

Testimony to the Office of Affordable Health Care September 29, 2025

Ms. Garratt-Reed and members of the Advisory Council,

I am Jane Pringle. I live in Windham. I am here to share my frustrations with the systems that my husband and I need to use to obtain our healthcare. We are retired physicians and are lucky to have some understanding of how to advocate and navigate for the care we need. We also understand that some of the rising cost relates to the amazing advances in medical science and technology that allow us to continue to live longer and more functional lives as we age.

There are 3 areas that are costing us personally in time, money and aggravation. They are rising premiums, arguing about coverage and asking for the best price.

The first area is steadily rising premiums for our Medicare supplement plans. We have been able to have coverage through employer based insurance until we were ages 67 and 74 when we began taking Medicare A and using Harvard Pilgrim Healthcare for our Medicare B using a healthcare reimbursement account of \$2200 for retirees from my employer. Medicare required me to provide proof of credible continuous coverage to qualify for the lowest Medicare A and B premiums without penalty.

Between 2015 and January 2024 our Medicare Supplement Plan F premiums with Harvard Pilgrim HealthCare rose from \$186/person to \$319/person. At that point we were able to obtain our supplemental insurance through USAA for \$224.40/person/month. Because this plan was not included in my employer options we lost our \$2200/year employer HCRA. But even with that our cost of insurance was lower.

The second area is arguing about coverage. In November 2024 my husband underwent major surgery. He required 7 days of hospitalization and 7 days of inpatient rehabilitation at a rehab hospital about a mile away. Knowing how expensive ambulance transport is, I asked if I could transport him in my car. The hospitalist knew that his blood pressure was very labile and he was lightheaded when upright. He was also having bowel problems related to his surgery and it became clear that ambulance transport was the safest route. Medicare covers transport when the doctor deems it medically necessary.

Unfortunately the hospital coders looked for the order from the surgeon rather than the hospitalist that provides concurrent care for the surgeon's postoperative patient management. I spent time with emails, phone calls and finally a written complaint and call to the surgeon's office before we stopped receiving bills for the several thousand dollar transport.

The third area is the frustration that when I go to the pharmacy for several expensive medications I need to ask the pharmacist for the best price. For example, we have a Medicare D plan with Wellcare. Most of our generic drugs are covered without co-pay. Some of our medications are expensive, with a co-pay of several hundred dollars. The pharmacy tech now asks if we expected the charge before putting it through. If you ask what the cost is with other

systems such as GoodRx or Hannaford's price, it is often significantly lower. I hear techs or pharmacists talking with other patients at the window about providing a bridging supply of necessary medication until a prior authorization comes through.

My husband has required an expensive anti-androgen for his stage 4 prostate cancer. We pick it up at New England Cancer specialists. It had a \$3300 January co-pay and \$790/month after that. When the law changed the maximum out of pocket expense to \$2000 last year, we paid that in January with no co-pays the rest of the year.

The pharmacist at NECS learned that I was working on a bill on prior authorization 2 years ago. He shared that he knew of a number of examples of patients whose chemotherapy was delayed by months because of the prior authorization process which was not based on scientific evidence.

Healthcare is not a commodity where shopping around for the best price should be required.

All of us want to have choices. Choosing our medical providers and our healthcare options through shared decision making should be the only choices we have to make.

We could provide a single payer system that includes everyone in the same risk pool and provides greater simplicity and fairness. The complexity of medical decision making and delivering healthcare will remain, but we could take the money currently paid to stockholders and use that money to deliver the care we want without the moral injury and stress our providers are currently experiencing.

Everyone should have Medicare Plan F, Eliminate Medicare Advantage, negotiate a single fair price for pharmaceuticals and determine a single fair price for each medical service for everyone.

Thank you for listening, I am happy to take any questions.