

UNDERSTANDING THE FINANCES OF DELAWARE EMPLOYEE & RETIREE HEALTHCARE BENEFITS

March 22, 2023

PRESENTATION OF FOUR STATE RETIREES:

Robert J. Clarkin (Retired State Employee)

Steven LePage (Retired State Employee, USAF Veteran)

Karen E. Peterson (Retired State Employee, Retired State Senator)

Mary B. Graham (Presenter, Spouse of Retired UD Professor)

v. 32223 1019

WHAT WE DID

- **Goal:** To understand the financial circumstances surrounding change of healthcare benefit for State Medicare retirees to Medicare Advantage and to look ahead at options.
 - **Researched** – financial and analytical reports, presentations, minutes of meetings, etc. we could find on State websites about State healthcare benefit and finances, including OPEB
 - **Analyzed** over many months lots of that data – for example, to parse data into the groups on State healthcare benefit
 - **Compared** our analyses to what has been said by the State about financial circumstances allegedly warranting Medicare Advantage
- This presentation is intended to offer basic factual background, some “fact checks” and suggestions for the RHBAS proceeding forward

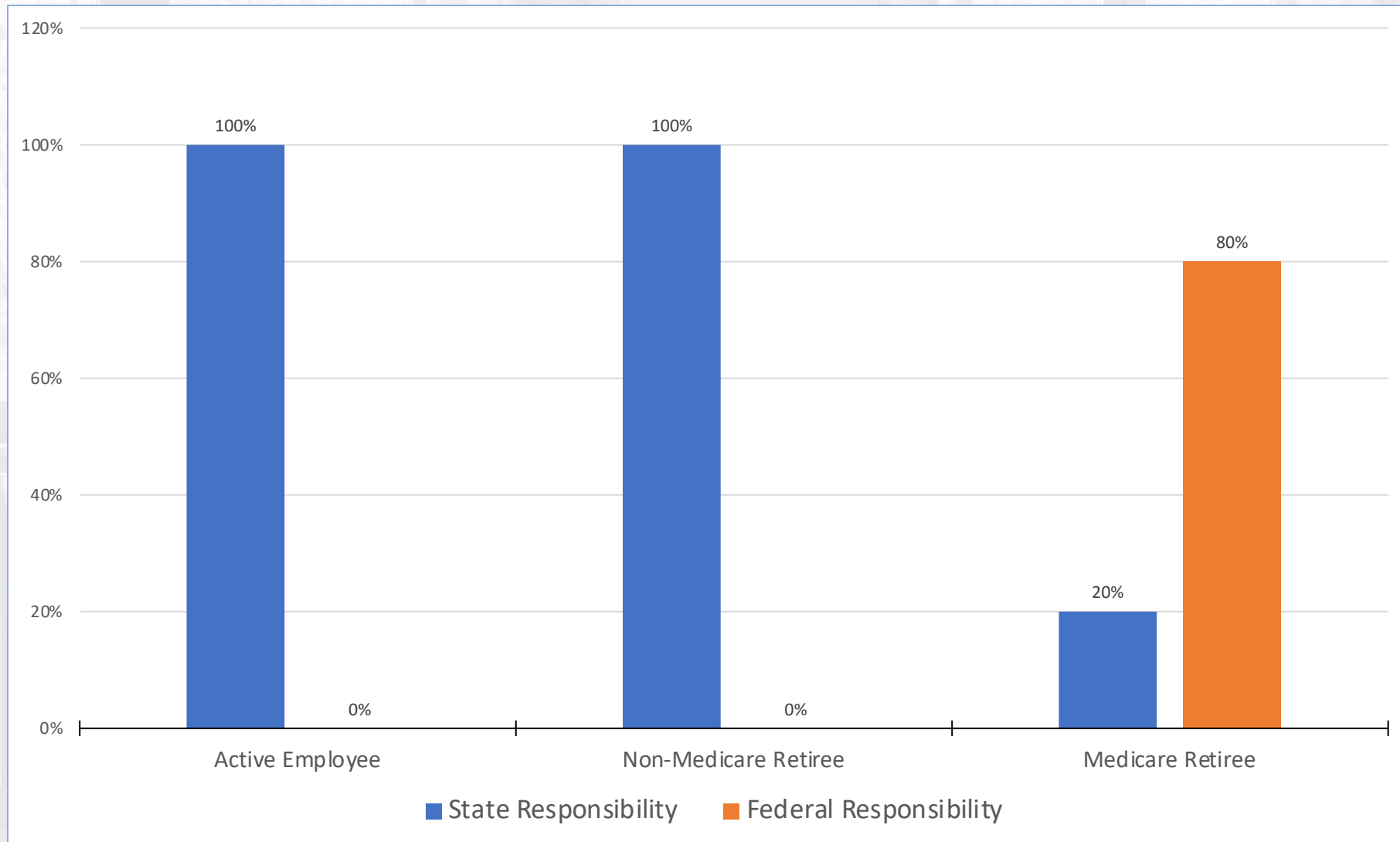
SOME BACKGROUND ON DELAWARE HEALTHCARE BENEFIT

- Delaware's health insurance plan called "**GHIP**" (Group Health Insurance Plan)
- Covers **three groups**: (a) active employees, (b) pre-Medicare retirees (or "non-Medicare retirees") and (c) Medicare retirees (Note – certain employees and retirees of "affiliated" groups participate)
- Delaware's GHIP is "**self-funded**" – i.e. Delaware itself pays out for medical and prescription (Rx) costs (claims) of participants
- Delaware uses "**third party administrators**" (Highmark and Aetna) to *administer* Delaware's self-funded insurance plan. *Not acting* as insurers for any of the three groups.

BASICS: WHO PAYS FOR STATE EMPLOYEE/RETIREE HEALTHCARE?

- For Actives and Non-Medicare Retirees – *State of Delaware* writes the checks for all medical and Rx claims (self-funded insurance) from monies in its Health Fund.
- For Medicare Retirees:
 - *Federal Medicare Trust Fund* pays 80% of medical claims, leaving *State* to write checks for only remaining 20% out of State Health Fund.
 - *Federal Medicare* paid approx 60% of Rx claims in FY2022 leaving *State* to pay only remaining 40%.
 - **Very important but often forgotten in public discourse!**
- Participants pay certain amounts (“Premiums”) to the State and the State itself uses its monies to pay a share of “Premiums” *NOTE: Medicare Retirees pay significant premiums to Medicare for their Medicare benefit*

Federal/State Cost Share of the Real Medical Claims



BASICS: WHAT MATTERS FOR DELAWARE'S HEALTHCARE FINANCES?

