

Biden Seeks \$400 Billion to Buttress Long-Term Care. A Look at What's at Stake

There's widespread agreement that it's important to help older adults and people with disabilities remain independent as long as possible. But are we prepared to do what's necessary, as a nation, to make this possible?

That's the challenge President Joe Biden has put forward with his bold proposal to spend \$400 billion over eight years on home and community-based services, a major part of his \$2 trillion infrastructure plan.

It's a "historic and profound" opportunity to build a stronger framework of services surrounding vulnerable people who need considerable ongoing assistance, said Ai-jen Poo, director of Caring Across Generations, a national group advocating for older adults, individuals with disabilities, families and caregivers.

It comes as the coronavirus

pandemic has wreaked havoc in nursing homes, assisted living facilities and group homes, killing more than 174,000 people and triggering awareness of the need for more long-term care options.

"There's a much greater understanding now that it is not a good thing to be stuck in long-term care institutions" and that community-based care is an "essential alternative, which the vast majority of people would prefer," said Ari Ne'eman, senior research associate at Harvard Law School's Project on Disability.

"The systems we do have are crumbling" due to underfunding and understaffing, and "there has never been a greater opportunity for change than now," said Katie Smith Sloan, president of LeadingAge, at a recent press conference where

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the president's proposal was discussed.

LeadingAge is a national association of more than 5,000 nonprofit nursing homes, assisted living centers, senior living communities and home care providers.

But prospects for the president's proposal are uncertain. Republicans **decry its cost** and argue that much of what the proposed American Jobs Plan contains, including the emphasis on home-based care, **doesn't count as real infrastructure**.

"Though this [proposal] is a necessary step to strengthen our long-term care system, politically it will be a challenge," suggested Joseph Gaugler, a professor at the University of Minnesota's School of Public Health, who studies long-term care.

Even advocates acknowledge the proposal doesn't address the full extent of care needed by the nation's rapidly growing older population. In particular, middle-income seniors won't qualify directly for programs that would be expanded. They would, however, benefit from a larger, better paid, better trained workforce of aides that help people in their homes — one of the plan's objectives.

"This [plan] isn't everything that's needed, not by any step of the imagination," Poo said. "What we really want to get to is universal access to long-term care. But that will be a multistep process. Understanding what's at stake is essential as communities across the country and Congress begin discussing Biden's proposal..." **Read More**

Pfizer CEO says third Covid vaccine dose likely needed within 12 months

Pfizer CEO Albert Bourla said people will "likely" need a booster dose of a **Covid-19** vaccine within 12 months of getting fully vaccinated. His comments were made public Thursday but were taped April 1, 2021

Bourla said it's possible people will need to get vaccinated against the coronavirus annually.

"A likely scenario is that there will be likely a need for a third dose, somewhere between six and 12 months and then from there, there will be an annual

revaccination, but all of that needs to be confirmed. And again, the variants will play a key role," he told CNBC's Bertha Coombs during an event with CVS Health.

"It is extremely important to suppress the pool of people that can be susceptible to the virus," Bourla said.

The comment comes after **Johnson & Johnson** CEO Alex Gorsky told CNBC in February that people may need to get vaccinated against Covid-19 annually, **just like seasonal**



flu shots.

Researchers still don't know how long protection against the virus lasts once someone has been fully vaccinated.

Pfizer said earlier this month that its Covid-19 vaccine was more than 91% effective at protecting against **the coronavirus** and more than 95% effective against severe disease up to six months after the second dose. Moderna's vaccine, which uses technology similar to Pfizer's, was also

shown to be highly effective at six months.

Pfizer's data was based on more than 12,000 vaccinated participants. However, researchers say more data is still needed to determine whether protection lasts after six months.

Earlier Thursday, the Biden administration's Covid response chief science officer, David Kessler, said Americans should expect to receive booster shots to protect against coronavirus variants.

Coronavirus scams, many targeting older Americans continues

The COVID-19 pandemic has been accompanied by a parallel outbreak of coronavirus scams, many targeting older Americans.

As of April 13, the Federal Trade Commission (FTC) had logged nearly 452,000 consumer complaints related to COVID-19 and stimulus payments, many of them involving fraud or identity theft. These scams have cost consumers more than \$406 million, with a median loss of \$340.

The fraudsters' tricks include

phishing emails and texts, fake social media posts, robocalls, impostor schemes and more. They often coincide with the news headlines, adapting their messages and tactics as new medical and economic issues arise.

Some phony websites and email campaigns promise easy and early access to coronavirus shots. Authorities anticipate a fresh wave of stimulus scams as the \$1.9 trillion American Rescue Plan Act brings another

round of relief payments.

House Energy and Commerce Chairman **Frank Pallone, Jr.** (NJ) and Consumer Protection and Commerce Subcommittee Chair **Jan Schakowsky** (IL) released a joint statement Thursday listing **five consumer protection bills** that the House of Representatives has passed recently to combat these and related problems. Several target scams aimed at seniors.

"If you receive a text message with an unfamiliar link, reply

'stop' and don't click on the link," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "If you receive an email from someone you do not know that contains an attachment, do NOT click on the attachment. And if you get a request to pay for anything related to the vaccine, you know that is a scam because the vaccine is free."



Joseph Peters, Jr.

FDA Seeks a New Way to Review Old Drugs Without Causing Prices to Soar

Chuck Peterson of Omaha, Nebraska, recently experienced a swollen, painful knuckle caused by arthritis. He got a prescription for colchicine.

Doctors have used the drug for treating gout and other rheumatic conditions for well over two centuries.

When Peterson went to the pharmacy, he was shocked to discover that a two-month supply of 120 pills, distributed by Par Pharmaceutical, would cost him \$225 out-of-pocket on his Medicare Part D drug plan. Taking it for an additional three months, as his rheumatologist wanted him to do, would cost him nearly \$600 under his drug plan.

