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RI ARA

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April 19, 2020 E-Newsletter

Publication 2020 Issue 16
Published in house by the
RI ARA

Rhode Island AFL-CIO Helps Coordinate Distance Learning

This story has a picture of me, but the real credit goes to the members of **Rhode Island Federation of Teachers & Health Professionals** and National Education Association RI (NEARI) for doing all they can to make distance learning work in Rhode Island. Thank you to all the teachers and education support professional across the state.

With American students learning from home, teachers, school staffers and their unions are stepping up in a variety of ways to create innovative solutions to meet the educational needs of young people during the coronavirus pandemic.

In Rhode Island, the AFT and the National Education Association (NEA) are working closely with Gov. Gina Raimondo, and the Rhode Island AFL-CIO is helping coordinate their efforts.

After Raimondo decided to close all of Rhode Island's schools on March 23, one of the first things she did was reach out to the leaders of AFT and NEA to ask for their help with **developing distance learning programs** so students would continue to receive a quality education. The unions together represent about 12,000 teachers and school support staff across Rhode Island.

"We knew it wasn't going to be perfect, but it's been phenomenal so far," said Pat Crowley (NEA), the newly elected secretary-treasurer of the Rhode Island AFL-CIO. "Teachers are going above and beyond the call of duty, improvising as they go along and getting lesson plans ready for this new world."

Crowley, in his new role with the **Rhode Island AFL-CIO**, has been helping to coordinate communication between Rhode Island's unions, the governor's office, and other government officials. He's also been working with AFT and NEA leaders and the Department of Education to answer member questions about distance learning, certification and pension credits. He said concerns are being addressed almost immediately and in the spirit of collaboration.

Support staffers are paying close attention to the needs of their students, including their safety and mental health. Rhode Island school district employees have all hands on deck. For example, school bus drivers in some school districts are dropping off food at students' homes.

Pat Crowley

Crowley praised the tireless efforts of all essential workers during this time of crisis: "If you see someone working on the front lines, chances are pretty good they're a union member. We have pulled together to share information, and the communication between our unions has really been something to see."

"Even with social distancing, the strength of the labor movement comes from our social solidarity," he said.

Union members are certainly being put to the test, and the members who teach and work in Rhode Island's public school districts are passing with flying colors.

Simple New IRS Website is Designed to Ensure You Get Your Stimulus Money

There has been a lot of confusion about how seniors, retirees, people with disabilities, and veterans will receive the coronavirus stimulus checks they deserve.

- Seniors 62 and older who receive Social Security retirement benefits, including those affected by the windfall elimination provision (WEP) and government pension offset (GPO), individuals who receive Social Security Disability Insurance benefits, and railroad retirees **will automatically receive a stimulus payment**. Payments will come automatically to your bank if you receive benefits via direct deposit, or to your address.
- People who receive Supplemental Security Income (SSI) or veterans benefits who do not file a tax return **will NOT automatically get a stimulus payment as of now**. The IRS has set up a new website **HERE** with a form for these beneficiaries to complete to receive a check quickly. The website is primarily for U.S. citizens who receive SSI benefits or veterans pension and disability benefits and resident aliens who have a valid Social Security number, can't be claimed as a dependent of another taxpayer, and who have adjusted gross income below certain limits. Beneficiaries can enter their bank account information or tell the IRS where to mail their check.

Coronavirus Scams On the Rise

Scam artists continue targeting seniors, taking advantage of fear and confusion created by the coronavirus emergency.

One scam involves people trying to steal stimulus checks. They are making phone calls and sending text messages and deceptive "phishing" emails to try to obtain personal information from unsuspecting victims.

Beware of any message or caller that wants your personal financial information, such as your bank account or Social Security number. Recent scams include callers claiming to be SSA representatives warning of "benefit suspensions."

The stimulus payments will be sent by the IRS which will never call, text, or email you to verify your banking information.

Another scam involves callers offering a "COVID-19 package," test or information about Medicare benefits related to the pandemic. The Federal Trade Commission says that if you get a call claiming to be from Medicare asking for your information -- HANG UP!

Like the IRS, the SSA and Medicare will never call you to ask for your personal information.

CMS Releases Interim Final Rule for Medicare Policy During the Coronavirus Emergency Period

On April 6, the Centers for Medicare & Medicaid Services (CMS)—the agency that oversees the Medicare program—published an interim final rule (IFR) with comment period, **Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency**. The IFR reinterprets and clarifies several Medicare rules and policies for the duration of the COVID-19 (coronavirus) emergency period, often to increase access to telehealth services. The rule is retroactive to March 1, and comments on the rule are due June 1.

The IFR does not directly reflect the **Coronavirus Aid, Relief, and Economic Security (CARES) Act,** which was signed into law on March 27 and also makes changes to Medicare telehealth coverage. Since many of the CARES Act's revisions align or overlap with the IFR, additional federal guidance will likely be needed to explain how these authorities should work together.

Some key policies in the IFR are include:

New Telehealth Codes.

CMS is temporarily allowing a number of new services to be furnished via telehealth, including emergency department visits; initial nursing facility and discharge visits; and home visits, which must be provided by a clinician that can provide telehealth.

Technology Requirements.

CMS clarifies that to be considered an "interactive telecommunications system" for the purpose of providing Medicare telehealth services during the emergency, the system must include, at a minimum "audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner."

HIPAA Concerns.

The rule references recent **guidance** from the Department of Health and Human Services (HHS) Office for Civil Rights (OCR) regarding the agency's decision to exercise its enforcement discretion and not impose penalties for Health Insurance Portability and Accountability Act (HIPAA) violations resulting from providers' "good faith" provision of telehealth services during the coronaviurs outbreak. This effectively allows providers to temporarily use any non-public facing remote technology—such as FaceTime or Skype—to communicate with their patients.

Cost-Sharing Waivers.

The HHS Office of Inspector General (OIG) previously **announced** that providers will not be subject to administrative sanctions for reducing or waiving any cost-sharing obligations beneficiaries may owe for telehealth during the emergency period. In the IFR, CMS clarifies that this policy is not limited to telehealth. Instead, it applies to "a broad category of non-face-to-face services" including "telehealth visits, virtual check-in services, e-visits, monthly remote care management, and monthly remote patient monitoring."

Home Health.