Delaware's two concerns:

- **Annual budget** – yearly costs of healthcare and yearly revenue (including premiums)
- **Long-term liability** for *promised* retiree healthcare (so-called OPEB* liability)

Like bank credit card holder's two concerns: immediate monthly/yearly payments and total balance due into the future.

Important to keep in mind the difference to avoid confusion.

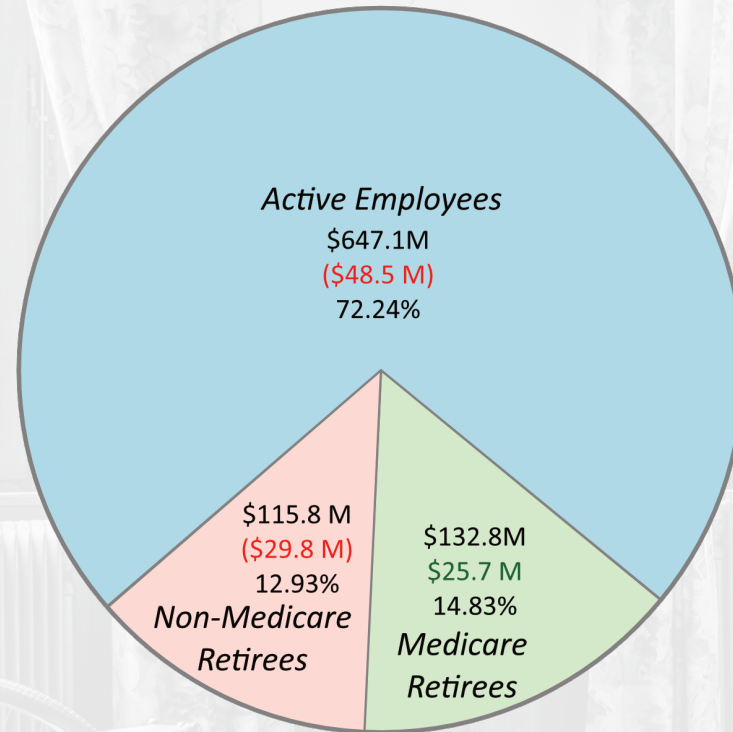
*OPEB stands for "Other Post-Employment Benefits" meaning other than pensions. Healthcare only one relevant here.




YEARLY BUDGET CONCERNS: WHAT IS THE “CLAIMS” EXPERIENCE FOR EACH OF THE THREE GROUPS? WHO HAS A SURPLUS OR DEFICIT?

- The following two slides give pie charts showing Claims experience in FY2022 (the most recent full year of data available to us from WTW) broken out by the three groups. (This is after Medicare.)
- The full underlying Claims data can be found at the SEBC website, meeting materials for August 2022 meeting, WTW Quarterly Financial Reporting – FY22 Q4 Cost Analysis
<https://dhr.delaware.gov/benefits/sebc/documents/2022/0822-financial-reporting.pdf>

Employee/Retiree Healthcare State Claims FY2022 (after Medicare)

Medical + Rx + Operational Expenses



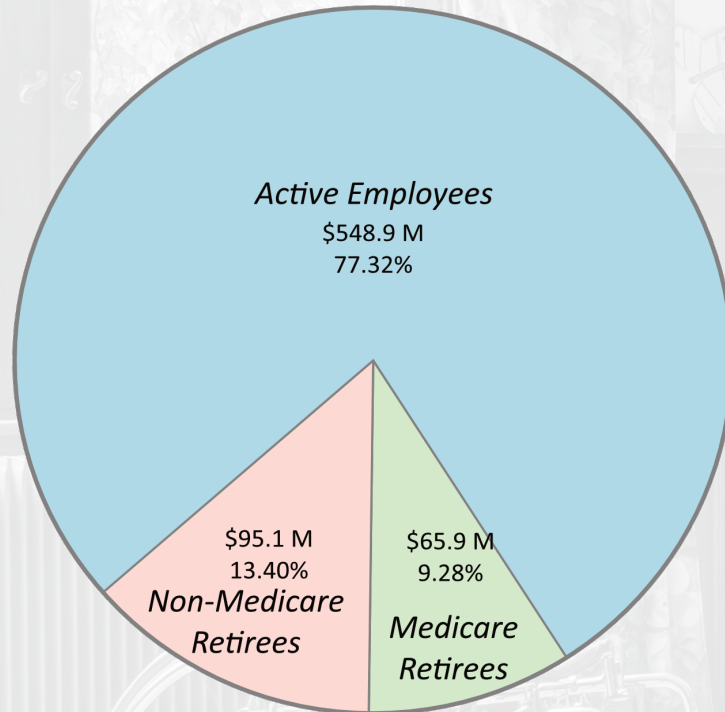
	Type	Medical	Rx	Medical + Rx	Operational Expenses	Total Costs	Premiums Paid	Deficit/Surplus
	Active	\$548,902,075	\$96,570,260	\$645,472,335	\$1,660,077	\$647,132,412	\$598,614,204	*(\$48,518,211)
	Non-Medicare	\$95,107,526	\$20,420,965	\$115,528,491	\$301,028	\$115,829,519	\$86,049,302	(\$29,780,217)
	Medicare	\$65,909,026	\$65,690,250	\$131,599,276	\$1,228,029	\$132,827,305	\$158,519,947	* \$25,692,641
	Total	\$709,918,627	\$182,681,475	\$892,600,102	\$3,189,134	\$895,789,236	\$895,789,236	(\$52,605,787)

*Actual (\$48,518,208) - WTW Worksheet Shows \$3 more due to Worksheet Rounding Issues - *Actual \$25,692,641 - WTW Worksheet Shows \$1 less due to Worksheet Rounding Issues

Employee/Retiree Healthcare State Claims FY2022 (after Medicare)

Medical Costs

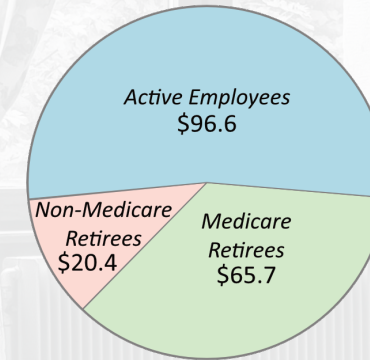
\$709.9 M



Type	Employees	Members
Active	39,232	90,721
	Retirees	Members
Non-Medicare	6,625	10,707
Medicare	28,713	28,713
Total	74,570	130,141

