



**Testimony of Jess Maurer on Behalf of
The Maine Council on Aging
To the Joint Standing Committees on
Appropriations & Health & Human Services**

In Favor of LD 1001 – 2020-2021 Biennial Budget

Submitted in Person on March 6, 2019

Greetings Senators Breen and Gratwick, Representatives Gattine and Hymanson and members of the Joint Standing Committees on Appropriations and Health and Human Services:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of nearly 80 organizations, businesses, municipalities and older community members working to ensure we can all live healthy, engaged and secure lives with choices and opportunities as we age at home and in community settings. I am testifying in favor of LD 1001, although we are urging amendments to this bill to include necessary investments in the infrastructure that supports healthy aging.

Every new era comes with opportunities and challenges. Mainers have been able to overcome these challenges in favor of the opportunities every time, and will, no doubt, do it again as we enter what's been dubbed "the Longevity Era". The opportunities that come with healthy, long life are exciting. Conversely, the challenges that come with evolving systems to meet the changing needs of an older population can seem daunting. However, if we engage these challenges with careful planning and investments with an eye on capitalizing the opportunities, we will build a stronger Maine, full of people who are contributing fully long into old age.

We had hoped the Governor's Biennial Budget would contain significant investments in home-based supports and services, or, at the very least, address significant waitlists for two of the lowest cost/highest value supports we have – Meals on Wheels (MOW) and the Homemaker Program. We believe expanded investments in these kinds of programs, coupled with innovative housing, transportation, health care and workforce strategies will move us toward building healthy, vibrant communities that support healthy aging and attract workers and businesses.

Instead, with the exception of one important proposed increase in eligibility for the Drugs for the Elderly (DEL) program and flat funding for direct care workers, this budget does little to improve the lives of older Mainers who are struggling every day to meet their basic needs and access the care and supports they need. We urge you, therefore, to consider amendments to this budget that would, at a minimum, eliminate the asset test for DEL, address the waitlists for existing programs, and include funding for a study of Maine's Long Term Supports and Services (LTSS) system.

We strongly support the proposed changes in eligibility for DEL, but don't think this provisions in the budget go far enough. In addition to cuts to eligibility several years ago, the legislature imposed an asset test for the program. The budget fails to remove this asset test. About a third

of the 250,000 Mainers who are 65 or older live on social security alone, with an average income of about \$14,000. But for their life-time savings, they would otherwise qualify for this program. The asset test is wrong-headed and needs to be eliminated so that low-income Mainers can spend their money on other necessities, not on Medicare policies. LD 1106 proposes the elimination of the asset test for this program and may find its way to the Appropriation's table. We encourage you to include funding in the budget to eliminate this asset test that has stopped thousands of older people from accessing the life-saving health benefits it offers.

MOW is a targeted intervention that is available to people 60 and older, who are homebound and unable to leave their house without assistance, unable to prepare a meal and have no one available to prepare a meal. The annual per-person cost for this program is stunningly low, about \$1,850, and yields a correspondingly impressive return on investment. This single intervention of home delivered meals has been demonstrated to aid in wound healing, decrease loneliness, reduce avoidable hospital readmissions and delay entry into facility-based care for two years.

The waitlist for MOW is 400. LD 472 eliminates this waitlist and will come to the Appropriation's table with a fiscal note of \$1,500,000. Two years ago, a bill sought \$500,000 to meet the waitlist of 200 that was expected to grow to 300 by the end of 2017. The bill died on the table. From October 2017 until September 2018, the wait list for this program skyrocketed, with 1,500 people waiting for the service at some point during that period. The cost to eliminate the current waitlist is \$740,000. The cost to meet a waitlist of 1,500 would be over \$3,000,000. We urge this Committee to include funding to eliminate this waitlist in the budget.

Finally, about 24,000 people are turning 65 each year in Maine and 25% of them are projected to need more than one year of paid support over the remainder of their lifetime. That's one in four of us in this room! There are 75,000 Mainers age 65+ are living in "the gap" – meaning they do not have enough income to meet their basic expenses but don't qualify for any means-tested benefits. Unlike people who have savings that disqualify them from accessing benefits, people with too much income cannot "spend down" their income to qualify for services. They simply won't qualify for help. A quarter of them will need help for a year, but not be able to afford it.

As Maine ranks in the bottom quarter of all states nationally for affordability and access for LTSS and the costs of LTSS exceeds the budgets of most Maine households, we must study our LTSS system and reform it to provide assistance to people who cannot afford help. LD 583 directs the department to do just that and will contain a fiscal note to pay for the demographic predictions and program modeling that are needed to identify the appropriate reforms. We encourage the Committee to include this one-time funding for this study in the budget.

It closing, it will cost money to reform our LTSS system and meet the growing waitlists for low cost/high value interventions that promote healthy aging at home. Funding for these programs should be included in the biennial budget, not left to the end-of-session battle for the last few remaining dollars. The current situation calls for thoughtful and intentional action and we urge you to include additional funding in the biennial budget for these critical issues. With these requests for amendments, I urge the Committee to vote in favor of LD 1001.

Thank you.
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