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HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

House Democratic Policy Committee Hearing

Helping Seniors Afford Medication

Tuesday, March 10, 2025 | 12:00 p.m.

Representative Regina Young

OPENING REMARKS

12:00 p.m. Rep. Regina Young, D-Philadelphia/Delaware

PANEL ONE

12:05 p.m. Daniel Kostiuk
Susquehanna County

Diane Poulson-Venn
Former PACE Enrollee

Q & A with Legislators

PANEL TWO

12:30 p.m. Roy Afflerbach, Government Relations Specialist
Pennsylvania Association for Area Agencies on Aging

Q & A with Legislators

Daniel Kostiuk

Carbondale, PA

I am 77 YO

Originally from Conshohocken, PA Moved up here to be near my daughter because the cost of living is more reasonable. That was 12 years ago. But that has changed.

Many years ago I tried to get medical insurance, but because I had a hip replacement no one would approve the insurance, I tried 3 -4 companies and denied. Then I found out I would be penalized for not having Insurance and charges my \$12.50 a month for nothing.

Fast forward I have type 2 diabetes, stroke, heart attack and A Fibrillation of the heart. My doctor prescribed Ozempic and Eliquis. I have been on but because of Pace Net I was eligible to receive these meds at reasonable costs. In fact, for the past 3 years my Ozempic was provided by the Manufacture under the hardship program.

But that has all changed this year. No more assistance. Novartis Nova discontinued the hardship assistance program. My Pace Net was canceled because though I responded with my Social Security income which the agent asked me for but agent never asked me about any other income. So, I asked is there anything else you need and she said you are all set.

Then 12 months later I received a letter saying my Pace Net will not be renewed at which time I learned about the new income which I was never requested for.

My costs for 2026:

Eliquis \$756

Ozempic \$2,880

Testimony of Diane Poulson-Venn
House Majority Policy Committee Hearing
March 10,2026

Good morning, my name is Diane Poulson-Venn, and I'm here to share/testify how crucial the PACE-PACENET program was for me over five years ago. I have a chronic, incurable medical condition, and I rely on medications for life.

After being dis-enrolled from PACE and PACE NET Program over five years ago, at one point I faced severe financial hardship. Later I went into remission after working with my care team. But just recently, I had a flare-up, and my medications now cost over \$3,000+ quarterly. Thankfully, my hospital covers most of the cost currently but it's not sustainable. These medications allow me to have a quality of life where I can continue to work so I can make ends meet.

I urge Pennsylvania to lower the income eligibility so other working seniors like me don't fall through the cracks. Thank you for your attention to this critical matter.

Pennsylvania House Democratic Policy Committee
Public Hearing on Helping Seniors Afford Medication

Tuesday, March 10, 2026
Room G-50, Irvis Office Building

AARP Pennsylvania
Written Comments

Submitted By:
Teresa Osborne
State Advocacy Director

Chairman Bizzarro and members of the House Democratic Policy Committee, thank you for the opportunity to provide written comments for today's public hearing on helping seniors afford medications.

Prescription medications are a lifeline for many Americans – including Pennsylvanians 50 and older. From managing diabetes to heart disease, to treating arthritis and cancer, access to affordable prescriptions is often the difference between thriving and struggling, or even survival itself.

There's no justification for Americans paying the highest prescription drug prices in the world. And it's just wrong that many seniors are forced to choose between filling their prescriptions and paying rent or buying groceries. Older adults take more prescription drugs than do any other segment of the population. The average older adult takes nearly five prescription drugs on a regular basis, and taking these medications as prescribed can be an essential part of staying healthy.

The prescription drug reforms enacted through the federal government's [Inflation Reduction Act of 2022](#) are expected to significantly reshape the prescription drug landscape by lowering the prices of certain medications and capping out-of-pocket costs for millions of Medicare Part D enrollees. However, a [drug industry forecast](#) warns that price increases on hundreds of other branded medications may temper overall relief. Less discussed in this landscape is how these changes may affect state pharmaceutical assistance programs (SPAPs) - and the opportunity these changes present for SPAPs to evolve to meet the needs of a new era.

