

April 24, 2022 E-Newsletter

Message from the Alliance *for* Retired Americans Leaders

New Laws Make It Easier to Visit Loved Ones in Health Care Facilities



Robert Roach, Jr.
 President, ARA

New Laws Make It Easier to Visit Loved Ones in Health Care Facilities At the onset of the COVID-19 pandemic,

hospitals and other long-term care facilities across the country limited or prohibited visitation to protect patients and staffers from infection.

However, several states, including New York and Texas, have recently **passed** legislation that allows long-term care residents to designate essential caregivers who may visit regardless of an ongoing public health emergency. Supporters of the new legislation argue that the visitation restrictions had actually resulted in higher rates of patient mortality. Indeed, a recent study from JAMA Neurology found that, besides COVID-19 infection, the negative effects of social isolation and loneliness may have contributed to elevated mortality rates.

Residents of long-term care facilities are still one of the groups most at-risk for severe COVID-19 infection and death, so the new visitation laws also include provisions that protect patients and staff, such as mask requirements, health screenings and a revocation of the right to visit for those who break the rules.

"Visits from loved ones help a patient heal and help prevent other health problems," said Robert Roach, Jr., President of

the Alliance. "But as always, it's best to consult your doctor when deciding whether it's a safe time to visit a hospital or long term care facility."

Arizona Alliane Testifies at Sen. Kelly Hearing on Lowering Prescription Drug Prices



Rich Fiesta,
 Executive Director, ARA

Arizona Senator Mark Kelly chaired a U.S. Senate Special Committee on Aging hearing in Phoenix on Tuesday entitled, "No Time to Wait: Proposals to Lower

Prescription Drug Costs." Arizona experts, advocates, and patients impacted by rising drug prices, including Dora Vasquez, Executive Director of the Arizona Alliance, offered testimony regarding their experiences.

The hearing examined potential solutions to the ongoing challenge, such as the Kelly-backed bill to cap the monthly price of insulin at \$35 that recently passed the House of Representatives, as well as Kelly's plan to lower prescription drug costs by allowing Medicare to negotiate prices of certain high-cost drugs and ensure that drug companies can't raise the prices at a pace faster than inflation. Video of the hearing is available on the Aging Committee's [website](#).

"Thirty-four percent of seniors here in Arizona are concerned that their household won't be able to afford their needed prescription drugs in the next year," said Kelly. "And those concerns, they're not unfounded.

Last year, more than one in 10 Americans aged 65 and older skipped a pill because of the cost."

"Americans continue to pay the highest prices in the world for prescription drugs, and prices on hundreds of drugs have already increased by 5% in 2022," added Richard Fiesta, Executive Director of the national Alliance. "'No Time to Wait' was certainly an appropriate title for this hearing."

The Alliance Celebrates Medicaid Awareness Month



Joseph Peters, Jr.
 Secretary
 Treasurer ARA

The Alliance Celebrates Medicaid Awareness Month The Medicaid program is a crucial lifeline for 79 million Americans with limited income

and resources, and many older Americans rely on the program for coverage of nursing home and personal care services. That's why the Alliance is joining in celebrating April as **Medicaid Awareness Month**.

The monthlong focus is on what the future is likely to bring for American health care. Each week, the Alliance is joining with Affordable Care Act (ACA) advocacy group **Protect Our Care** to highlight key Medicaid issues. This week's theme is Close the Coverage Gap. Currently, millions of Americans are still without health coverage in the **12 states** where Republican legislators have refused to expand Medicaid.

"Medicaid is an important pillar of the American health care

system, and it's time to expand coverage in the states that have so far not accepted federal funding to do so," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance.

In addition, President Biden has taken steps to close the Medicaid coverage gap this month by **proposing a rule** to eliminate the ACA's "family glitch."

The glitch stems from the fact that under the ACA, an individual enrolling in a Marketplace plan is not eligible for a premium tax credit if they are eligible for job-based coverage that is considered "affordable" and provides minimum value (covers at least 60% of health expenses on average).

Currently, the affordability threshold of household income is based on the cost of an employee's self-only coverage, not the premium required to cover any dependents. An employee whose contribution for self-only coverage is less than 9.83% of household income is deemed to have an "affordable" offer, which means that the employee and his or her family members are ineligible for financial assistance on the Marketplace, even if the cost of adding dependents to the employer-sponsored plan would far exceed 9.83% of the family's income.

The family glitch problem is linked to the affordable employer coverage definition, which has left about 5 million people without health insurance.



ADD YOUR NAME

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



**Rhode Island
Alliance
for Retired
Americans** ©



**NATIONAL WEP/GPO REPEAL TASK FORCE
DAY OF ACTION & RALLY IN WASHINGTON, DC
May 18, 2022. 8 AM - 5 PM.
Rally from 11:30 AM - 1 PM**

The Rhode Island Alliance *for* Retired Americans will meet with:

Senator Jack Reed at 2 p.m.

Senator Sheldon Whitehouse at 1:30 pm

Congressman James Langevin at 4 p.m.

Congressman David Cicilline at 10:30 a.m.

For more information and to register by May 18th, go to

www.ri-ara.org

or sign up at

[Sign up for the WEP/GPO Day of Action](#)

[Washington D.C.](#)

Senator Makes News at Local Town Hall Meeting

The importance of meeting with your Senators or Representatives when they are home was demonstrated last week at a local meeting with Senator Chuck Grassley (R-Iowa).

The Senator was asked by one of his constituents if the Republicans would try to repeal the Affordable Care Act if they became the majority in Congress.

Grassley responded by saying, "Yes, I'm saying that I would not — we're not going to repeal the Affordable Care Act." He then appeared to leave himself some wiggle room, clarifying that there are 49 other Senate Republicans and that he was speaking only for himself.

Grassley, who is 88 and is the longest-serving Republican Senator in Congress, is the top Republican on the powerful Judiciary Committee. He was among the most vocal opponents of the law when Congress was

debating it more than a decade ago.

However, according to a report in the Washington Post, "... some Republicans have suggested that their party should continue to try to repeal the law if it wins back control of the House and the Senate this year. Sen. Ron Johnson (R-Wis.) said during a radio interview last month that he wants to see the GOP repeal the Affordable Care Act.