A dozen years ago, the drug cost about **a dime per pill**.

“My reaction was ‘goodness gracious,’ or maybe something I couldn’t say in polite company,” he said.

The startling price hike was precipitated by a well-intentioned federal government program, called the Unapproved Drugs Initiative, that created unforeseen consequences. It was supposed to protect the public by ensuring that older drugs went through a Food and Drug Administration approval process to determine their safety and efficacy and that older versions were taken off the market.

In November, the departing



Trump administration unexpectedly **ended the FDA program** that led to a price spike for colchicine and other older drugs, saying it drove up drug costs and in some cases caused shortages. Now the FDA is considering whether and how to replace it, while advancing the Biden administration’s goal of reducing prescription drug prices overall. An announcement is expected soon.

But health care policy analysts and executives fear drugmakers still will find ways to maintain high prices for drugs already approved through the program, and to jack up prices for remaining unapproved drugs on

the market, estimated to number at least 1,500. They note that the manufacturers of drugs that were granted FDA approval and market exclusivity through the UDI program, including colchicine, **have aggressively used the courts** to block other drug companies from marketing cheaper generic alternatives, often for many years.

Colchicine was one of many drugs that were **sold before the FDA was created in 1938**. No manufacturer ever took it through the agency’s approval process for determining safety and efficacy, but its approval for wide use was effectively grandfathered in...**Read More**

Drugs in the US should be priced on a par with other wealthy countries

The pharmaceutical industry is lining up its allies to help in whatever ways they can to keep Congress from reining in drug prices. Specifically, they want to do their best to mislead the public about the value of benchmarking drug prices in the US to prices in other wealthy countries. To be clear, “international reference pricing” is the smartest way to ensure that Americans pay fair prices, prices in balance with what other wealthy countries pay.

Back in 2019, the House of Representatives passed **H.R.3**, which calls for international reference pricing for up to 350 commonly used drugs over 10

years. Now, thankfully, House Speaker Nancy Pelosi wants to include similar legislation in President Biden’s infrastructure proposal. **Tom Price**, a former Congressman, former Secretary of the US Department of Health and Human Services and a drug industry ally, writes in the Hill about “unintended consequences.”

Tom Price misleads with his arguments. Innovation in our current system is not nearly as good as it could be. Big Pharma has focused far more on producing me-too profit-enhancing drugs that are variations on drugs already



available than on meeting the needs of people with rare diseases and conditions. It has

invested far more of its **revenues on marketing than on research**.

Innovation could improve substantially with international reference pricing legislation. It would take much of the tens of billions in savings and puts it towards drug research that adds value. Pharmaceutical companies spend very little of their budget on research.

Moreover, we import food and virtually every other good and service. Safety is always an issue, and we manage it. There

are **verified pharmacies** around the world from which we could purchase drugs safely.

If Congress lifted its ban on drug importation, we would be paying drug prices similar to what people in other wealthy countries pay. That’s fair. More important, it would make drugs affordable for millions of Americans who cannot afford them today and do not fill medically necessary prescriptions. It’s also a market-based solution. Now, the Congress has to enact this legislation.

A small group of drugs make up most of Medicare drug costs

With Medicare prescription drug spending, the 80-20 rule applies. A new **Kaiser Family Foundation** analysis by Juliette Cubanski and Tricia Neuman finds that a small portion of Medicare Part B and Part D prescription drugs make up a large percentage of Medicare drug costs.

Cubanski and Neuman estimate that Medicare Part D drug spending in 2019 was about \$145 billion after rebates. Medicare Part D currently covers about 3,500 drugs purchased through a pharmacy. Just 250 of these drugs—brand-

name drugs with no competitors—no generic substitutes or biosimilars, accounted for 60 percent of that prescription drug spending.

The average net cost for each of these 250 drugs was \$5,750. You have to wonder how many people with Medicare could not afford to fill these prescriptions given high Part D out-of-pocket costs. The ten costliest of these 250 drugs accounted for 16 percent of Medicare Part D spending but just .3 percent of all drugs covered under Part D. Cancer and diabetes medicines as well as medicine for

rheumatoid arthritis are among the top ten.

Bottom line: If Congress passes legislation to rein in Medicare prescription drug prices on 250 drugs, as specified in the House bill that passed in 2019, H.R.3, savings would be significant.

Fifty drugs covered under Medicare Part B account for

80 percent of Part B drug spending. Medicare Part B covers drugs received in hospital or administered by a doctor in the doctor’s office. It does not cover drugs purchased from a pharmacy....**Read More**

A Relatively Small Number of Prescription Drugs Accounts for a Large Share of Medicare Part D and Part B Drug Spending
Share of total spending (n=1%):



NOTE: The top 250 Part D drugs include drugs with one manufacturer and no generic or biosimilar competitors, listed by net Part D drug spending, along with generic substituted release from 2002. The 2019 release of the Part D drug spending breakdown includes a total of 3,500 drugs in 2019, of which 3,498 have one manufacturer. The top Part B 50 drugs are ranked by total spending. The 2019 release of the Part B breakdown includes a total of 360 drugs in 2019.



New Issue Brief Examines Medicaid Churn

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) recently released a new **issue brief** that examines the effects of disruptions in Medicaid coverage known as “churning.”

ASPE advises the HHS Secretary on health care policy development, research, and analysis, and this issue brief **continues their examination** of Medicaid policies and their impact on Medicaid coverage and care.

A common cause of churning is a change in eligibility from one month to the next, usually due to income fluctuations. In states with very low income thresholds for Medicaid, even a small increase in income may make a person temporarily ineligible for the program, causing them to

lose coverage. As their income falls again, they may become eligible again.

Churning also occurs when beneficiaries fall off state Medicaid rolls because they did not meet burdensome administrative requirements—like proving income multiple times a year by responding to mailed requests for information or filing complex renewal applications. If they do not meet the deadlines, they may lose coverage, then may regain it when they are able to submit the paperwork.

