

April 11, 2021 E-Newsletter

Biden Unveils \$2 Trillion Infrastructure Plan, Including Vast Expansion of Long Term Care

President **Biden** introduced a **\$2 trillion plan to create new jobs and upgrade America's physical infrastructure** on Wednesday. The proposal includes funding to shore up the nation's aging roads, bridges, rail lines and electrical grids while boosting manufacturing, making key investments in elder care and housing, and creating hundreds of thousands of good paying jobs. It also calls on Congress to pass the PRO Act, which makes it easier

for workers to join or form a union.

The American Jobs Plan includes around \$400 billion to expand home health care and services for seniors and the disabled and to increase wages and benefits for caregiving workers. If enacted, hundreds of thousands more Americans will receive the long-term care and services they need at home, rather than an institution.

The plan is paid for in part by increasing the corporate tax rate to 28%. The 2017 Republican tax plan slashed the amount corporations pay in taxes to historically low levels.

"The bold plan President Biden announced will create millions of good-paying jobs, strengthen retirement security, and make critical investments in our nation's infrastructure and economy," said **Richard Fiesta**,

Executive Director of the Alliance. "It also advances the President's goal of providing support to the most vulnerable Americans and their caregivers." "We call on Congress to quickly take action on the President's plan so we can build a stronger future for all Americans," he added.



Rich Fiesta,

2021 Tell Your WEP/GPO Story Testimonials

The latest Congressional Research Service(RL 32453) shows that women are disproportionately adversely affected. In part, this is because women are more likely to survive their spouse and see a reduced dependent survivor

benefit as a result of the GPO penalty. In addition, thousands of these women may have a lower pension because of having a shorter earning life and the GPO usually eliminates their fully-earned spousal benefit for that non-



earning homemaker period. 83% of the population so affected are women.

If you are one of the retirees or know someone impacted by the WEP/GPO, please go to the **Tell Your WEP/GPO**

Story link below and tell your story.



Build Back Better with Unions—Pass the PRO Act!

Write your U.S. senators and tell them to pass the PRO Act now!

The House of Representatives passed the Protecting the Right to Organize (PRO) Act last year, but anti-worker legislators in the Senate blocked it. Undeterred, working people fought to elect pro-worker lawmakers to the Senate, House and White House.

And we won.

Lawmakers gave us their word they would make the PRO Act a top priority. It's time for them to keep that promise. The House passed the PRO Act for a second time on March 9, 2021, sending the bill to the U.S. Senate.

The PRO Act is the



cornerstone of the AFL-CIO's **Workers First Agenda**. If it passes, it would:

- ◆ Empower workers to organize and bargain.
- ◆ Hold corporations accountable for union-busting.
- ◆ Repeal "right to work" laws, which were created during the

Jim Crow era to keep White and Black workers from organizing together.

Stronger unions mean higher wages, safer working conditions and dignity for all people who work. Passing the PRO Act will be our first step to getting there.

Use the form and we'll connect you to your U.S. senators: Tell them to vote "yes" on the PRO Act.

FACT SHEET: The American Jobs Plan



While the American Rescue Plan is changing the course of the pandemic and delivering relief for working families, this is no time to build

back to the way things were. This is the moment to reimagine and rebuild a new economy. The American Jobs Plan is an investment in America that will create millions of good jobs,



rebuild our country's infrastructure, and position the United States to out-compete China. Public domestic investment as a share of the economy has fallen by more than 40 percent since the

1960s. The American Jobs Plan will invest in America in a way we have not invested since we built the interstate highways and won the Space Race... **Read the Fact Sheet: American Jobs Plan.**

ADD YOUR NAME

Get The Message Out: SIGN THE GPO/WEP PETITION!!!!

New Issue Brief Examines Effects of Trump-Era Medicaid Policies

A new **issue brief** from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) examines the effects of the Trump administration's Section 1115 waiver policy on Medicaid coverage and care. ASPE advises the HHS Secretary on health care policy development, research, and analysis.

Section 1115 of the Social Security Act **allows** states to request and HHS to approve waivers of certain Medicaid rules, as necessary to implement demonstration projects that the Secretary determines are likely to promote the program's objectives. This process is intended to give states the flexibility to test new ways to better serve people with Medicaid.

Over the years, 1115 waivers have been used to expand eligibility and benefits, modify financing elements, and experiment with delivery system reforms. Approved projects generally reflect state and federal

priorities, the latter of which can change from one administration to the next.

Under the Trump administration, for example, HHS encouraged states to use the waiver process to impose work requirements, establish healthy behavior incentive programs and health savings account-like arrangements, and cap federal Medicaid financing. President Biden, however, is taking a different approach. In January, he **ordered** an immediate review of these policies.

The resulting ASPE report, *Medicaid Demonstrations and Impacts on Health Coverage: A Review of the Evidence*, finds that "work requirements, healthy behavior incentives, and health savings account-like arrangements...have reduced enrollment and access to care." Though demonstrations that cap federal funding have not yet been implemented, ASPE notes that "concerns about the potential for enrollment cuts and benefit reductions" associated with such



changes "are prevalent in the literature."

Importantly, the agency also discusses the inability of these demonstration features to meaningfully further the goals of the Medicaid program—a key requirement for waiver approval. This aligns with other sources of analysis. Work requirements, in particular, **have been halted by federal courts** for a failure to further the program's objectives.

Medicaid's core mission is to provide all who are eligible with comprehensive health coverage. As the Center on Budget and Policy Priorities (CBPP) **explains**, 1115 demonstrations should, therefore, "test new ways of providing coverage or delivering care that improve health outcomes and the program's overall effectiveness or efficiency...[t]hey should *not* cause fewer people to get or retain coverage or make it harder to obtain necessary health care."