SPAPs are state-run programs that help eligible individuals with limited incomes, including older adults, afford prescription drug costs, with eligibility varying by state and program. The first SPAPs were established in 1975, beginning with Maine. In Pennsylvania, the General Assembly passed legislation in 1983, signed into law by then-Governor Dick Thornburgh, to create the Pharmaceutical Assistance Contract for the Elderly (PACE) Program – a SPAP that offers low-cost prescription medication to qualified residents age 65 and older. The PACE Needs Enhancement Tier (PACENET) program was added in 1996 to expand eligibility; and Act 111 of 2006 later established PACE Plus Medicare, a program for PACE and PACENET cardholders that coordinates PACE/PACENET pharmacy benefits with the voluntary federal Medicare Part D drug benefit and other prescription drug plans such as retiree-union coverage, Medicare Advantage (HMO, PPO), and Veterans Benefits to lower out-of-pocket costs for medications.

Since its inception, PACE has helped more than 1.6 million older adults pay for more than 360 million prescriptions. Yet, nationwide SPAPs have [declined dramatically](#) – from 23 programs in 2004 to just 13 states today. The [AARP Public Policy](#) Institute attributes this decline in part to the launch of Medicare Part D in 2006, which absorbed some of the need, as well as to state budgets facing competing demands.

The Pennsylvania PACE/PACENET program is widely recognized as one of the most generous SPAPs in the nation. It is funded entirely by the Pennsylvania Lottery, which was created by the Pennsylvania General Assembly through Act 91 of 1971. Lottery proceeds were originally dedicated to providing property tax relief for older Pennsylvanians. Over time, [PA Lottery-funded programs](#) have grown to include rent rebates (managed by the PA Department of Revenue), free and reduced-fair transit (managed by the PA Department of Transportation), the prescription drug programs PACE and PACENET (managed by the PA Department of Aging), long-term care services (managed by the PA Department of Human Services), and

home and community based services delivered through 52 local Area Agencies on Aging (managed by the PA Department of Aging), which includes full- and part-time senior centers across Pennsylvania.

After fifty-five years, the Pennsylvania Lottery remains the only state lottery in the nation that dedicates all proceeds to programs benefiting older residents. During this time, Pennsylvania has also become one of the most competitive gaming markets in the country – with 17 casinos and a market of unregulated skill games. While thankfully steps have been taken to help the Lottery compete in this environment, it stands apart from other gaming industries in that it directly supports the Commonwealth’s fastest-growing population. Approximately, two-thirds of the Lottery proceeds are returned to players as prizes, while roughly a quarter funds the critical aging programs listed above.

Simply stated, state lottery proceeds are a lifeline for the programs older Pennsylvanians need. From prescription drug assistance and free or reduced-fare public transit to meals, personal care assistance, adult day services, protective services, and more the Pennsylvania Lottery continues to make a substantial difference in the lives of older adults. These funds have been instrumental in the delivery of essential services and supports that help many seniors remain independent and avoid far more costly long-term care services, such as nursing home placement.

[AARP research](#) consistently shows 75 percent of adults over age 50 want to remain in their homes and 73 percent in their communities as they age. Yet, too many face barriers that make aging in place difficult or impossible, including a lack of affordable housing, unmet home modification needs, transportation challenges, unsafe streets, and more. As the General Assembly considers the Commonwealth’s Fiscal Year 2026/2027 budget, AARP Pennsylvania urges a holistic review of Lottery-funded programs as critical tools that help older adults remain independent and age with dignity. On behalf of our 1.8 million members and all Pennsylvanians 50-plus, we appreciate the opportunity to share these comments and stand ready to work with you to protect Lottery-funded programs and leverage them alongside other revenues – such as casino and skill games - because the ability of older adults to remain safely in their communities depends on it.

Thank you.