Rx Costs

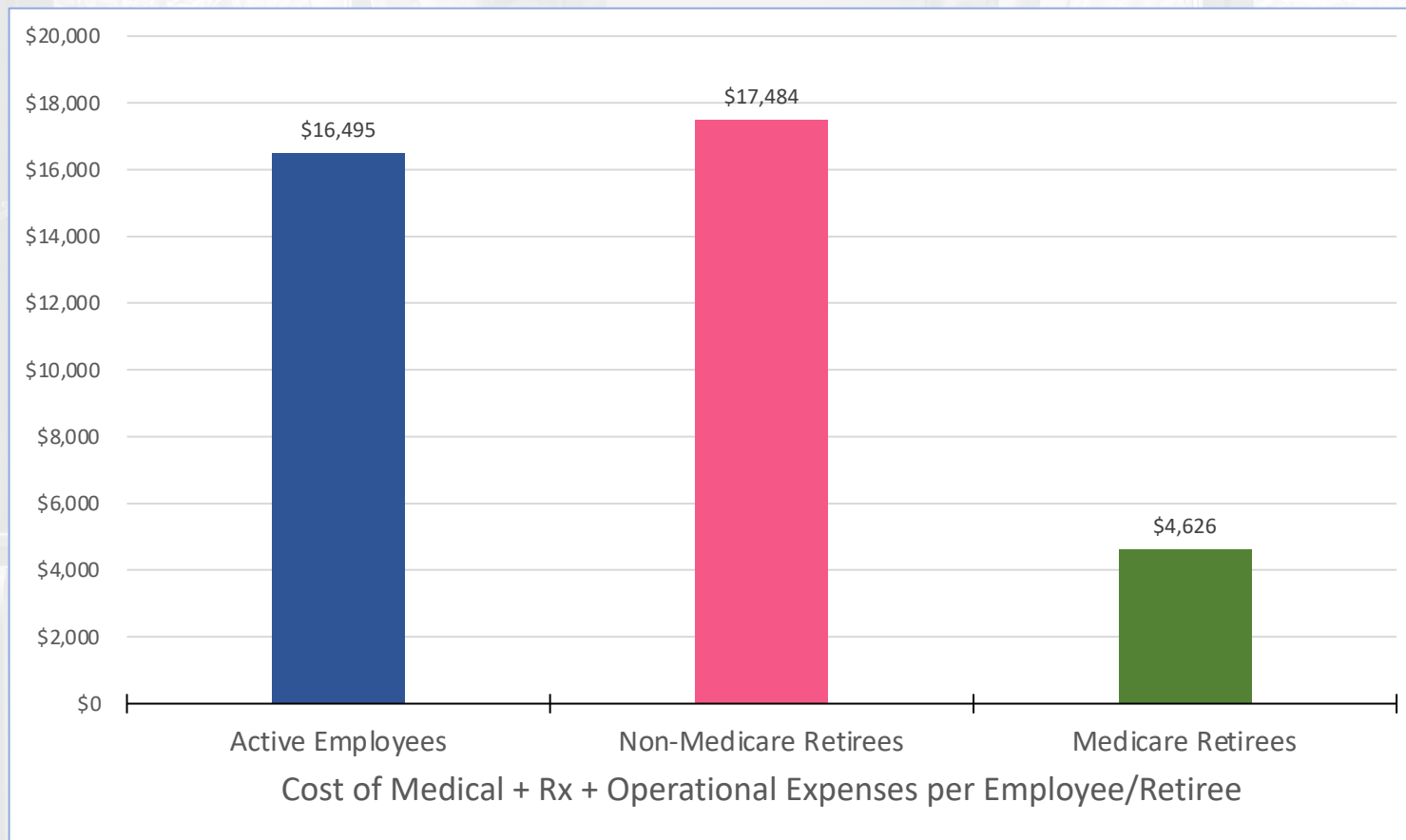
\$182.7 M



Type	Employees	Members
Active	39,232	90,721
	Retirees	Members
Non-Medicare	6,625	10,707
Medicare	27,873	28,713
Total	73,730	130,141

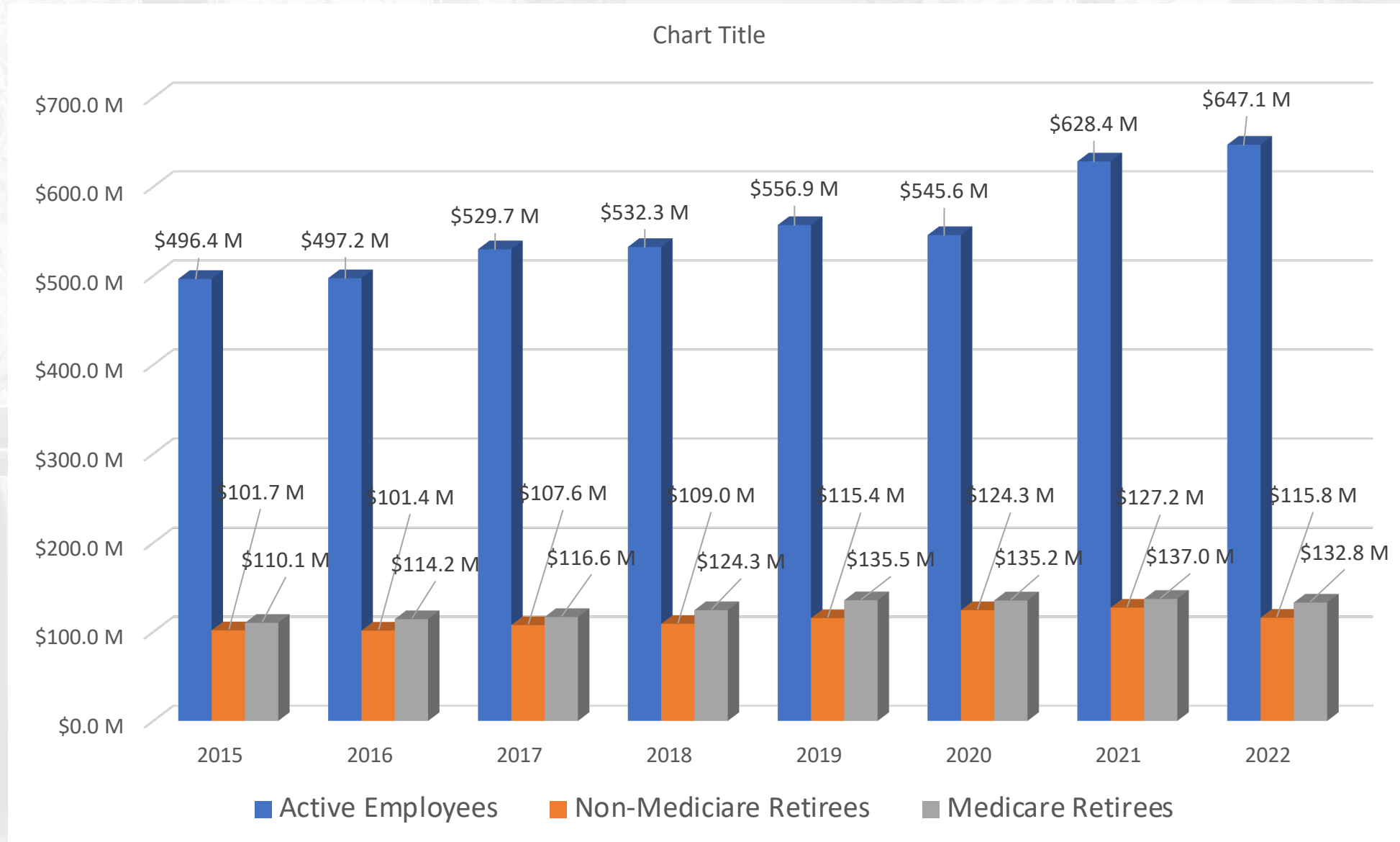
Medicare Retirees - Least Expensive!