Yet, many of the studied waivers do just that. According

to ASPE: "While one of the stated motivations for several of these demonstration features has been the desire to improve beneficiary health, the loss of coverage evident in multiple studies of these policies suggests they carry a significant risk of having the opposite effect—harms to access to care and adverse health effects. Given the strong evidence linking health insurance coverage to positive health and economic outcomes, policies that lead to loss of Medicaid coverage, increase rates of uninsurance, and heighten barriers to medical care can have significant negative public health consequences, particularly during emergencies such as the current pandemic."

During the COVID-19 public health emergency and beyond, Medicare Rights will continue to oppose efforts to limit access to care, across insurers and systems. We urge federal and state policymakers to instead pursue solutions that ensure everyone has affordable, high quality health coverage

Protecting the Right to Vote

During 2020, 158.4 million Americans, or 66% of registered voters -- a record number -- voted in the Presidential election. The election also saw record vote by mail numbers, with 46% of voters casting their ballots by mail, up from 25% in the 2016 election. However, in the aftermath of the 2020 elections, state legislatures around the country are proposing legislation that would make it more difficult to cast a ballot. Forty-three state legislatures have introduced over 250 bills to restrict voting access in a number of ways including limits to voting by mail, increased voter ID requirements, elimination of drop boxes to return mail ballots and restrictions to in-person early voting.

To combat these anti-democratic moves and ensure every citizen can exercise their constitutional right to vote no matter where they live, Representative John Sarbanes of

Maryland introduced the For the People Act, H.R.1, which passed the House on March 3, 2021. The House bill is pending in the U.S. Senate. A similar bill, S.1, was introduced in the Senate by Senator Jeff Merkley of Oregon. Representative Terri Sewell of Alabama intends to reintroduce the John R. Lewis Voting Rights Advancement Act, H.R. 4, which will restore the Voting Rights Act, protecting the right to vote for people of color.

Alliance for Retired Americans Position

The Alliance for Retired Americans supports the For the People Act (H.R. 1), which ensures Americans' right to vote, and urges the U.S. Senate to pass it.

The Alliance for Retired Americans also supports the John R. Lewis Voting Rights Advancement Act (H.R. 4), which restores the Voting Rights



Act, protecting the right to vote for all Americans, particularly

minorities.

The Alliance opposes any policy that will erect barriers or make it more difficult for all Americans, especially older Americans, to exercise their constitutional right to vote.

What does H.R. 1 do?

- ◆ Expands voter registration to allow online and same day registration and widens access by allowing vote by mail and early voting;
- ◆ Requires states to use paper ballots, increasing election security;
- ◆ Limits the removal of voters from voter rolls;
- ◆ Imposes penalties for voter intimidation and dissemination of misinformation;
- ◆ Requires states to establish independent redistricting

commissions to prevent partisan gerrymandering of congressional and state legislative districts;

- ◆ Increases election security and safeguards our democracy by increasing the security of voting machines and electronic election systems from cyber attacks.
- ◆ Prohibits political spending by foreign nationals and requires more disclosure of campaign spending and donors to political committees.
- ◆ Strengthens ethics requirements and conflict of interest standards for every branch of the federal government.
- ◆ Requires the President, Vice President and candidates for those offices to release 10 years of their tax returns...[Read More](#)

Trump appointees hold up stimulus check to 30 million people on Social Security

Why the delay in getting people on Social Security their stimulus checks? The American Rescue Plan passed Congress a couple of weeks ago, and President Biden signed it into law on March 11, the day after its passage. But, the **Washington Post** reports that the Social Security Administration, run by Trump appointees, delayed getting the necessary information to the IRS.

People receiving Social Security benefits get their Economic Impact Payments (stimulus check) automatically. And, the Treasury Department and IRS began sending out payments the day after Biden

signed the legislation, more than two weeks ago. But, nearly 30 million people receiving Social Security benefits did not get their stimulus checks in a timely fashion.

Economic impact payments went out to people who have filed tax returns in 2019 or 2020. People who registered last year through the Non-Filers tool are also getting payments if they're eligible. But, payments were delayed for Social Security recipients who had not filed tax returns in the last two years. As Alex Lawson explains in **Common Dreams**, the IRS requested the necessary information from the Social



Security Administration long before the American Rescue Act was signed into law, but it held off sending the IRS updated information.

The problem appears to lie with **Social Security Commissioner Andrew Saul**. He delayed turning over payment information to the IRS that it needs to send the checks. It literally took Congressional action to light a fire under Saul and get him to send the data to the IRS.

People getting direct deposit of their Social Security checks should also receive a direct deposit of their stimulus checks. Most people are getting \$1,400

checks. By now, you should have received this payment. If not, you can check irs.gov to see the status of the payment.

Trump's Social Security appointments, Commissioner Saul and Deputy Commissioner Black, should not remain in power. Their delay in providing the IRS with necessary information to get people their stimulus checks, combined with their work to jeopardize eligibility for Social Security benefits for **people with disabilities** and other efforts to undermine Social Security and President Biden's agenda, should give President Biden good cause to remove them from their positions.

Senator Sanders proposes reining in drug prices and expanding Medicare

Burgess Everett writes for **Politico** about Senator Bernie Sanders' plan to rein in Medicare prescription drug prices and use the savings to improve and expand Medicare through the reconciliation process in Congress. President Biden has also called for expanding Medicare. But, fearing a loss of revenue, some stakeholders are sure to push back hard.

Sanders proposes both Medicare drug price negotiation and an expansion of Medicare to people 55 or 60 and older, with coverage of dental care, vision care and hearing aids. All these changes would be included in the

infrastructure bill that Congress is now working on.