The health costs of losing Medicaid coverage, even temporarily, are significant. ASPE’s research shows that people who experience such disruptions are more likely to delay care, refill prescriptions less often, use the emergency



room more, and become hospitalized at a higher rate.

And the costs are not solely borne by people with Medicaid. Doctors, other providers, and insurance plans also face increased burdens from churning—as does the Medicaid program. The state’s administrative costs for each disenrollment and reenrollment are high, and monthly costs for those who churn in and out are considerably higher than for those who are covered for a full year. According to ASPE, “One study found adults with 12 full months of Medicaid coverage in 2012 had lower average costs (\$371/month enrolled in 2021 after adjusting for inflation) than those with six months of coverage (\$583/month enrolled) or only three months of coverage (\$799/month

enrolled).”

ASPE points to several policy changes that can reduce churn, including Medicaid expansion and 12-month continuous eligibility. Such policies reduce burdens on people, programs, businesses, and states, and improve enrollee health and well-being. These efforts are especially important during the COVID-19 pandemic where a lack of care may prove fatal and be dangerous for public health.

At Medicare Rights, we support policies that reduce barriers to coverage and care and support state efforts to reduce churn. Keeping people covered keeps people with Medicaid healthier and reduces costs system-wide, including for the Medicare program when they are ultimately eligible.

WEP & GPO: The twins that eat Social Security checks

*By Mike Causey @mcauseyWFED
Federal News Network*

Suppose your specialty is making horror movies, or maybe a shocking TV series series, and you looking for something new. And if possible, real. Impossible? Not really.

In addition to finding the money, you need to get another threatening creature — vampires are out, zombies are fading — to interest a jaded public. With lots of competition facing you from other horror film-makers. What you need, in this crowded market, is a threat that is both horrifying and real. That is believable and truly evil. And that preys on old people. Decent citizens who worked hard all their lives and hoped to live out a long and prosperous retirement. Where to find such a creature?

Then your golden opportunity knocks. You discover the equivalent of the Rocky Horror Show for many of the nation’s retired government employees. The equivalent of a captive audience of more than 3 million former feds, retired cops, firefighters and school teachers.

And the the monsters are real: The Windfall Elimination Provision (WEP) and Government Pension Offset (GPO).

Two very real creatures created by Congress. And for decades, including up until now, WEP and GPO have made monthly raids on the Social Security benefits of millions of retired civil servants from the state, local and federal service.

Best of all (for your series, not for the poor retirees) is this:

Somebody comes to you with not one, but two, horrible creatures and a guaranteed audience of millions. Plus these demonic twins have the added plus of being real. And the audience is people the evil twins prey on. Every month from the time they retire to the day they draw their last breath. The victims are all good, hard working people. Most of them spent full careers either working for the federal, state or local government. And the evil twins also go after their surviving spouses. As long as they are in retirement, the blood-sucking twins take some, most or all of the government pension benefit



the retiree or a spouse earned after years of service. Many of them are federal government retirees, or they worked for a state or local government. Or married somebody who did. That’s a lot of pockets being picked in broad daylight.

The villains are right out there in plain sight. Congress created them in the 1970s. At the time, critics said the former feds or spouses were getting more than they deserved based on their work history under Social Security. And the horror is the bite is real. Someone subject to WEP can have up to \$498 per month taken from their Social Security benefit. Under the Offset rule, a surviving spouse (mostly widows) can lose their entire Social Security spousal benefit. Each month. And for life.

Under the old Civil Service Retirement System (CSRS) workers paid into the federal retirement fund but not into Social Security. Many state and local government employees were also outside of Social Security. But they got government pensions/annuities

(that were often more generous because of their contributions) than they would have under Social Security. But congressional watchdogs discovered that some of the government retirees were “gaming” the system by spending a full career in government then working a few (5) years in the private sector, which also entitled them to Social Security.

According to the National Active and Retired Federal Employees (NARFE) Association, WEP reduces the Social Security benefits of federal, state or local government retirees who worked in a job covered by Social Security who also get a federal annuity for their federal service under the CSRS, which ended in the mid-1980s. Feds now pay into Social Security as well as in to a federal retirement Federal Employees Retirement System (FERS) that produces a less generous benefit than CSRS....**Read More**

New Resources Promote Access to COVID-19 Vaccines for Older Adults and People with Disabilities

Several departments within the U.S. Department of Health and Human Services (HHS)—the Office for Civil Rights (OCR), the Administration for Community Living (ACL), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE)—published **new resources** designed to promote access to COVID-19 vaccines for people with disabilities and older adults.

Created for states, community partners, and others engaged in COVID-19 response activities, the materials outlined below clarify nondiscrimination rules, explain some vaccination barriers these populations often face, and provide strategies to ensure and expand vaccine access.

◆ **Federal Legal Standards Prohibiting Disability Discrimination in COVID-19 Vaccination Programs.**

OCR's **new guidance** reiterates that federal civil rights laws remain in effect during the pandemic. The agency outlines the relevant legal standards, provides examples of their application in the context of COVID-19 vaccine programs, and links to additional information and best practices.

- ◆ **Disability Access in Vaccine Distribution.** OCR also issued a **fact sheet** outlining some of the responsibilities under federal disability rights laws that may apply to those involved in the planning and distribution of COVID-19 vaccines. The document explains those rules and how to comply.
- ◆ **Strategies to Improve Equitable Vaccine Access for Older Adults and People With Disabilities.**



ACL released a set of **best practices** to help states and communities ensure older adults and people with disabilities are vaccinated safely and quickly, in a welcoming, culturally competent, and culturally relevant environment. The compendium presents strategies around outreach and education; appointment facilitation; website and vaccination site accessibility; and mobile vaccinations.

