

## **Testimony in Support of the Older Mainers Act (LD 814)**

My name is Herb Janick and I am a resident of Cape Elizabeth. For the past five years I have served as a SMAA Medicare volunteer. I conduct Welcome to Medicare seminars to educate Mainers about their senior health insurance options under Medicare and I meet Mainers individually to discuss their Medicare situations. I and my fellow volunteers are especially busy during open enrollment, which runs from October 15 to December 7. Typically, SMAA's Medicare counseling sessions, along with those of the other AAAs are fully booked by late October or early November.

Demand for Medicare education and counseling will increase over time. Maine is the oldest state in the nation, and the Maine State Economist projected in 2020 that the number of Mainers over age 65 would grow 36.2% by 2030 to more than one out of every four Mainers.<sup>1</sup>

The Older Mainers Act will allow the AAAs to increase the volunteer and staff resources dedicated to educating and counseling older Mainers about their Medicare choices. I know from my personal experience that this investment will save Mainers real money. I will give you just three concrete examples from the past several months.

First, I have counseled several older Mainers about PDPs that do not cover certain drugs either in extended release or capsule form but do provide coverage in tablet form. As one example, I worked with a Mainer on a limited income who must take Setraline. The least expensive plan this year for her Setraline in a 200 mg capsule form would cost her \$2,854 a year. After consulting with her doctor, she was able to

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<sup>1</sup> Office of the State Economist, Maine Department of Administrative Services, *Maine Population Outlook 2020 to 2030*, 2 (65 plus population forecast to grow from 28,854 in 2020 to 393,399 in 2030).

switch to four daily 50mg tablets, which were covered in full under her new PDP, thereby saving her almost \$3,000.

Second, I counseled one older Mainer who became eligible for a Medicare Savings Plan, which is part of MaineCare and pays for her Medicare premiums, co-payments and deductibles. Although she was on an MSP, she was uncertain whether she should continue to pay almost \$3,000 annually for a Medicare supplemental plan. I explained why she no longer needed a supplemental plan and she saved almost \$3,000 a year by suspending the plan.

As a third example, Mainers over 65 who do not have employer health coverage generally must still obtain prescription drug coverage under Medicare. For several years, Mainers who took no prescription drugs, or only a few generics, could buy a Silver Script drug plan with no monthly premium. For 2025, however, Silver Script changed its plan to have a \$44.90 monthly premium [\$538.80 a year]. During last year's open enrollment, I counseled several Mainers who saved over \$500 each by switching from SilverScript to either WellCare Value Script or Humana Basic, two plans that offered drug coverage for 2025 with no monthly premium.

I hope these examples help you understand the projected \$3.6 million in savings for individual Mainers from additional Medicare educational and counseling efforts made possible by the Older Mainers Act are not theoretical figures. They are real dollars that would be returned to real Mainers and spent in our economy.

Thank you.