The CARES Act and the IFR both expand the availability for Medicare-enrolled home health agencies (HHAs) to utilize telehealth technology. Under these changes, HHAs may provide more services to beneficiaries using telehealth within the 30-day episode of care. However, any telehealth services provided to Medicare beneficiaries must be designated as such in the beneficiary's plan of care and cannot substitute for required in-person visits.

Definition of "Homebound."

CMS is also revising its interpretation of "homebound" for the duration of the public health emergency. Specifically, CMS will consider a beneficiary who needs skilled services to be "homebound" for purposes of qualifying for the Medicare Home Health Benefit if a physician determines the individual should not leave home because of a medical contraindication or a confirmed or suspected coronavirus infection.

Hospice.

Both the CARES Act and the new rule also allow telehealth to be more widely used by Medicare-enrolled hospice providers. The use of such telecommunications must not jeopardize the patient's health or the health of the patient's service providers, and it must be included on the plan of care. The IFR and the CARES Act allow the face-to-face encounters required for recertification to be conducted via telehealth.

Opioid Treatment Programs.

Prior to the IFR, telehealth services provided under the bundle of services for Opioid Treatment Programs (OTP) required two-way audio-visual conferencing. During the coronavirus emergency, CMS will permit audio-only communications to suffice. The agency notes this waiver is necessary to ensure opioid treatment services continue uninterrupted during the pandemic.

Telephone Evaluation and Management (E/M) Services.

The rule clarifies that during the emergency—and subject to state law prohibitions—Medicare will reimburse providers for evaluating beneficiaries (under certain E/M codes) through audio-only devices instead of requiring the use of those with real-time audio and video capabilities. This applies to E/M services provided to new and established patients, and the service may involve a caregiver or the beneficiary.

Ambulance Transportation.

Also during the emergency period, CMS is allowing Medicare to cover ambulance transportation to any site that is equipped to treat the beneficiary, consistent with state and/or local protocols.

Medicare Rights is planning to submit comments on the IFR and will provide additional analysis as needed. Our blog post, **What You Need to Know About Coronavirus and Medicare Coverage**, has been updated to incorporate recent regulatory and statutory changes that most immediately impact people with Medicare. We will also **continue to advocate** for improvements to Medicare access and affordability, during the current emergency and beyond.

Enrolling in Medicare During the Coronavirus Emergency

During the public health emergency caused by the novel coronavirus, Social Security Administration (SSA) offices across the country closed their physical doors and moved all operations to online and telephone platforms. SSA created a new resource page to keep the public updated and explain how to access services amid the office closures. Anything affecting access to SSA has an impact on people applying for Medicare coverage,

as SSA is the agency that handles enrollment. Importantly, Medicare enrollment continues, though people may encounter some delays.

As always, people who become eligible for Medicare, and who are already receiving either retirement or disability benefits through Social Security or Railroad Board Retirement benefits, are automatically enrolled in Medicare and do not have to contact SSA. **Read More..**.

What You Need to Know About Coronavirus and Medicare Coverage

As the number of cases of COVID-19 (also called coronavirus) increases, so does the importance of programs like Medicare in helping older adults, people with disabilities, and their families build and maintain their health and economic security. Accordingly, policymakers are taking critical steps to ensure program preparedness, keep beneficiaries and the public informed, and facilitate timely access to appropriate care.

We will provide updates and information on this page as available. If you have questions about your Medicare coverage and the coronavirus national emergency, please review the resources below and call our National Helpline at 800-333-4114. ….**Read More**

To 'Keep The Lights On,' Doctors And Hospitals Ask For Advance Medicare

Darrin Menard, a family physician in Lafayette, Louisiana, has spent the past month easing patients' anxieties about the coronavirus that has killed 10 people in his parish so far.

But Menard has his own fears: How will his medical practice survive the pandemic?

His office typically sees 70 patients a day, but now it handles half that amount and many of those appointments are done over the phone or computer. He said revenue in the practice has dropped by 40% — which makes it challenging to pay a mortgage, staff salaries, malpractice insurance, utilities, electronic health records costs and other expenses.

To help stay afloat, Menard is one of thousands of doctors, hospitals and other health providers reaching out for a lifeline made available in the series of federal relief measures to counteract the effects of the viral outbreak.

He applied last week for a three-month advance on his Medicare billings, which he hopes will bring in about $120,000 or more to cushion the strain. He's also applying for the Small Business Administration's Paycheck Protection loans to help cover costs of meeting payroll.

"We are quite thankful for the help so I can keep the lights on in the office for us to be available for our patients," Menard said.

The Centers for Medicare & Medicaid Services announced in late March that it would implement for the first time a national **accelerated Medicare payments program** to help ease the financial strain for health providers. Thursday, officials said they had disbursed **$51 billion to hospitals, doctors and other care providers**.

"Healthcare providers are making massive financial sacrifices to care for the influx of coronavirus patients," CMS Administrator Seema Verma said in a statement.

"Many are rightly complying with federal recommendations to delay non-essential elective surgeries to preserve capacity and personal protective equipment. They shouldn't be penalized for doing the right thing. Amid a public health storm of unprecedented fury, these payments are helping providers and suppliers — so critical to defeating this terrible virus — stay afloat."

The federal help has inspired private insurers such as UnitedHealth Group and several Blue Cross Blue Shield plans to offer advanced payments and other financial support.

CMS in April has received more than 25,000 requests from providers and suppliers for expedited payments and has approved more than 17,000 requests. Before the pandemic, CMS had approved about 100 requests for advanced payments in the past five years, mostly for natural disasters such as hurricanes and tornadoes.

Most physicians can get an advance on three months of their Medicare reimbursements, and hospitals can get up to six months. Hospitals will generally have up to one year from the date the accelerated payment was made to repay the balance. Doctors will have up to seven months to complete repayments.

To put all this $51 billion in financial aid in perspective, traditional Medicare in 2018 paid $403 billion to health care providers.

Coronavirus patients are overwhelming hospitals in cities including New York, New Orleans and Detroit. But as other health systems brace for similar spikes, they are also seeing sharp drop-offs in regular doctor visits, emergency room arrivals, and the lucrative surgeries and medical procedures that are vital to their bottom lines.

The advanced Medicare payments are just part of the hundreds of billions of dollars the federal government is providing doctors, hospitals and other health providers.

Congress also set up a separate $100 billion program for hospitals and other health providers with coronavirus-related expenses.