- ◆ **How ACL's Disability and Aging Network is Advancing Vaccination Efforts.** A **companion piece**, this document offers examples of how ACL program activities and partnerships can support vaccine access.
- ◆ **Characteristics of Homebound Older Adults: Potential Barriers to**

Accessing the COVID-19 Vaccine. To inform efforts to increase vaccination among homebound older adults, ASPE **explored** the characteristics of this population. The agency's analysis of various demographic, socioeconomic, health, and other indicators suggest that in-home vaccinations will be necessary, and that this process could be optimized through partnerships with community-based providers of in-home care, services, and supports, and by better engaging primary care doctors and health clinics. Medicare Rights continues to support the goal of swiftly and safely vaccinating eligible individuals. Vaccines save lives and work best when as many people as possible receive them.

New Report Reveals Drug Companies Trick to Keep Prices High

A new report suggests that "product hopping"—a practice by drug companies to extend their patents on profitable drugs—costs American consumers and the U.S. health care system billions of dollars each year.

The report looked at five prescription drugs and found that drug companies slightly alter the formulas in those drugs, allowing them to extend their

patents on the new formulations, and delay the move to the generic drug marketplace.

This, of course, keeps the costs of those drugs much higher than if a generic version were available.

That is only one of the issues involved with high drug prices, and the drug companies aren't the only issue.

According to the lobbying arm



of the major drug companies, in 2018, nearly half of the money spent on brand medicines went to some business other than the research companies that discover and manufacture medicines.

Those include pharmacy benefit managers, insurers, hospitals and others in the biopharmaceutical supply chain. Meanwhile, a greater share of

the cost of medicine has shifted onto patients.

As with Social Security and Medicare long-term viability, reducing the high costs of drugs is also at the top on TSCL's agenda this year. These are complicated problems but Congress must find a way to deal with them and TSCL will be fighting for you as these debates continue.

Coronavirus: One in five older adults still not vaccinated

The New York Times reports that one in five older adults still are not vaccinated against the novel coronavirus. All are eligible for free vaccines. Now that states have opened up vaccines to everyone over 16, some worry it will make it harder for older adults to get vaccinated.

The US started providing residents vaccines in December, beginning with people in hospitals and long-term care facilities. Today, about two in three people have had at least

one shot. But, because of kinks in the system, many have not.

People in many places around the country are finding it challenging to schedule a vaccine. People might live on the border of another state, for example, but might not be eligible for the vaccine in that state. Older adults, particularly the most vulnerable of them, are struggling more than others to schedule appointments.



The good news is that a higher proportion of older adults have been vaccinated than any other subpopulation in the US. The bad news is that one in five of them—20 percent—still have not received a single vaccine dose, even though they are the most likely people to develop grave complications if they become infected with COVID-19. One in three people who have died of COVID are older adults living in long-term care facilities.

At the urging of President Joe Biden, all states are now opening up eligibility for the vaccine to everyone 16 and older. They are no longer putting vulnerable older adults or essential workers the people who are most at risk, at the front of the line. And, more people are receiving vaccine doses on a daily basis, 3.2 million a day on average, up from 2.2 million a day....**Read More**

Snag a Vaccine Appointment, Then Face the Next Hurdle: How to Get There?

The airport says a lot about Cortez, Colorado: The single-engine planes that fly into its **one-room airport** seat nine passengers at most. The city of about 9,000 is known largely as a **gateway** to beautiful places like Mesa Verde National Park and the Four Corners Monument. But covid vaccines have made Cortez a destination in its own right.

“We had a couple fly in to get their vaccine from Denver that couldn’t get it in the Denver metro area,” said Marc Meyer,

director of pharmacy services and infection control for **Southwest Health System**, which includes clinics and a community hospital in Cortez. Others have come from neighboring states and as far away as California, Florida and the Carolinas. “They all come back for their second dose,” he said. “Because it’s so hard to get in the cities.”

With vaccines now becoming available to the general public in much of the country, the



privilege of easy access is coming into sharper focus. On the most extreme end, vaccine tourists with means can nab inoculations, as **Forbes** has reported, in places such as Israel, the United Arab Emirates and even Cuba, where ads offered “**mojitos and vaccine.**” On the flip side, some people have found it hard to get to a vaccine appointment a few miles away.

In fact, around the same time people were flying into Cortez

to get their shots, Meyer said, some locals couldn’t get to vaccine locations. That was particularly true for people who are homebound or homeless.

So Meyer and his colleagues came up with a vaccine SWAT team of sorts, composed of paramedics and a handful of ambulances stocked with vaccine vials. The team visited about 40 homebound people....**Read More**

How should Medicare innovate to improve quality and reduce spending?

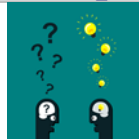
Donald Berwick, MD, former head of the Centers for Medicare and Medicaid Services and Richard Gilfillan, MD, former head of the Center for Medicare and Medicaid Innovation (CMMI) write in **JAMA Network** about the value of CMMI, a creation of the Affordable Care Act that has just reached its tenth year of operation.

Before CMMI, there was no governmental agency charged with looking scientifically into how best to reshape our nation’s health care financing and delivery systems. Specifically, CMMI is supposed to test new ways of delivering and paying

for care that bring down spending while maintaining or improving quality or improve quality while either not increasing spending or reducing it.

CMMI has significant resources to work with. It has \$20 billion to test new models of delivering and paying for care over 20 years, or \$1 billion a year. The Secretary of Health and Human Services (HHS) has authority to bring CMMI models to national scale that fit within the parameters of its work, without requiring legislation.

Between 2010 and 2020, CMMI tested 54 models. Some



of these models focused on better care for individuals and better population health, while spending less. Some tested new models of delivering primary care, including medical homes and accountable care organizations. And, some models tested new ways of paying for care, through bundled payments for a group of services over a period of time, instead of through a payment for each service delivered.

One independent review found that fewer than ten percent of the models tested led to significant reductions in spending. CMMI reports on its

website that nearly 10 percent of models tested improved quality and/or reduced COSTS.