Senate Minority Leader Mitch McConnell (R-Ky.) has repeatedly declined to detail what platform Senate Republicans would follow if they retake the chamber, saying only that the specifics will be discussed after the midterms."

While most seniors do not rely on the Affordable Care Act for their healthcare because of Medicare or Medicaid, this is a good example of how important meeting with your elected officials is and how it sometimes can even make the news.



* * * *

Aid for Health Care Coming to Rural America

The Biden Administration is starting to identify the programs that will be receiving aid because of the President's American Rescue Plan that was passed by Congress last year. There is good news for rural America on a number of fronts, including improvement in health care.

The Agriculture Department has announced that it has awarded \$43 million in grants to 93 rural health care providers and community groups in 22 states.

This is important because the Covid-19 pandemic exposed long-standing problems with health care infrastructure in remote parts of the country and pushed many rural health providers to the brink.

* * * *

Talks on Important Drugs Have Begun

Discussions have started over the possibility of importing drugs from Canada as a way of

lowering drug costs. The Food and Drug Administration (FDA) has begun talking with five states about how such a program could be implemented.

The five states involved in the discussions are Florida, Colorado, Vermont, Maine, and New Mexico. Each of those has submitted reimportation plans or are thinking about doing so.

However, the Pharmaceutical Research and Manufacturers of America (Pharma), the lobbying arm of the big drug companies, sued to block a 2020 federal rule that would facilitate importation, citing patient safety and other concerns.

In addition, Canada has said it has no plans to participate and has told drugmakers not to take steps that could lead to drug shortages there.

The possibility of it happening looks distant right now which is why TSCL is continuing to push Congress to pass legislation that will lower drug costs.

Our nursing home crisis is only worsening; who cares?

Jay Caspian King writes for the [New York Times](#) about our worsening nursing home crisis. For decades now, big corporations and private equity firms have been buying up nursing homes, collecting money from Medicare and Medicaid to provide care, and failing their

residents. Will Congress act to protect vulnerable older Americans and people with disabilities?

Early on in the pandemic, the media did a good job of highlighting the nursing home crisis. Thousands of nursing home residents died needlessly.



The facilities were understaffed and doing a poor job of caring for their residents. But, the attention did nothing to address the problem.

Instead of fixing the nursing home crisis, many politicians tried to bury it. The National

Academy of Sciences issued a [report](#) recommending major industry reforms, such as smaller nursing homes, better pay and training for workers. Right now, some nursing homes have 100 percent turnover, staff are so underpaid... [Read More](#)

Whistleblowers expose fraudulent Medicare Advantage billing practices

[Bloomberg News](#) reports on allegations that several major health insurance companies are defrauding the federal government, inappropriately billing Medicare. A host of whistleblowers have compelling stories to tell. And, the Justice Department is investigating Anthem, UnitedHealth and Cigna, among other insurers offering Medicare Advantage plans.

One whistleblower tried to help her boss at the insurance company understand that the billing wasn't correct. Patients were being given diagnoses that were fraudulent, in her view. Instead, the company decided she suffered from a mental illness. The company was "upcoding,"

adding additional diagnoses to their enrollees' records. But, by alleging the upcoding, he whistleblower was told she wasn't a "team player." She was objecting to activities that were delivering more revenues to the company. She ended up leaving the company. Reports indicate that most, if not all, insurers are playing by a set of rules that make their members look sicker in order to generate more income from Medicare.

With nearly half of the Medicare population in Medicare Advantage plans now, some experts say that Medicare will overpay these insurers hundreds of billions of dollars over the next decade. These overpayments



are driving up premiums for people in traditional Medicare, eating into the Medicare Trust Fund and threatening Medicare's solvency. So far, neither Congress nor the administration has been willing to stop them.

Medicare Advantage is politically complicated. The Republicans in Congress, who generally do not support government-run Medicare, praise Medicare Advantage as "innovative," ignoring the data that shows 1. Whatever its innovations, [Medicare Advantage costs more than traditional Medicare](#); 2. Medicare Advantage is not meeting the needs of many people with [complex and costly](#)

[conditions](#); they are switching to traditional Medicare at high rates; and, 3. [widespread and persistent violations](#) of their contractual obligations.

Many Democrats, for their part, appear to be worried about speaking out in any way to stop the overpayments. Scores of the most progressive house Democrats—supporters of Medicare for All—were not willing to join a letter to Secretary Becerra led by Congresswomen Katie Porter, Jan Schakowsky and Rosa DeLauro as well as Senator Warren asking that Medicare Advantage payments be on a par with traditional Medicare.

Private Equity Ownership of Nursing Homes Triggers Capitol Hill Questions — And a GAOProbe

In his [State of the Union](#) address last month, President Joe Biden focused attention on how private equity ownership of nursing homes can affect residents' health.

"As Wall Street firms take over more nursing homes, quality in those homes has gone down and costs have gone up. That ends on my watch," Biden said.

Those comments dovetail with growing interest from Congress. The [Government Accountability Office](#), for instance, is investigating the ownership of nursing homes, including by private equity firms, and expects to issue a report in the fall, said [Chuck Young](#), the GAO's managing director of public affairs. "The

full scope of what we will cover has not been set yet, however the work will likely be focused on the information [the Centers for Medicare & Medicaid Services] has about nursing home ownership and how the agency uses that information," Young wrote in an email. The investigation comes in response to a pre-pandemic request from House Ways and Means Committee Chairman [Richard Neal](#) (D-Mass.). Yet the pandemic has also underscored the importance of oversight of nursing homes, in light of the [lives lost](#) to covid-19.

[Rep. Bill Pascrell](#) (D-N.J.) submitted [a second request](#) to the GAO in 2021 regarding



private equity investments in health care. It's in GAO's queue, but work on it hasn't started, Young said.

The exponential growth in these private equity investments in recent years "has been associated with a host of trends that are negatively impacting the American people" — including an increase in nursing home mortality rates, wrote Pascrell, who chairs the Ways and Means Oversight Subcommittee. He noted the need to "better understand" the consequences of private equity's involvement in health care and "the far-reaching impact" of "bankruptcies or closures following PE buyouts."