The Trump administration Tuesday said it will begin distributing the first $30 billion from this fund to hospitals this week. The money will go to all hospitals based on their Medicare fee-for-service revenue.

Lobbying groups representing safety-net hospitals **slammed the decision** because they get a lower share of their revenue from Medicare than some other hospitals do. And safety-net hospitals have a higher percentage of patients who are uninsured or covered by Medicaid, the state-federal health insurance program for low-income people.

It also **upset hospitals in New York**, the epicenter of the U.S. epidemic, because they were getting no more funding than hospitals little affected by the outbreak.

Verma said the administration's top priority was getting the funding to hospitals as quickly as possible. She said children's hospitals, nursing homes, pediatricians and other health care providers that receive much of their revenue from Medicaid and other sources will be given priority when the second round of funding is distributed.

Other federal steps to help providers include Medicare for the first time paying for telemedicine treatments at the same rate as in-person visits. Previously, those fees paid less than half of what in-person visits paid.

Congress has **also suspended a 2% Medicare reimbursement cut and bumped up** Medicare fees by 20% for treating COVID-19 patients. The Trump administration said it is also paying hospitals Medicare rates for uninsured COVID-19 patients.

The billions in advanced Medicare payments are seen as one of the quickest ways to get funds to struggling hospitals and doctors.

"It's money we will desperately need," said Patrick McCabe, senior vice president of finance at Yale New Haven Health, the largest health system in Connecticut. It is counting on more than $450 million in advanced Medicare payments to get through the pandemic — at least for the next couple of months.

The health system, which runs a $5 billion annual budget, could lose more than $600 million as a result of the added expenses of preparing and dealing with COVID-19 and the drop-off in other revenue, he said. Such a loss — without any federal assistance — would more than wipe out the health system's ability to upgrade equipment and keep up with rising expenses, he added….**Read More**

Oversight sputters as Trump starts doling out billions in coronavirus aid

None of the oversight tools included in the sprawling rescue package are up and running, and problems are already cropping up with the law.

Congress assured America that its frenzied rush to deliver $2 trillion in coronavirus relief wouldn't lead to waste, fraud or abuse because they packed the sprawling law with powerful safeguards.

Yet, as the Trump administration begins pumping billions of taxpayer dollars into the economy, none of the built-in oversight mechanisms are even close to functional. And their absence will soon be glaringly obvious as the gusher of cash and extraordinary new power granted to the administration fuels massive logjams, headaches and fear across overburdened hospitals, overcrowded unemployment offices and many sectors of the ailing economy.

Congressional leaders have appointed just one of five members to a commission to serve as lawmakers' eyes on Trump administration decisions for a $500 billion fund for distressed industries. An inspector general nominated by President Donald Trump intended to provide a second check has already generated controversy among Democrats and is unlikely to see swift Senate confirmation. And a panel of federal watchdogs meant to be a third independent overseer was upended Tuesday when Trump sidelined its chairman, setting back the one mechanism that appeared on track to begin oversight.

Trump has also indicated he might ignore additional protections built into the law meant to keep Congress apprised of any concerns about mismanagement, issuing a signing statement that said it would be unconstitutional to require Executive Branch watchdogs to report any obstruction in their investigations, unless Trump himself approves.

Democratic lawmakers have pointed to Trump's actions as justification for their demands that the law include a series of powerful layers of oversight. Yet they haven't acknowledged that those mechanisms are not keeping pace with the rollout of the enormous law — even as members of both parties clamor to layer hundreds of billions of dollars more in emergency aid onto the original package.

In addition, every pillar of the $2 trillion package — from its portal to steer $350 billion to struggling small businesses to its desperately needed relief for airlines — has already run into significant roadblocks and unintended consequences that would be tailored for independent review.

Here's a look at where the CARES Act has begun to unfurl — or unravel — without the investigators ready to enforce protections or catch flaws in implementation.

Banks overwhelmed

Another key feature of the CARES Act is a $350 billion fund to shore up buckling small businesses with loans. Though the program was expected to be live already, it's unclear how much funding — if any — has gone out the door.

Yet, even without oversight of the program, and a growing crisis in its execution as businesses struggle to get loans from banks, Congress seems poised to send another $250 billion to the program in the coming days.

Furor Erupts: Billions Going To Hospitals Based On Medicare Billings, Not COVID-19

Probably few hospital systems need the emergency federal grants announced this week to handle the coronavirus crisis as badly as Florida's Jackson Health does.

Miami, its base of operations, is the worst COVID-19 hot spot in one of the most severely hit states. Even in normal years, the system sometimes barely makes money. At least two of its staff members have died of the virus.

But in a scathing letter to policymakers, system CEO Carlos Migoya said the way Washington has handled the bailout "could jeopardize the very existence" of Jackson, one of the nation's largest public health systems, and similar hospital groups.

"We are here for you right now," Migoya, who has tested positive for COVID-19 himself, said in a Thursday letter to Alex Azar, secretary of Health and Human Services. "Please, be here for us right now."

Migoya and executives at other beleaguered systems are blasting the government's decision to take a one-size-fits-all approach to distributing the first $30 billion in emergency grants.

HHS confirmed Friday it would give hospitals and doctors money according to their historical share of revenue from the Medicare program for seniors — not according to their coronavirus burden.

That method is "woefully insufficient to address the financial challenges facing hospitals at this time, especially those located in 'hot spot' areas such as the New York City region," Kenneth Raske, CEO of the Greater New York Hospital Association, said in **a memo to association** members.

States such as Minnesota, Nebraska and Montana, which the pandemic has touched relatively lightly, are getting more than $300,000 per reported COVID-19 case in the $30 billion, according to a Kaiser Health News analysis.

On the other hand, New York, the worst-hit state, would receive only $12,000 per case. Florida is getting $132,000 per case. KHN relied on an analysis by staff on the House Ways and Means Committee along with COVID-19 cases tabulated by The New York Times.

Uneven Spread Of COVID-19 Aid

The first $30 billion of the emergency fund will be doled out according to 2019 Medicare reimbursements and does not factor in the number of COVID-19 cases. Some states will get more than $300,000 per COVID -19 cases while hard-hit New York gets just $12,000 per case.

The CARES Act, the emergency law passed last month to address the pandemic, gives HHS wide latitude to administer $100 billion in grants to hospitals and doctors.

But the decision to allocate the first $30 billion according to past Medicare business surprised many observers.