Beyond that, the tests showed where the savings could be found and where not, as well as where and how the system could be gamed. As of now, CMS has certified four models to be scaled nationally, including a national **diabetes prevention program**

Berwick and Gilfillan recommend that CMMI model tests should be aligned with an HHS and CMS strategic plan for improving health and health care value and promoting equity.**Read More**

Will the DOJ let UnitedHealth control more of the US health care system

Why would the biggest health insurer in the nation buy a health care data analytics company? More knowledge, more power, more ability to drive profits its way. So, unsurprisingly, UnitedHealth plans to buy Change Healthcare. Will the US Department of Justice allow it and give UnitedHealth even more control of the US healthcare system?

The American Hospital Association wants the Justice Department to stop the purchase because UnitedHealth will have too much “sensitive data.” In this instance, the public should be squarely aligned with the AHA because UnitedHealth will have even greater ability to drive up costs and restrict access to care if this merger goes

through.

Krista Brown and Olivia Webb report for **The American Prospect** that if the Justice Department permits UnitedHealth and Change to merge, it would have serious consequences for doctors, patients and the US health care system. UnitedHealth would have “access to all its competitors’ business secrets.” The merger would allow UnitedHealthcare to steer more people to its own doctors. It could create inequities among people who wanted to buy insurance. It’s likely to undermine the public health further.

UnitedHealth already has over 70 million members in the US,



and it has contracts with 6,500 hospitals, and 1.4 million health care providers. Among other things, it owns Optum, a data analytics subsidiary, Optum Rx, a pharmacy benefit manager, and Optum Bank, which gives patients loans. It also owns DaVita’s dialysis doctors.

Through its Optum subsidiary, UnitedHealth is on a path to taking over the US healthcare system single-handedly. UnitedHealth could literally establish a private single-payer entity over time, with the purchase of Change Healthcare.

So what exactly does Change Healthcare do that is so valuable? It is the insurers’ middleman. It reviews the

claims doctors submit for payment to determine whether they are legitimate and accurate. Claims they reject are money in the insurers’ pockets. To do its job, Change’s employees know exactly what each entity with which it contracts covers, what each provider bills, and what each insurer pays. In short, Change has mountains of data between doctors and insurers and pharmacies and insurers.

Optum currently performs these services for UnitedHealth. But, a merger with Change would mean that the company that has been independent of UnitedHealth—the only other large company that performs these services—would be owned by UnitedHealth and no longer independent....**Read More**

Airports Step Up Mental Health Assistance as Passenger Anxiety Soars

Robin Hancock gently worked her steel tongue drum with a pair of mallets, producing a set of soothing, mystical tones. They blended with the soft sound of chirping birds and bubbling creeks pouring from a Bluetooth speaker. Her warm voice invited the two visitors in the dimly lit room to slip into a nature setting of their choosing.

The 20-minute guided meditation took place at an unlikely location: **Atlanta's Hartsfield-Jackson International Airport**, which until 2020 was the world's busiest passenger hub. The airport interfaith chapel's executive director, Blair Walker, introduced the meditation sessions last fall in the midst of the covid-19 pandemic.

People were noticeably more stressed during the past year,

Walker said as he stepped out of his office onto the second-floor gallery, which overlooks the airport's main atrium. Walker is an ordained minister who previously worked in higher education and public health. He said people have been quicker to lose their temper, lose their patience or lose it altogether.

"There was a tightness that I've never seen before," he said.

That's why he brought on board Hancock, a **nature meditation guide**, to join his team of 40 volunteer airport chaplains. She said her goal is to provide people with "a piece of calm in whatever storm is going on at that moment" and leave them with a tool to use the next time they're feeling overwhelmed.



"Traveling is tough," said **Jordan Cattie**, a clinical psychologist and assistant professor at Atlanta's Emory University School of Medicine. Airports, in particular, trigger panic and anxiety because of the frenetic pace, noise and glaring screens, she said, but covid amplifies travel anxiety.

Airport chaplains have become close witnesses to people's worsening mental condition. "No doubt, the pandemic has accelerated the need for our services to a new level," said the Rev. Greg McBrayer. McBrayer, an Anglican priest, is the corporate chaplain for American Airlines and director of the **interfaith chapel at Dallas/Fort Worth International Airport**, the world's largest airport chapel. During the

pandemic, he said, he has seen depression, anxiety and addiction increase among the travelers and workers served by him and his staff of 20 chaplains.

"We have encountered a tremendous amount of grief and fear," McBrayer said, especially among airport employees. In the past year, he logged over 300 counseling sessions via Zoom and more in person. Many struggled not only with economic woes, health concerns and covid deaths, but also with feelings of guilt for being well and employed when some of their former colleagues weren't. "We've seen a lot of workers come up to the chapel because they need a quiet space to sit, chill and maybe cry," said Walker. ...**Read More**

Breast Cancer Over 70: How Much Treatment Is Enough?

Many women older than 70 can safely receive fewer treatments for early-stage breast cancer, a new study suggests.

Researchers found that adding lymph node removal or radiation to women's treatment did not seem to cut their risk of a breast cancer recurrence, which was low overall.

The findings, experts said, support existing recommendations to "de-escalate" those procedures for many older women.

The point is to spare them of side effects from treatments that are unlikely to bring benefits,

said Adrian Lee, one of the researchers on the study.

In practice, though, many women continue to undergo the procedures, said Lee, an investigator with the Women's Cancer Research Center at the University of Pittsburgh Medical Center.

At issue are women aged 70 and up who have early-stage breast tumors that are estrogen-receptor positive — meaning the hormone helps fuel their growth. Standard treatments include surgery to remove the tumor, followed by hormone therapy to



reduce the chances of the cancer coming back.

"Our surgeries and hormone therapies today are very good," Lee said.