Investing in infrastructure is part of the next reconciliation bill, which will have a big impact on our budget and therefore only needs to pass Congress by majority vote. Any reforms that do not have a budgetary impact are subject to the filibuster and cannot be passed without at least 60 votes. The infrastructure legislation will also raise taxes on corporations and the wealthiest Americans.

Sanders projects that Medicare drug price negotiation would save \$450 billion over ten years.



It would pay for the additional dental, vision and hearing benefits he is proposing with \$100 billion to spare. He estimates that they will cost \$350 billion over ten years.

Lowering the age of Medicare eligibility has significant public support. According to a Fall 2020 GoHealth **survey**, seven in ten people polled who were not on Medicare favor lowering the age of eligibility. Nearly six in ten people with Medicare support this policy. If Medicare eligibility were lowered to age 60, Medicare would cover as many as **23 million more**

people.

Hospitals are sure to object to lowering the age of Medicare eligibility. Medicare rates are significantly lower than commercial insurance rates. Hospitals fear the potential loss of revenue. But, they should recognize that they don't make as much money as they think they do in the commercial market. Among other things, many face 20 percent denial rates from commercial insurers and have higher administrative costs than they do with traditional Medicare.

Kaiser Family Foundation Suggests Pathways for Lower Drug Costs

High drug prices may keep many people from accessing and affording the medications they need to stay well. In a new issue brief, the Kaiser Family Foundation explores two ways the Biden administration can use existing executive authority to implement policy changes related to prescription drug costs.

The first option would use the authority provided under the Affordable Care Act (ACA) which created the Center of Medicare and Medicaid Innovation (CMMI). CMMI can design and test new payment models to address concerns

about rising cost, quality, and inefficiency.

The second option would be to use Section 402 demonstration authority—a narrower and older flexibility—that allows for demonstrations to test new ways of delivering and paying for health care.

The brief highlights recent efforts by previous administrations that explored both types of executive action, including the "Most Favored Nation Model" under CMMI authority and the proposed \$200 voucher, which would have relied on Section 402.



Importantly, the latter proposal drew significant criticism and some doubt as to whether it would have withstood judicial review under the Administrative Procedures Act (APA).

The brief also outlines the process by which proposals under each type of authority would move forward, including typical timelines, and administrative and legislative limits on the types of proposals that could be pursued using each pathway. The report concludes by suggesting that several of President Biden's campaign

priorities, including allowing Medicare to negotiate drug prices directly and capping drug price increases, could be pursued under this authority.

At Medicare Rights, we urge policymakers to find ways to increase the affordability of prescription drugs for people with Medicare, including drug price negotiation. We must ensure that older adults and people with disabilities have access to their needed medications, and the Medicare program cannot sustain such high costs indefinitely.

USDA drops Trump plan to cut food stamps for 700,000 Americans

A Trump-era **plan to cut food stamps** is now off the table after the **Biden administration** said it is abandoning a previous plan to tighten work requirements for working-age adults without children. Those restrictions were projected to deny federal food assistance benefits to 700,000 adults, a proposal that had drawn strong condemnation from anti-hunger advocates.

The U.S. Department of Agriculture on March 24 **said** it is withdrawing a Trump administration appeal of a federal court ruling that had blocked the planned restrictions on the Supplemental Nutrition

Assistance Program (SNAP), better known as food stamps. Trump officials **had filed the appeal in May**, two months after the **coronavirus pandemic** had shuttered the economy and caused millions of people to lose their jobs.

Hunger and food insecurity around the U.S. have surged during the pandemic, with 41.4 million people enrolled in SNAP as of November, up 13% from February 2020 before the public health crisis, according to the latest **data** available from the USDA. Despite that increase, the Trump administration had told



CBS MoneyWatch last year that it believed imposing tighter restrictions on food stamps was "the right approach." USDA Secretary Tom Vilsack said the rule would have hurt some of the most at-risk adults during the ongoing crisis, such as rural Americans, people of color and those with less than a high school degree, who typically have a tougher time finding employment.

"The rule would have penalized individuals who were unable to find consistent income, when many low wage jobs have variable hours, and limited to no sick leave," Vilsack said in a

statement.

The restrictions on food stamps were pursued by former USDA Secretary Sonny Perdue, who had said that SNAP should provide "assistance through difficult times, not a way of life."

But the Trump administration cuts were blocked by a federal court last March as the coronavirus was erupting around the U.S., with a judge calling the effort "likely unlawful." The judge also noted that food benefits are critical given that "a global pandemic poses widespread health risks." ...**Read More**

Fully Vaccinated? Anxious to start traveling again? Here's important news for you.

Congress is out of session until April 12, but we have important news regarding updated guidance from the Centers for Disease Control (CDC) for those who want to travel.

Federal authorities have announced that fully vaccinated people can resume recreational travel in the U.S. at "low risk."

They also signaled a relaxation of operational guidelines for cruise ships for those who are anxious to start cruising again. You can read more about those guidelines here: **<https://www.cdc.gov/media/releases/2021/s0402-conditional-sail-orders.html>**

Releasing its long-awaited travel guidance last Friday, the



U.S. Centers for Disease Control and Prevention said vaccinated individuals do not need a Covid test and do not need to quarantine when traveling domestically. They should still wear a mask, wash hands frequently, and avoid crowds.

However, the CDC still

discourages "non-essential domestic travel" **by those who are not fully vaccinated**. Those people should get tested one to three days before travel, and again three to five days afterward. They should stay home and quarantine for seven days after traveling, or 10 days if they do not get a test, the CDC says.

Health Care Coverage Reminder for Travelers with Medicare

Travelers should always check to make sure they will be covered for any health care they may need when taking a trip. That is especially true when going overseas, but it is also important within the U.S.

If you do decide to start traveling, here's advice from the CNBC website about making sure Medicare will cover your health needs. Of course, if you happen to have private coverage

you also need to make sure you are covered by that.