Comparative Cost To Delaware GHIP Per Employee/Retiree FY2022



	Active Employees	Non-Medicare Retirees	Medicare Retirees
Total Cost Per Group	\$647,132,413	\$115,829,519	\$132,827,306
# of Employee/Retirees	39,232	6,625	28,713
Cost per Employee/Retiree	\$16,495	\$17,484	\$4,626

Over Time: Medical + Rx Cost Comparison 2015 – 2022¹



STATE SLIDE DECK 3/6/23: Actives subsidize Medicare retirees

State Healthcare Costs at a Glance

Active state employees subsidize healthcare costs for state pensioners.

State Healthcare Costs and Premiums by Group

Group	Costs	Amount covered by premiums <i>excluding copays, deductibles and other out of pocket member cost</i>	Percentage covered by premiums
State of Delaware Group Health Insurance Plan	\$1.2 billion	\$163.7 million by employees, retirees and other participants	18.3%
Pre-Medicare Retirees	\$115.8 million	\$22.9 million by retirees and other participants	19.8%
Medicare retirees/ Pensioners	\$132.8 million	\$0.6 million by retirees	0.4%
Active Employees	\$647.1 million	\$140.2 million by active employees	21.7%

FACT CHECK: DO ACTIVE EMPLOYEES SUBSIDIZE HEALTHCARE COSTS OF MEDICARE RETIREES?

ANSWER: NO!

Subsidy: Financial assistance given by one person or government to another.

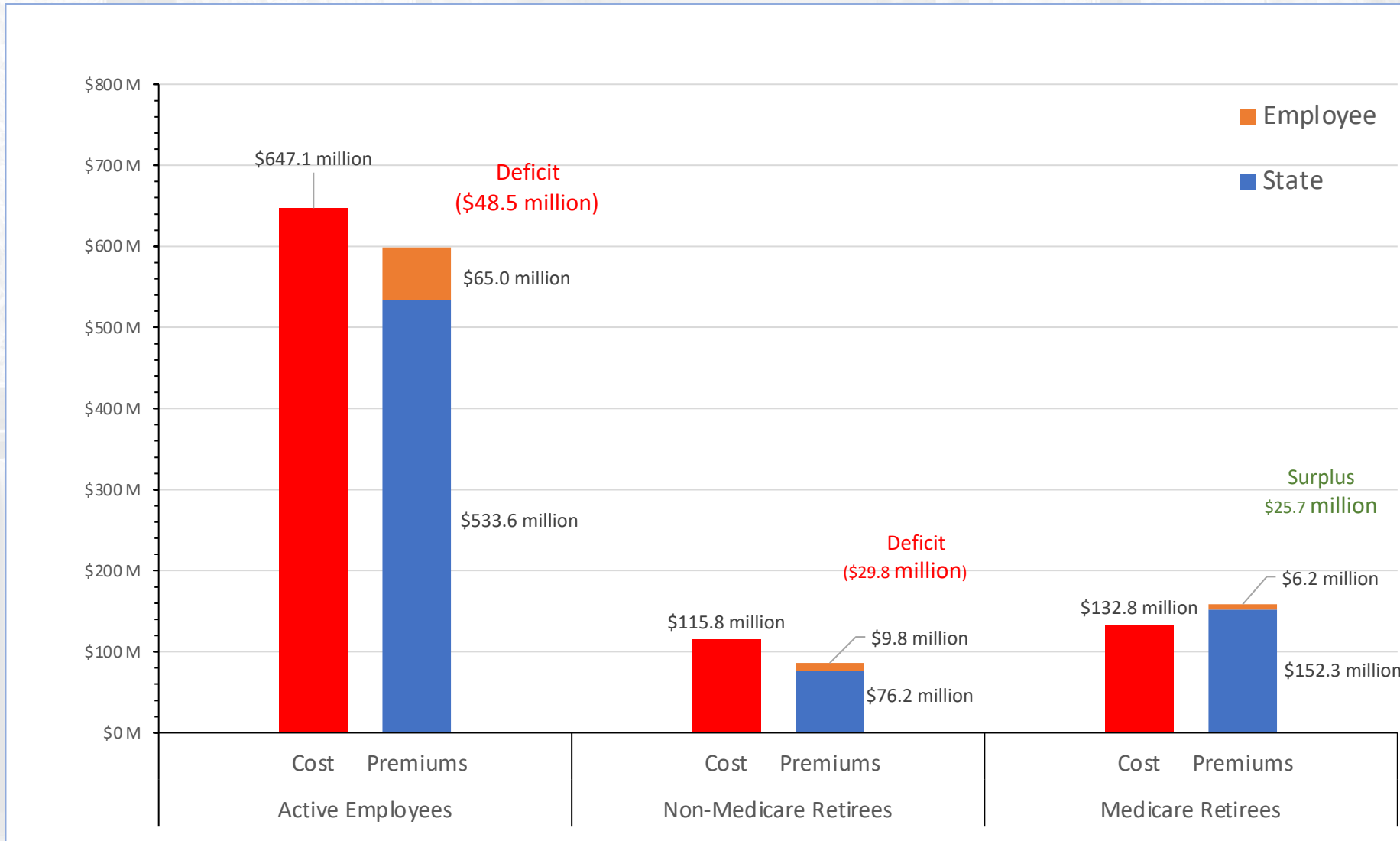
Do active employees give financial assistance to State Medicare retirees? NO.
As shown in following slides:

- *Active employees do not even come close to paying their own costs. So they cannot possibly “subsidize” others through financial assistance.*

Does anyone “subsidize” the three employee groups?