And that, he added, is likely one reason why those older women do not get added benefit from lymph node removal or radiation.

Beyond that, breast cancer after age 70 is often slow-growing, said Dr. Carla Suzanne Fisher, director of breast surgery at Indiana University School of Medicine, in Indianapolis.

Since older women's cancer is typically — though not always

— less aggressive, additional therapies may be unnecessary, Fisher said.

Then there's the fact that women in their 70s and 80s commonly have other serious health conditions, like heart disease.

"These women generally aren't dying of breast cancer," Lee said. "They're dying of other causes."

The study was published online April 15 in *JAMA Network Open*. It included more than 3,300 women aged 70 and older diagnosed with breast cancer between 2010 and 2018. ...**Read More**

Lots of Teens, Young Adults Are Helping to Care for Older Loved Ones

Many people regard middle-aged caregivers as the "sandwich generation" — folks caring for young kids as well their aging moms, dads or grandparents.

It turns out that's not the whole picture, according to a new study, which found that 14- to 24-year-olds may be providing care much more often than expected.

"We generally talk about caregiving in terms of being an adult responsibility. But we

found that emerging adults are responsible for taking care of an adult relative in a more intensive capacity much more often than we had thought," said study leader Minakshi Raj, a professor of kinesiology and community health at the University of Illinois Urbana-Champaign. "Understanding their situations and needs can be useful as we develop policies



and practices to help these emerging adults." In a survey of 1,076

young people, 35% reported they had previously provided care for older relatives or were currently doing so.

Those numbers were 10 times higher than previous estimates, which have been based on studies of specific diseases or tasks.

Participants were asked three

open-ended questions about whether they had acted as a caregiver for an adult relative; how caregiving impacts educational or career goals; and what kinds of resources would be most helpful for caregivers. These questions captured many caregivers that had not been represented in prior studies, according to researchers. ...**Read More**

Waist Size May Better Predict AFib Risk in Men

Body mass index may be more helpful in predicting the risk of a common type of irregular heartbeat in women, while waist size may better predict that risk in men, new research suggests.

The link between obesity and atrial fibrillation, or AFib – when the heart beats irregularly and often too fast – is well established. But researchers wanted to understand the extent to which body fat distribution might predict AFib risk among men and women.

The researchers analyzed BMI, waist circumference and electrocardiogram data gathered between 2008 and 2013 from more than 2 million older adults in the U.S. and United Kingdom

who didn't have cardiovascular conditions, including heart failure and stroke.

The study's lead author, Dr. Michiel Poorthuis of University Medical Center Utrecht in the Netherlands, described it as "probably the largest study of its kind to date."

About 12,000 participants – 0.6% – had AFib. After adjusting for variables such as a history of high blood pressure, diabetes and smoking, the researchers found both higher BMI and a bigger waist were associated with an increased risk of AFib in men and women.

But there was a stronger connection between BMI and



AFib risk among women, while waistline seemed a greater predictor in men. For women, adding BMI to the calculation improved the ability to predict AFib by 23% compared to a 12% improvement using waist size. In men, however, waist size came out on top, with a 30% improvement in predicting AFib versus 23% using BMI.

According to the National Heart, Lung, and Blood Institute, normal BMI is defined as below 25, and women with a waist size greater than 35 inches and men with a waist larger than 40 inches are at higher risk for heart disease and Type 2 diabetes.

Dr. Richard Bulbulia, co-senior author of the analysis published Thursday in the Journal of the American Heart Association, said the results bolster advice to maintain a healthy weight – and point to the next research question.

"What's really exciting is the question of, can weight loss decrease atrial fibrillation burden in people who have it, or prevent people from developing it?" said Bulbulia, a research fellow in the University of Oxford Nuffield Department of Population Health and a consultant vascular surgeon at Cheltenham General Hospital in the United Kingdom. ...[Read More](#)

Warmer Climate, More Pollen, Worse Allergies: How to Fight Back

Climate change has made North America's pollen season longer and more severe, but there are ways to reduce your allergy misery, according to the American College of Allergy, Asthma and Immunology (ACAAI).

The best way to deal with worsening pollen seasons is to get ahead of them.

"If you know it's likely that your allergy symptoms will arrive earlier in the spring or fall season, start taking your medications sooner," ACAAI President Dr. Luz Fonacier said in a college news release.

"If you begin your medications two to three weeks before your symptoms begin in earnest, chances are your suffering will be lessened," Fonacier said.

Pollen levels tend to be higher from trees in the spring, grasses in the summer and weeds in the fall, but may vary depending on weather conditions and where you live.

Along with starting to take your allergy medications early, the ACAAI recommends other ways to control your symptoms:

◆ Keep windows closed during



pollen season, especially during the day, and use air conditioning whenever possible.

- ◆ Know which pollens you are sensitive to and then check pollen counts. In spring and summer -- tree and grass pollen season -- levels are highest in the evening. In late summer and early fall -- ragweed pollen season -- levels are highest in the morning.
- ◆ Take a shower, wash your hair and change clothing after working or playing outdoors.

◆ Wear sunglasses and a hat outside to keep pollen out of eyes and hair. Also, along with protecting you against COVID-19, wearing a face mask could provide a barrier against pollen.

If you feel like your fall and spring allergies are getting worse each year, you are probably right. If staying indoors during these times of year and over-the-counter allergy medications are not helping control your symptoms, consult an allergist, Fonacier recommended.

Age-Friendly Health Care: Speaking Up About What Matters to You

As you get older, your medical care can ripple across every aspect of your life. It might be a prescription that makes you too tired for dinner with the family. You may love bowling, but a hip replacement has kept you off the lanes much longer than you expected. You might feel sad and withdrawn from friends, unsure if it's depression or because you can't hear as well anymore.

In all of these examples, your health care providers can likely do more to help manage these issues than they do now.