The law says the $100 billion is intended "to prevent, prepare for and respond to coronavirus," including paying for protective equipment, testing supplies, extra employees and temporary shelters and other measures ahead of an expected surge of cases. It says hospitals must apply for the money.

"It seems weird that they wouldn't just target areas geographically based on where the surge has been," said Chas Roades, CEO of Gist Healthcare, a consulting firm. Issuing the funds based on Medicare revenue "allowed us to make initial payments to providers as quickly as possible," an HHS spokesperson said Friday. Some of the money was expected to go out as soon as Friday in electronic deposits.

HHS "has failed to consider congressional intent" in distributing the $30 billion by not accounting for "the number of COVID-19 cases hospitals are treating," New Jersey Sens. Bob Menendez and Cory Booker and Rep. Bill Pascrell said in a Friday letter to Azar**....Read More**

A Corona Virus Caused Recession Would Increase Number Claiming Social

An emergency Social Security and Medicare payroll tax cut could weaken program financing at the same time a Coronavirus caused recession would significantly increase the number of people claiming Social Security, warns **The Senior Citizens League (TSCL)**. "Although many older adults today are putting off claiming benefits to allow their Social Security payouts to grow, they are unlikely to be able to afford to wait if they lose their jobs, or when the value of retirement account investments are significantly impacted," says Mary Johnson, a Social Security and Medicare policy analyst for The Senior Citizens League.

"Social Security and Medicare need to be adequately financed if a recession would occur," Johnson says. "When unemployment is high, there's less payroll taxes flowing into Social Security and Medicare," she notes. "Providing a complete payroll tax break to stimulate the economy would only exacerbate financing issues and would be unlikely to make a big enough emergency impact when needed, especially for people who aren't working," Johnson points out.

For retirees with a 401(k) or retirement savings, a recession would make those lucky enough to have savings more dependent on Social Security, because big changes in equity prices reduce the distributions from those accounts perhaps for several years.

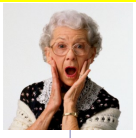
To make matters worse older Americans are at the highest health risk from the coronavirus. "Congress needs to ensure that any big emergency financial stimulus to address a coronavirus - caused economic recession, doesn't put Social Security and Medicare benefits at risk as well," says Johnson.

Safeguarding the health of Americans is of primary importance now. The Senior Citizens League is working for legislation that would help strengthen and boost Social Security and lower out-of-pocket Medicare costs. To learn more, visit **www.SeniorsLeague.org**.

White House says no 'surprise' bills for COVID-19 patients

Hospitals taking money from the $2 trillion stimulus bill will have to agree not to send "surprise" medical bills to patients treated for COVID-19, the White House said Thursday.

Surprise bills typically happen when a patient with health insurance gets treated at an out-of-network emergency room, or when an out-of-network doctor assists with a hospital procedure. They can run from hundreds of dollars to tens of thousands. Before the coronavirus outbreak, lawmakers in Congress had pledged to curtail the practice, but prospects for such legislation now seem highly uncertain.



"The Trump administration is committed to ensuring all Americans are not surprised by the cost related to testing and treatment they need for COVID-19," White House spokesman Judd Deere said in a statement.

The stimulus bill includes $100 billion for the health care system, to ease the cash crunch created by the mass cancellation of elective procedures in preparation to receive coronavirus patients. Release of the first $30 billion, aimed at hospitals, is expected soon.

The prohibition on surprise billing will protect patients covered by government programs, employer plans or self-purchased insurance.

Hospitals that accept the grants will have to certify that they won't try to collect more money than the patient would have otherwise owed if the medical attention had been provided in network.

A group that represents large employer plans applauded the White House action.

"In a time when nothing is certain, patients can take solace in knowing that they will not receive outrageous, unavoidable bills weeks and months after they have survived the virus," Annette Guarisco Fildes, head of the ERISA Industry Committee, said in a statement. ERISA is the name for a federal law that sets terms and conditions for multistate employer plans.

A spokeswoman for the organization said it's their understanding that the ban on surprise billing will apply to doctors as well as hospitals….**Read More**

How to Connect With Nursing Home Patients in Quarantine

U.S. nursing homes, assisted living centers and other long-term care facilities have closed their doors to outsiders due to the coronavirus pandemic, making it difficult for residents and their families to stay connected.

The Alzheimer's Foundation of America (AFA) has some advice for making this difficult situation better.

"Right now, families across the country cannot visit their relatives in long-term care settings, and while they can't be there with them in person, they can, and should, still be there for them," said Charles Fuschillo, president and chief executive officer of the AFA.

"There are other ways that individuals can remain connected with a loved one with Alzheimer's from anywhere," he noted in a foundation news release.

Fuschillo suggested the following:

- **Keep in touch.** Contact the care facility's staff to get regular updates on your loved one and make sure they're safe.
- **Use technology.** There are many new ways to keep in touch with your loved one. Some care facilities are offering families the opportunity to video chat, such as FaceTime, Skype or Zoom. Ask your loved one's care facility if they offer this type of service. Phone calls, emails and letters are also good ways to stay in touch.
- **Keep connected with photos.** Some facilities are sending photos of residents to their families and also encouraging families to send photos for their loved ones to see. One way to make it fun and engaging is to have themes, such as wearing funny hats.
- **Send care packages.** Wrap up some of your loved one's favorite snacks, trinkets, lotions or activities. Check with the care facility before sending packages to see if there are any items they don't allow for health reasons.

Don't panic and make an impulsive decision. Moving an older adult from a long-term care center andexposing

Also, the level of care required for long-term care residents is usually higher than the care that can be provided at home. All care facilities are required to have procedures to monitor and prevent infections, and to protect the health of their residents and staff. They will provide you with information about these measures if you ask, according to the AFA.

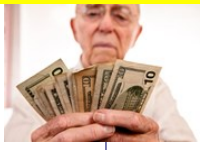
Opinion: There'll Be No Social Security COLA in 2021

Social Security beneficiaries are unlikely to receive a "raise" next year because of the coronavirus pandemic.

We are living through a truly unprecedented moment in American and global history.

The coronavirus disease 2019 (COVID-19) has, as of March 27, infected more than 586,000 people worldwide, with the number of confirmed cases nearly doubling in a week, according to Johns Hopkins University. The confirmation rate is even higher within certain U.S. states, such as New York, where the number of COVID-19 cases is doubling approximately every three days. With little sign that the infection rate is slowing, there's no telling what sort of impact this disease could have on the physical and **financial well-being** of the American public.

