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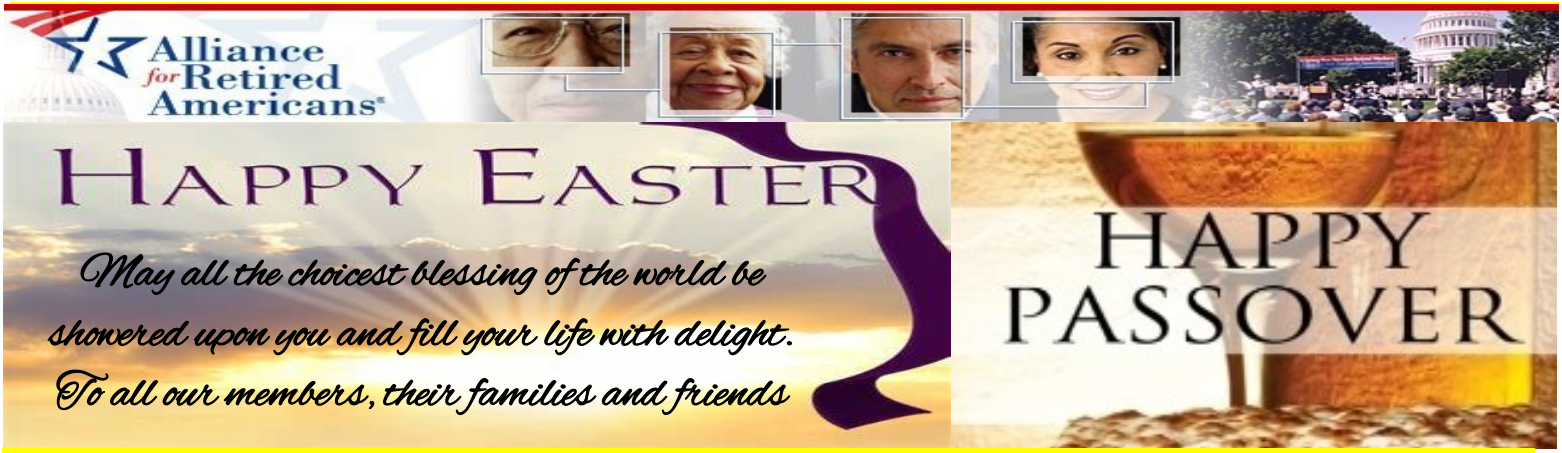
April 12, 2020 E-Newsletter

Publication 2020 Issue 15
Published in house by the
RI ARA



Government watchdog: Hospitals face severe shortages of medical gear, confusing guidance from government

An internal government report found that one hospital was so short of thermometers it could screen staff and patients for coronavirus only at random.

WASHINGTON — Hospitals across the country face dire shortages of vital medical equipment amid the coronavirus outbreak — including testing kits and thermometers — and fear they can't ensure the safety of health care workers needed to treat patients with COVID-19, according to an internal government watchdog report released Monday.

The alarming findings, based on interviews conducted from March 23 to March 27, represent the first government assessment of how the country's hospitals are coping with the outbreak and confirm previous media reports and warnings from health workers that the medical system is under unprecedented strain.

Hospital administrators also said conflicting guidance from federal, state and local governments on how to use personal protective gear and other issues has led to "a greater sense of confusion, fear and distrust among staff that they can rely on hospital procedures to protect them," according to the report from the inspector general for the Department of Health and Human Services, or HHS.

Equipment provided to hospitals from the federal government fell far short of what was needed and was sometimes not usable or of low quality, said the report, which was based on interviews with administrators from 324 hospitals and hospital networks of varying sizes.

According to the report, one hospital received two shipments from the Federal Emergency Management Agency with protective gear that had expired in 2010. Another hospital system received 1,000 masks from federal and state governments, even though it expected a much larger delivery, and "500 of the masks were for children and therefore unusable for adult staff," the report said. Elastic on N95 masks from one state government reserve had "dry-rotted" and could not be used, it said.

NBC News found its own examples of problems with the federal government's emergency national stockpile similar to those detailed in the report.

State officials in Alabama, South Carolina and Pennsylvania said they had received expired medical supplies.

In Michigan, hospitals were surprised to have made orders with suppliers only to find that they were diverted to the national stockpile, according to Ruthanne Sudderth, senior vice president for the Michigan Health & Hospital Association. "Vendors have told us that they need to send whatever they have to the national stockpile," Sudderth said.

"UNABLE TO TALE EMPLOYEE TEMPERATURES"

According to the inspector general's report, hospitals told investigators that thermometers were in short supply, undermining hospitals' ability to check temperatures of staff members and patients for indicators of the coronavirus.

One hospital resorted to screening patients, staff members and vendors at random because it did not have enough thermometers, according to the report. Another hospital with more than 700 staff members reported having one or two thermometers and therefore was "unable to take employee temperatures," the report said.

Ann Maxwell, assistant inspector general for HHS, said she was startled by what she heard from the hospital directors and the findings detailed in the report.

"It is unprecedented," Maxwell said in an interview.

"I think one moment that stands out for me is when I was talking to a hospital administrator and he told me that he had staff in the hospital out trying to procure masks and gloves from auto part shops, from home supply stores, from beauty salons, from art supply stores," Maxwell said.

"I was just taken aback."

In that example, she said, "you could see both the desperation of the challenges they are facing and the ingenuity they were putting forward in trying to solve these problems so they could provide good patient care and save lives." ...**Read More**

Medicare beneficiaries who get coronavirus may face a price shock

These may be extra scary times for Medicare beneficiaries.

For the 62 million people enrolled — most of whom are age 65 or older, or younger with disabilities — the **coronavirus** generally poses a greater health risk. And while Congress and regulators have eliminated out-of-pocket outlays for testing — and **taken other steps to improve access to care** — treating the virus will likely emerge as the bigger cost concern.

"My sense is people are in a state of anxiety and shock," said Mary Johnson, a policy analyst for The Senior Citizens League. "This whole thing has moved so swiftly that the cost of treatment hasn't sunken in yet."

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"My sense is people are in a state of anxiety and shock," said Mary Johnson, a policy analyst for The Senior Citizens League. "This whole thing has moved so swiftly that the cost of treatment hasn't sunken in yet."

While some Medicare beneficiaries have additional insurance that covers the program's out-of-pocket costs — i.e., copays and deductibles — others pay more than their peers for hospital stays and various medical services.

Although most people recover from the coronavirus without requiring significant medicare care, here are costs that could come with Medicare coverage if treatment is needed.

Basic Medicare costs

About 37.5 million beneficiaries stick with basic, or original, Medicare. Many of them have additional coverage — e.g., Medicaid, an employer plan or a supplemental policy (Medigap).