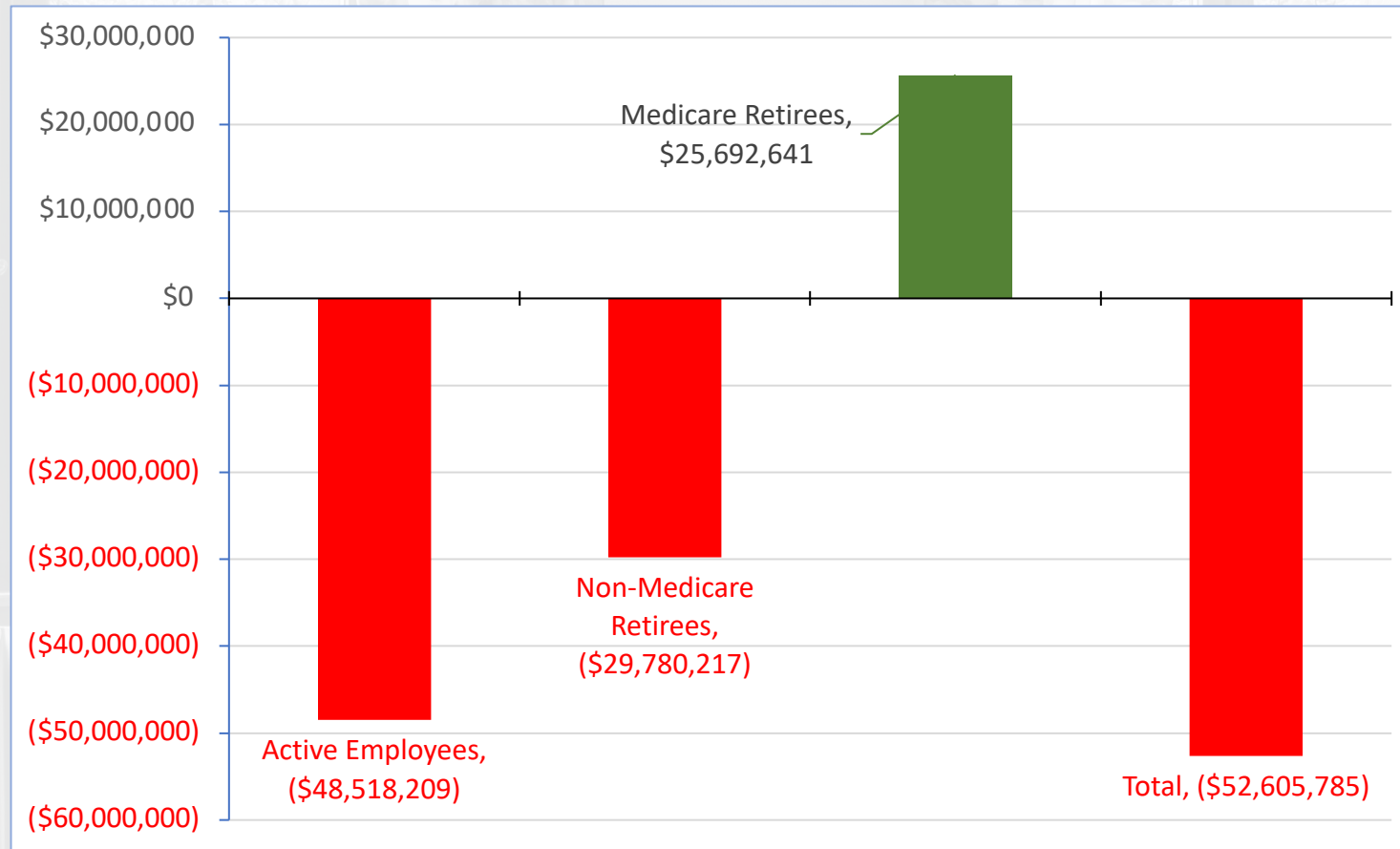
- For all three, the State – *as promised benefit.* No “freeloading.”
- For Medicare Retirees – the Medicare Trust Fund to tune of 80% of Medical and 60% of Rx. But *Retirees paid from their own paychecks into that Fund over decades.* And *Medicare retirees now pay substantial premiums to Medicare of \$165/mo or more in 2023 for Part B (doctors/outpatient treatment & diagnostics).* Again, a promised benefit and no “freeloading.”

Costs (Medical + Rx*) Paid By GHIP v. Premiums FY2022



*Includes operational expenses

Deficit/Surplus by Group Type FY2022



Group Type	Premiums by Group Type	Total Cost by Group Type	Total Differences by Group Type	Total # of Employees by Group Type	Total Surplus/Deficit per Employee per month
Active Employees	\$598,614,204	\$647,132,413	(\$48,518,209)	39,232	(\$103.06)
Non-Medicare Retirees	\$86,049,302	\$115,829,519	(\$29,780,217)	6,625	(\$374.59)
Medicare Retirees	\$158,519,947	\$132,827,306	\$25,692,641	28,713	\$74.57
Total	\$843,183,453	\$895,789,238	(\$52,605,785)	74,570	(\$58.79)

SURPLUS IN DELAWARE HEALTH FUND FROM MEDICARE RETIREES NOT UNIQUE TO FY2022

MEDICARE RETIREES (MEDICAL CLAIMS COST TO DELAWARE HEALTH FUND*)							
	2016	2017	2018	2019	2020	2021	2022
Medical Costs for Medicare Retirees	\$56,305,512	\$60,511,368	\$61,758,352.00	\$65,879,694	\$57,529,818	\$60,949,455	\$65,909,026
# of Retirees	24,280	25,182	25,987	26,709	27,426	28,038	28,713
Medical Costs per Medicare retiree	\$193.25	\$200.25	\$198.04	\$205.55	\$174.80	\$181.15	\$191.29
Premium per Medicare retiree (Medical)	\$241.86	\$260.44	\$260.44	\$260.44	\$260.44	\$260.44	\$260.44
Over/Under Payment per Medicare retiree	\$48.61	\$60.19	\$62.40	\$54.89	\$85.64	\$79.29	\$69.15

* I.e. – after Medicare pays its 80%

DEMYSTIFYING OPEB - 1

- OPEB - Other Post Employment Benefits. Only type relevant here is promised Healthcare in retirement
- Accounting rule changes some 15 years ago have **required State to record liabilities for OPEB**
- In other words, record **what is owed into the future for retirees' healthcare** (sum of cost of healthcare for: (a) current Medicare retirees until death; (b) current non-Medicare retirees until death; and (c) active employees from retirement until death)
- If you have a credit card, you can understand OPEB. Credit card debt ("balance") – are you paying it down or letting it grow from just "minimum payments"?