But it's not just working Americans who could feel the sting of the mitigation measures put in place in the U.S. to curb the spread of the coronavirus. Social Security's more than 64 million beneficiaries, over 80% of which are senior citizens, are liable to feel the effects of COVID-19s impact.



Over 64 million Social Security beneficiaries count on their annual "raise"

For these 64 million beneficiaries, there's arguably no event that's more important each year than the cost-of-living adjustment (COLA) announcement from the Social Security Administration (SSA) during the second week of October. Think of COLA as the "raise" that Social Security recipients receive from one year to the next that accounts for the inflation they've faced. I say "raise" because it's not a true raise, but rather a pay bump designed to keep beneficiaries on par with the rising cost for goods and services.

Since 1975, the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) has been Social Security's inflationary tether. Although the Bureau of Labor Statistics reports CPI-W data every month, **only readings from the third quarter** (July through September) are used to determine the program's COLA for the upcoming year.

In simple terms, if the average CPI-W reading from the third quarter (Q3) increases in the current year from the average CPI-W reading during Q3 of the previous year, then beneficiaries will receive a raise. The amount of the payout increase is commensurate with the year-over-year percentage increase in the average CPI-W reading, rounded to the nearest tenth of a percent. In the 45 years that the CPI-W has been Social Security's inflationary measure, 42 have resulted in a positive COLA.

On the off chance that the price of goods and services collectively declines year-over-year, as happened in 2009, 2010, and 2015, no Social Security COLA is passed along. This means that benefits paid in 2010 and 2011 were the same as what recipients received in 2009, and the benefits paid in 2016 were equal to what was paid in 2015. Thankfully, benefits cannot decline during periods of deflation.

The unfortunate news for Social Security recipients is it appears likely that **no COLA will passed along for 2021.**

From The Rhode Island Attorney General Peter Neronha

If you are a senior citizen and suspect a scam, don't, I repeat, don't give out any personal information, instead please call, 401-274-4400

About the Consumer Protection Unit

The Office of the Attorney General Consumer Protection Unit investigates and mediates consumer complaints concerning unfair and unlawful business practices and misleading advertising arising out of alleged violations of the Deceptive Trade Practices Act.

If groups of people are victimized by a deceptive trade practice, this office may file in the Superior Court a civil investigative demand, which is a formal investigation. In appropriate cases, a lawsuit to stop the illegal business practice may be initiated.

Apart from carrying out its statutory responsibilities, the Unit also provides information and referral services to the general public. Consumers are directed to the appropriate governmental or private agencies for help in answering specialized questions or resolving disputes that are not within the Unit's jurisdiction.

The Consumer Protection Unit is available to speak to community groups on how to prevent being a victim of identity theft and other scams. To schedule a community outreach presentation The Consumer Protection Unit is available to speak to community groups on how to prevent being a victim of identity theft and other scams. To schedule a community outreach presentation for your organization, please call (401) 274-4400.

Peter Neronha

To file a consumer complaint, **click here** for an online complaint form (available in Spanish by **clicking here**.

If you have a question regarding a consumer related issue please e-mail us at **consumers@riag.ri.gov** or give us a call at (401) 274-4400.

Most States Are Easing SNAP Participation Rules and Providing Added Benefits

States have jumped on new flexibilities they have under the Families First Coronavirus Response Act to help manage rising SNAP (food stamp) administrative demands and ensure that participants maintain much-needed benefits. Most states have also taken advantage of the Act's option to provide benefit supplements during the pandemic to deliver more food assistance to struggling families, and we encourage all states to do so.

The far-reaching health and economic effects of COVID-19 and widespread business closures to limit its spread have made it even more difficult for many low-income households to afford food, given how many have lost jobs and income and still have bills to pay. SNAP is essential to helping these families put food on the table.

As we've **explained**, the Families First Coronavirus Response Act provided the Agriculture Department (USDA) with authority to let states modify procedures to make it easier for families to continue participating in SNAP. It also temporarily **suspended,** nationwide, SNAP's three-month time limit on benefits for unemployed adults under age 50 without children in their home. In addition to provisions in the new law, USDA has also **encouraged** states to use existing flexibility, and has recently **allowed** more states to join the **six states** already participating in a pilot program allowing states to provide online purchasing of food through SNAP at certain authorized retailers.

The vast majority of states have taken steps to ease SNAP administration and maintain participation, and most have boosted emergency supplementary benefits, the table below shows...**Read More**

RI ARA HealthLink Wellness News

What factors did people who died with COVID-19 have in common?

A team of investigators hailing from eight institutions in China and the United States — including the Chinese People's Liberation Army General Hospital in Beijing, and the University of California – Davis — recently looked at the data of 85 patients who died of multiple organ failure after having received care for severe COVID-19.

All individuals whose data the study used received care at either the Hanan Hospital or the Wuhan Union Hospital between January 9 and February 15, 2020.

The researchers who conducted the study uncovered a series of factors that the majority of these patients shared.

The majority were older males

The research team was able to access and analyze the deceased patients' medical histories, including whether they had any underlying, chronic conditions.

The researchers were also able to find out what symptoms the patients experienced once they had contracted the virus and access information from laboratory tests and CT scans, as well as information about the medical treatment they received while in the hospitals.

They found that 72.9% of those who died with COVID-19 were male, with a median age of 65.8 years and underlying chronic conditions, such as heart problems or diabetes.

"The greatest number of deaths in our cohort were in males over 50 with noncommunicable chronic diseases," the investigators note.

"We hope that this study conveys the seriousness of COVID-19 and emphasizes the risk groups of males over 50 with chronic comorbid conditions, including **hypertension** (high **blood pressure**), coronary **heart disease**, and diabetes," they have commented.

The team also notes that, among the 85 patients whose records they analyzed, the most common COVID-19 symptoms were **fever**, shortness of breath, and **fatigue**.

Some important observations

In terms of other potentially relevant information, the research team found that 81.2% of the study individuals "had very low eosinophil [a type of white blood cells, which are specialized immune cells that help fight infection] counts on admission [to the hospital]."

Among the complications that the patients experienced while hospitalized with COVID-19, some of the most common were respiratory failure, shock, acute respiratory distress syndrome, and cardiac arrhythmia, or irregular heartbeat.