"While coverage when you are away from home depends partly on where you're headed, it also hinges on the specifics of your coverage. Whether the care you receive is routine or emergency also can play a part.

"Basic, or original, Medicare consists of Part A (hospital



coverage) and Part B (outpatient care). Individuals who choose to stick with that coverage — instead of going with an Advantage Plan — typically pair it with a stand-alone prescription-drug plan (Part D).

"If this is your situation, coverage while traveling in the U.S. and its territories is fairly straightforward: You can go to any doctor or hospital that

accepts Medicare (most do), whether for routine care or an emergency. It is when you venture beyond U.S. borders that things get trickier.

"If you travel outside the U.S., Medicare doesn't cover you except in very limited or rare circumstances," said Danielle Roberts, co-founder of insurance firm Boomer Benefits." **You can read the rest of the article here:**

Assisted Living vs. Nursing Home Care: How They Differ

Are you attempting to weigh assisted living versus nursing home care as an option for yourself or a family member? Many Americans just like you are doing exactly that. They're looking for clear answers about senior living possibilities and the differences between them. Thankfully, you're in the right spot to find some of those answers.

With help from this article, you can start making informed decisions that result in a comfortable, connected, and care-focused quality of life for you or your loved one. After all, a lot of today's nursing homes and assisted living facilities are warm, homelike communities where older adults enjoy kindness and respect, make new



friends, entertain visitors, and pursue satisfying leisure activities.

As you'll soon discover, there isn't just one main difference between assisted living and nursing home care. Rather, each type of senior care community has several special and defining characteristics. In this article, you'll learn more about those

differences as they relate to the following aspects:

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- ◆ **Terminology**
- ◆ **Common types of residents**
- ◆ **Typical living spaces**
- ◆ **Care services**
- ◆ **Other kinds of services**
- ◆ **Primary caregivers**
- ◆ **Cost and payment methods**

Should you get inpatient or outpatient care? It matters

In December 2020, the Trump administration changed payment policy for hundreds of procedures that Medicare had previously covered on **an inpatient basis only**. To save money, over the next three years, Medicare will begin covering these procedures on an outpatient basis, where appropriate. What does that mean for people with Medicare?

This payment policy change should reduce Medicare spending, as the government pays less for outpatient services than for inpatient services. How the change in coverage will affect people with Medicare is not yet clear. It can be beneficial to receive care for many surgeries on an outpatient basis. Sometimes, however, inpatient

care is preferable.

Here's the catch: Hospitals can keep you overnight for several nights and still treat you as an outpatient. If you have Medicare supplemental coverage, it might not matter. You should have few if any out-of-pocket costs for your care. But, if you don't have supplemental coverage, you could be liable for as much as 20 percent of the cost of your care and, depending upon where you live and the physician billing you, another 15 percent on top of that.

If you are planning to go to the hospital for a procedure and to stay overnight, it's smart to speak to your doctor about your potential needs after you are



discharged from the hospital. In particular, will you need home care, nursing home care or rehab services after your discharge?

You will only be eligible for coverage of rehab or nursing services if you are in the hospital three nights and treated as an inpatient. If you will need rehab or nursing services post discharge, you should confirm with your doctor that the hospital treats you as an inpatient. If you will need home care, Medicare comes home care for people meeting the eligibility criteria without a prior hospitalization requirement, but it could be harder to get an agency to take you as a patient if you have not been a hospital

inpatient.

Keep in mind that if the hospital treats you as an outpatient, you will not qualify for covered rehab or nursing services should you need them.

The change in Medicare payment policy stems from technological advances that allow many more procedures to be done on an outpatient basis and significantly higher Medicare payments to hospitals for inpatient care relative to outpatient care for the same procedure. That makes no sense. Of course, moving to a new policy should be done in a way that does not hurt patients, either by depriving them of coverage for needed care or shifting more costs onto them.

Pfizer's Covid-19 vaccine is set to be one of the most lucrative drugs in the world

Pfizer expects to sell \$15 billion worth of Covid-19 vaccines in 2021. That would make it the second-highest revenue-generating drug anytime, anywhere, according to industry reports.

The maker of the first Covid-19 vaccine to be approved for use in advanced markets has released its earning forecasts for 2021 today. Pfizer expects to earn between \$59 billion and \$61 billion - up from \$42 billion it made in 2020.

Sales of the vaccine are set to bring in about a fourth of Pfizer's total revenue this year. That would be nearly as much as its three best-selling products combined. The company is expecting profit margins for the vaccine to be between 25% and 30% which means profits from the vaccine could be around \$4 billion.

All of Pfizer's costs and profits from the vaccine are split evenly with BioNTech, the biotech company that helped develop the



treatment. There are only one drug in the world that sells more - Humira, a prescription medication for arthritis. Pfizer plans on selling 2 billion doses of the vaccine this year, but that demand should subside in coming years so the revenue of Covid-19 vaccine won't be stable, Pfizer's CEO Albert Bourla said on a call with analysts and investors.

The company expects to continue profiting from it by selling booster doses, including

ones required to shield against new variants of the virus, Bourla said. Further, Pfizer is pursuing more avenues to employ the mRNA technology underlying the vaccine, including a flu vaccine and other therapeutic applications.

Read more in [this revealing Reuters article](#). For more along these lines, see concise summaries of deeply revealing [news articles on coronavirus vaccines](#) and [Big Pharma profiteering](#) from reliable major media sources.

