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RI ARA

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"Fighting for the future of our members."
"NOW, more than ever!!!"

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Complete the 2020 Census Online; Check How Many in Your Community Have Responded So Far!

The time is now. Help shape your future, and your community's future, by responding to the 2020 Census.

The deadline for the bureau to finish that follow-up operation is now Aug. 14, pushed back from July 31.

These official Census Bureau mailings will include detailed information and a Census ID for completing the Census online.

In addition to an invitation to respond, some households will receive a paper questionnaire (sometimes known as the census form). You do not need to wait for your paper questionnaire to respond to the Census.

The importance of having an accurate census - a count of all people living in the United States - cannot be overstated. The results of the census determine how many representatives a community will have in

Congress and state legislatures as well as how federal dollars for **Medicare, Medicaid, SNAP (formerly known as food stamps), and other vital services** are distributed. Being counted is critical for seniors who rely on these programs.

For the first time, the 2020 census will be primarily conducted online. The census will ask a few simple questions about you and everyone who is living with you as of April 1, 2020. **If you have lost your census form, you can call the Census Bureau Customer Service Center at 1-800-923-8282.**

To track how your community is responding to the 2020 Census, check out this interactive **response rate map from the Census Bureau.**

"Make sure that you, your neighbors and family members are counted by encouraging everyone to fill out the 2020 Census form," said **President Roach**. "The data collected will affect how well the needs of seniors will be met for the next ten years."

Your community is relying on you to fill out the census, and the cost of not responding is high. **Learn more here.**

2021 Social Security COLA Projections Are in — They Aren't Pretty

So many older Americans rely on Social Security, but the first projections for the 2021 cost-of-living adjustment, or Social Security COLA, is not looking great amid a coronavirus-stalled U.S. economy.

Next year's Social Security COLA won't be set in stone until October 2020, but **The Kiplinger Letter** is projecting the adjustment will continue its downward trend of the past few years and land below 1% thanks to reduced consumer activity amid the novel coronavirus pandemic.

The Social Security COLA for 2020 was only 1.6% after a 2.8% increase in 2019. There are laws in place to prevent the Social Security Administration from allowing inflation to cut into how effective the benefits program is for supporting millions of Americans, but the way COLA is calculated has been a point of contention.

How Social Security COLA Is Calculated

While the Social Security COLA is meant to keep up with inflation, it's far from a perfect system.

The SSA uses the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) to calculate the annual Social Security COLA. It's a national average, and data from the third quarter (July-September) is used because Q4 data is not available from the Bureau of Labor Statistics at the time the COLA must be set in October.

If inflation rises, the Social Security COLA will rise. If the country experiences deflation, then the COLA will be zero for the year. That happened in 2010, 2011 and 2016.

Looking at the CPI-W, the inflation forecast for 2021 is only 1% right now because of the lack of consumer activity amid the novel **coronavirus** outbreak. Kiplinger argues that while the biggest price declines have already happened, prices will most likely remain depressed for any activity involving travel or large entertainment gatherings because of social distancing.

Spikes could happen for some prices as consumer demand causes shortages, but Kiplinger doesn't see it offsetting the low prices elsewhere.

Some argue that using the CPI-W to calculate the Social Security COLA is problematic because it doesn't place as much weight on goods and services more frequently purchased by older Americans, such as health care.

Another index, the Consumer Price Index for the Elderly (CPI-E), has been championed by advocates who think it could help create a more accurate adjustment for inflation.

The Senior Citizens League conducted a study in 2019 and found the purchasing power of Social **Security has decreased by 18%** in the last decade.

The adjustment for 2020 was only 1.6%, which is around $24 extra per month for the average beneficiary.

Medicare Part B premiums rose by $9.10 in 2020, which knocked out a good chunk of Social Security's "raise" for any beneficiaries enrolled in both programs. And that's only one example of rising medical costs.

We'll keep an eye on these Social Security COLA news throughout the year. But if the numbers hold up from these early projections, you shouldn't expect much of a "raise" next year.

Medicare Beneficiaries Without Supplemental Coverage Are at Risk for Out-of-Pocket Costs Relating to COVID-19 Treatment

The coronavirus outbreak has heightened concerns about out-of-pocket health care costs and the ability to **pay for COVID-19 treatment**. This is of particular concern for older adults who are at **higher risk of getting seriously ill** from the coronavirus and may require hospitalization. The Trump Administration recently announced that the uninsured **will not have to pay any hospital costs for COVID-19 treatment**, and many insurers are **voluntarily waiving cost sharing for treatment, including firms that cover a majority of Medicare Advantage enrollees**. Other Medicare beneficiaries may also have some or all of their COVID-19 treatment costs covered by **supplemental coverage**, such as Medicaid, employer-based insurance, or Medigap.