Pascrell said in a statement to KHN that the data the GAO

could compile would be valuable in assessing the reach and impact of such investments: "It is my hope GAO will shed more light and provide more information on Wall Street's dangerous growing control over nursing homes and long-term care facilities."

That Neal and Pascrell had to ask the GAO for information underscores the dearth of data on nursing home ownership. A June 2021 [report by the Medicare Payment Advisory Commission](#) found that information about the effect of private equity ownership on nursing home finances and quality of care was dated and the results of studies were mixed... [Read More](#)

Here's What Hackers Can Do with Just Your Cell Phone Number

What can someone do with your phone number? I recently met a woman who was scammed when she was newly widowed. Immediately after the death of her husband, many people were in and out of her home, ostensibly to offer help. One of those people helped himself to the new widow's personal information, including her cell phone number. Among other things, the scammer used her number to gain access to her social security benefits, which

he transferred to a different beneficiary.

"In today's world, it is extremely easy for hackers to wreak havoc on your life using your cell phone number," says Hari Ravichandran, CEO of consumer cybersecurity company Aura. To protect your sensitive information, you should always think twice before sharing your phone number—especially in a public setting. Here are some ways criminals



can target you, and what to do if a scammer has your phone number.

Other ways to keep your personal information safer include knowing [how to tell if your computer has been hacked](#), practicing [online security](#), learning about [doxxing](#), using good passwords, and making sure two-factor authentication is always enabled. You should also read up on how to tell when there's [someone tracking your](#)

[cell phone](#) and the [signs that someone has stolen your identity](#)

Mine your private data. The easiest way for scammers to use your phone number maliciously is by simply typing it into a people search site, like WhoEasy, Whitepages, or Fast People Search. These sites can reveal personal information about you in less than a few seconds, according to tech expert Burton Kelso... [Read More](#)

How the Test-to-Treat Pillar of the US Covid Strategy Is Failing Patients

The federal "test-to-treat" program, [announced in March](#), is meant to reduce covid hospitalizations and deaths by quickly getting antiviral pills to people who test positive. But even as cases rise again, many Americans don't have access to the program. Pfizer's [Paxlovid](#) and Merck's [Lagevrio](#) are both designed to be started within five days of someone's first symptoms. They're for people who are at high risk of developing severe illness but are not currently hospitalized because of covid-19. Millions of [chronically ill](#), disabled, and

older Americans are eligible for the treatments, and Dr. Anthony Fauci of the National Institutes of Health [said April 11](#) that more people may qualify soon.

The program allows people with covid symptoms to get tested, be prescribed antiviral pills, and fill the prescription all in one visit. The [federal government](#) and many state and local health departments direct residents to an online [national map](#) where people can find test-to-treat sites and other pharmacies where they can fill prescriptions.

But large swaths of the country had no test-to-treat



pharmacies or health centers listed as of April 14. And the website of the largest participant, CVS, has significant technical issues that make booking an appointment difficult.

Even people who regularly see a doctor may be unable to get a prescription in time, and that's where the program comes in. Before the pandemic, 28% of Americans [didn't have](#) a regular source of medical care, with rates even higher for Black and Hispanic Americans.

"All of our public health response relies on lowering the barrier to getting treatments to

the right people," said Dr. Kirsten Bibbins-Domingo, chair of the Department of Epidemiology and Biostatistics at the University of California-San Francisco.

She said the fragmented federal, state, and local public health systems, the U.S. Department of Health and Human Services' reliance on partners that charge high prices for appointments, and the lack of clear information are stymieing the effort. "The best tools that we have are not going to reach the people who most need them," she said... [Read More](#)

One in four Medicare Advantage plans engage in misleading marketing

Allison Bell reports for **Think Advisor** on the federal government's decision to hold off issuing a rule imposing an extra penalty on Medicare Advantage plans for **misleading marketing**. It appears that too many Medicare Advantage plans would be affected. What's clear is that so long as corporations can cover Medicare benefits, older adults and people with disabilities will be scammed.

Specifically, the government is not issuing a new penalty on Medicare Advantage plans for misleading marketing that results in people being retroactively disenrolled from Medicare Advantage plans. Its reasoning is that another penalty on Medicare

Advantage plans presents too big a change in star-ratings and payments to these plans. It's a bit like a city determining that it won't close down restaurants that pose health risks in order to make sure the city has enough restaurants.

CMS claims it needs to use a formal rulemaking process to impose this new penalty. **Too many MA plans would be affected.** "Overall, we found a decrease in the star assignments for almost one-quarter of MA-PD contracts using the changed complaint measure specifications that include marketing misrepresentation complaints." Put differently, had CMS



imposed the extra penalty, 25 percent of Medicare Advantage plans would have seen **lower star ratings** and lower payments.

As it is, Medicare **star-ratings of Medicare Advantage plans** are a farce. No one should rely on them in choosing a plan. A five-star Medicare Advantage plan is about as different from a five-star hotel as night and day. In a five-star Medicare Advantage plan, you can't count on getting coverage from the doctors and hospitals you want to use, nor can you know whether the copays are affordable.

Needless to say, insurers are

pleased with the CMS decision. They get away with misleading people into signing up with them, claiming they are competing to provide important services and being **overpaid**. Meanwhile, they do not allow MedPAC to assess the quality of care they offer, engage in **widespread inappropriate delays and denials of care**, and do not let anyone meaningfully distinguish among them. Had the penalty been implemented, one in four Medicare Advantage plans would have seen their star-rating score fall by 24 percent.

Will CMS use a formal rulemaking process to impose the extra penalty. Who knows?

Medicare is new cash cow for insurers

In a move generally ignored by most media outlets, **the Biden administration this week made the shareholders of a small number of for-profit health insurers much richer.**

As I've noted many times in recent years, insurers' new cash cow is the federal government's Medicare program, which has become increasingly privatized since former president George W. Bush signed the Medicare Modernization Act into law in 2003. That law is best known for establishing the Medicare Part D prescription drug benefit, which, as I wrote in Nation on the Take, **was largely written by lobbyists for pharmaceutical and health insurance companies to ensure an ongoing stream of billions of dollars in profits.**

Of even greater significance to the insurance industry, though,

was a provision of that law that took a languishing private alternative to Medicare—known until 2003 as Medicare+Choice—and began throwing enormous sums of money at private insurers to entice them into participating in what became known as Medicare Advantage plans.

