

Testimony of Pamela Willoughby
Hearing on Implementation of Medicare Part D
February 8, 2006

It is my privilege to be invited to speak here today.

I am the Parish Nurse at St. John's Episcopal Church and Bedford Presbyterian Church in Bedford, Virginia. I work with the members of the Catholic, Baptist, and Methodist Churches in our community service outreach program.

Because of this unique position, I was called by David Edwards of the Central Virginia Area Agency on Aging. He met with me and Tom Mustard, the Rector of St. John's, on Tuesday, September 27, 2005, and he explained in general the Medicare Part D program. Would I be interested in becoming a Tier I Partner since there was no one in Bedford City/County to sign up those eligible for Medicare Part D?

Nine volunteers met at St. John's with Margaret Moon, Health Insurance Specialist from Philadelphia, on Friday, October 28, 2005. She explained the program in general and referred us to medicare.gov on the web. We knew the big picture, but none of the "how to" details. I made a Medicare Part D flyer for the weekly newspaper and the Bedford County Ministerial Association to reach the target population through the church bulletins and newsletters. We began enrolling clients in the program on Thursday, November 17, 2005, in the computer lab at Main Street United Methodist Church. The volunteers work every Thursday 3 or 4 hours and I work an extra 15 hours per week. Throughout the week, clients call my cell and appointments are made. It is important to match the volunteer's expertise with the individual client. Each appointment requires at least an hour, more or less, to enter the prescription data and compare the top three plans. It is not unusual for clients to take upwards to 17 prescriptions and we have to refer to the Epocrates software in my palm pilot and/or call the pharmacist on many occasions. The drugs are not always easy to find (example sublingual NTG 0.04 mg.) Oftentimes, the clients take the printouts home to study them and then come back the following week to sign up.

Approximately 252 clients have been signed up in the computer lab. We learn something new about the program every week and this is shared among us which makes it easier to answer the many questions. This program is not easy and requires study, dedication and commitment by the volunteers who make our program possible. But, we absolutely think it is a worthwhile program. The feedback is very positive and people are most grateful. I try and give each client my business card so they will have a contact person for positive and negative feedback, and the upcoming open season November 15 to December 31, 2006 if their health should change and they need to choose a different plan.

Many of the volunteers sign up clients at their home. According to the 2000 census for Bedford City/County, there were 9,160 eligible clients and we have only signed up about 3 per cent as of February 6, 2006. Some have come on crutches, in wheelchairs, been mentally challenged, blind, or deaf. It is a broad spectrum of people: well educated with doctorates and computer literate to those who are educated or not and with or without computer skills. Children come for their parents and neighbors bring friends. The common denominator is "It is so confusing, can you help me?" After four months working with the program, I finally think I understand it and feel comfortable answering questions. Margaret Moon continues to be a resource person. There is a website in Virginia for questions or to identify problems, but with no feedback, it has not been useful.

There are a few problem areas I feel should be addressed:

- Lagging data entry
- The client must activate their own letter of confirmation if they qualify for additional assistance.
- Benzodiazepines are excluded from coverage.
- Insurance plans which refuse to give over rides for prior authorization.
- Clients have the annual cost but need to know the monthly cost for prescriptions where there is a deductible.

❖ Designers must look critically at the May 15th deadline. It's not that people do not want the coverage; it's just that it's terribly complicated and many do not know where to turn for help.

❖ A major effort must be made by federal, state, and local groups to assist those eligible and it must be done one-on-one. We have basically communicated that this is an issue for the elderly; it is, in fact, a societal issue.

❖ The "doughnut hole" needs to be filled. Many of those eligible cannot afford the increased monthly premiums for "gap" insurance. Monthly premiums are higher as the number of prescriptions increases; this hits those in their 80's and 90's and beyond hardest.

❖ Major advertising by private-pay insurers should make it clearer about options.

❖ Some people are deeply skeptical about what they will get for their money and are fearful that the program will be discarded by a subsequent administration and/or congress.

In conclusion, this plan is a "compassionate idea, written by career politicians, insurance and pharmaceutical executives, implemented by bureaucrats, administered by special interests, enrollment designed by the computer savvy, aimed at folks who are largely technologically challenged." This is the definition of Medicare Part D from an elderly woman who was being helped to sign up.