However, a significant number of Medicare beneficiaries – nearly 6 million adults 65 and older and younger adults with long-term disabilities – do not have any supplemental coverage and therefore could be hit with a large hospital bill if they are admitted for COVID-19. Nearly 4 in 10 (39%) have incomes less than $20,000 a year, nearly 3 in 10 (29%) are in fair or poor health, and 15% are age 85 or older (Figure 1). Close to 10% of these beneficiaries live in long-term care facilities, such as nursing homes, which **CMS has recognized as particularly susceptible to infections**.

While the Medicare program protects beneficiaries from **surprise medical bills** for covered services, beneficiaries are responsible for paying separate deductibles for hospitalizations, outpatient services, and prescription drugs, as well as cost sharing for almost all services they use. Without supplemental coverage, these 6 million beneficiaries would face out-of-pocket costs for any services needed to treat COVID-19, which could include, at minimum, a $1,408 deductible for an **inpatient hospitalization**, unless they had been hospitalized in the past couple of months.

To illustrate, for a Medicare beneficiary living on income of $20,000 per year (just above 150% of the Federal Poverty Level for one person), the $1,408 deductible for an inpatient hospitalization would, by itself, consume fully 7% of annual income. These out-of-pocket costs would come on top of other expenses for beneficiaries, many of whom were having problems **paying medical bills due to costs prior to the coronavirus crisis**, particularly those who do not qualify for any help with deductibles or cost sharing under Medicaid or the Medicare Savings Programs.

These estimates may be conservative because they do not take into account any additional expenses for COVID-19 treatment, such as an extended stay in a skilled nursing facility, which requires a $176 copayment for each day of care after 20 days, or other outpatient services.

These 6 million Medicare beneficiaries are not the only Americans who face potentially high out-of-pocket costs if they are hospitalized for COVID-19, though this group has received little attention so far in policy discussions. Certainly others, such as privately insured patients in high deductible plans, are also at risk of seeing a big bill for their treatment if the insurer has not waived cost-sharing for COVID-19 treatment. Unfortunately, these potentially high out-of-pocket expenses for COVID-related treatment come just when the economy is in freefall, exacerbating worries about affordability in the midst of great financial uncertainty for many Americans.

Figure 1

Many People on Medicare With No Supplemental Coverage Have Low Incomes and Are in Relatively Poor Health

Characteristics of Medicare Beneficiaries with No Supplemental Coverage:

Medicare Beneficiaries With No Supplemental Coverage in 2017: 6 million

SOURCE: KFF analysis of Centers for Medicare & Medicaid Services Medicare Current Beneficiary Survey, 2017.

Coronavirus Updates for Retirees, Veterans, and Seniors

Simple New IRS Website is Designed to Ensure You Get Your Stimulus Money There has been a lot of confusion about how seniors, retirees, people with disabilities, and veterans will receive the coronavirus stimulus checks they deserve.

- Seniors 62 and older who receive Social Security retirement benefits, including those affected by the windfall elimination provision (WEP) and government pension offset (GPO), individuals who receive Social Security Disability Insurance benefits, veterans and railroad retireeswill automatically receive a stimulus payment. Payments will come automatically to your bank if you receive benefits via direct deposit, or to your address.
- People who receive Supplemental Security Income (SSI) will also receive their payment automatically unless they have qualifying children. SSI recipients with qualifying children who do not file a tax return will need to complete a form in order to get their stimulus payment. The IRS has set up a new website at https://www.irs.gov/coronavirus/non-filers-enter-paymentinfo-here with a form for these beneficiaries to complete to receive a check quickly.

The website is primarily for U.S. citizens who receive SSI benefits or veterans pension and disability benefits and resident aliens who have a valid Social Security number, APRIL 2020 FACT SHEET **Retired Americans**, **www.facebook.com/retiredamericans |** @ActiveRetirees | 1-888-373-6497 can't be claimed as a dependent of another taxpayer, and who have adjusted gross income below certain limits. Beneficiaries can enter their bank account information or tell the IRS where to mail their check.

Coronavirus Scam On the Rise

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

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

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

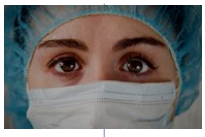
The stimulus payments will be sent by the IRS which will never call, text, or email you to verify your banking information.

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

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

COVID 19: Lost On The Frontline

America's health care workers are dying. In some states, medical staff account for as many as 20% of known coronavirus cases. They tend to patients in hospitals, treating them, serving them food and cleaning their rooms. Others at risk work in nursing homes or are employed as home health aides.



Some of them do not survive the encounter. Many hospitals are overwhelmed and some workers lack protective equipment or suffer from underlying health conditions that make them vulnerable to the highly infectious virus. Many cases are shrouded in secrecy. "Lost on the Frontline" is a collaboration between The Guardian and Kaiser Health News that **aims to document** the lives of health care workers in the U.S. who die from COVID-19, and to understand why so many are falling victim to the pandemic.

Click here

These are some of the first tragic cases and their stories.