Basic Medicare, which has no cap on out-of-pocket spending, consists of Part A (hospital coverage) and Part B (outpatient care).

If you don't have additional coverage beyond basic Medicare — 6.1 million beneficiaries did not, **at last count** — you'd pay a $1,408 Part A deductible for a hospital stay That would cover the first 60 days per benefit period. Beyond that, daily copays of $352 apply up to the 90th day. Anything above dips from "lifetime reserve" days at a rate of $704 daily. For patients moved to a skilled nursing facility, there is no copay for the first 20 days; it's $176 after that.

Medical services like doctor's visits are delivered through Part B. It has a $198 deductible and beneficiaries typically pay 20% of covered services.

If you have a **Medigap policy**, many of these costs would be covered, either partially or fully. However, Medigap policies have their own rules for enrolling, which can limit who has access to them. And, they can cost several hundred dollars a month.

Meanwhile, Medicare Part D (prescription drug coverage) also has no cap on out-of-pocket spending. The cost of medicine depends on the specifics of coverage. If there's a deductible with your plan, it can be up to $435.

It's worth noting that the $2 trillion coronavirus relief package signed into law on Friday requires Part D plans with quantity limits to allow 90-day supplies for medications.

"Having to go pick up prescriptions a lot could be a barrier to care," said Lindsey Copeland, federal policy director for the Medicare Rights Center. "We don't want [beneficiaries] to go out and about if they don't have to."

Advantage Plans

About 24 million Medicare beneficiaries get Parts A and B delivered through an Advantage Plan, which also usually includes prescription drug coverage.

These plans may or may not have a monthly premium on top of what beneficiaries pay for basic Medicare. They also typically have different deductibles and copays, and those costs can vary from plan to plan.

The Kaiser Family Foundation recently compared the potential cost of a hospital visit for Advantage Plan enrollees vs. those with only basic Medicare (and no additional coverage).

While there's no certainty around how long a hospital stay could be from coronavirus treatment, the **foundation's analysis** shows the longer the stay, the more Advantage Plan enrollees pay in comparison to those with just basic Medicare.

Not much data is available for coronavirus-related treatment cost or length of stay in the U.S. yet. One group of researchers **found that the average hospital stay in Wuhan, China**, for patients who recovered was 10 days. However, a **separate report looking at U.S. hospital stays for pneumonia** shows an average stay of about 3 days, although patients that end up ventilators for more than 96 hours spend an average of 22.6 days in the hospital.

Regulators have instructed Medicare Advantage Plans that operate in states with **emergency declarations in place must cover services at out-of-network facilities** (that participate in Medicare) and charge the in-network rate.

Some insurers have implemented **changes for Advantage Plans** — such as waiving certain preauthorization requirements or expanding telehealth services — in an effort to expand access to care for beneficiaries. And on Sunday, two of the nation's largest insurers said they are **waiving patient costs for treatment**.

Inside Meals On Wheels' Struggle To Keep Older Americans Fed During A Pandemic

In the best of times, Meals on Wheels faces the herculean task of delivering 200 million meals annually to 2.4 million hungry and isolated older Americans.

But this is the time of the dreaded novel coronavirus.

With the pandemic bearing down, I wanted to get inside Meals on Wheels to see how it would gear up its services. After all, 79% of its existing clients are 75 or older. There would be more demand now that many more seniors — including those who probably never imagined they'd be stuck inside — are advised it is safest to remain housebound.

What I saw was that this agency, a mainstay in the lives of so many, was swamped. Its ideas of what was possible diminished by the hour, and it has had to improvise, sometimes successfully, to complete its mission.

When I reached out to its press office on March 12, I was optimistic I'd be able to see its local operation, meet its director and volunteers, and maybe even talk to a client or two. While the West Coast was already hunkering down, life was still fairly normal on the East Coast and near its national headquarters in Arlington, Virginia. It would be ideal, of course, to go on a delivery. That was probably too much to ask.

By the next afternoon, a publicist from the headquarters told me, "In an effort to minimize risk, they're no longer allowing visitors or inviting them into facilities."

But this, she said, could "illustrate how cautious they're being and how quickly the situation is escalating."

That's OK, I thought.

Not an hour later, another email from a local program director in nearby Alexandria, Virginia: "Things are very dynamic. As a precaution, we are no longer having visitors go along on deliveries." ...**Read More**

Bill to Give Free Vaccines for Seniors

Representatives Donna E. Shalala (D-Fla.), Phil Roe, M.D. (R-Tenn.), Ann McLane Kuster (D-N.H.), and Larry Bucshon M.D. (R-Ind.) have introduced legislation to eliminate out-of-pocket costs for vaccines to everyone under Medicare. Currently, Medicare vaccine coverage is split between Medicare Part B (which covers physician services, outpatient services, certain home health services, and durable medical equipment) and Medicare Part D (which covers drugs). Seniors can access vaccines covered under Part B—such as flu, pneumonia and Hepatitis—with no out-of-pocket costs. However, under Part D, vaccines such as shingles (herpes zoster) and pertussis (Tdap) often include a cost to beneficiaries.

According to an article they wrote in *The Hill*, "Ten thousand Americans turn 65 every day, which means the number of Medicare beneficiaries who need easy access to vaccines is constantly increasing. Vaccines are particularly important for older adults because our immune systems weaken with time. Adults age 50 and over are particularly susceptible to many vaccine-preventable diseases and account for a disproportionate number of the deaths and illnesses they cause. This is why older adults are most at risk of developing severe illness from coronavirus.

"Improving adult access to vaccines can save thousands of lives and billions of dollars. The health care costs associated with low adult vaccine rates are high—each year, the U.S. spends $15 billion treating Medicare beneficiaries alone for four vaccine-preventable diseases (Flu, Pneumococcal, Shingles, Pertussis). Cost-sharing and co-pays for vaccinations recommended by the Center for Disease Control and Prevention Advisory Committee on Immunization Practices were removed for all *Affordable Care Act* compliant private plans in 2010; however, Medicare beneficiaries were left out of this change and can still face high out-of-pocket costs for vaccinations."

Cash Assistance Coming for Many Americans, but Hurdles Remain

Signed into law last week, the **Coronavirus Aid, Relief, and Economic Security (CARES) Act** is the third coronavirus-related legislative package to pass Congress. Among the $2 trillion bill's **health care and economic changes** is a plan to send up to $1,200 in cash assistance to millions of Americans.

In general, all U.S. residents or citizens with adjusted gross income (AGI) under $75,000 ($150,000 for couples) who are not the dependent of another taxpayer and have a work-eligible Social Security Number are eligible for the full stimulus amount ($1,200 for individuals, $2,400 for couples). They are also eligible for an additional $500 per child. The cash assistance phases out above those income levels. **This calculator** can help you determine how much you might receive.