The entire Trump campaign was a scam — and it is not over

During the 2016 presidential campaign, candidate Donald Trump happened to be in the middle of a major federal class-action lawsuit spanning several states over an allegedly fraudulent operation called Trump University. You may recall that one of his first racist scandals during the 2015 primary campaign came about after he claimed the judge in that federal fraud case was biased against Trump because of his Hispanic heritage. The Trump University suit was a big story during that campaign but, as always, there was so much chaos surrounding Trump that I'm not sure people really understood what it was all

about. It should have been the biggest story because it was unfolding during the campaign and illustrated everything the people needed to know about Donald Trump. It showed, in living color, that Trump was a real, bonafide con artist, in the literal sense of the word.

The grift was pretty simple. It started off as an online operation that quickly morphed into one of those bait and switch operations where they entice you to come to listen to a free lecture from some "expert" to teach you the tricks of the trade (or tell you the secret of life) which turns out to be nothing more than a sales pitch



to buy more expert lessons in the same subject — which also turn out to be sales pitches. It's what a lot of [multi-level marketing schemes](#) and frankly, cults, do to bilk people out of their savings. A 2017 report from the Center for American Progress explains further:

Near the end, Trump University focused almost exclusively on the seminars, both running them and licensing the brand name out to an organization called Business Strategies Group. These seminars often began with a free session to get people in the door.

Once individuals arrived, salespeople often tried to upsell them the "Trump Elite Packages," ranging from the Bronze Elite Package for \$9,995 up to the Gold Elite Package for \$34,995.

Trump, of course, had a TV show in which he pretended to be a genius businessman and that was enough to get a lot of naive fans to sign on, apparently believing the lies in the brochures, which said that Trump had personally chosen the instructors and the so-called courses were credentialed by major universities like Stanford and Northwestern....[Read More](#)

Biden COVID-19 vaccination timeline ends confusion about state criteria

President Joe Biden urged unvaccinated seniors to get their COVID-19 vaccines as quickly as possible on Tuesday, before announcing that all adults across the country should be eligible for shots starting April 19.

"They're going to have to make the appointment now," Biden said of seniors during a visit to a vaccination site at Virginia Theological Seminary in Alexandria, Virginia. The visit came ahead of his formal announcement at the White House about eligibility expanding to adults nationwide

in less than two weeks.

That does not mean everyone will be able to get vaccines as of April 19, however.

"We're in a situation where we, I believe, by the end of the summer we'll have a significant portion of American public vaccinated," said Biden. "I think before another 25 days we'll probably have somewhere in excess of 200 million shots that have been administered, and the good news is a clear, overwhelming majority of people over the age of 65 have



gotten at least one shot, and that's the most susceptible age bracket." The president's announcement appears to

be in part an effort to end the confusion about which adults are eligible in which jurisdictions. He's also announcing that 150 million shots have been administered within his first 75 days in office.

In regions that cross state lines, different groups of workers have been eligible based on a hodgepodge of different employment-based criteria. And

in some places, retail pharmacies have had different rules from state-run vaccination sites, while county-run sites have had yet another set of regulations.

White House Press Secretary Jen Psaki indicated that the state and local restrictions will be superseded by the president in any laggard jurisdictions once the 19th arrives.

"He is certainly confirming for the public that everyone is eligible around the country....[Read More](#)

CDC shifts guidance on using disinfectants, soap to clean home surfaces

The [Centers for Disease Control and Prevention](#) updated [its guidance on cleaning](#) and disinfecting everyday household surfaces, saying that in "most situations" with no known coronavirus exposure, a thorough scrub with soap and water will suffice -- rather than disinfectant sprays and wipes -- to ward off [COVID-19](#).

"Routine cleaning performed effectively with soap or detergent, at least once per day, can substantially reduce virus levels on surfaces," the CDC said at a White House briefing Monday.

CDC Director Dr. Rochelle Walensky said "disinfection is only recommended in indoor-setting schools and homes where there has been a suspected or confirmed case of COVID-19,

within the last 24 hours."

The updated guidance tracks with what health officials and medical experts have already advised -- that the risk of passing on or becoming infected with the respiratory virus through "fomite" surfaces is low, compared to direct contact, droplet or airborne transmission. But the announcement Monday offers new specifics, saying there is "little scientific support" for routine disinfectant use to prevent surface contact infection.

It comes as the nation looks towards [reopening and a new normal](#) for community spaces and cleanliness standards.

Empty grocery store shelves in home cleanup aisles have been a common sight amid the pandemic, with sales spiking as



shoppers grabbed highly coveted disinfectant sprays and wipes as fast - or faster -- than stores could replenish.

The president of Clorox, Linda Rendle, told ABC's "Good Morning America" in May that the company had seen an "[unprecedented spike in demand for wipes](#), up 500% versus a year ago," and that the wipes' limited supply were "being snagged just about as soon as they hit shelves."

Lysol, too, became scarce on the shelves, the makers saying in a statement early in the pandemic that the demand was "clearly having an impact on our retailers' inventory levels."

As supplies ran low, the disinfecting products were prioritized for hospitals and

caregivers, perpetuating a high demand and prompting consumers to turn to do-it-yourself methods or internet purchases -- which [prompted concerns](#) over [hoarding and price gouging](#).

During the pandemic's first months, eBay banned the sale of hand sanitizer, disinfectant wipes and surgical masks by U.S. sellers after reports of skyrocketing prices for products and shipping.

"We have seen some people stockpile and we would encourage all of those people who have a little too much at home to help share with everyone else so we all have the disinfecting products that we need," Rendle told GMA, noting Clorox's "zero tolerance" for price gouging.

6 Steps to Reduce Caregiver Stress

Caring for a loved one with Alzheimer's disease can be mentally and physically exhausting, so you should take steps to manage and reduce stress, according to the Alzheimer's Foundation of America.

"Finding ways to manage and reduce stress is of paramount importance for every Alzheimer's caregiver. Untreated stress can lead to physical, mental and emotional caregiver burnout," Jennifer Reeder, director of educational and social services, said in a foundation news release.

