

**IN THE SUPERIOR COURT FOR THE STATE OF DELAWARE**

RISEDELAWARE INC., *et al.*,

Plaintiffs,

v.

C.A. No. N22C-09-526-CLS

SECRETARY CLAIRE DEMATTEIS in  
her official capacity as Secretary of the  
Delaware Department of Human  
Resources and Co-Chair of the State  
Employee Benefits Committee, *et al.*,

Defendants.

**AFFIDAVIT OF PATRICIA MAICHLE**

STATE OF DELAWARE)

COUNTY OF NEW CASTLE)

I, Patricia Maichle, hereby depose and state as follows:

1. My name is Patricia L. Maichle and I am a lifelong resident of the State of Delaware. I am currently on the same Highmark plan that I was on when I was working. In April 2023, I will have to go on the State's new Medicare Advantage plan and I am not clear on what health insurance plan will cover my daughter.

2. I became a full-time employee of the state of Delaware in 1989 and worked for 12 years for the Division of Mental Retardation (now known as the Division of Developmental Disabilities Services) under the Department of Health & Social Services. I served as a supervisor for Case Management staff who supported people of all ages with intellectual and developmental disabilities. In 2001, I became

the Executive Director of the Developmental Disabilities Council and served in that role for more than 18 years. In the last 6 months of State employment prior to my retirement in 2020, I worked at the Delaware Emergency Management Agency focusing on the needs of people with disabilities in emergency situations.

3. At the time of my hire in 1989, I was informed by the Division HR staff that if I worked for 30 years in state employment, I would receive health insurance benefits to the remainder of my life. I held up my end of the bargain; I completed 30+ years of continuous state employment. During those years, I was also informed that my daughter who has an intellectual/development disability would be covered by the State on my health insurance benefits in a family plan for as long as she lived. She is now 41 years old. I am the sole caregiver for my daughter.

4. I have spent the past 41 years ensuring that my daughter lived a normal and healthy life in my home in the community of our choice. This effort made out of love has been daunting, time consuming, physically and mentally and emotionally draining from day one of her life until the present. A good part of that effort is finding and working with doctors who understand and are sensitive to the needs of people with disabilities and who treat the patient with dignity. I have left many doctors' offices in tears because of the lack of knowledge, expertise, and empathy. We now have a cadre of doctors who are able and willing to ensure my daughter receives the best health care that she requires.

5. In addition, finding the right doctors for my own health needs has, at times, required the same amount of work to receive good health care with dignity and respect. Being a woman, I have found that not all doctors understand, or are willing to listen and believe and provide the best care needed. I now also have confidence in a cadre of doctors who can meet my needs.

6. I am fearful that the change in our health benefits to Medicare Advantage will damage our health and, frankly, cause an early demise for one or both of us. If I cannot get the care that I need, I cannot care for my daughter. In particular, the process of Pre-authorization for specialists or out of network clinicians will have the effect of delay of service and possibly no service when we need it. No clear answers have been provided from the State on this process or outcomes and that is clearly unfair and distressing for me. In my years at the State, Pre-authorization = cost cutting. To cut costs there are less approvals and/or long time delays and possibly denials for needed health services.

7. It is unclear to me (and to others that I've spoken to for their help) whether or not my current clinicians will be in the new network or whether they will accept this new Medicare Advantage plan. I have tried to find out but am left with unclear answers. I visited our Primary Care Physician's offices in person on September 26, 2022 and asked them if they would be accepting the new Medicare Advantage plan that the state was now going to use. The response was that I had to

ask the new provider of the plan if their office is a “participant” in the plan and then I would know. That was all that they could tell me.

8. Where will this leave us? I am worried that I might not get my cardiac medicines on time with the new plan. And that there might not be a quick response from a new doctor when I have a painful medical need. Will I need to pay for appropriate care from an out-of-network doctor, which I CANNOT afford, and hope to be reimbursed by Highmark who will be contracted to cut costs? Will we be able to see clinicians at hospitals in the surrounding geographic area when we want to because Delaware’s health services are often subpar? I do not see any guarantees from the new plan on that. It is hard for me to fully express how stressful the disorganized, confusing, fast-paced roll-out of this new plan has been.

9. My daughter and I live on our own on a fixed income. I will not be able to pay for clinicians and/or hospitals on my own and wait for a hoped-for reimbursement. So I am worried that we will not be able to get the health care that we need and have become accustomed to. It is not clear from the information that we’ve been given that this new Medicare Advantage will definitely pay for out-of-network health care or reimburse me and I do not know who is in the network. I cannot afford to take the risk that the new plan decides not to pay.

10. The health issues that we currently experience do not allow for delays. You cannot put your heart on hold while you decide if you can pay the costs yourself or go into debt to have your health care needs met. Just drafting this document has

brought me to tears at the thought of how the state is stealing our health care after years of promising us appropriate health benefits. The amount of stress this has brought to me is overwhelming.

11. It is unclear to me what out-of-pocket costs I will be expected to pay, and since there was no signed contract as of earlier this week, no clear information could be provided at the community meeting that I attended in Middletown whether the costs will change in a year, in 2 years, or in 3 years (the length of the planned contract with Highmark). When this question came up at the community meeting, Mr. Cerron Cade, the Budget Director, responded that “we (this administration) won’t be here in 3 years, so who knows.” Those present in the audience also asked what do we do after 3 years and we need to go back to traditional Medicare where we can expect penalties because we had been forced to use Medicare Advantage, again, costing us more money. There was no answer from the State speakers on the podium. That is frightening to me and irresponsible to those forcing us to do this.

12. I could not find that End of Life services have been addressed at all in any way.

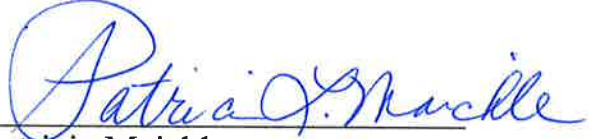
13. In the short amount of time that I’ve had after hearing about this change to educate myself on what it will mean, although I am still not clear about that, I have spoken with other retirees and brought my questions and concerns to a community meeting in Middletown sponsored by Representative Rae Moore to voice my opposition to this new plan. In my opinion, we have been denied prior

public information and opportunity to comment on this change before it was made (I would have opposed the State's making this change if there had been an opportunity). We have not had fair opportunity to digest the information, receive clear and concise answers and guarantees to our questions; nor have we been given a choice in the outcome or in the provider who will manage the process. I am a person who has always kept informed. I have not been given that freedom by the State of Delaware in this regard.

14. I am over the age of eighteen (18) years and am competent to testify.

I declare under penalty of perjury that the foregoing statements are true and correct.

Executed this 3 day of October, 2022.

  
Patricia Maichle

SWORN TO AND ASCRIBED before me this 3 day of October, 2022.

  
Notary Public

My commission expires:

MELISSA K. NICHOLS Notary Public STATE OF DELAWARE My Commission Expires 12-20-2023
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