In various ways, the federal government since 2003 has **overpaid private insurers hundreds of billions of dollars** as an incentive to continue offering those plans. And every year, the federal Center for Medicare and Medicaid Services (CMS) has given those insurers raises, to the point that Medicare Advantage plans—which were touted by many politicians as a way to save taxpayers money—actually cost the government considerably more per enrollee



than Traditional Medicare. This week, CMS announced that private insurers would get one of the biggest raises in the history of the Medicare Advantage program—8.5%. That was even more than the 7.9% increase CMS had previously signaled it would approve and that had triggered outrage among many health care reform advocates and some members of Congress.

As I suspected, the news of that generous pay hike sent the stock price of the biggest Medicare Advantage players soaring yesterday.

Investors were so pleased that yesterday morning they rushed to buy shares of Anthem, Centene, Cigna, Humana, and UnitedHealth Group, all of which are traded on the New York Stock Exchange and all of which are big players in the

Medicare Advantage marketplace.

The biggest winner was the biggest Medicare Advantage player of all — and the biggest for-profit insurer — UnitedHealth. **United's stock price hit an all time high of \$526.97 yesterday** before settling down to close at \$517.76 a share. That's around \$500 a share more than what a share of the company's stock was worth when Congress passed the Medicare Modernization Act in June 2003.

This helps explain why you see so many Joe Namath commercials on TV every fall during the Medicare Advantage open-enrollment period. Insurers spend billions of taxpayer dollars on misleading ads designed to lure as many seniors as possible into their plans...**Read More**

COVID-19, overdoses pushed US to highest death total ever

2021 was the deadliest year in U.S. history, and new data and research are offering more insights into how it got that bad.

The main reason for the increase in deaths? COVID-19, said Robert Anderson, who oversees the Centers for Disease Control and Prevention's work on death statistics.

The agency this month quietly

updated its provisional death tally. It showed there were 3.465 million deaths last year, or about 80,000 more than 2020's record-setting total.

Early last year, some experts were optimistic that 2021 would not be as bad as the first year of the pandemic — partly because effective COVID-19 vaccines



had finally become available.

"We were wrong, unfortunately," said Noreen Goldman, a

Princeton University researcher. COVID-19 deaths rose in 2021 — to more than 415,000, up from 351,000 the year before — as new coronavirus variants emerged and an unexpectedly

large numbers of Americans refused to get vaccinated or were hesitant to wear masks, experts said.

The coronavirus is not solely to blame. Preliminary CDC data also shows the crude death rate for cancer rose slightly, and rates continued to increase for diabetes, chronic liver disease and stroke...**Read More**

President's Budget Highlights Need for Medicare Coverage of Behavioral Health and Vaccines

Last week, the Biden-Harris Administration submitted its **annual budget request to Congress**. While presidential budget requests are not binding on Congress and do not directly lead to any program or funding changes, they are important policy documents that articulate an administration's goals and values. This year's budget includes significant highlights for older adults and people with disabilities with calls to improve Medicare, Medicaid, and Social Security.

The budget recommends consolidating Medicare vaccine coverage under Part B and making more preventive vaccines available at no cost to Medicare beneficiaries. Currently, only a few vaccines—flu, pneumonia, hepatitis B, and COVID-19—are covered under Part B. **The rest fall under Part D**, leaving some people with Medicare without coverage for, or facing significant out-of-pocket costs for, important

vaccines like those for shingles, diphtheria, tetanus, and whooping cough or pertussis.

Crossing Medicare and Medicaid, the budget's provisions would increase health and safety inspections at nursing homes, a long-needed improvement to protect residents, many of whom are at greater risk of severe illness through infections like COVID-19.

With the Medicare provisions of the budget that touch on mental health and substance use disorder (SUD), the Administration joins a **rising chorus of voices expressing the need** for better access to behavioral health care in the Medicare program. For example, under current law there is a lifetime limit on access to psychiatric hospitals, which can put care out of reach for individuals with the most need. The budget request would eliminate this barrier and increase



the availability of inpatient psychiatric hospital services. In addition, if enacted into law, the budget

provisions would require Medicare to cover three behavioral health visits per year with no cost-sharing. This would remove one of the potential obstacles to beginning treatment for people with behavioral health needs. It would also extend Medicare payment to more providers, eliminate limitations on the scope of services for other providers, and fund grants to enhance provider capacity in the Medicaid program. Combined, these provisions would greatly enhance people's ability to find a provider for their treatment, especially in rural and underserved areas with fewer mental health professionals.

The budget's behavioral health provisions would also make Medicare subject to the **2008 Mental Health Parity and**

Addiction Equity Act, which requires mental health and substance use disorder benefits on par with medical and surgical benefits, without facing greater limitations on reimbursement or access to care relative to medical and surgical benefits. This is a long-overdue, much-needed change.

On the Social Security front, the budget's provisions would also increase funding to improve services at the Social Security Administration's (SSA) field offices, state disability determination services, and teleservice centers. Social Security is set to reopen field offices **today after more than 2 years**. During that time, many people may have been **discouraged from filing for disability benefits** or may have **faced issues** when applying for Medicare or conducting other business with SSA.

Social Security Has a 'Treasure Trove' of Benefits If You Heed These Expert Tips

Oftentimes, taxpayers apply for Social Security, see the benefit they are owed and don't think about it much else. One expert, though, argues that Social Security is an untapped well of potential that can net you big if you play the system right.

Economics Professor at Boston University and Social Security expert Laurence Kotlikoff writes

in this new book: "There are many ways to turn your lifetime Social Security benefits into a treasure trove," CNBC reports.

The author of "Money Magic: An Economist's Secrets to More Money, Less Risk and a Better Life" says that Social Security is potentially the "biggest source of



retirement funds" that you are overlooking. One of the biggest arguments he makes is that there are available benefits, in addition to their regular monthly social security benefit check, that many are unaware of.

