

Testimony in favor of HB 1485 regarding personal needs allowance for Medicaid recipients

Chair and members of the House Human Services Committee, thank you for your consideration of HB 1485. My name is Retha Mattern, and I am here to share my family's personal experience in relation to long term care and Medicaid, and why I support the increase in personal needs allowance with an inflationary adjustment proposal in this bill.

Less than six months ago, my mother and father-in-law lived comfortably and independently in their home in Minot. They purchased this home following the devastating flood in 2011, when their home of nearly four decades was destroyed.

They had done everything right in their lives. They both worked, saved money, had retirement income, and my father-in-law also received a small monthly disability payment from his time in the North Dakota National Guard. He has a life insurance policy, and they had also taken out a long term care insurance policy. Together they raised one child, my husband Mark, and they doted on their grandchildren, our daughter Clara and son Finn. They were not wealthy, but lived comfortably within their means.

Everything changed after my father-in-law Dale suffered a heart attack in September. He survived but began to suffer a series of complications that would eventually result in three more hospital admissions and six surgeries before Christmas. Days before his first surgery, he found his wife of 57 years, Kay, unresponsive in bed. She was life flighted to Sanford Hospital in Bismarck where she ultimately passed after spending 33 days receiving incredible care from the doctors, nurses, therapists, and others there.

Dale was by her side holding her hand when she passed, along with Mark and I. His own medical condition, coupled with increasing dementia and inability to perform daily activities to care for himself, resulted in him requiring long-term skilled nursing care. He is now residing in Missouri Slope, at the Washington campus, where we visit him frequently.

His initial admission was covered by Medicare, but that just ended a few days ago. Now, we are having to spend all his assets to pay for his care. At upwards of \$530 a day, more than 3x the amount covered by his long-term care insurance policy, his life savings and all of their other assets will be depleted in just a few months, at which point we will need to apply for coverage under Medicaid.

As we began researching the requirements for Medicaid, we learned that he would only be able to retain \$100 a month of his own income stream to pay for any incidentals or extras he may need. While all his immediate needs like medication and food are covered, things like replacing a worn-out pair of sweatpants or buying a new pair of shoes are not. With frequent washing in industrial facilities, clothing can wear out quickly. Instead, any of these extras, including things like a subscription to the newspaper or buying a new blanket, that would exceed \$100 a month total would likely fall to a family member to pay for. There is

also a total asset limit, meaning someone can't necessarily just do without for one month and carry it over to the next.

There is no dignity for an older adult, a veteran, and a retired worker in having to rely on their child for any extra comforts. \$100 a month does not go very far. And, as inflation increases yearly, it will cover even less in the years ahead. By including an inflationary factor with the small increase in this bill, you are working to ensure that our elderly can retain a small amount of dignity at a time they are already so reliant on so many others for their daily needs.

Thank you for your consideration, and I would be happy to answer any questions.

Retha Mattern