Importantly, there is no minimum income level. Even individuals with $0 income are eligible for cash assistance if they meet the other requirements.

Eligibility for most will be determined by the AGI they reported on their 2019 or 2018 federal tax returns. Many Social Security and Railroad Retirement beneficiaries have incomes below the required filing threshold and do not file taxes each year. The text of the CARES Act allows the Internal Revenue Service (IRS) to look to their Social Security or Railroad Retirement Benefit Statement to determine eligibility and distribute payment. However, initial IRS guidance suggested the agency might require these individuals to file a tax return anyway, effectively forcing them to jump through unnecessary and onerous administrative hoops as a condition of receiving a stimulus payment to which they have a legal right.

Low-income Social Security beneficiaries can face significant barriers to building and maintaining health and economic security in general, and during the ongoing coronavirus crisis in particular. It is imperative that the cash assistance reaches these individuals as quickly and as seamlessly as possible.

Given the urgent need, Medicare Rights **quickly asked** the federal government to clarify its implementation plans and to ensure that cash assistance is automatically distributed to Social Security beneficiaries, as Congress intended and as the law provides. Fortunately, the IRS subsequently revised its position, stating in **new guidance** that the payments will be automatically advanced.

Medicare Rights welcomes this update. Such an IRS-mandated filing requirement would likely have prevented many low-income Americans from receiving needed relief. Current public health guidelines and implementing ordinances require all of us to change our routines, avoid crowds, and stay at home. Social Security beneficiaries, many of whom may lack access to the internet or reasonable accommodations, would not have been able to obtain in-person or other filing assistance that might be more readily available outside of the coronavirus emergency period.

These barriers remain a concern with respect to other low-income individuals who might still be required to file an otherwise unnecessary tax return to receive the CARES Act's economic relief, including older adults and people with disabilities who receive Supplemental Security Income as well as veterans who receive certain benefits from the Veterans Administration. As with Social Security beneficiaries, the federal government has the authority and information it needs to issue automatic payments to these individuals. We urge the administration to do so without delay, and without requiring any additional paperwork.

We recognize that operationalizing the CARES Act's stimulus payments may present logistical difficulties for the implementing agencies and applaud efforts to send the checks fairly and efficiently. We caution against shifting these burdens onto those who can least afford to bear them. Moving forward, we will continue to urge Congress and the administration to respond to the coronavirus crisis in ways that prioritize the needs of older adults and people with disabilities, including through further financial relief and better access to care.

Read our letter.

The CARES Act Provides Economic Stimulus and Health Care Changes

Last week, a third bill intended to address the coronavirus pandemic through economic stimulus and important financial and health safety provisions was passed by Congress and signed into law by the president. The Coronavirus Aid, Relief, and Economic Security (CARES) Act is a massive legislative package that is likely to have some effect on all residents of the U.S., including people with Medicare and their families.

The direct changes to Medicare in the CARES Act are relatively few, but the policy impacts are significant. For example, the bill requires Medicare Part B and Medicare Advantage plans to cover an eventual coronavirus vaccine without cost-sharing, similar to coverage of annual flu vaccines. It would also allow Federally Qualified Health Centers and Rural Health Clinics to provide telehealth services to people with Medicare, and it would boost payment to certain providers through the end of 2020.

Importantly, a provision Medicare Rights has pursued as **a priority in our advocacy efforts** is also included. The CARES Act generally requires all Medicare and Medicare Advantage prescription drug plans to allow enrollees to obtain a 90-day supply of covered drugs without restrictions, such as utilization management or medication therapy management, during the declared emergency. This was previously optional for plans. Making it mandatory will help people with Medicare access the medications they need without bureaucratic hoops that might delay their care.

The bill also continues funding and authorizations for several programs through November 30, 2020. Commonly called "health care extenders," some of the addressed items include funding for community-based organizations that provide outreach and enrollment to low-income Medicare beneficiaries, as well as two Medicaid provisions—the "Money Follows the Person" program and home and community-based (HCBS) spousal impoverishment protections. Both help older adults and people with disabilities live in their homes and communities.

A large part of the bill provides economic stimulus and stability through enhanced unemployment insurance benefits, funds for small business loans, and **one-time cash payments for eligible households**.

While the CARES Act takes many important steps to help promote health and economic security for people with Medicare and the general public, more must be done to protect older adults and people with disabilities, who are among those at greatest risk from COVID-19. Looking ahead, Medicare Rights will **continue to advocate** for improved Medicare enrollment, access and affordability, and prescription drug coverage. Other advocacy priorities include stronger programs, like Medicaid, that serve those in need, and better services and supports for caregivers and the health care workforce.

Read the CARES Act.

Read more about Medicare Rights' priorities during the coronavirus crisis.

Trump Administration Uses Wartime Powers To Be First In Line On Medical Supplies

The Trump administration quietly invoked the Defense Production Act to force medical suppliers in Texas and Colorado to sell to it first — ahead of states, hospitals or foreign countries.

It took this action more than a week before it announced Thursday that it would use the little-known aspect of the law to force 3M to fill its contract to the U.S. first. Firms face fines or jail time if they don't comply.

The Cold War-era law gives federal officials the power to edge out the competition and force contractors to provide supplies to them before filling orders for other customers.

While it's unclear how many times the power has been used during the coronavirus pandemic, federal contracting records examined by Kaiser Health News show that federal authorities staked first rights to $137 million in medical supplies. The orders in late March flew under the radar, even as dog-eat-dog bidding wars raged among states and nations for desperately needed medical protective gear.

"It's like 'Lord of the Flies' out there for states and hospitals as they bid against each other for critical medical supplies and equipment," Sen. Chris Murphy (D-Conn.) said in a statement to KHN. "Plus, there's no transparency about what the federal government is doing with the equipment that they purchase when they outbid states and hospitals."

Without public awareness of what was taken on a federal-first basis — and who it was given to — the states are left in the dark after being told repeatedly to procure their own goods. The federal government, President Donald Trump has said, is not the states' "shipping clerk."

"It's putting people into the free market where the invisible hand doesn't care who it strangles," said **Arthur Caplan**, director of the division of medical ethics at New York University School of Medicine.

Trump enacted the first-in-line power of the DPA for the Health and Human Services Department in an executive order **on March 18** — and nine days later extended the power to the Department of Homeland Security, which includes the Federal Emergency Management Agency.

On Thursday at his White House press briefing, Trump announced he had invoked the DPA "against" 3M. His executive order states that the government "shall use any and all authority available under the Act to acquire … the number of N-95 respirators that the Administrator determines to be appropriate."

"We hit 3M hard today after seeing what they were doing with their Masks. 'P Act' all the way," the president **tweeted**. "Big surprise to many in government as to what they were doing – will have a big price to pay!"