As part of their treatment, the majority received **antibiotics**, antivirals, and glucocorticoids, and some received intravenous immunoglobulins (also known as antibodies), or interferon alpha-2b, which is also a stimulant for the immune response.

Yet, the researchers note, "[t]he effectiveness of medications, such as antivirals or immunosuppressive agents, against COVID-19 is not completely known."...**Read More**

'hidden sorrows' of COVID-19 and Parkinson's

The SARS-CoV-2 virus has rapidly and radically changed the behavior of millions of people around the world. As a response to the pandemic, governments have introduced various emergency policies to limit social interaction in an attempt to slow the spread of the disease until scientists find a vaccine.

People with Parkinson's disease face particular challenges. There is no definite data on the relationship between Parkinson's disease and COVID-19. Scientists know that the leading cause of death in people with Parkinson's disease is **pneumonia** and that pneumonia is also a key symptom of COVID-19.

However, according to the authors of the commentary article, the social restrictions that governments have instigated may significantly affect people with Parkinson's.

Parkinson's disease is a type of neurodegenerative disorder. According to the **National Institute on Aging**, it results in joint stiffness, shaking, and difficulties moving. It typically affects people over the age of 60, and it worsens over time.

Parkinson's occurs when neurons in a person's brain die. These cells produce dopamine, and it is this reduction of dopamine that causes the symptoms of Parkinson's. Scientists do not yet know precisely why this happens, and, currently, there is no cure.

Stress

According to the authors of the commentary article, people with Parkinson's disease are more likely to experience stress, anxiety, and depression.

The authors also suggest that the increased stress of social isolation may reveal latent forms of Parkinson's disease and that stress may increase the rate at which a person's dopamine-producing neurons die off. However, this is something that scientists have only demonstrated in **animal studies**.

Lack of physical activity

As well as the adverse effects of stress, the authors also point out that reduced opportunities to do physical activity may also cause problems for people with Parkinson's disease.

As the authors note, "Many people are now largely, and sometimes, completely stuck at home, being unable to go out for a regular walk, let alone to see their physiotherapist or attend a fitness class."

They highlight **research** that suggests being physically active — in particular, engaging in high-intensity aerobic exercise — may reduce the speed at which the symptoms of Parkinson's disease develop.

The authors also speculate that non-motor issues related to Parkinson's, such as insomnia or constipation, may even get worse through a lack of physical activity.

Positive outcomes?

Despite the significant challenges people with Parkinson's disease may experience, the authors also note positives that may emerge from the pandemic.

The simultaneous experience shared by millions of people may mean that researchers can carry out effective research into the relationship between stress and Parkinson's.

In particular, the authors suggest that researchers could investigate why it is that some people can cope with stress better than others. This may be invaluable in the future for interventions that focus on the mental health of people with Parkinson's.

The authors also note that an inability to go out regularly has led to an increase in the number of digital and remote exercise classes available to people with Parkinson's disease. These exercise initiatives are now much easier to access, and they could remain a valuable resource for those people with Parkinson's once the pandemic is over.

While it is important to bear these potential positives in mind, what is clear from the commentary article is the importance of understanding the varying ways in which the SARS-CoV-2 virus can affect different groups of people.

Better senior health from improved doctor visits

It's essential to understand information from the doctor

Having a good understanding of your older adult's health conditions is especially important because they're usually managing serious chronic conditions or **multiple health problems.**

As their **health advocate**, knowing what's going on with your older adult's medications and treatments helps reduce medication errors and improves quality of life.

We explain why not having a clear understanding could contribute to health problems and share 3 tips to improve communication and understanding during your older adult's doctor visits.

Not having a clear understanding can contribute to health issues

Not clearly understanding information or instructions from your older adult's doctors could contribute to serious health issues.

Issues could include:

- Going back to the hospital for the same health condition within a short period of time.
- Problems with medication because of an incorrect dose or timing, negative drug interactions, or harmful side effects.
- Having a medical emergency because early warning signs for a health condition weren't known.
- Not knowing how to properly use or maintain important medical equipment such as an insulin pump, pacemaker, or catheter.

Speak up and ask the doctor to explain further

At your older adult's doctor's visits, make sure you understand everything the doctor tells you about their health and how to manage their conditions.

If the doctor says anything that you don't understand, speak up immediately and ask them to explain using simpler terms.

Don't feel embarrassed – you didn't go to medical school and shouldn't be expected to instantly understand. The doctor's job is to make sure that your older adult gets good care. An essential part of that is making sure that you're able to make informed decisions and follow through with their instructions.

Top tips for improved communication during doctor visits

- Prepare for appointments
- Make a list of problems you want to discuss.
- Make a list of your older adult's symptoms or issues – when they started, when they're worst, etc.
- Make a list of all the medications, vitamins, supplements, and over-the-counter medications they're currently taking.
- Ask plenty of questions and take notes
- If something isn't clear, ask the doctor or nurse to explain it a different way, write it down for you, or use more common terms.
- For example, if the doctor prescribes a new medication, ask about common side effects or if it will interfere with other medicine.
- Another example is to ask how you would know if a treatment is working or not.
- Call the doctor when you have questions
- If a problem or question comes up, call the doctor immediately.
- Don't wait until the next appointment.
- Getting answers right away can prevent small problems from becoming big ones.

Recommended for you:

- **What Does a Geriatric Doctor Do? How Seniors Can Benefit From a Specialist**
- **Why Seniors Need a Health Advocate: 7 Health Benefits**
- **Prevent Serious Illness with 4 Recommended Vaccines for Seniors**

How and why to calculate muscle mass percentage

Maintaining a healthy percentage of muscle mass has several benefits, such as reducing the risk of age-related muscle loss. There are various ways to estimate this percentage.

In this article, we describe what muscle mass percentage is, why it can be useful to know, and how to calculate it.

Definition

Muscle mass refers to the amount of soft muscle tissue in the body. Other major components of the body include fat, bone, and water.

Muscles primarily help with movement, maintaining posture, and supporting bodily functions.

There are three main types of muscle:

- smooth muscle, which is in the internal organs
- **cardiac muscle**, the muscle of the heart
- skeletal muscle, which exists throughout the body

The body's collective muscle tissue constitutes its muscle mass.

However, in most contexts, the term "muscle mass" specifically refers to skeletal muscle. This is the only type of muscle that a person can voluntarily control.