DEMYSTIFYING OPEB - 2

- **General understanding of what impacts calculation of OPEB liability is helpful:** (a) projections of **cost into the future** going up or down; (b) **revenue to OPEB fund** going up or down; and (c) what **interest rate** applies. Bootstrapping effect - the more you fund OPEB, the better the interest rate used. Like credit card – better rates for less risky borrowers.
- Consultant PFM identified “**main OPEB 'cost drivers'** – healthcare inflation, higher-cost pre-Medicare retirees, all retirees living longer” (9/26/2019 RBSC Minutes p. 3)
- **Why care about OPEB liability? Bonding agencies** care how much is “funded” of the liability and how much “unfunded.” As PFM says, “fully funding” is “not legally required,” but accounting standards require State to report its full liabilities.
- How calculate OPEB liability? *See consultant reports presented to RBSC (PFM Consulting 9/26/2019 and Cheiron 11/12/2019 – at “archived” RBSC webpage).*

DEMYSTIFYING OPEB - 3: BOND RATING AGENCIES

OPEB concern barely addressed for 15 years. “Crisis” now?

- Bond rating agencies did **not** suggest crisis. Painted overall positive picture:
 - Moody’s: Delaware “maintains a strong credit position supported by healthy and stable finances, and strong management and governance.” “Delaware’s finances remain in strong shape.”
- “Factors that could lead to a downgrade ... *Growth* in long-term liabilities that *outpaces expansion* of the state’s economy.”
- Consultant PFM confirmed “ratings agencies are looking for a plan. They recognize that this is a problem/challenge that has emerged over many years with many dimensions and *they are not looking for an overnight solution, but a plan for a meaningful and sustainable approach.*” (RBSC Minutes 9/26/19)
- “*Need to demonstrate progress* to the rating agencies that the State is on the right path towards funding the OPEB.” (RBSC Minutes 10/25/21)

WHAT HAS THE STATE FUNDING OF OPEB LOOKED LIKE?

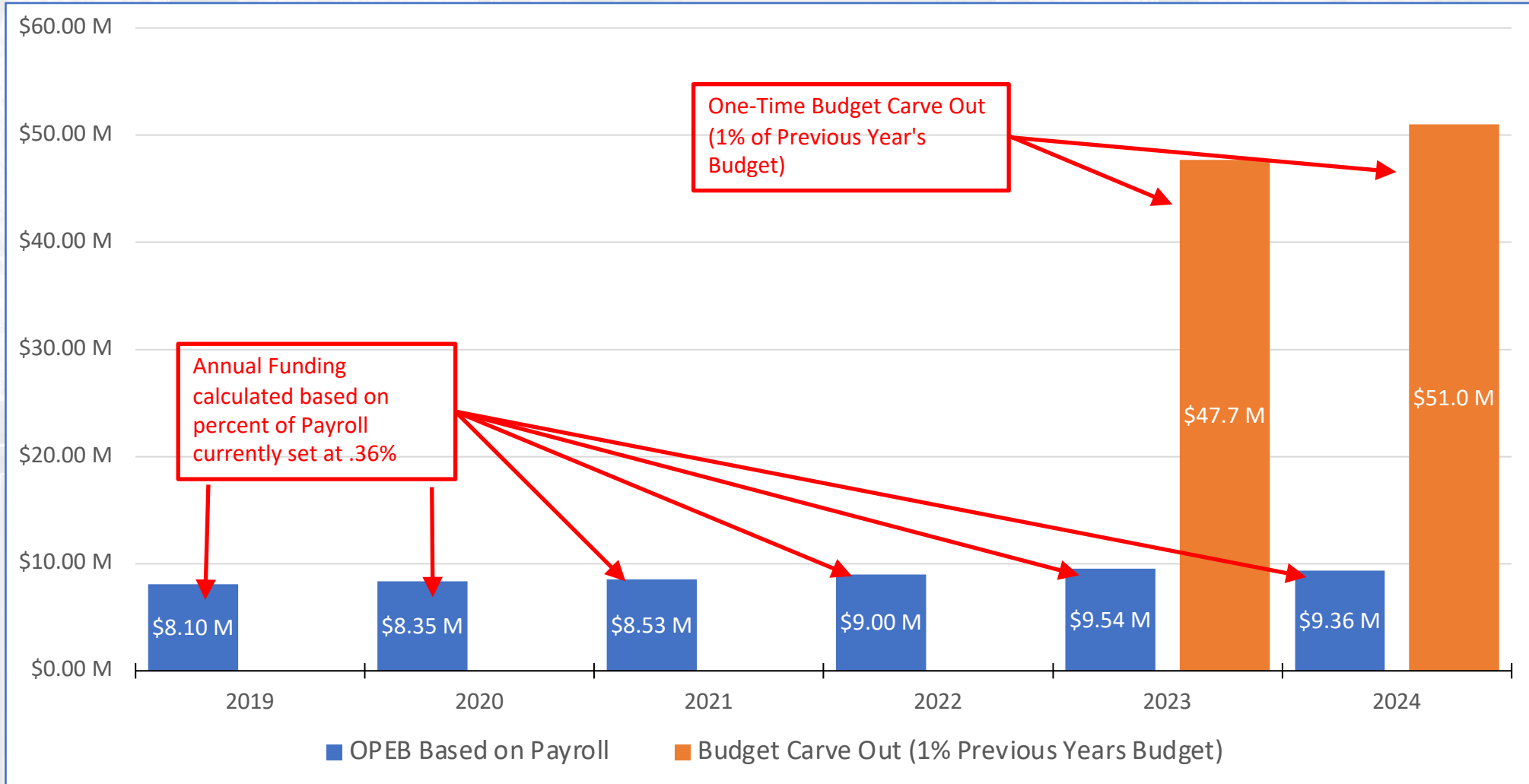
- Delaware provides monies towards:
 - (a) operating costs portion of OPEB Trust Fund (mainly cost of retiree healthcare, both pre-Medicare and active employees) (amount = 8.55% x payroll); and
 - (b) equity (or fiduciary) portion of OPEB Trust Fund (amount = $.36$ x payroll amount; new FY2023 - 1% budget carveout). *See Budget Bill HB75.*
- The State's expressed biggest concern has been over (b). For FY2023, and recommended for FY2024, the equity portion has increased substantially. *See next two slides.*

DEMYSTIFYING OPEB: Delaware Funding Of OPEB Equity*



SOURCE: FY2007 - FY2024 State Budget Bills *CALCULATED as % of payroll, But does NOT come out of employee paychecks!