President Trump calls to reduce payroll contributions, threatening Social Security

President Trump called for a reduction in payroll contributions–lower employee and employer Medicare and Social Security payments. Of course, this would mean less money in the Medicare and Social Security Trust Funds. It would deplete their reserves and their ability to pay out people's benefits at the level they do today.

Nancy Altman, President of Social Security Works, commented that President Trump's insistence on reducing payroll contributions is not an appropriate response to the coronavirus pandemic. It's inefficient and does not help anyone who has been laid off from work, the people who need money most.

In fact, President Trump now says he supports reducing payroll contributions permanently. In his words, "The payroll tax cut would be a great thing for this country." He wants a way to justify cutting Social Security benefits.

Trump's proposal jeopardizes Social Security. Social Security is self-financing, not adding any money to the deficit. It depends on payroll contributions to support itself. Workers pay in to protect themselves against lost wages after they retire, or leave their jobs because of disability, or lose a spouse.

In the words of President Franklin D. Roosevelt, "We put those payroll contributions there so as to give the contributors a legal, moral, and political right to collect their pensions and their unemployment benefits. With those taxes in there, no damn politician can ever scrap my social security program."

Over several decades, politicians have tried unsuccessfully to privatize Social Security. They've tried cutting benefits through a **chained CPI** and **means testing**. Today, the Trump administration is trying to deprive it of needed funds, "starve the beast."

Right now, the federal government should be working as hard as possible to get people money, not finding ways to deprive them of their long-term financial security.

Amid Pandemic, FDA Seizes Cheaper Drugs From Canada

The Food and Drug Administration in the past month has stepped up seizures of prescription drugs being sent to American customers from pharmacies in Canada and other countries, according to operators of stores in Florida that facilitate the transactions.

While seizures at the nation's international mail facilities have periodically spiked during the past two decades, the latest crackdown is distressing many older customers whose goal is to stay home during the coronavirus pandemic.

"It's very aggravating," said Cabot Jaffe Sr., 83, of Maitland, Florida, who had his asthma drug seized by the FDA in March. He gets his inhaler through Canadian MedStore, a Florida storefront business that facilitates the sale from a Canadian pharmacy for Americans with prescriptions from their doctor for the medications. It is 35% cheaper than the cost from his local pharmacy, Jaffe said, saving him hundreds of dollars a year.

The FDA notice he received said the drug, Breo, was not labeled correctly because it did not state for "RX-only."

"Foreign-made versions of U.S. approved drugs have generally not received FDA approval for use or sale in the United States," the FDA letter said.

But, Jaffe said, the drug he gets through Canadian MedStore looks exactly like what he previously bought at a pharmacy in Florida.

Many drugs sold in the United States are made in other countries.

Bill Hepscher, co-owner of Canadian MedStore, said more than 200 of his customers have had drugs seized since early March. They have to reorder the medication or pay higher prices at their local pharmacy.

"How can the FDA justify spending resources on this during a worldwide pandemic?" Hepscher asked.

FDA officials refused to comment.

The latest seizures come as the **Trump administration works** with Florida, Colorado and other states to set up a system to help more **Americans import drugs** from Canada, where many brand-name medications are significantly cheaper than in the United States.

About 2% of American adults say they **buy drugs from outside the United States** — either over the internet or during travels to Canada or overseas.

Gabriel Levitt, co-founder of PharmacyChecker.com, a private company that verifies international online pharmacies for consumers, said the seizures are affecting consumers nationwide. He surmised the crackdown could be related to federal efforts to scrutinize shipments of medications and substandard hand sanitizers claiming to help treat or prevent COVID-19, the illness caused by the novel coronavirus.

The FDA has said that in most cases importing drugs for personal use is illegal, although it very rarely tries to stop Americans from bringing drugs across the Canadian border and it intercepts only a fraction of those sent by mail from foreign pharmacies.

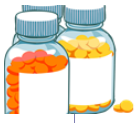
In 2019, the FDA said it planned to screen 45,000 packages after recently increasing staffing at the mail facilities. Previously, the FDA was inspecting 10,000 to 20,000 packages annually, which amounts to fewer than 0.18% of the packages assumed to contain drug products. With additional resources, the agency said it planned to increase that number to **100,000 packages** per year….**Read More**

Trump administration drug proposals will keep prices high

Nicholas Florko reports for **Stat News** on minor and arguably risky efforts by the Trump administration to drive competition in the Medicare Part D prescription drug marketplace through the promotion of biosimilars and generic drugs. The administration's drug proposals will keep prices high. To bring down drug costs, Congress should set prices at the **average of what other wealthy countries pay for them**.

One administration proposal would give bonuses to Medicare Part D drug plans if they steered their members towards generic drugs. Right now, drugmakers pay insurers to push their costly drugs, so the insurers tend to do so. Another proposal recommends that insurers create a special low-cost tier in their formularies for lower-cost medicines.