Skeletal muscle plays a key role in movement. For example, bending the arm upward requires the bicep muscle to contract and the triceps to relax.

Exercising the skeletal muscles in various ways can increase the body's mobility, balance, and strength.

Keeping the skeletal muscles healthy is important for daily functioning. This may be particularly important for older adults.

Learn more about the different muscle types here.

How to calculate it

It is possible to determine how much of a person's body is made up of muscle, fat, and other components.

The most accurate ways involve expensive medical equipment. For example, it is possible to calculate muscle mass percentage from an **MRI scan**.

However, it is also possible to estimate muscle mass percentage at home. While many online calculators and tools claim to do this, it is unclear whether any of these methods are accurate.

Most rely on calculating **body fat percentage**. Subtracting this percentage from 100 will leave the percentage of lean body mass.

While lean body mass includes muscle mass, it also includes bone and other components of the body.

There are several ways to determine body fat percentage at home. For example, a person can use a body fat scale, which calculates the amount of fat by sending an electrical current through the body.

The **United States Navy** recommend a different method, which involves measuring the circumferences of various body parts. These add up to a certain value, and different values and heights represent various body fat percentages.

Why is it useful?

Muscle mass percentage can be an indicator of health.

Over time, muscle mass naturally declines, and this reduction, called **sarcopenia,** can make everyday activities such as walking or climbing the stairs more difficult.

The percentage of muscle mass varies between people. It will depend on several factors, including fitness, body size, and gender.

There are currently no specific guidelines for what a healthy or normal muscle mass percentage should be.

But a healthy body fat percentage is a useful indicator of overall body composition.

According to the **American College of Sports Medicine**, healthy body fat percentages are:....**Read the charts**

How to Ease Loved Ones With Alzheimer's Through the Pandemic

The coronavirus pandemic is throwing Americans' daily lives into disarray, and such disruptions are especially hard on people with Alzheimer's disease.

Changes in daily routines can trigger anxiety, confusion, agitation and/or discomfort for people with Alzheimer's, but there are a number of things family caregivers can do to adapt, according to the Alzheimer's Foundation of America (AFA).

"There is often comfort in the familiar," said Charles Fuschillo Jr., foundation president and CEO. "As we all adjust to the 'new normal' created by the coronavirus outbreak, caregivers should know about steps they can take to adapt routines and help their loved ones stay calm and comfortable."

Try to maintain normal daily schedules for getting up, eating meals and going to bed as much as possible, he suggested. If your loved one with Alzheimer's regularly eats at a favorite restaurant, order in from that restaurant or cook a dish they like to order.

Keep your loved one active. Many adult day and respite care programs are closed, so try to do similar activities -- such as listening to music, dancing or exercising -- at home. If your loved one normally goes to a program at a certain time of day, try to do home activities at that time. AFA offers these types of activities online. Use online video, phone calls or text messages to keep your loved one connected with family and friends who would normally visit in person. If people out of town usually connect with your loved one via phone or online video, try to maintain that contact at the usual time.

Surround your loved one with familiar and positive items, food, music and clothing. This can be comforting and help reduce anxiety and stress.

Your own body language and attitude can affect your loved one's behavior. Remaining calm and attentive and showing the person love and care can help them adapt to changes caused by the pandemic.

Create a daily schedule of what your loved one will be doing every 30 or 60 minutes. Use lots of visual cues such as photos, stickers and drawings. Review the schedule with your loved one and refer to it regularly.

The AFA has a helpline (866-232-8484) staffed seven days by licensed social workers trained in dementia care. The helpline is also available on the AFA's website.

More information

The Alzheimer's Association has more advice for **dementia caregivers during the coronavirus pandemic**

How the Coronavirus Pandemic Fuels America's Loneliness Epidemic

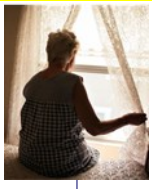
Isolation and loneliness are already huge health-related problems among older adults. Social distancing is poised to make those problems worse

EVER SINCE THE NOVEL coronavirus pandemic forced California to **issue a stay-at-home order** to prevent spread of the virus, Fred Davis' phone has been ringing almost nonstop. The callers: senior citizens who are shut in, alone and eager to know when the statewide lockdown might end.

"They're calling me because they're lonely," says Davis, 74, a retired mortgage broker and part-time minister who volunteers at the Gary and Mary West Senior Wellness Center in San Diego, his hometown. Some clients, he says, are alone after having outlived spouses or even children, while others depend on the senior center's bingo games, dances and luncheons for social contact. The shutdown order, he says, is pushing his peers further into isolation.

Avoiding others "is OK when you choose to do it, if you want to go home and rest," Davis says. The harm, he says, comes "when you are forced to do it – when you're locked out of places. It's just a sad experience for them."

For years, experts have warned that seniors in the U.S. are **experiencing high rates of social isolation and loneliness**, a silent problem that has quantifiable, harmful health effects – similar even to **smoking 15 cigarettes a day**.



But with the nationwide spread of COVID-19 forcing travel restrictions, community center closures and shutdowns of entire states, advocates for the elderly warn that social distancing could result in a second, invisible pandemic.

In normal times, the **isolation of seniors** "can have a detrimental effect on their health. It can be just as deadly as smoking, high blood pressure (or) diabetes," says Dr. Sharon Brangman, chair of the department of geriatrics at **State University of New York Upstate Medical University** in **Syracuse**.

Brangman says the coronavirus pandemic has created a paradox: Because data indicates the virus has a **disproportionate, more severe impact** on seniors – as well as those with chronic, underlying health conditions – isolation "just becomes another compounder."

In other words, the very thing society must do to slow the spread of COVID-19 and protect highly vulnerable seniors "can **weaken their immune system**," she says. "And right now, you need the strength of your immune system to fight the virus." There's widespread data revealing a longstanding, **wide-ranging** "epidemic" of loneliness among the millions of older adults in the U.S. And it's an issue not just for those who live by themselves: According to a 2012 **University of California-San Francisco** study, 43% of **older people felt lonely,** even though only 18 percent lived alone. Among **a sample** of senior nursing home residents, another study showed, despair was prominent, and data pointed to a "lack of social relationships as a source of suffering."