The foundation offers the following six tips to help caregivers enhance their stress-coping skills:

Be adaptable and positive. Your attitude influences stress levels for both you and your loved one. Being able to "go with the flow" will help both of you stay relaxed. If you get aggravated or agitated, odds are that your loved one will, too. Try to adjust to situations in constructive ways.

Deal with what you can control. Remember that some things are out of your control, such as the coronavirus



pandemic. What you can control is how you respond and react to these outside factors.

Set realistic goals and take it slow. Everything can't be resolved immediately and it doesn't need to be, so don't have unrealistic expectations. Set priorities and practical goals, do your best to achieve them, and take things one day at a time.

Take care of your health. Too little rest, poor diet and lack of exercise can worsen stress and cause other health problems. Try to get enough sleep, eat right, drink plenty of

water and be active. You can't provide good care if you don't look after yourself.

Clear your mind. Exercise, yoga, meditation, listening to music and deep breathing can help relax your mind and reduce stress. Identify what works for you and do it on a regular basis.

Share your feelings. Talking with family members, trusted friends or a professional can also help relieve stress.

More information
The U.S. National Institute on Aging has more about [Alzheimer's caregiving](#).

Many Recovering COVID Patients Show Signs of Long-Term Organ Damage

Long-term organ damage appears to be common in hospitalized COVID-19 patients after they've recovered and been discharged, British researchers report.

One U.S. expert who read over the report said she's seen the same in her practice.

"This study proves that the damage done is not just to the lungs, but can affect the heart, the brain and the kidneys, as well," said Dr. Mangala Narasimhan, who directs critical care services at Northwell Health in New Hyde Park, N.Y.

She said that "care should be taken to counsel patients as they are discharged to be aware of these other possible abnormalities that can occur."

The U.K. research team noted that -- along with causing serious respiratory problems -- COVID-19 appears to be able to affect other organs, including the heart, kidneys and liver. But the overall long-term pattern of organ damage in COVID-19 patients was still unclear, so researchers led by Amitava Banerjee of University College London decided to investigate.

The team assessed organ

damage in more than 47,700 COVID-19 patients (average age 65) who were hospitalized in England and discharged before September of last year. Those clinical findings were compared to those from a matched "control group" taken from the general population.

The researchers tracked rates of hospital readmission among the COVID-19 patients and the control group, as well as death from any cause. They also tracked any new diagnoses of respiratory, cardiovascular, metabolic, kidney and liver diseases in both groups until the end of September 2020.

Over an average follow-up of 140 days, nearly one-third of COVID-19 patients were readmitted to the hospital, and more than one in 10 died after discharge, Banerjee's group found.

Overall, COVID-19 patients' rates of 766 readmissions and 320 deaths per 1,000 person-years were four and eight times greater, respectively, than those observed in the control group.

The researchers also found that COVID-19 patients' rates of



new diagnoses of respiratory disease, cardiovascular disease and diabetes were 27, 3 and 1.5 times greater, respectively, than those observed in the control group.

Age seemed to matter: Differences in rates of organ damage between COVID-19 patients and the control group were greater among people younger than 70 versus for those aged 70 or older, the study found.

As to race, patients from ethnic minority groups were more at risk than white people, with the largest differences seen in respiratory disease.

Men and women seemed roughly similar in terms of rates of long-term organ damage after COVID-19, according to the report published March 31 in the *BMJ*.

All of the study findings suggest that hospitals and health care systems could have to cope with a substantial long-term burden of COVID-19-related illnesses, the researchers said in a journal news release.

The study authors believe research is urgently needed "to

understand the risk factors for post-COVID syndrome, so that treatment can be targeted better to demographically and clinically at-risk populations."

For her part, Narasimhan said that "increased rates of organ damage is something we see commonly in hospitalized COVID patients. This most commonly includes kidney damage, cardiac and neurological issues."

She added that "there are many factors that contribute to these other organs being affected. Some of these factors are the increased rates of clots we see in COVID patients -- this then creates a lot of downstream issues. We also know that the heart is directly infiltrated by virus and this can cause a decrease in heart function. The same for the kidneys, which can cause kidney failure. All these complications can cause a patient to return to the hospital post-discharge."

The bottom line, according to Narasimhan: "COVID infections affect the entire body in many different ways."

Why You Should Pay Attention to Inflammation

Inflammation can be a visible part of how your body fights illness or injury. If you've ever sprained your ankle, you already know about it.

But it also can be much less obvious, and researchers are still unraveling its mysteries. Some of what they've learned has intriguing potential for treating heart disease and other illnesses.

"Inflammation is a complex reaction triggered by your immune system when it fights off invaders -- such as a virus, or what it thinks are invaders," said Dr. Jun Li, a research scientist in the departments of nutrition and epidemiology at the Harvard T.H. Chan School of Public Health in Boston. On a basic level, most of it is considered either acute or chronic.

When inflammation is responding to an injury or intruder -- such as bacteria, viruses or a splinter -- it's acute. The immune system releases chemicals that cause small blood vessels to expand, allowing more blood to reach injured tissue. Chemicals released at the injured point attract immune system cells to the affected area, where they help with the healing process.

Dr. Paul M. Ridker, director of the Center for Cardiovascular Disease Prevention at Brigham and Women's Hospital in Boston, said the flu is an example of acute inflammation.

"Your muscles ache, your joints ache, you feel cruddy," said Ridker, who also is Eugene Braunwald Professor of



Medicine at Harvard Medical School. "That's because all the immune cells in your body are talking to each other saying, 'Hey, there's a foreign invader here. We've got to attack, and we've got to get rid of it.' That's a massive immunologic response, driven by these things called cytokines." Cytokines are messages that immune cells use to speak to one another and coordinate an immune response.