Promoting the use of **generic drugs** or biosimilars, which are generic versions of biologicals made from living cells, should not be controversial. They make sense. But, for a host of reasons, patient advocates, pharmaceutical companies, health insurers and pharmacists are pushing back against these proposals.



Of course, health insurers should not need to be incentivized **to promote generics** and biosimilars. But, they are not doing so in many instances where they should be. So, the Centers for Medicare and Medicaid Services (CMS) has proposed that it would factor in the frequency with which Part D insurers have patients taking generics and biosimilars as part of their **star-rating**, which in turn affects the amount of money CMS pays them.

One issue is that insurers receive rebates, money back from pharmaceutical companies, when they put certain brand-name drugs on their formularies and promote them. The insurers say that sometimes these rebates make brand-name drugs less costly than generic drugs. So, they argue that pushing generics could drive up costs.

The pharmaceutical companies argue that **biosimilars are not identical to biologics**. So, it would be wrong to push the biosimilars in many cases.

What's particularly troublesome about the fights over these proposals is that the insurance and pharmaceutical industries seem to win them with the argument that they will drive up costs because pharmaceutical companies will respond with higher prices for drugs. The fact is that any attempt to "save" money can be met with higher brand-name drug prices since Congress has given pharmaceutical companies the power to set prices through the patent system.

For brand-name drugs, pharmaceutical companies control the price. Insurers will pay an agreed upon high price because they will benefit financially–with a rebate–from the pharmaceutical companies. So long as drugmakers can set the price and insurers can pocket rebate dollars–they can also keep the amount of the rebates secret–there's no way for the American public to see lower drug prices.

The simplest and fairest solution in a global marketplace is for the federal government to establish drug prices in the US that are **on average what other wealthy countries pay** for their drugs. Although President Trump at one point argued that Americans should not be paying higher drug prices than people in other wealthy countries, it appears he has since been swayed otherwise.

COVID-19 Issues and Medicaid Policy Options for Long-Term Services and Supports

The COVID-19 pandemic has greater implications for people who utilize long-term supports and services (LTSS), including seniors and people with disabilities & chronic illnesses, compared to the general population. This issue brief presents state-level data on LTSS users, including the 2.5 million people who receive HCBS through waivers, 1.3 million people in nursing homes, and 800,000 people in assisted living facilities. This brief also explores key issues and potential state and federal policy responses for LTSS users in light of the COVID-19 pandemic and Medicaid's role as the primary LTSS payer.

- COVID-19 disproportionately impacts the elderly and those with chronic conditions, making the LTSS population particularly vulnerable to severe outcomes if they contract the virus. LTSS populations include elderly and non-elderly people with intellectual and developmental disabilities, physical disabilities, behavioral health diagnoses (such as dementia), spinal cord or traumatic brain injuries, and/or disabling chronic conditions.
- People receiving LTSS in nursing homes are at increased risk from coronavirus, and those in home and community-based settings also may be at greater risk of adverse health outcomes and unmet daily self-care needs. Those in other congregate settings, such as assisted living facilities, also may be at increased risk of infection due to occupancy density. Those receiving care in the community from home health aides or personal care attendants may face worker shortages and limited medical supplies.
- States have a variety of policy options available to respond to the needs of LTSS users during the COVID-19 emergency, including new options created by recent federal law and policy guidance. States can use various Medicaid authorities to increase and support access to LTSS during public health emergencies, such as expanding eligibility, streamlining enrollment and renewal processes, expanding services, and supporting providers to ensure an adequate workforce. Recent federal legislation provides increased federal matching funds for state Medicaid programs during the emergency and additional money for nursing home inspections. CMS has also released guidance for states on nursing home visitor restrictions, infection control, and segregating coronavirus positive and negative-testing patients as well as options to expand the use of telehealth.

Introduction

While the COVID-19 pandemic is a global crisis, it may have greater implications for people who utilize long-term supports and services (LTSS), including seniors and people with disabilities & **chronic illnesses**. As the primary payer for LTSS for millions of low-income Americans, Medicaid is poised to play an important role in the nation's COVID-19 response for vulnerable populations. There is limited coverage for LTSS under Medicare and few affordable options in the private insurance market….**Read More**

Figure 1

COVID-19 Has Greater Implications for People Who Need Long-Term Services and Supports

Who uses LTSS?	LTSS Risk Factors	Policy Options
People who need LTSS may have a range of conditions, including: ✓ Cognitive disabilities ✓ Physical disabilities ✓ Disabling chronic conditions ✓ Aging-related disabilities	✓ Old age and chronic conditions ✓ High occupancy density across settings may lead to faster rates of spread ✓ Unmet daily self-care needs due to caregiver restrictions	✓ 1135 waivers, 1115 waivers, and 1915 (c) Appendix K waivers. ✓ Federal legislation (e.g. CARES Act) ✓ Federal guidance about nursing homes infection control, telehealth, and other topics related to COVID-19

KFF

Growing Prescription Drug Shortage

Concern is growing that prescription drug shortages due to the COVID-19 pandemic may cause significant spikes in prescription drug costs for retirees, The Senior Citizens League (TSCL) warns. "Some of the recent data, and email from the public suggests that we may be in for stiff jumps in some prescription drug prices," says Mary Johnson, a Medicare and Social Security policy analyst for The Senior Citizens League.