While the administration had asked the company to stop exporting respirators to the Latin American and Canadian markets, 3M stated in **a press release Friday** there would be humanitarian implications, since the company supplies a critical amount of those countries' N95 masks. 3M also warned such a move could create a potential trade war where other countries then refuse to sell N95s to the U.S., potentially resulting in fewer N95s in the United States.

When federal authorities use the DPA to seek a so-called rated order, it relieves companies from having to decide which state or hospital or foreign government gets the goods first, said Eric Crusius, a partner at the Washington, D.C., firm Holland & Knight and a contract law specialist. It makes things simple — the federal government's order is filled first.…**Read More**

Trump stopped Fauci from answering a question about the anti-malaria drug he's hyping, despite it being unproven against coronavirus

President Donald Trump told reporters he wasn't a doctor as he promoted the use of hydroxycholoroquine, a drug used for malaria or lupus, to treat COVID-19 patients. But when Dr. Anthony Fauci was asked for his opinion, Trump would not let him speak.

At a White House press briefing on Sunday night, Trump repeatedly spoke about using the drug on COVID-19 patients despite little clinical evidence that the pills are effective against it. He told reporters he backed the drug as he said: "I'm not a doctor. I have common sense."

The US government has stockpiled 29 million hydroxycholoroquine pills and Trump said it was a good option for treatment since there's currently no vaccine, although **researchers are testing a number of drugs** including hydroxycholoroquine.

He said: "I'm trying to save lives. I want them to try it and it may work and it may not work." If it didn't work, at least it didn't kill patients, he said. Several times, he rhetorically asked: "What do you have to lose?"

But when a reporter at the briefing asked Dr. Fauci, director of the National Institute of Allergy and Infectious Diseases and member of the White House Coronavirus Task Force, what he thought, Trump did not let him speak.

"He answered that question 15 times," **Trump said**, cutting the reporter off, before the press conference moved on. Fauci never answered.

Fauci took the podium late in the conference and hadn't spoken before the reporters began asking questions.

According to Axios, on Saturday, the coronavirus task force reportedly had its first open confrontation, and it was over the use of hydroxycholoroquine.

Trump's top trade advisor Peter Navarro, who has been trying to source the drug, told the task force overseas studies showed the drug had "clear therapeutic efficacy."

Dr. Fauci reportedly disagreed and said there was only anecdotal evidence. Navarro, an economist, pointed to a stack of documents he had brought to the meeting, and told Fauci: "That's science, not anecdote."

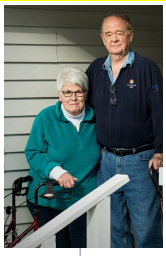
The conversation grew heated, with Navarro calling out Dr. Fauci for purportedly objecting to Trump's China travel ban at one point, until the president's son-in-law and senior advisor Jared Kushner told Navarro he had the greenlight to supply the drug.

'You Pray That You Got The Drug.' Ailing Couple Gambles On Trial For COVID-19 Cure

For 10 days last month, they lay in side-by-side isolation units in a Seattle-area hospital, tethered to oxygen and struggling to breathe as the coronavirus ravaged their lungs.

After nearly 52 years of marriage, that was the hardest thing: being apart in this moment, too weak to care for each other, each alone with their anxiety and anguish.

"I worried about my husband a lot," recalled Josie Taylor, 74, who fell ill a few days before George, 76. "Yes, I was concerned about me, but I was more concerned about what was going to happen to him."



Despite their personal uncertainty, when a doctor approached the Taylors at their bedsides to ask if they would consent to join a study of an experimental drug to help experts learn to treat the devastating infection, each agreed.

"My answer was absolutely yes," Josie said. "My feeling was anything I can do to help. Even if you're stuck in an isolation room, this is affecting so many people and we have to do everything we can."

In late March, the Taylors were discharged from EvergreenHealth medical center, heading home a few days apart. They returned to their tidy white house in Everett, tired, worn — and wondering if the clinical trial they had joined is the reason they survived the deadly disease.

The study is part of a surge in efforts to beat back the virus that **as of Sunday evening** had sickened more than 337,000 people in the U.S. and led to more than 9,600 known deaths….**Read More**

Don't Fall Prey to COVID-19 Scammers

The COVID-19 pandemic has spawned a wave of scammers looking to take advantage of older adults, experts warn.

Social distancing has created an easy playground for "fraudulent telemarketers and internet scammers," said Karen Roberto, a gerontology expert from Virginia Tech in Blacksburg.

"Elder financial abuse costs older Americans more than $3 billion annually, but we know the losses to elderly victims extend far beyond dollars and cents," she said in a Virginia Tech news release. "Elder financial abuse and exploitation endangers the health and well-being of older adults and invariably, their quality of life."

Here are Roberto's tips for not being taken advantage of:

- ¨ **Stay socially engaged.** "Socialize -- remotely -- with family members and friends," she suggested. "Isolation can lead to loneliness, depression, and make you more vulnerable to financial abuse or exploitation."
- ¨ **Beware of telephone pitches.** "Billions of dollars are lost each year because of fraudulent telemarketers," Roberto said. "You are not being rude by hanging up when a solicitor calls." Use caller ID to screen your calls. If you don't know the number or name, don't answer and don't return messages, she advised. Social Security, Medicare and local police do not call asking for personal information.
- ¨ **Hang up.** "If you find yourself on a call with someone you don't know or who is trying to sell food or paper products to help meet your needs during this pandemic, don't engage in the conversation," she advised. "Just hang up."
- ¨ **Guard your passwords.** Never share passwords for ATMs, online or telephone transactions with banks, credit card companies, or anyone with whom you do business.
- ¨ **Do not share personal information.** Never give out personal information such as credit card numbers, bank account numbers, your date of birth, or Social Security and Medicare numbers.
- ¨ **Report it.** If you think you have been scammed, don't be afraid or embarrassed. Tell someone you trust, such as family members, clergy or a bank manager. "You are not alone," Roberto said. "The situation could become worse if you do nothing."

Justice Department sues Anthem for Medicare Advantage fraud

Bob Herman reports for **Axios** that the Department of Justice is suing Anthem for fraud. The **lawsuit**, filed by the US Attorney's Office for the Southern District of New York, claims that Anthem intentionally charged the government more for its members in Medicare Advantage plans than it should have in violation of the False Claims Act. We've heard **this story before**.

Anthem is not the only health insurance company offering Medicare Advantage plans that the DOJ has sued for fraud. Many Medicare Advantage plans have been charged with wrongly **overcharging the government** to the tune of tens of billions of dollars. The government has not been able to recoup this money.

The overpayments happen when health insurers claim that their members are in worse health than they actually are. The health insurers are supposed to make sure that their members have the health conditions they claim they have before billing the government higher rates for them. They also are required to pay the government back for any overcharges, which they practically never do.