DEMYSTIFYING OPEB: 1% Carveout “Enhanced” Funding Of OPEB Equity (2 yrs)



SOURCE: OMB Website Budget Bill Archives

RBSC WORKED TO ADDRESS ISSUE OF UNFUNDED OPEB LIABILITY

- Background – RBSC started working in Fall 2019. Did lots of work over two years. Two reports: Initial Report 11/1/2021 (before SEBC adopted Medicare Advantage on 2/28/22); and Report March 22, 2021 (after SEBC adopted MA).
- Disappeared this year after RHBAS was created (was supposed to issue third report March 2023).
- The good news is that the RBSC has done most of the work you likely need AND points this committee in a reasonable direction.
- Before getting to the gold mine of RBSC data, let's look at what RBSC did NOT recommend.

RBSC: CONSIDERATION OF OPTIONS

WHAT DID RBSC SUPPOSEDLY RECOMMEND?

- Supposedly, RBSC recommended Medicare Advantage (MA) to SEBC to address OPEB.
- For example, Minutes of RBSC from morning of 2/28/22 - same day SEBC adopted Medicare Advantage: “Secretary Geisenberger stated that the November 2021 ***RBSC report included a recommendation to transition coverage for Medicare eligible retirees from the current Medicare Supplement to an employer-sponsored Medicare Advantage plan*** or to an indexed employer subsidy funded through a Health Reimbursement Account (HRA) for purchasing Medicare coverage on the individual marketplace.”

RBSC: CONSIDERATION OF OPTIONS

FACT CHECK: DID RBSC ACTUALLY RECOMMEND MA?

NO: RBSC DID NOT RECOMMEND MA!

- RBSC November 1, 2021 Report as to MA actually recommended: “***Continue reviewing*** ... Transitioning coverage of Medicare-eligible retirees from the Medicare Supplement to an employer-sponsored Medicare Advantage plan or to an [HRA giving choice].” The March 2022 Report treated MA as a *fait accompli*.

WHAT ELSE DID RBSC RECOMMEND?

- ***Continuing review of 4 options for changes to eligibility***: spousal share, years of service (YOS), minimum retirement age, and elimination of benefits for terminated vested employees. (Note – only first three result in significant impact for OPEB liability as slides will show)
- RBSC ***DID RECOMMEND*** “substantial increase in recurring funding” by budget carveout for OPEB trust fund. **This has occurred – saw in earlier slide with 1% carveout**

ELIGIBILITY CHANGES CONSIDERED BY RBSC: for potential implementation January 1, 2024 (RBSC 11/1/2021 Report)

- 1. Reduce the State share/subsidy for spouses of retirees** from 100% to 50% for future retirees after a certain effective date, for those that have not reached retirement eligibility status.
- 2. Modify the eligibility [YOS] schedule for State share/ subsidy** for those hired since 1/2007 to 20 years of service = 50%, 25 years = 75% and 30 years = 100%, after a certain effective date.
- 3. Establish a minimum age to enroll on the retiree medical plan of 60** for State Employees and **55 for employees subject to a mandatory retirement age**, providing a deferred benefit for those that retire prior to the minimum. This would apply after a certain effective date, for those that have not reached retirement eligibility status.
- 4. [MINIMAL IMPACT ON OPEB] Eliminate the ability to access retiree medical benefits for vested employees that terminate their State service** without filing with the Pension Office for retirement. This would apply to employees that terminate after a certain effective date, and require employees in the future to retire from State service in order to receive the retiree medical benefit.

Impact of Options On OPEB Unfunded Liability RBSC 11/29/21 (DOF SLIDE 6)¹

Funding and Benefit Options with Updated Valuation



		2050 Projection					
		Total Benefits	ADC	Accrued Liabilities	Trust Assets	Funded Ratio	Discount Rate
Additional Funding, 2020 Valuation	Baseline	\$787	\$2,486	\$36,876	\$3,535	9.60%	2.21%
	Baseline + 1% of Budget Index Carveout	\$787	\$2,024	\$33,424	\$9,917	29.70%	3.00%
	Eliminate Future Terminated Vesteds	\$743	\$1,880	\$31,451	\$9,917	31.50%	3.10%
	Graduated State Share Based on YOS	\$787	\$788	\$17,185	\$9,917	57.70%	7.00%
	Minimum Required Age 60/ 55	\$690	\$746	\$16,831	\$9,917	58.90%	7.00%
	HRA (2% Increase)	\$566	\$337	\$11,055	\$9,917	89.70%	7.00%
	Reduce Spousal Subsidy for Future Retirees	\$681	\$773	\$16,882	\$9,917	58.70%	7.00%
	Combination	\$379	\$142	\$5,859	\$5,670	96.80%	7.00%
Additional Funding, 2021 Valuation	Baseline (Updated Experience and Trust Assets)	\$842	\$2,466	\$37,022	\$4,626	12.50%	2.16%
	Baseline + .36% of Payroll Appropriation	\$842	\$2,439	\$37,022	\$5,682	15.80%	2.16%
	Baseline + 1% of Budget Index Carveout	\$842	\$964	\$19,088	\$9,818	51.40%	7.00%
	Baseline + Appropriation + Carveout	\$842	\$910	\$19,094	\$10,874	56.90%	7.00%
	Eliminate Future Terminated Vesteds	\$798	\$837	\$18,153	\$10,874	59.90%	7.00%
	Graduated State Share Based on YOS	\$842	\$659	\$15,874	\$10,874	68.50%	7.00%
	Minimum Required Age 60/ 55	\$727	\$601	\$15,444	\$10,874	70.40%	7.00%
	HRA (2% Increase)	\$602	\$338	\$11,339	\$10,874	95.90%	7.00%
	Reduce Spousal Subsidy for Future Retirees	\$730	\$675	\$15,979	\$10,874	68.10%	7.00%
	Combination	\$424	(\$92)	\$6,189	\$10,874	175.70%	7.00%

2020 valuation

2021 valuation

Accrued Liabilities
Column is OPEB unfunded liability (Add six 0's – so billions)

“Baseline” is OPEB liability if nothing done. Compare effect of options against baseline.

Three eligibility changes each show big impact on accrued liabilities: YOS, min age, spousal subsidy (over 50%)!