Putting Patients Front and Center

The good news is that change in how doctors treat older adults is happening right now. A growing number of hospitals and health systems in the United States are part of an important new movement that puts the voices of older patients front and center in an effort to transform health care. It's known as the [Age-Friendly Health Systems](#) initiative, and it focuses on four essential elements of caring for older adults, called the 4Ms:

◆ The first M is "what matters." Everyone on a patient's health care team



should listen - really listen - to their patients so they understand and can act upon that patient's goals and care preferences, which change as we age.

- ◆ The second M is "mentation." Mentation is about your mental status and concerns preventing, identifying, treating and managing dementia, depression and delirium (a sudden state of confusion).
- ◆ The third M is "mobility." This puts a priority on moving safely every day to maintain function and independence in

every setting of care. Mobility, whether in the ICU or the home, ranges from getting out of bed to walking the dog and everything in between. Plans for care should consider a person's mobility level and strive to maintain or improve it.

◆ The final M is "medication." If medications are necessary, doctors and nurse practitioners should prescribe what we call "age-friendly medications" that do not interfere with what matters, mentation or mobility. ...[Read More](#)

Americans Still Avoiding ERs in Pandemic, But Uptick Seen in Mental Health Crises

While ER visits have stayed below normal levels as the coronavirus pandemic continues, the number of people showing up in the emergency department with mental woes is increasing, new federal government data shows.

Between March 29 and April 25, 2020, visits to emergency departments dropped 42%, researchers from the U.S. Centers for Disease Control and Prevention found. Although the number of emergency department visits increased by July 2020, it remains below pre-pandemic levels: Between December 2020 and January 2021, visits were still 25% lower than during the same months the year before.

One expert cautioned that not going to the ER could be a deadly decision.

Dr. Robert Glatter, an emergency medicine physician at

Lenox Hill Hospital in New York City, said, "It's vital that the public seek care in the emergency department for serious medical complaints including chest pain, difficulty breathing, dizziness, and falls or injuries."

As for mental health emergencies, many of the patients were children, the researchers noted. Feelings of anxiety and depression may be side effects of hunkering-down during the pandemic, said Glatter, who was not involved in the research.

"With an uptick in ER visits related to mental health complaints noted in the study, it's vital that all families continue to monitor family members for signs of depression, anxiety and suicidal thoughts," he stressed.

While the increased use of telemedicine may be partly responsible for the decline in



emergency visits, it's critical for patients to understand that when they feel they need to visit the emergency department, they should not delay or second-guess themselves, because "doing so could prove to be deadly or result in long-term complications," Glatter said.

Dr. Teresa Murray Amato is chair of emergency medicine at Long Island Jewish, in Forest Hills, N.Y. She said, "There is much speculation about these trends, and the forces driving these trends are most likely multifactorial."

Patients had fears about the virus and being in a hospital, and there are more options for doing doctor visits virtually through telemedicine, she said.

It's also not surprising that children and others have increased anxiety and

depression, said Amato, who had no role in the study.

"Isolation from family and friends can lead to feelings of anxiety and depression. As the pandemic has been ongoing for over one year, it is not surprising that young people are having trouble adjusting to the new normal of being physically distant for social interaction," Amato said.

It's up to emergency medicine doctors to keep abreast of how the pandemic is affecting patients, she added.

"Emergency physicians will need to be keenly aware of these trends and continuously look for innovative ways to help educate, support and treat patients in the emergency department during this pandemic," Amato said.

New Hope Against a Rare but Incurable Eye Cancer

A cutting-edge experimental drug cuts nearly in half the risk of death among patients with a rare but aggressive cancer of the eye, new clinical trial data show.

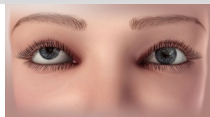
Tebentafusp has now become the first drug shown to improve overall survival in patients with uveal melanoma, said Dr. Antoni Ribas, immediate past president of the American Association of Cancer Research (AACR), in a HealthDay Now interview.

"Uveal melanoma is a disease

that until now has had no medical treatment," said Ribas, director of the Tumor

Immunology Program at the Jonsson Comprehensive Cancer Center and the Parker Institute for Cancer Immunotherapy Center at University of California, Los Angeles. "Nothing had shown any improvement in the last 50 years of clinical research."

Patients randomly chosen to receive tebentafusp had almost



half the risk of death as others treated with either immunotherapy or chemotherapy,

according to results presented at the recent AACR annual meeting.

Research presented at meetings is typically considered preliminary until published in a peer-reviewed journal.

"Tebentafusp halved the relative risk to die and, therefore, had a great impact on prolonging survival of patients

with metastasized uveal melanoma," said clinical trial researcher Dr. Jessica Hassel. She is associate professor and section head in the department of dermatology and the National Center for Tumor Diseases at University Hospital Heidelberg, in Germany. "It is thereby the first drug with a proven survival benefit for patients with uveal melanoma, and this was true even in patients where the melanoma progressed."...[Read More](#)

Rashes Can Occur After COVID Vaccine, But Dermatologists Say 'Don't Worry'

Dermatologists liken skin to a window that can reveal what is going on inside the body, and a rash that sometimes follows a COVID-19 vaccine is one example.

When you get the shot, your immune system activates, preparing to recognize and fight off the virus in the future. This response and the inflammation that goes with it can occasionally result in a rash. But experts say as long as it happens more than four hours after the shot, there's no need to worry.

Skin reactions like hives or swelling that appear within four hours, however, may be a sign of a rare but severe allergic reaction, according to the U.S. Centers for Disease Control and Prevention.

Dr. Esther Freeman is principal investigator in charge of a registry that tracks skin reactions to COVID-19 and its vaccine.

"One thing is important to note, the registry can't tell us exactly what percentage of



everyone getting a COVID vaccine will develop a skin reaction, because the registry is just the cases," said Freeman, director of Global Health Dermatology at Massachusetts General Hospital in Boston.