It costs the federal government a lot of time and a lot of money to try to recoup the overpayments. And, the health insurers fight back. Billions in government overpayments mean both higher costs to taxpayers and higher premiums for people with Medicare.

Like the other health insurance companies offering Medicare Advantage plans, Anthem says that its practices are defensible. It also claims that CMS is engaged in a double standard when it tries to recoup money from Medicare Advantage plans based on payment standards it "does not apply to original Medicare."

Most people with Medicare– about 36 million– are enrolled in traditional Medicare. With traditional Medicare, they can see virtually any doctor and use any hospital in the US, without a referral or prior authorization. They are protected from unexpected costs so long as they have supplemental coverage– Medigap, retiree coverage or Medicaid. But, the upfront costs can be higher than traditional Medicare for people who need to buy supplemental coverage to pick up the deductibles and coinsurance costs.

The ranks of people in Medicare Advantage are growing. These plans tend to have few if any upfront costs. The problem is that when you get sick, there are many barriers to care, including narrow networks, limits on where your care is covered, prior authorization requirements and copays. Out-of-pocket costs for in-network care alone can be as high as $6,700 a year.

Coronavirus: Update on Medicare Advantage and other coverage

Access to COVID-19 treatment is key to helping Americans combat the disease, as well as containing its spread. Last week, we reported that none of the Medicare Advantage plans were covering the full cost of COVID-19 testing and treatment. We're delighted to report that on March 29, **Humana** and **CIGNA**—the fourth and fifth largest health insurers—under massive public pressure, waived all COVID-19 costs for all of their members, including their Medicare Advantage members.

Still, tens of millions of other Americans continue to face powerful financial barriers to care. Our corporate health care system is not designed to ensure everyone gets needed care, much less to protect the public health. Over the last month, as the novel coronavirus laid siege on the US, the largest health insurers did nothing to reduce barriers to COVID-19 care. Instead, their web sites advised their members to practice good hygiene and suggested they visit the CDC online for more information. News reports revealed that Americans were loath to seek care for fear of the cost. And, that remains the case for most of the **87 million uninsured and underinsured** in this country.

Then, on March 29, Humana and CIGNA did right by their members and waived all costs associated with COVID-19 care. Two days later, **United Healthcare**, the largest health insurer in the country, waived all cost-sharing for its members. But, **Anthem**, the second largest health insurer, does not appear to have waived costs for treatment. **Aetna**, the third largest health insurer, has only waived some costs for some of its members.

As of now, **Kaiser Permanente**, a non-profit, considered to offer **the best health plans in the US**, is still not covering the full cost of treatment. Deep down on its coronavirus web page, it simply says: "If you're diagnosed with COVID-19, additional services, including hospital admission (if applicable), will be covered according to your plan details."

To ensure people receive COVID-19 treatment and to help stem the spread of the virus all COVID-19 care needs to be free. In a recent **eHealth survey**, more than six in ten people (64 percent) under 65 said that they would not be able to afford their full deductible. Deductibles averaged **$1,655 in 2019**. Seventy percent of Americans don't have **$1,000 in cash for emergencies**.

Paying health care costs is generally a heavier lift for older adults and people with disabilities, who need more care and live on **small fixed incomes**. Yet, most health insurers offering Medicare Advantage plans—corporate health plans that provide Medicare benefits to 24 million older and disabled Americans—are not providing their members who are most at risk of becoming gravely ill or dying from COVID-19, easy access to COVID-19 treatment. Curiously, **Aetna** waived cost sharing for its members under 65 and kept cost-sharing in place for their Medicare Advantage members.

The **Centers for Medicare and Medicaid Services** (CMS), which administers the Medicare program, has failed to mandate that Medicare Advantage plans waive all costs for COVID-19 care. It has simply given them permission to do so. What's worse is that CMS' **authority over these corporate health plans** appears limited at best.

For example, CMS has required that they cover all COVID-19 care at **out-of-network facilities** at the same cost as at in-network facilities, without a referral. But, the biggest health insurers' web sites don't even inform their Medicare Advantage members of this emergency benefit. As a result, they deter older people from seeking treatment in order to avoid liability for **thousands of dollars in copays**. Inexplicably, **CMS** has failed to inform people of this emergency benefit on its coronavirus web page.

Furthermore, CMS did not take a lead among health insurers and provide emergency coverage for the full cost of COVID-19 treatment for people in traditional Medicare. Fortunately, the vast majority of people in traditional Medicare have supplemental coverage which picks up all or virtually all of their out-of-pocket costs. But, the six million people in traditional Medicare without supplemental coverage must pay deductibles and coinsurance costs, with no out-of-pocket cap. This unlimited cost-sharing presents a daunting obstacle to care for them….**Read More**

Medicaid Nearing 'Eye Of The Storm' As Newly Unemployed Look For Coverage

As the coronavirus roils the economy and throws millions of Americans out of work, Medicaid is emerging as a default insurance plan for many of the newly unemployed. That could produce unprecedented strains on the vital health insurance program, according to state officials and policy researchers.

Americans are being urged to stay home and practice "social distancing" to prevent the spread of the virus, causing businesses to shutter their doors and lay off workers. The Labor Department reported Thursday that more than **6.6 million** people signed up for unemployment insurance during the week that ended March 28. This number shattered the record set the previous week, with **3.3 million** sign-ups. Many of these newly unemployed people may turn to Medicaid for their families.

Policymakers have often used Medicaid to help people gain health coverage and health care in response to disasters such as Hurricane Katrina, the water crisis in Flint, Michigan, and the 9/11 terrorist attacks. But never has it faced a public health crisis and economic emergency in which people nationwide need its help all in virtually the same month.

"Medicaid is absolutely going to be in the eye of the storm here," said Joan Alker, executive director of the Georgetown University Center for Children and Families. "It is the backbone of our public health system, our public coverage system, and will see increased enrollment due to the economic conditions."

Meeting those needs will require hefty investments — both in money and manpower.

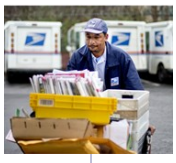
Medicaid — which is run jointly by the states and federal government and covers about 70 million Americans — is already seeing early application spikes. Because insurance requests typically lag behind those for other benefits, the numbers are expected to grow in the coming months.

"We have been through recessions in the past, such as in 2009, and saw what that meant," said Matt Salo, who heads the National Association of Medicaid Directors. "We are going to see that on steroids."...**Read More**

US Postal Service could shut down by June, lawmakers warn

Throughout the coronavirus pandemic, postal workers have been on the front lines, considered "**essential** workers" who must continue to do their jobs as usual while others stay home. But some lawmakers are warning that without more support, the U.S. Postal Service (USPS) could completely shut down in the next few months, threatening the livelihoods of hundreds of thousands of Americans.