Kotlikoff highlights that there are 13 different kinds of benefits

you can receive, which include disability benefits, spousal benefits, divorced spousal benefits, child-in-care spousal benefits, widow/widower benefits, child benefits, disabled child benefits, mother/father benefits, divorced widow/widower benefits, parent benefits, grandchild benefits and death benefits....**Read More**

Further Evaluation of Potential Caps in Part D Shows Promise for Beneficiary Impact

A **recently released report** from the Urban Institute shows that a firm limit on out-of-pocket (OOP) Part D costs, like the \$2,000 cap included in the Build Back Better budget reconciliation bill, would have created significant savings for Medicare beneficiaries had it been in place in 2019. Using claims data, the report's authors found that about 866,000 beneficiaries would have benefitted from such a cap, saving an average of \$900 each for the year. They excluded beneficiaries who would have been eligible for prescription drug subsidies through the **Part D Low Income Subsidy (LIS)**, also known as Extra Help, which

limits OOP drug costs for people with very limited incomes and savings.

The report puts the potential savings into important context in two ways. First, a cap would significantly reduce costs faced by Medicare beneficiaries with high needs. The report found that the average total OOP expenditures for people who would have benefitted from a \$2,000 cap was over \$7,000 for Medicare-covered services. For many middle- and lower-income individuals who do not qualify for subsidies, however, the estimated \$900 savings would likely be welcome, but would still leave them with unaffordable expenses. This report re-emphasizes that the



problem of high health care and drug costs will not be solved with one reform.

Second, the report evaluates the increase in costs to the Medicare program that would have resulted if the Build Back Better cap was in place in 2019 and determined that it would have raised Medicare Part D expenditures by a minimal amount—less than 1% of total Part D spending in that year. They conclude that "[s]ince it is likely that enrollees who incur high out-of-pocket drug spending in a given year will likely incur similar or greater expenses in subsequent years, a Part D spending cap would help protect individuals and their

families from high drug payments year after year, without substantially raising the program's costs."

At Medicare Rights, we strongly support adding an OOP cap to the Part D program, as well as capping out-of-pocket expenses for those enrolled in traditional Medicare. To address the underlying problem of high and rising costs, we also **continue to support** other reforms aimed at lowering both the list price and what people pay for drugs, such as Medicare negotiation, inflationary caps on price hikes, and limits on the cost of insulin.

Americans Over 50 Want to 'Age in Place' at Home, But Many Aren't Prepared: Poll

The vast majority of aging Americans want to stay in their homes and live independently for as long as possible, but many haven't considered what needs to be done to achieve "aging in place," a new [poll](#) reveals.

Nearly 9 in 10 Americans (88%) between 50 and 80 years of age said it's important to remain in their homes as they grow older, the latest University of Michigan National Poll on Healthy Aging found.

But nearly half (47%) admitted they'd given little or no thought to the steps they'd need to take so they could remain safely and comfortably at home in their old age.

"So many older adults want to be able to stay at home for as long as possible, but it just doesn't seem as though most are

really thoughtful about what that means and the sorts of ways in which they have to prepare," said Sheria Robinson-Lane, an assistant professor with the University of Michigan School of Nursing, and co-author of a report on the poll findings.

The AARP-sponsored poll found that only 1 in 3 middle-aged and older folks (34%) said their home has the necessary features that would allow them to **age in place**. Another 47% said it probably does, and 19% said it does not.

Common accessibility features people reported in their homes were a ground-floor bathroom (88%) and bedroom (78%).

But after that, few people appeared to have homes outfitted for easy and safe aging.



Only about half (54%) had door frames wide enough for a wheelchair; 32% had lever-style door handles, and 19% had home entrances with ramps or no stairs.

About 36% of bathrooms had shower chairs or benches or raised-height toilet seats; 32% had grab bars, and just 7% had barrier-free showers.

What if you fall and you're alone?

These are the sort of basic precautions needed to **prevent falls**, said Ramsey Alwin, president and CEO of the National Council on Aging.

"Falls are a big area of concern for us," Alwin said. "Last year alone, there were more than 3 million injuries related to falls, and that resulted in over 800,000 hospitalizations."

Many older Americans also might not have the sort of social supports and assistance that they'll need to remain in their homes.

More than 1 in 4 (28%) said they live alone. Of those, 48% said they don't have someone in their lives who could help them if needed with personal care such as bathing or dressing.

On the positive side, a majority of aging Americans said they do have someone who could help with grocery shopping (84%); household chores (80%); managing their finances (79%), and personal care (67%).

But just 19% said they're very confident they could afford to pay for someone for that help. Nearly two-thirds said they probably couldn't afford it....[Read More](#)

Can we close the retirement security gaps in America?

The [American Society on Aging's](#) (ASA) massive annual conference typically focuses on themes like the health or vitality of older adults. But this year's On Aging meeting in New Orleans (the group's first in-person confab in three years) had a far different, gripping focus: Advancing Economic Security.

"Economic security in America, especially for older Americans, is an illusion," said keynote speaker

Raymond Jetson, president and CEO of MetroMorphosis, a Baton Rouge, La. nonprofit working to transform urban communities from within.

Who's suffering most from economic insecurity

Although one in three older adults are economically insecure, the problem is worse for people of color and women, [ASA Chief Executive Peter Kaldes](#) told the



1,500 attendees. Said Jetson: "By the time they reach retirement age, 83% of African-American senior households and 90% of Latino households are expected to have insufficient funds to live out their remaining years."

And Social Security is virtually the only source of income for 27% of women age 65 or older who receive its retirement

benefits (36% of women 80 or older), according to the National Women's Law Center.

"So, what do we do," asked Jetson, an AARP Purpose Prize winner and a Next Avenue Influencer in Aging, "when we find ourselves in this storm of dysfunction and harm and challenge to the well-being of people?"...[Read More](#)

Washington State Retools First-in-the-Nation Long-Term Care Benefit

Patricia Keys, 71 and a stroke survivor, needs help with many everyday activities, such as dressing and bathing. Her daughter Christina, who lives near her mom in Vancouver, Washington, cares for her in the evenings and pays about \$3,000 a month for help from other caregivers.