"So, if someone gets a skin reaction, we hear about it, but we don't hear about the people who don't get a skin reaction," she added.

Since the pandemic began, the American Academy of

Dermatology and the International League of Dermatological Societies have collected thousands of reports of skin reactions to SARS-CoV-2 (the virus that causes COVID-19). In December, when the Pfizer and Moderna mRNA vaccines were authorized for emergency use in the United States, this registry also began including reports of vaccine-related skin reactions....[Read More](#)

1 in 50 COVID Patients in ICU Will Develop a Stroke

Among COVID-19 patients in intensive care units (ICUs), 2% suffer a stroke, a new study finds.

Of the two types of stroke, hemorrhagic stroke, which is caused by bleeding in the brain, was linked to a higher risk of death than ischemic stroke, which is caused by a blood clot in the brain. Data on just under 2,700 patients was used for the study.

"For people with severe COVID-19 requiring intensive care, our large study found that stroke was not common, and it was infrequently the cause of death," said researcher Dr. Jonathon Fanning, from the

University of Queensland in Brisbane, Australia.

"While the proportion of those with stroke may not be as high as initially thought, the severity of the pandemic means the absolute overall number of patients around the world and the ongoing implications will be a major public health crisis," he added.

Despite the low risk of stroke tied to COVID, a New York stroke specialist who reviewed the findings noted that SARS-CoV-2 can cause "significant neurologic problems."



Dr. Andrew Rogove, medical director of stroke services at South Shore University Hospital in Bay Shore, N.Y., said a review of more patients is needed to gauge the true effect of COVID infections on stroke risk.

"It will be interesting to see how these data are affected by a larger sample size and whether stroke rates decrease as we learn more about COVID infection and how to better treat and prevent neurologic complications of this disease," he said.

For the study, Fanning's team collected information on nearly

2,700 COVID patients hospitalized in ICUs in 52 countries between Jan. 1 and Dec. 21, 2020. In all, 59 patients had a stroke in the ICU.

Of those, 19 (32%) had an ischemic stroke; 27 (46%) had a hemorrhagic, or bleeding, stroke; and 13 (22%) had an undetermined type of stroke, the researchers found.

People who had a bleeding stroke had up to a five times higher risk of death than patients who didn't have a stroke. People who had an ischemic stroke were at no increased risk of death....[Read More](#)

Parkour for Older Adults: A Prescription for Fall Prevention

To help avoid dangerous injuries, 'spunky' seniors have been participating in a modified version of a sport popularized by YouTube videos and more commonly linked to extreme athletes with off-the-wall abilities.

Earlier this year, Priscilla McMahan, 77, walked into a grocery store with her husband and barely made it to the produce section before she fell.

"I think the floor was slick, and my feet just went out under me," says McMahan, who lives in [Alexandria, Virginia](#). The fall occurred so quickly she doesn't remember exactly what happened, other than landing on her side and feeling a little embarrassed. But she recovered

quickly, unscathed.

"I was not the least bit hurt," McMahan says. She attributes her resilience to training in parkour – a sport generally associated with extreme athletes boasting ninja-like skills, not septuagenarians.

Developed in [France](#) in the late 1980s, parkour is the practice of using body movements to efficiently and creatively overcome obstacles in the environment. Devotees consider parkour as much a mindset as a physical exercise; their surroundings are big playgrounds with hurdles to move on, through, over and around, using a mixture of running, jumping, climbing and



rolling. Today, many cities have parkour meetups, and there's a push to make the sport more available to people of all ages and abilities. There's even [parkour for dogs](#).

But what's perhaps most surprising is the growth of parkour programming for people 50 and older.

"The common thought was that parkour should be accessible to everyone," says Blake Evitt, director of [Parkour Generations Boston](#), who trained with the sport's founders in France. He says in Europe, the classes always included one or two students with gray hair, versus in the U.S., where the focus is on adrenaline-fueled

YouTube videos of young men.

"You say 'parkour for seniors,' and it hits the brain weird, like that's the absolute opposite of what seniors should be doing," says Sean Hannah, president and acting executive director of [PK Move](#), a nonprofit organization in [Northern Virginia](#) that focuses largely on teaching parkour to underserved populations. Co-founded in 2015 by Nancy Lorentz, the organization reached several thousand people annually before the COVID-19 pandemic, including special-needs children and residents of public housing; [free instructional videos](#) are available on their website....[Read More](#)

In Breast Cancer Survivors, Obesity Raises Odds for Cancer's Return

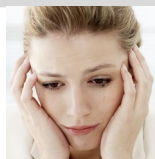
Most people know obesity can lead to diabetes or heart disease, but excess weight can play a role in cancer, too, researchers say.

A new study found that breast cancer survivors who are overweight have a statistically significant increased risk of developing a second primary cancer – one not connected to their previous cancer.

The risk likely owes to shared risk factors between the two cancers – of which obesity is one – as well as genetic

susceptibility and long-term effects of breast cancer treatment, the study authors said.

"The risk is comparable to what we would see for an initial breast cancer," said Heather Spencer Feigelson, senior investigator at the Kaiser Permanente Colorado Institute for Health Research, in Aurora. "It's just another piece of evidence showing us how [excess weight] is really important."



For the study, the researchers reviewed data from nearly 6,500 women treated at Kaiser Permanente in Colorado and Washington state.

Roughly equal percentages were normal weight, overweight and obese.

Women who had an invasive breast cancer had a small, but significantly higher risk for a second cancer as their body mass index (BMI) increased, the study found. (BMI is an estimate

of body fat based on height and weight.)

That link was more pronounced when the analysis focused on obesity-related cancers or second breast cancers, the researchers said. The link was strongest for a diagnosis of estrogen receptor-positive second breast cancer.

Of the 14 cancers listed by the International Agency for Research on Cancer as obesity-related, some are common and some are harder to treat, Feigelson said....[Read More](#)