invitation to testify today. My name is Judy Korynasz. I am 66 years old and live in Hillsboro, Oregon. I have Medicare, as does my husband John, and my mother, who lives with us. I am here today to tell you about my family's experience with Medicare. In particular, I am going to focus on my family's experiences with the Medicare prescription drug benefit and its effect on people like us who have modest incomes and savings.

My mother's name is Charlotte Wachdorf. She is 87 years old, and will turn 88 on June 2nd. She has lived with my husband and me since last November. Before that, she lived with my brother, a retired Air Force colonel, and his wife for five years after my father died. When my sister-in-law developed serious back ailments, my mother moved in with us. My mother's health has been declining for several years. She currently has chronic obstructive pulmonary disease (COPD), diabetes, neuropathy (nerve damage) as a result of the diabetes, congestive heart failure, chronic anemia, and an aneurism and clot in her heart. She takes more than 15 medications. She takes Procrit once a month, and the following medications at least daily: Synthroid, Detrol, Hydroco (a form of Vicodin), gemfibrozil, Folbic, Actos, lisinopril, spironolactone, Advair Diskus, Combivent, fluticasone, SennaGen, mirtazapine, Singulair, Claritin, an iron supplement, and a multi-vitamin. She also uses a walker and is on oxygen.

The good news is that, thanks to her doctors and these many medications, her health has been stabilizing recently. Unfortunately, paying for these medications takes up a good portion of her financial resources, even with help from Medicare Part D. My mother's only income is $1,027 per month in Social Security – an annual income of $12,324. She also has (as of this month) $15,213 left in savings. This means she meets the income requirements for the Part D Extra Help program, but she has $3,223 too much in savings. As a result, every year since Part D started in 2006, she has fallen into the coverage gap, and has spent over $3,000 of her own money on prescription drugs. She has only reached catastrophic coverage in December, if at all. Because she has been on hospice care during this time as well, she has paid for only about half through Part D and hospice has covered the rest. If she were not on hospice care, she would have had even higher costs.

This year, she entered the coverage gap in April. This month she paid for her Procrit and five other prescriptions, which amounted to $585.13, even with a discount she obtained from the Oregon Prescription Discount Program. If her health continues to stabilize, she will leave hospice care. We are grateful for that, but she will then have to pay for the rest of her drugs. I do not know for sure how much that will cost, but I expect it would consume most or all of her Social Security check while she is in the coverage gap.

My husband and I will help her as best we can. However, our resources are limited as well. Our only incomes are Social Security. Our former employer went bankrupt and our 401(k) was lost as a result of that bankruptcy. Although my health is fairly good, my husband is a colon cancer survivor and has glaucoma. He takes several expensive eye drops to preserve his sight (Cosopt, Alphagan, and Lumigan). His Medicare Part D coverage has covered most of the cost of these medications, and his doctor has also given us samples. Unfortunately, my husband has also recently been diagnosed with the early stages of Alzheimer’s disease. His doctor has told us his prescription drug costs are likely to increase significantly soon. This month we spent $273.50 a month on his medications, and we expect his costs to increase further. He too will probably fall into the coverage gap this year.

If the limits on financial assets for the Extra Help program were increased, my mother could qualify for the program. She would not have a gap in her coverage, and she would not have to spend most of her income and the little savings she has on prescription drugs. It would also provide my husband and me with considerable peace of mind to know that my mother’s prescription drugs would be affordable.

Finally, I would like to let the committee know about some of the difficulty we have had figuring out Medicare Advantage and the Medicare drug benefit. Last fall when my mother moved in with us, I called 1-800-MEDICARE to help us choose a Medicare plan for her. I tried every day for two weeks, several times a day. The line would ring and then I would get cut off. I never got an answer. As you know, the Part D program is exceptionally complicated. I could not get reliable information from my mother’s Medicare Advantage plan or the mail-order pharmacies, either, because they would give me different information each time I called.

I spent hours wading through information to figure out the best coverage for my mother, my husband, and myself. Finally, I received invaluable help from the counselors at SHIBA (the Senior Health Insurance Benefits Assistance program). You many know it as Oregon’s SHIP program. The staff at SHIBA have created an excellent booklet that guides people through Medicare, Medicare Advantage, Medigap, and Part D plans. The SHIBA counselors were wonderful in helping me understand my options and sorting out the information that could otherwise be overwhelming. The staff and volunteers at SHIBA do a terrific job, and I would like to take this opportunity to thank them publicly.

I want to thank the committee, and especially Senator Smith, for taking an interest in this issue and for inviting me to testify about my family’s experience with Medicare. I hope that the rules can be changed to allow people like my mother to get the health care she needs without spending the last penny she has. It seems to me that in a country as wealthy as this one, there should not be people who cannot take medications just because they cannot afford them. Thank you.