Christina Keys, 53, was thrilled three years ago when Washington state passed [a first-in-the-nation law](#) that created a long-term care benefit for residents who paid into a state fund. She hoped it would be a resource for others facing similar challenges.

The benefit, which has a lifetime limit of \$36,500, would have made a big difference during the first year after her mom's stroke, Keys said. Her mom needed a ramp built and other

modifications made to her house, as well as a wheelchair and hospital bed. The extra money might also have made it easier for Keys to hire caregivers. Instead, she gave up her technology sales job to look after her mom.

"People are under this cloud of delusion that between your insurance and your retirement [income] you're going to be fine," she said. "They don't understand all the things that insurance doesn't cover."

But relief for Washington families will have to wait. The [WA Cares Fund](#), which was set to begin collecting money for the program with a mandatory payroll tax on workers in January, has been delayed while lawmakers made adjustments during the current legislative



session. Payroll deductions will start in July 2023, and benefits will become available in July 2026.

Other states are watching Washington closely as they weigh offering coverage for their own residents. In California, a task force is examining how to design and implement a long-term care program, according to the National Conference of State Legislatures. Illinois and Michigan are also studying the issue, according to the NCSL.

Supporters of the Washington program say it just needed fine-tuning and note that social programs like Medicare and the Affordable Care Act also underwent tweaking. The program's long-term solvency, however, is in doubt and the cost

to workers who buy into the program is in question.

What's not in doubt is that it is critically important to address long-term care needs. About [70% of people who turn 65](#) will require some type of long-term care services. Many will need help such as an at-home assistant, while others could face a stay in a nursing home, which on average costs more than \$90,000 a year. But many don't have good options to cover the expense. Medicare's coverage is very limited, while Medicaid generally requires people to impoverish themselves before it picks up the tab. Private long-term care insurance policies are unaffordable for most people....[Read More](#)

Opdivo May Bring Survival Boost for Lung Cancer Patients

Lifelong smoker Mike James had quit the habit for nearly three years when, through fluky circumstances, he found out that he had a small tumor in his right lung.

"I thought it was a death sentence," said James, 55, a public school educator in Boston. "I didn't tell anybody for two weeks. I didn't tell my wife. I didn't tell my family. I believe I lost 18 pounds in those two weeks, just from anxiety."

But James now has a new lease on life, thanks to a groundbreaking clinical trial that combined **immunotherapy** with chemotherapy to shrink lung cancers before removing them surgically.

The combination therapy reduced the risk of recurrence, progression or death by 37% compared to patients who received chemo alone, according to findings published April 11 in the *New England Journal of Medicine*.

Further, the combo completely killed all cancer cells in 24% of the patients who received it versus 2% of the chemo-only patients, said clinical trial researcher Dr. Mark Awad, a medical oncologist at Dana-Farber Cancer Institute in Boston.

"They all had surgery and the specimen that was removed, when it was examined under the microscope, we just saw scar tissue or fibrosis with no viable



cancer cells," Awad said. Awad presented results of the clinical trial Monday at a meeting of the American Association for Cancer Research, in New Orleans.

The immunotherapy used in this study was nivolumab (Opdivo), a **PD-1** checkpoint inhibitor already approved to treat more advanced forms of lung cancer.

Based on findings of this clinical trial, the **U.S. Food and Drug Administration** has approved nivolumab for this specific use in patients with operable lung cancer tumors, drugmaker Bristol Meyers Squibb said in a news release. The pharmaceutical company

funded this research.

In the study, researchers tested whether adding nivolumab to standard chemotherapy could more effectively shrink tumors prior to surgery, and also reduce the risk of cancer returning.

About 20% to 25% of patients diagnosed with non-small-cell lung cancer have a tumor that can be surgically removed, the researchers said in background notes.

But as many as 55% of lung cancer patients who have their tumors removed suffer from a recurrence of their cancer and eventually die from it....**[Read More](#)**

1 in 4 Adults Has Liver Disorder That Ups Heart Risks

(HealthDay News) -- Alcohol abuse is a known cause of liver disease. But one in four adults worldwide has a liver condition not connected to drinking that ups the risk of heart disease, according to an American Heart Association scientific statement.

Nonalcoholic fatty liver disease (NAFLD) occurs when abnormally high amounts of fat are deposited in the liver, sometimes resulting in inflammation and scarring. The condition often goes undiagnosed.

This "is a common condition that is often hidden or missed in routine medical care. It is

important to know about the condition and treat it early because it is a risk factor for chronic liver damage and cardiovascular disease," said Dr. P. Barton Duell, chair of the statement writing committee and a professor of medicine at Oregon Health & Science University, in Portland.

Heart disease is the leading cause of death in people with NAFLD and the two diseases share a number of risk factors: **metabolic syndrome** (elevated blood sugar and blood triglycerides, increased abdominal fat and high blood



pressure); type 2 diabetes; prediabetes; and obesity.

Also, people with NAFLD are at higher risk of heart disease than people who have the same heart disease risk factors without the liver condition, according to the statement. It was published April 14 in the journal *Arteriosclerosis, Thrombosis, and Vascular Biology*.

NAFLD is often preventable by maintaining a healthy weight, exercising regularly, **eating a heart-healthy diet** and managing conditions such as type 2 diabetes and elevated

triglycerides (a type of fat) in the blood.

"Although healthy living can help avert NAFLD in many individuals, some may develop NAFLD despite their best efforts," Duell said in a heart association news release. "At the other end of the spectrum, some individuals may have a genetic makeup that protects them from developing NAFLD despite having obesity, type 2 diabetes, metabolic syndrome, unhealthy dietary habits or being sedentary."...**[Read More](#)**

CDC weighs new opioid prescribing guidelines amid controversy over old ones

Doctors will soon have new guidelines from the Centers for Disease Control and Prevention on how and when to prescribe opioids for pain.

Those guidelines – currently **under review** as a draft – will serve as an update to the agency's previous advice on opioids, issued in 2016. That advice is widely blamed for leading to harmful consequences for patients with chronic pain.

Federal officials **have acknowledged** their original guidance was often misapplied; it was supposed to serve as a

roadmap for clinicians navigating tricky decisions around opioids and pain — not as a rigid set of rules.