A new poll conducted by The Senior Citizens League, from January through March 20, 2020, when there was still a relatively low number of U.S. COVID-19 cases, indicates that 36 percent of survey participants report that they expected their total drug costs will grow by more than 10 percent this year. Of those, 19 percent thought their costs would grow by more than 20 percent, based on their best estimate of 2020 Medicare drug or health plan premiums, deductibles and out-of-pocket costs.

"But those estimates did not anticipate COVID-19 - caused drug shortages for some of the most widely-prescribed medications, such as albuterol inhalers, or the insulin drug Lantus," says Johnson. A study published in the Annuals of Internal Medicine in 2018 suggests that pharmaceutical companies raise prices of drugs that face shortage about 20 percent annually on average, but about 9 percent annually for medications in good supply. "There is nothing in Medicare Part D pricing system that protects older Americans from stiff price increases during the coronavirus crisis," Johnson says.

Johnson recently refilled a prescription for albuterol inhalers, a drug that is reported to be in short supply. Her drug plan's online pharmacy posted an estimated copay of $81.00 each. Her small, privately-owned walk-in pharmacy was still was charging $46.99 each. "While I managed to save on this refill using our local pharmacy, it's not clear whether I will be able to do that again for the next one," Johnson notes. Johnson put together a list of steps that consumers can take if encountering significant prescription drug price increases:

1. Contact your doctor's office and alert them to the price increase. Ask if they have emergency samples of your prescription that they can provide, or if they can give you the contact number of programs that can help you.
2. Ask your doctor if you have alternate drug choices to manage your condition. Ask your doctor if there are changes you can make in diet or exercise that could help reduce your reliance on the medication or help lower the quantity that you need to take.
3. Call your local State Health Insurance Assistance Program (SHIP) and ask for free counseling from a Medicare counselor. You can find local contact info here: **https://www.shiptacenter.org**. Many of these programs operate through local agencies on aging or senior services departments. Counselors can help you over the phone from home.
4. Depending on your income, you may qualify for Medicare Extra Help, which can cover most or all of your prescription drug premium and out-of-pocket costs. A SHIP counselor may also know of special programs in your state.
5. Double check the price quote that you received by checking the difference in price between several retail walk-in pharmacies and mail-in. Often, mail order can be less expensive than walk-in retail, but not always. If you have your prescriptions set up for automatic mail order shipments, double check the current prices and make adjustments if you can lower that cost. Check for each separate drug.
6. If you feel the price increase isn't justified, send an email to your Members of Congress!

"This is an election year and the last thing your Members of Congress want to hear is that health insurers are blaming COVID-19 for their steep price increases," says Johnson. There is a tool for checking whether there really is a shortage. Look up your prescription in the FDA's **drug shortage database**.

A Message from Social Security Commissioner Andrew Saul

Act Now – Go to IRS.gov.

Action Needed for Social Security Beneficiaries with Dependents and Who Do Not File Tax Returns to Receive $500 Per Child Payment

"Social Security beneficiaries and Supplemental Security Income (SSI) recipients who don't file tax returns will start receiving their automatic Economic Impact Payments directly from the Treasury Department soon. People receiving benefits who did not file 2018 or 2019 taxes, and have qualifying children under age 17, however, should not wait for their automatic $1,200 individual payment. They should immediately go to the IRS's webpage at **www.irs.gov/coronavirus/non-filers-enter-payment-info-here** and visit the Non-Filers: Enter Payment Info Here section to provide their information. Social Security retirement, survivors, and disability insurance beneficiaries with dependent children and who did not file 2018 or 2019 taxes need to act by Wednesday, April 22, in order to receive additional payments for their eligible children quickly. SSI recipients need to take this action by later this month; a specific date will be available soon.

By taking this proactive step to enter information on the IRS website about them and their qualifying children, they will also receive the $500 per dependent child payment in addition to their $1,200 individual payment. If beneficiaries in this group do not provide their information to the IRS soon, their payment at this time will be $1,200. People would then be required to file a tax year 2020 tax return to obtain the additional $500 per eligible child.

I urge Social Security and SSI recipients with qualifying children who do not normally file taxes to take action now. Immediately go to **IRS.gov** so that you will receive the full amount of the Economic Impact Payments you and your family are eligible for.

People with Direct Express debit cards who enter information at the IRS's website should complete all of the mandatory questions, but they may leave the bank account information section blank as Treasury already has their Direct Express information on file.

