

SB0349

I am writing to request that you support the grandfathering in of all vested retirees so that the benefits we were promised (in my case in November 1971, my EOD date) remain in effect until the end of our lives. Why? Because at 74 years old (soon to be 75) I have steadily found it necessary to start seeing many new doctors including specialists in order to maintain the healthiest lifestyle I can.

I always took pride in the fact that I used to take a baby aspirin and vitamins. That was it.

The following is a list of medications I am currently taking:

Eliquis 5 mg twice daily for A-Fib
Diltiazem 120mg once daily
Duloxetine 60 mg once daily
Estrace 0.1mg/gm vaginal cream 1 gram 2 times a week
Insulin Aspart 100 units using up to 30 units daily
Tresiba insulin 100 units using 15 units daily
Just added Ozempic (2/14/24 visit) currently on 3 insulins
Losartan 100 mg once daily
Metformin 1000 mg twice daily
Oxybutynin 15 mg once daily Just changed to Gemtesa once daily
Pravastatin 80 mg once daily

Voltaren gel for joint damage causing pain and loss of function
Flonase for rhinitis
Lidocaine patch for back pain
Iron tablets for anemia
Vitamin D3 125 mcg

I have also been on medications to assist with preventing UTIs which I have had during at least the last five visits to my Urologist:

Cephalexin 250 mg once daily
Sulfamethoxazole 800 once daily

Because I am incontinent I also bear the cost of daily and overnight pads and adult diapers to prevent leakage, embarrassment and more UTIs.

As you know, other benefits were taken away from us, e.g., one hour lunches and 35 hour work weeks which did not threaten to our lives. I consider these prescription benefits to be lifesaving. If I have to pick and choose which ones I will continue to take I'm afraid the diabetic and heart medications will be the first to go. As a result, I see myself as the second to go.

Time is of the essence. Please support SB0349.

Sincerely,
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State of Maryland Retiree

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