But the 2016 version was used as the basis for sweeping policy decisions, as lawmakers and health leaders struggled to contain the nation's overdose crisis. Many states **adopted laws** and regulations that set limits on prescribing, and health insurers also crafted policies to that effect.

And doctors grew wary of giving opioids at all, which often led



to **sudden disruptions** of treatment, resulting in physical and mental agony, and even a heightened **risk of**

suicide.

The restrictive climate around prescribing has persisted, says **Cindy Steinberg**, director of national policy and advocacy for the U.S. Pain Foundation.

"I hear from patients every week and doctors just don't even want to see pain patients," she says. "It's a really tough situation out there."

This is why the agency's

revised guidance is now under scrutiny. The public comment period ends on Monday, and then the agency will weigh its final recommendations.

Some experts see the proposed changes as a promising step toward addressing the harms suffered by pain patients in the wake of the previous guidelines. And yet many others, including patients with chronic pain, argue that the guidance is still flawed — with the potential of being misinterpreted and misapplied....**[Read More](#)**

A Penicillin Allergy Is Bad News If You Get a Dental Implant

While the vast majority of dental implant procedures go smoothly, related infections can up the risk for implant failure.

Antibiotics can keep that risk at bay, with penicillin the typical go-to choice. But new research warns that when patients are given an alternative antibiotic due to concerns over **penicillin allergy**, the risk for dental failure appears to double.

Tracking more than 800 patients, investigators found that while dental implants fail in 8.4% of patients prescribed penicillin, that figure shoots up to more than 17% among those given a different antibiotic.

"**Dental implants** fail at a very low rate," said study lead author Dr. Zahra Bagheri, a clinical assistant professor at New York University College of Dentistry. "But implant failure can occur when the body interprets the implant as a foreign body and tries to get rid of it."

To prevent this from happening, amoxicillin -- a form of penicillin -- is prescribed because "it is effective on most bacteria causing infection in the mouth," she explained.

However, patients who are allergic to penicillin could experience a "physical reaction



of the body that can potentially be life-threatening," Bagheri noted.

In the United States, about 1 in 10 patients reports having such an allergy to their dentist, the study authors said.

Yet they also point to prior research suggesting that only about 1% of Americans actually have a true penicillin allergy.

Why the discrepancy? On one hand, almost half of patients who are diagnosed with a childhood allergy to penicillin "grow out of it as they get older," said Bagheri.

And on the other hand,

relatively minor -- and even common -- reactions to penicillin are often misinterpreted as a sign of an allergy.

Bagheri offered the example of "a patient who feels nauseous after taking penicillin [and] may express to their doctor that they're allergic, without having taken a test and knowing for certain if the reaction was due to an allergy or not."

Many dentists take the patient's word and look for alternative medications, Bagheri said. ... **Read More**

Novel Injection Repairs Severe Spinal Cord Injuries in Mice

A brighter future could be in store for people with a spinal cord injury if new animal research pans out in humans.

Mice that were paralyzed due to severe spinal cord damage regained the ability to walk within four weeks of receiving an experimental injectable therapy, say researchers led by Samuel Stupp of Northwestern University in Chicago.

The research team plans to seek U.S. Food and Drug Administration approval for the treatment to be used in people.

"Our research aims to find a therapy that can prevent individuals from becoming paralyzed after major trauma or disease," said Stupp, a professor of materials science and engineering, chemistry, medicine and biomedical engineering.

"For decades, this has remained a major challenge for scientists because our body's **central nervous system**, which includes the brain and spinal cord, does not have any

significant capacity to repair itself after injury or after the onset of a degenerative disease,"

Stupp said in a university news release.

The therapy harnesses what the researchers call "dancing molecules" to repair spinal tissue and reverse paralysis. It forms nanofibers that communicate with cells to initiate repair of the **injured spinal cord**.

In mice, it repaired spinal cord damage in five ways:

- ◆ The severed extensions of neurons (axons) regenerated.
- ◆ There was a significant decline in scar tissue, which can create a physical barrier to regeneration and repair.
- ◆ **Myelin**, the insulating layer of axons that's crucial in the efficient transmission of electrical signals, reformed around cells.
- ◆ Blood vessels formed to deliver nutrients to cells at the injury site.



◆ More motor neurons survived.

After the therapy runs its course, the materials biodegrade into nutrients for cells within 12 weeks and then vanish from the body with no noticeable side effects, according to the study authors.

"We are going straight to the FDA to start the process of getting this new therapy approved for use in human patients, who currently have very few treatment options," added Stupp, founding director of the university's Simpson Querrey Institute for BioNanotechnology and its affiliated research center, the Center for Regenerative Nanomedicine.

It's important to note that results obtained in animal experiments aren't always replicated in humans, however.

Nearly 300,000 people in the United States live with a spinal cord injury, according to the **National Spinal Cord Injury Statistical Center**. Less

than 3% of those with total spinal cord injury ever recover basic physical functions, and about 30% are re-hospitalized at least once during any given year after the initial injury, resulting in millions of dollars in average lifetime health care costs per patient.

Life expectancy for people with spinal cord injuries is significantly lower than for those without spinal cord injuries and has not improved since the 1980s.

"Currently, there are no therapeutics that trigger spinal cord regeneration," Stupp said. "I wanted to make a difference on the outcomes of spinal cord injury and to tackle this problem, given the tremendous impact it could have on the lives of patients. Also, new science to address spinal cord injury could have impact on strategies for neurodegenerative diseases and stroke."

The study results were recently published in the journal **Science**.

Men With Heart Disease Can Safely Mix Their Nitrates with ED Drugs

Doctors have long thought it dangerous to prescribe erectile dysfunction drugs like Viagra alongside chest pain pills containing nitrates.

"It's always been a big red line," said Dr. John Osborne, director of State of the Heart Cardiology in Grapevine, Texas. "You do not mix. Don't go there."

But sex remains important

among men with heart problems -- so much so that co-prescription of ED drugs and nitrate pills increased 20-fold between 2000 and 2018 in Denmark, said Dr. Anders Holt of the cardiology department at the University of Copenhagen.