Additionally, any new beneficiaries since January 1, 2020, of either Social Security or SSI benefits, who did not file a tax return for 2018 or 2019, will also need to go to the IRS's Non-Filers website to enter their information as they will not receive automatic payments from Treasury."

‘It’s Not Over Until It’s Over’: 5 Things To Know About Hitting The COVID-19 Peak

As New York, California and other states begin to see their numbers of new COVID-19 cases level off or even slip, it might appear as if we’re nearing the end of the pandemic.

President Donald Trump and some governors have pointed to the slowdown as an indication that the day has come for reopening the country. “Our experts say the curve has flattened and the peak in new cases is behind us,” Trump said Thursday in announcing the **administration’s guidance** to states about how to begin easing social distancing measures and stay-at home orders.

But with the national toll of coronavirus deaths climbing each day and an ongoing scarcity of testing, health experts warn that the country is nowhere near “that day.” Indeed, a study released this week by Harvard scientists suggests that without an effective treatment or vaccine, social distancing measures may have to stay **in place into 2022**.

Kaiser Health News spoke to several disease detectives about what reaching the peak level of cases means and under what conditions people can go back to work and school without fear of getting infected. Here’s what they said.

It’s Hard To See The Peak

Health experts say not to expect a single peak day — when new cases reach their highest level — to determine when the tide has turned. As with any disease, the numbers need to decline for at least a week to discern any real trend. Some health experts say two weeks because that would give a better view of how widely the disease is

still spreading. It typically takes people that long to show signs of infection after being exposed to the virus.

But getting a true reading of the number of cases of COVID-19, the disease caused by the coronavirus, is tricky because of the lack of testing in many places, particularly among people under age 65 and those without symptoms.

As New York, California and other states begin to see their numbers of new COVID-19 cases level off or even slip, it might appear as if we’re nearing the end of the pandemic.

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The death toll from coronavirus in the U.S. surpassed 40,000 on Sunday.

The death toll from coronavirus in the U.S. **will surpassed 50,000** on Sunday. That’s more than the Vietnam war.

A nationwide tally **conducted by Johns Hopkins University** indicated that the total number of dead in the U.S. sat at 40,461 as of Sunday, April 19th, while more than 755,000 cases of the virus have been confirmed across the country. So far, over 67,100 recoveries have been recorded in the U.S.

Globally, the virus has infected more than 2.3 million people, as governments in many countries including the U.S. have ordered some non-essential businesses to close and residents to stay at home unless absolutely necessary.

Anthony Fauci, a member of the White House coronavirus task force and head of the National Institute of Allergy and Infectious Diseases (NIAID), warned this week during an interview with Fox News's **Laura Ingraham** that the coronavirus was "extraordinarily efficient" at transmission between hosts and would likely not totally disappear.

"I must say that the degree of efficiency of transmissibility of this is really unprecedented in anything that I’ve seen. It’s an extraordinarily efficient virus in transmitting from one person to another,” Fauci said. “These kinds of viruses don’t just disappear.”

"I think it’s a little misleading maybe to compare what we’re going through now with HIV or SARS. They’re really different," he added.

The newest U.S. death toll comes as states around the country as well as the White House have been pushing to reopen businesses in the coming weeks.

Coronavirus: Have a plan if you get sick

The **Centers for Disease Control and Prevention** (CDC) offers an array of advice to people during the coronavirus pandemic. In particular, the CDC offers a checklist for how to prepare in the event you get sick and experience fever, coughing or shortness of breath, or lose your **sense of smell**. You might also experience **heart symptoms**.

Here’s what to do:

- Have phone and email contact information on hand to connect with people who can be of assistance should you become ill.
- Speak with your doctor about getting extra medicines to ensure you have what you need if you can’t get out. Or, find a way to get your prescription drugs through mail-0rder.
- Make sure to have necessary over-the-counter medicines and supplies if you fall ill. For example you should have medicines to treat a fever or stomach problems.
- Keep extra household supplies and pantry items in case you can’t leave home or no one is able to bring supplies to you.

- ¨ If possible, avoid going out; ask family and friends to help bring what you need to your home.
- Consider ways of getting medications and food brought to your house through family, social, or commercial networks.
- Identify someone to take care of your pets should you get sick.

It’s best to stay at home as much as you can. Wash your hands and clean and disinfect surfaces regularly. And, if you are in the company of others, stay at least six feet away and wear a mask. Also, check in with your local public health department. There may be community actions that are warranted to minimize the community’s exposure to the virus and contain its spread.

If you have any questions or concerns about your health, contact your doctor immediately. **Medicare now covers the full range of telemedicine services**, meaning that you can “see” your doctor via the telephone or computer, without having to leave your home.

RI ARA HealthLink Wellness News

Early On, Many Seniors Were Unfazed by Coronavirus Warnings, Study Finds

The coronavirus hits older people and those with chronic medical conditions hardest. But many of these folks didn't take the virus seriously as the outbreak took off in the United States, a new study finds.