Acute inflammation might be treated with steroids or an over-the-counter medicine such as ibuprofen.

If inflammation keeps simmering at a low level, it's chronic. This can be triggered by cigarette smoke, obesity, chronic

stress and more. Chronic inflammation has been linked to cancer, arthritis, diabetes and heart disease.

"What we're talking about is a very, very low-grade inflammatory response that people don't notice," Ridker said. "It's just in the background."

In the 1990s, Ridker led studies that first associated this chronic inflammation with the risk of heart attack and stroke. He's also led trials showing that lowering such inflammation could protect people from heart problems at levels similar to what's provided by statins, the widely heralded cholesterol-lowering drugs....[Read More](#)

The 5 Foods That Cut Your Odds for Colon Cancer

When it comes to guarding against colon cancer, what you eat is everything.

You can reduce your risk of colon cancer by eating five food types, an expert says. These include: vegetables; whole grains; legumes; nuts and seeds; and fiber-rich fruit.

"Vegetables contain cancer-preventing nutrients called carotenoids and flavonoids," said Amy Rosenfeld, program coordinator of community health, education and outreach and a registered dietitian at the Center for Healthy Living at Northern Westchester Hospital, in Mount Kisco, N.Y.

"Vegetables are high in fiber, bulking your stool and limiting the amount of time waste spends in your colon, reducing your risk for colorectal cancers," she

added.

At every meal, you should try to cover half your plate with colorful vegetables, and that can include frozen vegetables, which are affordable and ready-to-eat, Rosenfeld said.

Whole grain foods have high levels of fiber. When shopping for bread and cereal products, select those that list whole grain ingredients first.

"Try replacing white grains -- like white rice -- with whole grains or mixing the two together. Eating three servings, or about three ounces of whole grains a day, will not only increase fiber, but also B vitamins and important minerals, such as iron, zinc, copper and magnesium," Rosenfeld said.

Examples of whole grain



products include whole wheat bread, barley, oats, quinoa, buckwheat, corn, brown rice and wild rice.

Legumes have lots of fiber and help keep your digestive tract healthy. "By regularly eating beans and lentils, you lower your risk for cancerous colon polyps (small growths)," Rosenfeld said. "Try substituting beans or lentils for meat twice a week or reducing meat in your recipes and add in legumes."

Put navy beans, chickpeas, fava beans, kidney beans, lentils, lima beans, black beans and cannellini beans on your grocery list, she suggested.

The next category is nuts and seeds, which "are the perfect foods," according to Rosenfeld. "Their fiber, healthy fat, phytochemicals, and

antioxidants all have cancer-fighting properties. Try snacking on nuts or seeds instead of chips or pretzels. Natural nut and seed butters make a great dip for your favorite fruit. Mix in ground flax seeds or chia seeds into oatmeal."

It's also important include fresh or frozen fiber-rich fruit in your diet, she said in a hospital news release.

"Eat the rainbow when it comes to fruits," Rosenfeld recommended. "Try to eat one to two cups of fruit each day and mix up the colors. Each color fruit has a unique combination of nutrients with cancer-fighting properties. Fruit also has fiber, vitamins and minerals, and its natural sweetness helps you resist refined sugary treats without nutritional benefits."

Rising U.S. Deaths After Users Mix Coke, Meth With an Opioid

Overdose deaths resulting from a dangerous combination of cocaine and opioids are outpacing fatalities linked to cocaine abuse alone, a new U.S. government report warns.

"Much of the increase in the rate of drug overdose deaths involving cocaine in recent years is due to the co-occurrence of opioids," said study author Dr. Holly Hedegaard.

A similar trend has started taking hold because of the combined abuse of both methamphetamines and opioids. Starting in 2017, deaths

attributed to that pairing started to outpace deaths linked to meth alone.

Still, the role played by opioids in cocaine and meth overdoses have so far differed by degree. For example, 54% of all meth-related deaths in 2019 also involved opioids. By contrast, 75.5% of all cocaine-related deaths also involved one or more opioids in 2019.

The findings may explain why fatalities due to cocaine and meth have been on the rise in recent years, suggested Hedegaard, an injury



epidemiologist in the division of analysis and epidemiology at the U.S. National Center for Health Statistics (NCHS).

The overall trend seen in the analysis was substantially different across U.S. regions. For example, a pairing of cocaine and opioids accounted for more than 83% of all cocaine-related deaths in the Northeast, but just 63% in the West.

Similarly, fatalities due to a combination of meth and opioids made up nearly 80% of meth-related deaths in the

Northeast, but just 44% in the West.

The study team did not explore why these drug combinations are so lethal.

But given that "these opioids are very powerful and deadly," the findings come as little surprise to Lindsey Vuolo, vice president of health law and policy with the Partnership to End Addiction in New York City. She reviewed the findings and was not part of the study....[Read More](#)

Best OTC Products for Digestive Problems

Prilosec OTC, TUMS, Emetrol and MiraLAX are recommended by many pharmacists for a range of digestive issues.

This article is based on reporting that features [expert sources](#).

Best OTC Products for Digestive Problems

EVEN IF YOU MAINTAIN the healthiest eating regimen and drink plenty of water, sooner or later you're going to experience gastrointestinal distress, says Dr. Brijen J. Shah, an associate

professor of gastroenterology at [Mount Sinai Medical Center](#) in New York

City. "Gastrointestinal issues are common and can occur due to diet, infection, side effects from medications and stress," says Shah, who's a spokesperson for the American Gastroenterological Association.

People experiencing digestive distress should be aware of how changes in their life circumstances -- like the



ongoing COVID-19 pandemic -- could be affecting their levels of stress and make their health care providers aware, Shah says.

Am I Experiencing Digestive Problems?

Common signs of gastrointestinal distress include acid reflux, [chronic bloating](#), unexplained weight loss and problems swallowing.