Now, a new study indicates there might be little to no potential risk in co-prescribing



the two types of drugs. Men are not more likely to suffer a heart attack, stroke or cardiac arrest if

they've been prescribed both an ED drug and a nitrate medication, according to a study led by Holt and published April 18 in the **Annals of Internal Medicine**.

"No increased risk following co-prescription was found,

suggesting that in our selected cohort of patients, co-prescription could be safe," Holt said.

Nitrates often are prescribed to men with heart problems and clogged arteries. In the movies, nitrates are the little pills that guys pop under their tongues when they think they might be having a heart attack... **Read More**

1 in 5 Medicare Patients Use Medical Marijuana: Survey

(HealthDay News) One in five Medicare recipients use medical marijuana and two-thirds say it should be covered by Medicare, a new survey reveals. Medical marijuana is **legal in 37 states, four territories and the District of Columbia**, but it isn't covered by Medicare, the federal health insurance program for older Americans. Possession of marijuana remains illegal under **federal law**.

The poll of 1,250 Medicare recipients was conducted in April and found that one in five use medical marijuana and 23% have used it in the past. In all, 21% said they use it to treat one or more medical conditions.

Current use for health reasons was highest among respondents who also used marijuana recreationally (39%). In all, 28% of recreational users said they

previously used **medical marijuana**.

Respondents use it to treat a variety of physical and mental health conditions, including 32% for anxiety and 31% for chronic pain. Roughly one-quarter said they use it to treat depression, glaucoma, and symptoms associated with HIV/AIDS, including nausea, appetite loss and pain.

Among respondents, support was strong for Medicare coverage of medical marijuana.

Two-thirds said they "strongly agree" or "agree" that medical marijuana should be covered. Thirty-four percent said they "disagree" or "strongly disagree."

Nearly six in 10 supporters of Medicare coverage said they do so because medical marijuana can be effective when other treatments fail.



Surprisingly, support for Medicare coverage was lower among current medical marijuana users (56%), compared with 63% of previous users and 71% of those who said they've never used it.

Why the reluctance among current users?

Nearly four in 10 (38%) said they fear Medicare coverage would increase the drug price.

Pollsters found that current users' out-of-pocket costs were wide-ranging. Half reported spending up to \$200 per month; 36%, between \$201 and \$500 per month; and 14% more than \$500 a month.

In all, 31% of users who oppose Medicare coverage of medical marijuana cited unknown long-term impacts and a lack of research into its uses and effectiveness.

Half of users said they would like medical marijuana to be covered by Medicare because it's a multipurpose treatment.

Among previous users who support Medicare coverage, the top reason (48%) is that marijuana is a natural remedy, not a synthetic pharmaceutical.

The survey also found differences based on political beliefs, with 71% of Democrats; 65% of Republicans; and 63% of independents, third-party members, and apolitical seniors saying they "agree" or "strongly agree" that Medicare should cover medical marijuana.

The online **poll** was commissioned by MedicarePlans.com, a group that examines Medicare issues.

Live Healthy, Live Longer Without Dementia

Staving off Alzheimer's disease might just take a healthy diet, exercise and an active mind, a new study suggests.

Women and men who follow a healthy lifestyle live longer — and longer

without **Alzheimer's** or other dementias, researchers say.

"Eating a **healthy diet** rich in vegetables, berries, whole grains, and low in fried or fast foods and red or processed meat, together with engaging in physical and cognitive activities, such as reading books, visiting museums and playing crosswords, might lower the risk of Alzheimer's as older people age," said lead

researcher Dr. Klodian Dhana. He is an assistant professor of internal medicine at the Rush Institute of Healthy Aging in Chicago.

Although this study can't prove that a healthy lifestyle is the reason people live longer and without dementia, Dhana suspects biological reasons may underlie the connection between lifestyle and dementia and life expectancy.

Research has shown that a diet rich in nutrients and vitamins may reduce inflammation in the brain as well as oxidative stress (which can lead to cell and tissue



breakdown). And physical activity has been linked to less high blood pressure and diabetes, which might lower the risk of vascular dementia, he said.

"Cognitive activities support the **cognitive reserve hypothesis**, that is, being associated with a slower cognitive decline," Dhana added.

For the study, which was published online April 13 in the *BMJ*, Dhana's team collected data on nearly 2,500 men and women aged 65 and older without dementia. They were part of the Chicago Health and

Aging Project

Participants completed diet and lifestyle questionnaires and a healthy lifestyle score was developed based on several factors.

Those factors included following a hybrid Mediterranean-DASH Diet, which is rich in whole grains, green leafy vegetables and berries and low in fast and fried food and red meats; engaging in mentally stimulating activities late in life; getting at least 150 minutes a week of physical activity; not smoking; and low to moderate alcohol use... **Read More**

CDC Launches Forecasting Center for Infectious Diseases

A new forecasting center for infectious diseases was officially launched by the U.S. Centers for Disease Control and Prevention on Tuesday.

The goal of the Center for Forecasting and Outbreak Analytics is to act as a "National Weather Service" for infectious disease outbreaks, and to guide public health decisions during outbreaks. These can include developing vaccines, distributing antiviral drugs, and helping people decide whether it's safe to go to public places, epidemiologist Dylan George,

the new center's director of operations, told reporters, *CNN* reported.

George said he and his colleagues are tasked with the "critical need" to improve the government's "ability to forecast and model emerging health threats."

"In short, we need to use data more effectively to guide response efforts," George said.

Planning for the center began last August with \$200 million in initial funding from the 2021 COVID-19 stimulus package, *CNN* reported.



Since then, the team has estimated the severity of the **Omicron variant** and the timing and impact of the variant-driven surge in the United States, and contributed to analyses that guided policies on test-to-stay in schools, international travel and vaccine boosters.

"I am excited we have launched CDC's Center for Forecasting and Outbreak Analytics," CDC Director Dr. Rochelle Walensky said in an agency **news release**.

"This new center is an example

of how we are modernizing the ways we prepare for and respond to public health threats," she said. "I am proud of the work that has come out of this group thus far and eager to see continued innovation in the use of data, modeling and analytics to improve outbreak responses."

As the United States nears 1 million COVID deaths, "the failure to be prepared is really startling," said White House Coronavirus Response Coordinator Dr. Ashish Jha... **Read More**