Before stay-in-place orders were announced, investigators called nearly 700 people in the Chicago area who were part of five U.S. National Institutes of Health studies. Most were 60 and older. The calls were made March 13-20.

"They didn't think they would get the virus and weren't changing their daily routine or plans," said lead investigator Michael Wolf, a professor of medicine at Northwestern University's Feinberg School of Medicine in Chicago.

"If you don't take action early on, it can be too late. Their delayed action to social distance could have put them at risk," Wolf said in a university news release.

Two-thirds of these patients had three or more chronic conditions, including lung disease, transplanted kidneys, cardiovascular disease and type 2 diabetes.

"We wanted to track their awareness of COVID-19 throughout the period of the pandemic and after to see what they're doing differently and how it is affecting their ability to manage their chronic diseases," Wolf said. "We were very concerned, given the conflicting public health messaging from the very beginning, that these high-risk individuals may not be getting the information they need."

The researchers also found disparities by race and social status. Blacks were less worried and saw themselves less likely to get COVID-19, yet also felt less prepared than whites. Those below the poverty level were also less worried. And people with low health literacy also said they were not likely to get COVID-19 and were more likely to report not being prepared for an outbreak.

"There were no racial or socioeconomic differences in how people perceived the seriousness of the COVID-19 threat, nor in knowledge of the virus or in changing routines and plans accordingly," Wolf said. "These differences around level of worry, likelihood of becoming infected and feeling unprepared might reflect more longstanding social and economic disparities."

The researchers intend to question these people several more times to see if they have problems getting their medication or participating in telehealth visits. They'll also assess the overall effect of the pandemic on their physical and mental health.

Memory, Forgetfulness, and Aging: What's Normal and What's Not?

Many older people worry about their memory and other thinking abilities. For example, they might be concerned about taking longer than before to learn new things, or they might sometimes forget to pay a bill. These changes are usually signs of **mild forgetfulness**—often a normal part of aging—not serious memory problems.

Talk with your doctor to determine if **memory** and other thinking problems are normal or not, and what is causing them.

What's the difference between normal, age-related forgetfulness and a serious memory problem? Serious memory problems make it hard to do everyday things like driving and shopping. Signs may include:

- Asking the same questions over and over again
- Getting lost in familiar places
- Not being able to follow instructions
- Becoming confused about time, people, and places

Mild Cognitive Impairment

Some older adults have a condition called **mild cognitive impairment**, or MCI, in which they have more memory or other thinking problems than other people their age. People with MCI can take care of themselves and do their normal activities. MCI may be an early sign of Alzheimer's, but not everyone with MCI will develop **Alzheimer's disease**.

Signs of MCI include:

- Losing things often
- Forgetting to go to important events or appointments
- Having more trouble coming up with desired words than other people of the same age

If you have MCI, visit your doctor every 6 to 12 months to see if you have any changes in memory and other thinking skills over time. There may be things you can do to maintain your memory and mental skills. No medications have been approved to treat MCI.

Dementia and Aging

Dementia is the loss of cognitive functioning—thinking, remembering, learning and reasoning—and behavioral abilities to such an extent that it interferes with daily life and activities. Memory loss, though common, is not the only sign. A person may also have problems with language skills, visual perception, or paying attention. Some people have personality changes. Dementia is not a normal part of aging.

There are different forms of dementia. Alzheimer's disease is the most common form in people over age 65. The chart below explains some differences between normal signs of aging and Alzheimer's disease.

When to Visit the Doctor for Memory Loss

If you, a family member, or friend has problems remembering recent events or thinking clearly, **talk with a doctor**. He or she may suggest a thorough checkup to see what might be causing the symptoms

The annual Medicare wellness visit includes **an assessment for cognitive impairment**. This visit is covered by **Medicare** for patients who have had Medicare Part B insurance for at least 1 year.

Memory and other thinking problems have many possible causes, including **depression**, an infection, or a medication side effect. Sometimes, the problem can be treated, and the thinking problems disappear. Other times, the problem is a brain disorder, such as **Alzheimer's disease**, which cannot be reversed.

Finding the cause of the problems is important to determine the best course of action.

For More Information About Memory Loss and Forgetfulness

NIA Alzheimer's and related Dementias Education and Referral (ADEAR) Center
1-800-438-4380 (toll-free)
adear@nia.nih.gov
www.nia.nih.gov/alzheimers
The National Institute on Aging's ADEAR Center offers information and free print publications about Alzheimer's disease and related dementias for families, caregivers, and health professionals. ADEAR Center staff answer telephone, email, and written requests and make referrals to local and national resources.

National Institute of Neurological Disorders and Stroke
1-800-352-9424 (toll-free)
braininfo@ninds.nih.gov
www.ninds.nih.gov

Alzheimer's Association
1-800-272-3900 (toll-free)
1-866-403-3073 (TTY/toll-free)
info@alz.org
www.alz.org

Which Foods Might Reduce Your Odds for Dementia?