Last week, Representatives Carolyn B. Maloney, the chair of the Committee on Oversight and Reform, and Gerry Connolly, chair of the Subcommittee on Government Operations, said in a **letter** to Senate Majority Leader Mitch McConnell that the COVID-19 crisis is threatening the future of mail service in the U.S.



"The Postal Service is in need of urgent help as a direct result of the coronavirus crisis," they said. "Based on a number of briefings and warnings this week about a critical fall-off in mail across the country, it has become clear that the Postal Service will not survive the summer without immediate help from Congress and the White House. Every community in America relies on the Postal Service to deliver vital goods and services, including life-saving medications."

The lawmakers said USPS, which is a quasi-governmental agency that relies on fees rather than taxes, may be forced to shutter as early as June, less than three months from now. They noted that postal workers delivered more than a billion **shipments** of prescription drugs last year, and ceasing operations during the virus **outbreak** could have dire consequences for the health of people around the country.

"The Postal Service needs America's help, and we must answer this call," they said.

"These negative effects could be even more dire in rural areas, where millions of Americans are sheltering in place and rely on the Postal Service to deliver essential staples," the lawmakers warned.

Americans are also counting on postal service workers to **deliver millions of coronavirus relief checks** — a process that won't start until the end of April and isn't scheduled to finish until September. However, it's unclear if it will have the funding needed to do so. ….**Read More**

Surprise Billing

There were certain federal health programs set to expire at the end of May, but the expiration date was extended to Nov. 30 in one of the recently passed bills to deal with the coronavirus situation.

TSCL has been pushing members of Congress to include legislation to reduce the price of drugs and pass legislation to deal with the practice of surprise medical billing. We were hoping those issues would be addressed at the same time as the legislation to extend the federal health programs mentioned above.

The good news is that key members of Congress now say they will push for surprise billing legislation to be part of the next bill that deals with the coronavirus emergency.

The chairman of the House Energy and Commerce Committee, Frank Pallone, Jr. (D-N.J.) has been working with the top Republican on that committee, Greg Walden of Oregon, on what measures need to be included in the next coronavirus bill. Walden is pushing for a surprise billing measure to be in the bill, but Pallone has yet to commit to it.

There is real concern that many people who are treated for the coronavirus could end up with surprise medical bills. Because of that Democrats want to make health-care services free to people who contract the new coronavirus. If treatment were free, those with the virus wouldn't have to fear surprise medical bills. That would, of course, still leave unsolved the issue of surprise billing for other types of treatments.

Walden tried to include in previous coronavirus legislation an agreement he and Pallone struck with Sen. Lamar Alexander (R-Tenn.) late in 2019 designed to end "balance billing" (surprise billing) practices and cap some out-of-network charges insured patients faced when seeking emergency room care. Senate leaders decided against including this provision in any of the three bills that cleared Congress, according to reports.

The fight over ending surprise billing has sparked a costly lobbying fight from hospital and doctors groups as well as insurers which oppose ending the practice. That's who TSCL is up against in this fight and it's why your support is so important to our work.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Certain Health Conditions Up Risks for Severe COVID-19

New research suggests that having an underlying health condition might be one of the most significant risk factors for developing a severe case of COVID-19.

Scientists at the U.S. Centers for Disease Control and Prevention took a look at a group of U.S. adult COVID-19 patients and found roughly three-quarters of those who wound up in the hospital had at least one underlying health issue.

For 457 patients who were admitted to intensive care, 78% had other health conditions, while 71% of 732 patients admitted to the hospital, but not intensive care, had at least one other health issue.

The mortality data showed an even stronger correlation: Among all hospitalized COVID-19 adult patients with complete information on underlying conditions or risk factors, 184 deaths occurred. Of those, 173 (94%) involved patients with at least one underlying condition, according to the CDC's COVID-19 Response Team, led by researcher Nancy Chow.

Those conditions include diseases that strike people of all ages, including asthma and diabetes, along with heart disease and lung disease.

Unfortunately, those very conditions are quite common among Americans, the researchers noted: In 2018, the prevalence of diagnosed diabetes among U.S. adults was just over 10%, while the prevalence of heart disease was 10.6% in 2017. Meanwhile, the prevalence of COPD (chronic obstructive pulmonary disease) among U.S. adults was almost 6% and the prevalence of asthma among persons of all ages was nearly 8% in 2018.

The findings were published March 31 in the CDC publication *Morbidity and Mortality Weekly Report*. Dr. Robert Glatter is an emergency physician in New York City, tasked with treating many patients hit by coronavirus. He said the new findings are all too familiar.

"On the front lines what we are seeing is that patients with chronic lung disease, cardiovascular disease and diabetes are at higher risk for admission, as well as respiratory failure due to ARDS," he said. "Patients with asthma, COPD, as well as sleep apnea are at elevated risk for adverse outcomes including pneumonia, ARDs, and subsequent intubation.

That doesn't mean that everyone with these conditions is certain to suffer severe illness, Glatter stressed.

"It's unclear if those patients with underlying chronic disease who adequately manage their conditions are at lower risk for complications and adverse outcomes," he said.

Underlying conditions can be a big player in COVID-19 severity, but many young adults mistakenly believe that only older people are affected by the coronavirus -- a misconception that puts themselves and others at risk, experts warned.

A growing number of 20- to 44-year-old Americans have been hospitalized for COVID-19.

While the rate of COVID-19 deaths is highest for those older than 85, the rate of confirmed cases is highest (29%) among 20- to 44-year-olds, according to the CDC.

Those between 65 and 84 years of age represented more than a third of hospitalized patients, the CDC says, but 20% of hospitalized patients were between 20 and 44... **Read More**

As The Country Disinfects, Diabetes Patients Can't Find Rubbing Alcohol

While the masses hunt for toilet paper, **Caroline Gregory** and other people with diabetes are on a different mission: scouring stores for the rubbing alcohol or alcohol swabs needed to manage their disease.

Gregory stopped in Carlie C's, Dollar General and then Harris Teeter in Fayetteville, North Carolina, in pursuit of this vital component of her medical routine.

"We're all supposed to be staying at home, and I'm out going to 10 different stores," said Gregory, 33, whose **diabetes could heighten her risk** for COVID-19 complications. "That's also not safe."

Rubbing alcohol and alcohol swabs or wipes are the latest products swept up by the nation's demand for anything and everything seen as a disinfectant against the novel coronavirus — by hospitals and average consumers alike.

Andy Lerman, vice president of operations for Hydrox Laboratories, a manufacturer based outside Chicago, said the majority of the low-profit-margin medical product his company makes is headed to hospitals, which are going through it faster than they have in the past. He has seen distributors order more than five times the amount they typically do.

"Hospitals are wiping down everything all the time — with every type of virucide that they have at their disposal," he said. "I'm making it as fast as I can, but I have more orders than I have capacity to manufacture."