Meanwhile, researchers have associated **loneliness – if not necessarily being alone – with cognitive decline**, including the **potential progression of Alzheimer's disease**, and have tied social isolation to an increased risk of **stroke and even premature death**. A 2017 study in Health Psychology found that people who reported feeling lonely also reported **more severe symptoms** associated with the common cold than those who said they were less lonely.

Brangman, a practicing clinician who specializes in treating older patients, notes there's a difference between being lonely and being alone.

"We have some (patients) who are content to be by themselves, but others need social interaction," she says. "I have some patients who would never want to go to a senior center because that was never their style. But I have other patients who are very used to social contact and find it hard to be alone."

Yet as the coronavirus pandemic rages on, and data shows that **keeping people apart is effective** at slowing the rate of transmission, social distancing may be the best prescription to fight COVID-19, Brangman says.

"We are trying to keep our patients at home," she says. "They are definitely high-risk and there is a mandate for them to stay home. We have canceled all of our office visits to keep them out of harm's way."

The measures also may mean adult children must restrict their visits, and their physical affection, during the pandemic, even if their parents might depend on both. "We try to say, 'Pick one person, be careful about washing hands, be careful about hugging, but it gets really hard," Brangman says of advice to older patients….**Read More**

How to strengthen your immune system

Last week, I wrote about the **risks of taking supplements** as a way to strengthen your immune system and protect yourself against COVID-19. There is no silver bullet. That said, there are ways to build up your bodies' defenses against the novel coronavirus and other viruses and bacteria. As you might expect, the best ways are through exercise, good nutrition, sleep and calm.

Our bodies are equipped with cells, cell products, tissues and organs that serve as a defense against infection. These immune systems develop based on both the environments in which we grow up and how we treat our bodies. Diet, exercise, sleep, stress all contribute to the functioning of our immune systems.

Reducing your stress level, sleeping well, eating well, having enough vitamin D in your system, keeping your alcohol consumption down, and exercising all help to keep your body armed against respiratory and other illnesses.

- **Stress:** Studies show that your immune system works best when you are not feeling stress. One **study** found that people who said that they had less stress in their lives were not as likely to catch a cold after being exposed to the cold virus with nose drops as people who felt more stress. A second **study** found that marital conflict weakened people's immune systems. The study mildly wounded the arms of married couples. Couples who then argued with each other tended to have wounds that took longer to heal than couples who exhibited less anger. Techniques for managing stress and strengthening your immune system, include **meditation**, talk therapy, and controlled breathing.

- **Sleep:** Studies show that people who **sleep more than seven hours** a night are better at fighting off infection than people who sleep less than six hours. In one study conducted at **UC San Francisco,** people who slept less were more than four times as likely to get sick after being exposed to a cold virus than people who slept more. In fact, people who slept less than five hours were more likely to get sick than people who slept six hours.
- **Eat a balanced diet.** Eating a **healthy balanced diet** helps keep your body functioning well. As much as possible, get your nutrition from unprocessed foods rich in vitamins, minerals and fibers, not from supplements. Whole fruits are better than fruit juice. In particular, **blueberries, apples and grapes have been associated with lower risk of type 2 diabetes**. And, try to minimize eating foods and drinks with saturated fats, added sugar, high sodium content and that are high in calories. But, still eat modest amounts of foods with unsaturated fats, such as olive oil, nuts, and avocados.
- **Vitamin D:** **Vitamin D** produces **proteins that kill viruses and bacterial infections**. If you eat fatty fish, such as salmon, tuna or mackerel, drink milk with vitamin D, eat cheese and mushrooms, or spend time in the sun, you should have a good vitamin D level.
- **Alcohol:** Studies show that if you drink too much, you can compromise your immune system and are more likely to suffer from pneumonia and other respiratory illnesses. To live longer, a recent study published in **the Lancet** finds that you should not drink more than **five drinks a week**. People who drank more than five alcoholic drinks a week had a higher risk of stroke, coronary disease, heart failure and death than people who drank five or fewer alcoholic drinks.
- **Exercise:** To stay healthy, sit less and exercise. Two and a half hours a week of **physical activity** is important for a longer life and to deter all kinds of chronic conditions. You should spend at least 20 minutes a day increasing your heart rate. That **benefits your heart, your mind, your muscle, your skin and more.** Also, avoid sitting too much. Sitting can increase your likelihood of heart disease, **diabetes**, and **obesity**. It can lead to high blood pressure, high blood sugar, and extra body fat around the waist. And, it can hurt your **cholesterol**.
- **Aerobic exercise may be best medicine for your brain and body**

Heavy Drinking Into Old Age Ups Health Risks: Study

Long-term heavy drinking may lead to significant weight gain and an increased risk of heart disease and stroke in older adults, British researchers warn.

They analyzed data from more than 4,800 U.K. civil servants who were 34 to 56 years old when the study began in the mid -1980s. Three-quarters were men.

Heavy drinking -- defined as three or four drinks, four or more times a week -- over a lifetime was linked to numerous health issues. They included higher blood pressure, poorer liver function, increased stroke risk, and a larger waist circumference and body mass index (BMI) in later life. (BMI is an estimate of body fat based on weight and height.)

And that link remained even if the person stopped drinking heavily before age 50.

But researchers at University College London in the U.K. noted that overall health stands to benefit when people stop drinking heavily at any point in life.

Here are key findings from the study, which was published recently in the journal *Addiction*:

- **Disease risk:** Compared with people who were never heavy drinkers, current heavy drinkers had triple the risk of stroke. Heavy drinkers who stopped at age 50 or older had about twice the risk of premature death from causes not related to heart disease.

- **Belly fat:** Compared with people who were never heavy drinkers, those who stopped doing so by age 50 had a half-inch larger waist circumference on average. Those who cut back later had waists that averaged 0.7 inch larger; current heavy drinkers, an inch larger; and consistent heavy drinkers, 1.5 inches larger, respectively. A larger waist is linked to increased stroke risk.

"This suggests that the longer adults engage in heavy drinking the larger their waistline in older age. That is why it is beneficial, along with other health benefits, that adults reduce heavy drinking earlier rather than later," said study first author Linda Ng Fat, of the Institute of Epidemiology and Health Care.

"Previous studies have focused on single snapshots of consumption, which has the potential to mask the cumulative effects of drinking. This study raises awareness of the effect of alcohol consumption over the life-course," she added in a university news release.

More information

The U.S. National Institute on Alcohol Abuse and Alcoholism outlines the **health effects of alcohol.**