To help consumers decide which over-the-counter products to select for digestive maladies, U.S. News, in

partnership with Pharmacy Times, surveyed pharmacists on a variety of [OTC health products](#). There are a number of safe and effective over-the-counter medications available to relieve the symptoms of the most common gastrointestinal problems, which are:

- ◆ Heartburn, or indigestion.
 - ◆ Nausea.
 - ◆ [Constipation](#).
 - ◆ Diarrhea.
-[Read More](#)

8 Types of Drugs That Can Worsen or Increase Heart Failure Risk

Taking antidepressants and certain pain and diabetes medications could worsen or increase your heart failure risk.

Did you know 1 in every 5 Americans will develop heart failure?

Heart failure – a potentially life-threatening condition in which the heart essentially fails

to pump enough blood and oxygen throughout the body – is on the rise.

According to a report published by the American Heart Association, the number of people with **heart failure** has increased over the past decade and will likely jump by nearly



50% to more than 8 million people in 2030.

Here are eight types of drugs and substances that can worsen or increase risk for heart failure:

- ◆ Certain antidepressants.
- ◆ Pain medications.
- ◆ Diabetes medications.

- ◆ Sodium.
- ◆ Chemotherapy.
- ◆ Certain drugs for irregular heartbeat.
- ◆ Calcium channel blockers.
- ◆ Salt substitutes.

....[Read the full article](#)

Colorectal Cancer: Alarming Trends

The rate of colorectal cancer is higher in Blacks than any other racial or ethnic group in our country.

COLORECTAL CANCER originates in the large bowel and rectum. In 2021, it is estimated to be diagnosed in 149,500 Americans and lead to 52,980 deaths. This is far too many deaths, and when you look exclusively at the Black population, the statistics get worse.

The rate of **colorectal cancer** is higher in Blacks than any racial or ethnic group in our country. Black Americans are approximately 20% more likely to get colorectal cancer and about 40% more likely to die from it than most other groups.

Most colorectal cancers start as a growth on the inner lining of the colon or rectum, known as polyps. Some polyps grow slowly, over many years, eventually changing into cancer.

Most colorectal cancer cases are adenocarcinomas, meaning they start in the mucous glands inside the colon.

There are several risk factors for developing colorectal cancer, including aging, obesity, diet (high in red and processed meat, and low in fiber, fruits, vegetables and whole grains), a sedentary lifestyle, smoking, alcohol, inflammatory bowel disease and certain inherited syndromes.

People can also inherit certain changes (or mutations) in their genes leading to the development of colorectal cancer. The two most common inherited syndromes include "Lynch syndrome" (or hereditary non-polyposis colorectal cancer, or HNPCC, 3% to 4%) and familial adenomatous polyposis (FAP, 1%), a rare condition that is generally inherited by a parent



and is caused by a gene defect.

Early Detection Is Key

Colorectal cancer is unique, as it's the only cancer that can be detected and sometimes treated by a procedure at the same time. This procedure is called a colonoscopy, which involves inserting a flexible tube into the anus, through the entire length of the rectum and colon.

As per the American Cancer Society, the recommended age to **start screening** is 45. Left undetected, cancer can spread via the blood and lymphatic system, to other organs. Colorectal cancer is staged as I through IV, and the outlook gets worse with more advanced stages.

Therapeutic options can include surgery, radiation therapy and medical therapy, which involves chemotherapy and biologic therapy. In terms of

treatment, it's important to note that engaging a team of different specialists leads to the best possible outcome. However, the most effective option is early screening.

The overall survival rate for people with colorectal cancer has improved from 50% in the 1970s to 65% in this decade, largely as a result of early detection via screening and new therapies via clinical trials.

What is scary is that at Montefiore Health System and Albert Einstein College of Medicine, in New York, colorectal cancer among our patients who are **younger than 50 years of age**, otherwise known as early onset colorectal cancer, is sharply increasing. This reflects a national trend, where over the past many years, we have seen an increase of 2% early onset colorectal cancer diagnoses each year....[Read More](#)

Is Shingles Contagious?

Shingles is caused by the same virus that causes chickenpox and can be contagious to certain people.

MOST PEOPLE OF

A certain age can recall having had a bout of chickenpox as a kid. The illness, which is caused by the varicella-zoster virus, can spread like wildfire through elementary schools and causes an itchy rash and flu-like symptoms.

Most kids who contract chickenpox don't have serious complications and go on to feel better in a week or two. In fact, in the past, before a vaccine against chickenpox had been developed, so-called chickenpox

parties would purposefully put a bunch of well children into close contact with an infected child so that the well children could get the illness and put that milestone of childhood behind them.

However, some kids who contract chickenpox can have more serious illness and may develop lasting scars from the itchy lesions. Today, such parties are no longer recommended. Instead, a safe and effective vaccine is now available beginning at 12 months of age.

Chickenpox In Childhood, Shingles In Adulthood



No matter the severity of the case of chickenpox in childhood, anyone who's been infected with the varicella virus is at risk of developing a potentially more serious illness later in life called **shingles**, or herpes zoster.

"When we're younger and have had chickenpox, the virus resides in nerve endings and can come out later in life in the form of shingles," says Dr. Randell Wexler, a primary care physician at the Ohio State University **Wexner Medical Center** in Columbus.

The virus can lie dormant in the body for years and may

reemerge decades after the initial chickenpox infection to cause shingles. The Centers for Disease Control and Prevention reports that one in three people develop shingles during their lifetime. Many people never develop shingles, but some unlucky people can experience it more than once.

In fact, some people can experience regular flares, says Dr. Michael Urban, a senior lecturer and director of the doctorate of occupational therapy program at the University of New Haven in West Haven, Connecticut....[Read More](#)