Isopropyl alcohol — a primary ingredient in some types of rubbing alcohol — has been touted as a cleaner that neutralizes the coronavirus on everything from kitchen countertops to phones. And with the depletion of supplies of hand sanitizer, also seen as a defense against COVID-19, demand has exploded to make homemade versions. The **Food and Drug Administration** and the **World Health Organization** list isopropyl alcohol as a critical ingredient in their recommended recipes.

So, for those with diabetes or other chronic medical conditions, the general public's resulting panic-buying spree has threatened their medical routines, such as when patients use an alcohol swab or a rubbing alcohol -soaked cotton ball to disinfect their skin before they inject insulin.

Alternatives like witch hazel may not have the same antiviral properties, and the proof of most brands of vodka isn't high enough to be effective. Other compounds, like hydrogen peroxide and liquid iodine, can be unwieldy for diabetes patients to manage while changing insulin pump sites on the go, Gregory said.

Despite the inability to obtain their usual products, people with diabetes still need to maintain their blood sugar levels, said Kelly Mueller, vice president of community impact at the American Diabetes Association. She encouraged patients to wash their hands and pump sites carefully and let them air-dry.

But in the midst of the coronavirus panic, the problem is compounded by a dearth of antibacterial soap or hand sanitizer to replace the disinfecting swabs or rubbing alcohol needed to keep prick sites clean, said Alison Dvorchik. She lives in Orlando, Florida, with her 17-year-old son, Matthew, who has Type 1 diabetes.

"I'm worried for the entire Type 1 diabetic community," she said. "That's a cesspool of infection waiting to happen."

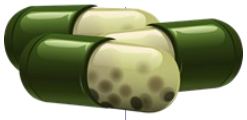
Any potential infection is a strain on an already overburdened health care system, Dvorchik said. For now, she's trying to ward off that fate for Matthew with a stash of 100 alcohol wipes from a friend — they use about three a day with Matthew's insulin pump...**Read More**

Coronavirus: Taking supplements poses risks

If you're thinking there's a vitamin supplement you can take to fend off the novel coronavirus, think again. As a general rule, for otherwise healthy people, **vitamin and herbal supplements** offer greater risks than benefits. Still, the **New York Times** reports that millions of people right now are spending money on supplements, believing that supplements will improve their immune systems.

Based on independent evidence from Cochrane.org and other sources, there's no reason to believe that most supplements offer most people any meaningful benefits. You can read here about **vitamin B12**, **vitamin C**, **vitamin D**, and **fish oil supplements**. And, you can read here about **15 ingredients** in some supplements that pose particular health risks.

One serious issue with supplements is that they are **not regulated by the Food and Drug Administration**. So, they can have additives that are dangerous to your health. Another issue is that they can **interact in harmful ways** with other drugs you are taking, both prescription and over-the-counter. So, it's best to speak to your doctor, before taking supplements.



The safest and most effective way to boost your immune system if you are otherwise healthy is to eat healthy, drink a lot of water, and, exercise. **Exercise** is your best bet for bone health, not calcium or vitamin D supplements.

What about zinc? Zinc helps our immune systems fight off bacteria and viruses. Right now people are buying large amounts of zinc. The best way to get zinc in your system is from eating red meat, poultry, shellfish, beans, nuts, chickpeas, lentils.

If you take zinc supplements, be careful. The **National Institutes of Health** says that taking too much zinc can be harmful, lowering your immunity, and it warns you should take no more than 40 mg a day. It recommends that adult women get 8 mg of zinc a day and men 11 mg. **Cochrane** has found evidence that zinc supplements have helped prevent pneumonia in children aged two to 59 months. But the quality of the evidence was "low."

People are also buying elderberry supplements and echinacea. **Cochrane** finds that the evidence does not show echinacea fights the common cold, but it says echinacea could offer a "weak benefit." As for elderberry supplements to prevent flu, the National Institutes of Health reports that **the evidence is weak**.

And melatonin? People are also struggling to sleep because of stress and anxiety. So, they are buying melatonin because they believe it can help them sleep better. **Cochrane** finds evidence that melatonin is "remarkably effective in preventing or reducing jet lag," and says short-term use appears to be safe. But, it has not studied its effect on sleep more generally. The **NIH reports** that there is not enough strong evidence to show that melatonin helps or is safe for people with chronic sleep problems. Again, there are possible adverse interactions with other drugs. So, talk to your doctor before taking it. Here are some tips for **sleeping well** without drugs.

Pandemic Adds to Challenge of Caring for Loved One With Dementia

Before the COVID-19 outbreak, Annette Adams-Brown's 87-year-old mother was an avid follower of TV news. Now Adams-Brown has to channel-surf for a less stressful pastime.

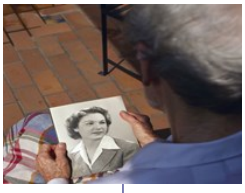
Her mother, Bertha, has dementia, and each time she hears the news about a terrible disease spreading through the country, it's like she is hearing it for the first time.

"It produces a lot of anxiety," said Adams-Brown, who lives with her mother in an apartment complex for older adults in Syracuse, N.Y.

"So now she watches a lot of 'Family Feud,'" Adams-Brown said. "It's good for her, because she tries to answer the questions." She paused before adding good-naturedly, "It does get a little repetitive."

Adams-Brown belongs to a legion of family caregivers nationwide. That includes more than 16 million Americans who provide care to someone with Alzheimer's or another form of dementia, according to the Alzheimer's Association.

Now, with most of the country under stay-at-home orders -- and elderly adults especially vulnerable to severe COVID-19 -- family caregivers face new challenges.



Some may be missing the visits from relatives and friends that eased their workload or brightened their day. Others may be left without the adult daycare centers or respite care that provided them with periods of relief from their duties, according to Beth Kallmyer, vice-president of care and support for the Alzheimer's Association.

One piece of advice she gave echoes what Adams-Brown is already doing: "Limit the news, and try to find activities you enjoy to fill the time," Kallmyer said.

Adams-Brown tries to make mealtime special. Sometimes, she pretends she's hosting a cooking show. Then, when she and her mother sit down to eat, they take plenty of time for conversation.

"We talk a lot," Adams-Brown said. "It seems to be sparking stories about when she was young."

She has also been bringing out old photographs and asking her mother to help sort them. Adams-Brown said that Bertha -- who always looked put-together, even to check the mailbox -- reacts to the photos with declarations like, "Oh boy, I was a spiffy-looking thing!"

The telephone has become something of a lifeline -- keeping the pair connected to family members and friends. The pastor of Bertha's church calls, and they even do Bible study via phone.

Meanwhile, the Alzheimer's Association has moved its usual in-person caregiver support groups to phone and video-conferencing.

