

My name is Jessica Offir. I depend on QMB for continued access to the health care necessary to keep me alive, and I am extremely worried about how an asset test for MSP would eliminate this access.

I was a psychologist working in HIV intervention, and I became a private school teacher after my husband died and I became a single parent. I am 56 years old and disabled due to lung and autoimmune disease, and I receive Medicare, as well as QMB through MSP, which pays my 20% copays and premiums.

I very frequently have need of high levels of health care – for instance, in one recent year, I had a lumpectomy, seven biopsies, multiple CT scans and other imaging, months of physical therapy and two hospitalizations for colon problems; currently, I'm waiting to be vaccinated for Covid so that I can safely obtain surgery to combat autoimmune damage causing me to lose the use of my hands. Most people don't realize how all-encompassing autoimmune disorders can be: because my health conditions are multi-system, I am followed by a rheumatologist, pulmonologist, cardiologist, endocrinologist, gastroenterologist, colon surgeon, oncologist, nephrologist, dermatologist, gynecologist, ENT, ophthalmologist, allergist, two orthopedists, a physical therapist, and one or *more* neurologists. When the pandemic hit, I was also seeing a pancreatologist.

I also depend on many medications, one of which is infusion center only and costs approximately \$75,000 per year. (20% would be \$15,000 for one year.) This essential drug helps control my asthma and chronic lung infections. Without it, even two separate daily steroid medications and ongoing, long-term daily antibiotics can't keep my respiratory infections and breathing in check, and I'm not able to climb the stairs to my bedroom without resting and using my inhaler.

Because I was a private school teacher, my disability payments are only \$866 a month. There is no way that I can afford 20% of my health care access without QMB, so I expect its loss to cause outcomes like the complete loss of use of my hands (which will increase my risk of injury), dependence on an oxygen tank and resumption of frequent ER visits. My risk of premature death will increase *very* significantly. So I'm pretty scared for my well-being.

I do have some savings from before my teaching career, but I use those for necessities like dental care, which is essential for someone at high risk of infection; for prescription copays and for items such as traction devices and braces, and alopecia prosthetics, that insurance likewise does not cover but that can cost thousands of dollars. I often have to pay people assist me with care, which is a hidden cost of chronic illness. My savings are also all I have that prevent me from losing my home, as my monthly income alone would not even cover my food and utility expenses, let alone housing.

So I urge you to please continue making MSP available based on income, not on what people like me have managed to save. Our lives, the lives of Connecticut's physically most vulnerable citizens, literally depend on it.