*
*
*

Note: All benefit options reflect the lowest funding row in gray immediately above

Presented to RBSC on November 29, 2021

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Presentation to RBSC 8/30/21 – eligibility options and MA projection (along with enhanced funding in bottom half of table)

Combinations of Benefit Modifications and Additional Funding Significantly Reduce OPEB Net Liability

		2050 Projection					
		Total Benefits	ADC	Accrued Liabilities	Trust Assets	Funded Ratio	Discount Rate
Current Funding	Baseline	\$787	\$2,486	\$36,876	\$3,535	9.6%	2.2%
	Eliminate Future Terminated Vesteds	\$743	\$2,383	\$35,369	\$3,535	10.0%	2.2%
	Graduated State Share Based on YOS	\$787	\$2,084	\$31,326	\$3,535	11.3%	2.2%
	Minimum Required Age 60/ 55	\$690	\$2,078	\$31,866	\$3,535	11.1%	2.2%
	HRA (2% Increase)	\$566	\$1,105	\$16,963	\$3,535	20.8%	2.2%
	Reduce Spousal Subsidy for Future Retirees	\$681	\$2,070	\$31,626	\$3,535	11.5%	2.2%
	Combination	\$379	\$636	\$10,586	\$3,535	33.4%	2.2%
\$0 million/ \$47 million Funding	Baseline	\$787	\$2,024	\$33,424	\$9,917	29.7%	3.0%
	Eliminate Future Terminated Vesteds	\$743	\$1,880	\$31,451	\$9,917	31.5%	3.1%
	Graduated State Share Based on YOS	\$787	\$788	\$17,185	\$9,917	57.7%	7.0%
	Minimum Required Age 60/ 55	\$690	\$746	\$16,831	\$9,917	58.9%	7.0%
	HRA (2% Increase)	\$566	\$337	\$11,055	\$9,917	89.7%	7.0%
	Reduce Spousal Subsidy for Future Retirees	\$681	\$773	\$16,882	\$9,917	58.7%	7.0%
	Combination	\$379	\$142	\$5,859	\$5,670	96.8%	7.0%
	Group Medicare Advantage w EGWP for Rx	\$712	\$1,652	\$28,027	\$9,917	35.4%	3.3%

For **Accrued Liabilities (i.e. Unfunded OPEB liability)**: add six 0's to dollar figures (those are in billions of dollars).

“Baseline” is OPEB liability if nothing done. Compare effect of options against baseline.

Medicare Advantage (last line of table): only reduces OPEB liability by 16%. Eligibility changes each reduce by about 50%!

Source: Preliminary estimates by Cheiron

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CONCLUSION FROM RBSC SLIDES AS TO IMPACT ON OPEB UNFUNDED LIABILITY OF ELIGIBILITY CHANGES RBSC CONSIDERED AND MA

- Three main ***benefit eligibility changes*** each show ***GREATER*** impact on OPEB liability than Medicare Advantage (MA): spousal share, YOS, and minimum retirement age. *Prior slide column “accrued liabilities.”*
- And RBSC data shows **MA not sufficient to address OPEB in major way.**
- RBSC ***never found adoption of MA was necessary*** to address concerns about OPEB liability.

MINUTES OF RBSC 11/29/21 Meeting

MINUTES RECORD SECRETARY GEISENBERGER'S CONCLUSIONS ABOUT HEALTHCARE REFORM (without Medicare Advantage) AS IMPACTS OPEB:

“IV. Updated Reform Estimates

Secretary Geisenberger presented the slides regarding “Updated Funding and Benefit Options” (slides numbered 5 through 7). The table shown on **slide 6 [see slide 27 of this deck]** represents what the valuations would be 30 years from now doing these different funding and benefit options. ***What we have determined over the last several meetings is that if we looked at additional funding of a 1% carveout against the Budget Benchmark of the prior year, set aside each year for the OPEB Trust Fund, and applied this over the 30 years, OPEB would be 51% funded. If all of the funding, benefit and eligibility design changes were adopted (a scenario unlikely to occur), not only would we solve the problem of a severely underfunded OPEB Liability, but it would be pretty much resolved “overnight”.***

(emphasis added) Note: Slide 6 did NOT include Medicare Advantage.

SUGGESTIONS FOR RHBAS TO PROCEED FORWARD

- RBSC (Retirements Benefits Study Committee) established September 2019. **Charged with studying options for reducing OPEB liability.**
- **Extensively studied options** over two-year period. <https://finance.delaware.gov/financial-reports/committee-reports/retirement-benefit-study-committee/>
- RBSC found that **eligibility changes, with enhanced funding**, would reduce OPEB liability significantly. (11/29/21 RBSC Slide 6 – see slide 27 above) No reason to go back over same ground. Those changes could be done gradually.
- **Nothing in RBSC record supports going to Medicare Advantage** – neither necessary nor sufficient to make meaningful progress on OPEB liability.
- **MA was just a seemingly quick and easy step**, pushed by insurance company standing to profit enormously and that never pointed out devastating consequences for retiree healthcare.
- **The RHBAS can finalize the already examined RBSC options** – it can advise the Governor and the Legislature to **continue with the 1% enhanced funding**, and either **increase it further or follow a path of gradual changes to eligibility** (spousal share, YOS, and minimum retirement age). **Or do both.** The RHBAS should consider **putting the OPEB fund on same solid footing as the Pension Fund**, which has been a model.

WHO WE ARE

Robert J. Clarkin - Retired from the Delaware Department of Labor, Division of Employment and Training after 36 years of public service. During his career, he progressed from Management Analyst I, to Technical Service Specialist, to Management Analyst II, to Manager of Planning and Policy, to Employment and Training Administrator, and to Deputy Director. During that time, he became responsible for writing major Federal and State plans, as well as developing and monitoring complex budgets and performance measures.

Steven LePage - Worked a little over 22 years in various capacities in the field of Information Technology for the State of Delaware. He worked at the Department of Health and Social Services (DHSS), the Auditors Office, the Delaware Department of Transportation and closed out his career working for the Department of Technology and Information (DTI). He is a USAF veteran.

Karen E. Peterson - Retired in 2016 after nearly 42 years of state service. Almost 28 years were spent at the Department of Labor where she worked her way up from Inspector, to Administrator of Labor Law Enforcement, to Director of the Division of Industrial Affairs. During those years, she also spent eight years as President of New Castle County Council. Following her retirement from the Department of Labor in 2001, she was elected to the Delaware State Senate four times, retiring in 2016.

Mary B. Graham – Retired intellectual property litigation Partner from Morris Nichols in Wilmington where she practiced law for 35 years. Her educational background focused on math and science (MS in math). She gave volunteer service to the State of Delaware as Chair of the Higher Education Commission (7 years) and member of the State Board of Education (8 years). Her spouse is a retired faculty member of the University of Delaware.