"Being able to connect with other caregivers is important," Kallmyer said, in part, because when they talk about the challenges they face, they "get creative" about solutions.

Family members who are not primary caregivers have a challenge of their own -- namely, being unable to visit.

They can, however, still help out. Kallmyer suggested families organize a conference call to plan -- deciding, for example, who will drop off groceries and prescriptions.

"They should also plan for what will happen if the primary caregiver gets sick," Kallmyer said. If a family needs assistance with that, she noted, they can call the Alzheimer's Association's helpline (800-272-3900).

There are also many families separated from their loved one in a nursing home or assisted living facility. With the coronavirus sweeping through several U.S. facilities so far, visitor restrictions are critical to protecting those vulnerable residents, Kallmyer said.

But just like hospitals, many long-term care centers are using phones, FaceTime and Skype to help families not only stay informed, but maintain a sense of connection

Dr. William Dale, a geriatrician at City of Hope, a medical center in Duarte, Calif., said, "Social connections are not just a luxury. They're part of what it means to be healthy." …..**Read More**

Is Thyroid Hormone Dangerously Overprescribed in Older Patients?

Thyroid hormone replacement therapy is commonly prescribed when blood tests show a dip in thyroid hormone levels, but new research suggests it may not always be the best choice for older adults.

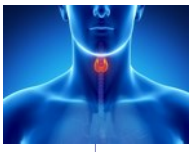
The long-term study found that people over 65 who take thyroid hormone replacement therapy have a higher risk of death than their peers who don't.

"The message here is to be cautious and conservative when prescribing levothyroxine [thyroid hormone replacement]," said study author Dr. Jennifer Mammen, an assistant professor of medicine at the Johns Hopkins University School of Medicine in Baltimore.

"Older adults go through a lot of changes -- circadian rhythm changes, sleep changes, levels of chronic inflammation change -- and lower thyroid levels may be an adaptation of age. It may be the body's way of cooling the engine down. If you give thyroid hormone, you may be overriding those changes," she said.

Mammen cautioned that the study shouldn't prompt anyone to immediately stop taking prescribed medication. Instead, she recommended that people talk with their doctor.

"Someone who's been on thyroid hormone replacement since they were 20 because their thyroid failed, may need to stay on it. But, someone who started taking it at age 75 because their thyroid levels are a little different, maybe they don't need to be on it," she said.



Dr. Kashif Munir, director of the Center for Diabetes and Endocrinology at the University of Maryland, said that patients who have clear low thyroid levels (hypothyroidism) should be given treatment. In fact, it can be dangerous *not* to replace thyroid hormone when it's truly needed.

However, Munir said there are patients who may have some symptoms of hypothyroidism -- such as feeling tired, cold or having difficulty concentrating -- and have borderline test results (also called subclinical hypothyroidism). For this group, he said, "it may not be beneficial to treat these levels, and this study suggests it might be harmful."

Mammen had been scheduled to present her findings at the Endocrine Society annual meeting, which was canceled due to coronavirus concerns. The study will be published in a special supplemental section of the *Journal of the Endocrine Society*. The study included information from a U.S. National Institute on Aging Study. It had data on more than 1,000 people over almost two decades (2003-2018). Study participants were 65 and older.

All of the participants had at least one thyroid-stimulating hormone (TSH) and one thyroxine (T4) measurement during the study. Thyroxine is the thyroid hormone that is replaced with thyroid hormone therapy. When thyroxine levels dip, the body usually responds by increasing thyroid-stimulating hormone levels.

When the researchers compared the data year over year, they found that adults taking thyroid hormone had 60% higher odds of dying compared to people who weren't taking the treatment.

Mammen said there are limitations to the study. For example, the researchers don't know why people were put on thyroid hormone, so they have no way of knowing if the study volunteers had significant hypothyroidism or borderline hypothyroidism. They also didn't know how long the volunteers had been taking thyroid hormone replacement therapy.

Dr. Carol Chiung-Hui Peng, an internal medicine physician at the University of Maryland Medical Center in Baltimore, said, "This is a significant study that provides further evidence on a clinically relevant question," but added that definitive conclusions can't be drawn from one study.

Peng recently conducted a meta-analysis with Munir and other colleagues. It was published in the *Journal of Clinical Endocrinology and Metabolism*. The analysis included 27 past studies on thyroid disease with more than a million patients over 60.

They found that not treating clear cases of hypothyroidism increased the risk of dying from any cause. They also found that if people with subclinical hypothyroidism didn't receive treatment, their risk of dying didn't increase.

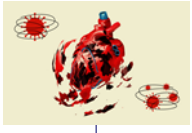
While one or two studies may not change the way doctors prescribe medications, all three experts thought it would be useful for researchers to look at whether or not the range of what's considered a normal thyroid level should change based on a person's age.

Mysterious Heart Damage, Not Just Lung Troubles, Befalling COVID-19 Patients

While the focus of the COVID -19 pandemic has been on respiratory problems and securing enough ventilators, doctors on the front lines are grappling with a new medical mystery.

In addition to lung damage, many COVID-19 patients are also developing heart problems — and dying of cardiac arrest.

As more data comes in from China and Italy, as well as Washington state and New York, more cardiac experts are coming to believe the COVID-19 virus can infect the heart muscle. An initial study found cardiac damage in as many as 1 in 5 patients, leading to heart failure and death even among those who show no signs of respiratory distress.



That could change the way doctors and hospitals need to think about patients, particularly in the early stages of illness. It also could open up a second front in the battle against the COVID-19 pandemic, with a need for new precautions in people with preexisting heart problems, new demands for equipment and, ultimately, new treatment plans for damaged hearts among those who survive.

"It's extremely important to answer the question: Is their heart being affected by the virus and can we do something about it?" said Dr. **Ulrich Jorde**, the head of heart failure, cardiac transplantation and mechanical circulatory support for the Montefiore Health System in New York City. "This may save many lives in the end."

Virus Or Illness?

The question of whether the emerging heart problems are caused by the virus itself or are a byproduct of the body's reaction to it has become one of the critical unknowns facing doctors as they race to understand the novel illness. Determining how the virus affects the heart is difficult, in part, because severe illness alone can influence heart health.

"Someone who's dying from a bad pneumonia will ultimately die because the heart stops," said Dr. **Robert Bonow**, a professor of cardiology at the Northwestern University Feinberg School of Medicine and editor of the medical journal JAMA Cardiology. "You can't get enough oxygen into your system and things go haywire."

But Bonow and many other cardiac specialists believe a COVID-19 infection could lead to damage to the heart in four or five ways. Some patients, they say, might be affected by more than one of those pathways at once.

Doctors have long known that any serious medical event, even something as straightforward as hip surgery, can create enough stress to damage the heart….**Read More**