Eating a Mediterranean diet that's high in vegetables, whole grains and fish could reduce your risk of mental decline, two studies from the U.S. National Eye Institute (NEI) suggest.

"We do not always pay attention to our diets. We need to explore how nutrition affects the brain and the eye," lead author Dr. Emily Chew said in an NEI news release. She is director of the institute's division of epidemiology and clinical applications.

The researchers analyzed data from the Age-Related Eye Disease Study (AREDS) and the follow-up study, AREDS2. The studies, which included 8,000 people in all, were set up to explore the eye disease age-related macular degeneration.

At the start of both studies, participants' diets were assessed, including their average consumption of specific Mediterranean diet components over the previous year. Besides veggies, whole grains and fish, this type of meal plan is rich in whole fruits, nuts, legumes and olive oil.

A Mediterranean diet also features lower consumption of red meat and alcohol.

AREDS tested participants' mental (cognitive) function at five years, and AREDS2 tested mental function at the start and again two, four and 10 years later.

Those who most closely followed the Mediterranean diet had the lowest risk of mental impairment.

Although the study can't prove a direct cause-and-effect relationship, high levels of fish and vegetable consumption appeared to provide the greatest protection. At 10 years, those in AREDS2 who ate the most fish had the slowest rate of mental decline.

The differences in mental function between participants with the highest and lowest adherence to a Mediterranean diet were relatively small, meaning it's unlikely that individuals would have a difference in daily mental function, the researchers said.

But at a population level, the results clearly show that mental function and brain health depend on diet, according to the authors. The findings were published April 14 in the journal *Alzheimer's and Dementia*.

The researchers also found that people with the APOE gene -- which puts them at higher risk for Alzheimer's disease -- on average had lower cognitive function scores and greater mental decline than those without the gene.

The benefits of closely following a Mediterranean diet were similar for people with and without the APOE gene. This means the effects of diet on mental function are independent of genetic risk for Alzheimer's disease, according to the researchers.

Certain Gene Might Help Shield At-Risk People From Alzheimer's

People who carry a gene called APOE4 face an increased risk of Alzheimer's. But that effect may be lessened if they got luckier with a different gene, researchers have found.

Scientists have long known that the APOE gene is the strongest genetic influence over whether people develop Alzheimer's late in life. Those who carry a form of the gene called E4 have a higher-than-average risk.

However, not all APOE4 carriers develop Alzheimer's -- and it's important to understand what protects those people, said study co-author Dr. Michael Greicius, an associate professor of neurology at Stanford University School of Medicine in California.

Based on his team's findings, a lot may ride on another gene, called klotho. Among APOE4 carriers, those who also have a "protective" form of klotho are 30% less likely to develop Alzheimer's by age 80.

Neurologist Dr. Dena Dubal said it suggests that the klotho variant can help the brain "altogether avert harmful effects of APOE4."

Dubal is an associate editor of *JAMA Neurology*, which published the study online April 13. She authored an editorial accompanying the findings.

The klotho gene is named for a Greek Fate and daughter of Zeus, who was said to spin the thread of life. It's so-called because recent studies have revealed the gene to be important in healthy aging, in lab mice and in people.

"It's basically a longevity gene," said Greicius.

What's not clear, he said, is exactly how klotho counteracts some of the harm of APOE4. If researchers can figure that out, Greicius added, it could potentially lead to new treatments or ways to prevent Alzheimer's.

We all inherit two copies of every gene -- one from each parent. In the United States, about 25% of the population carries one copy of APOE4, and their Alzheimer's risk is three to four times higher than average, according to the U.S. National Institute on Aging. A small percentage carries two copies, and their risk is higher still.

With klotho, Greicius explained, it's best to inherit just one copy of the protective form. That seems to boost levels of klotho protein in the blood. What's more, people who carry one copy tend to live longer and healthier, versus those who carry either two copies or none.

It turns out that the ideal klotho scenario is just as common as the APOE4 gene variant: About one-quarter of Americans carry one copy of the protective form of the gene, according to Greicius.

For the current study, his team combed through publicly available research databases, collecting data on more than 20,000 people age 60 and up -- some with Alzheimer's, some with milder impairment, and some with intact thinking and memory skills.

Among APOE4 carriers, those who also had one copy of the protective klotho variant were 30% less likely to develop Alzheimer's by age 80. There was no evidence, however, that the klotho variant protected people who did not carry the APOE4 variant.

"That suggests to us there could be an interaction between the klotho variant and APOE4," Greicius said.

It will be important to understand what is going on, Dubal said. At this point, she noted, there are some clues from animal research: In lab mice, higher klotho levels boost brain function.

"Maybe klotho, along with a healthy lifestyle, could be an effective treatment for APOE4 carriers in staving off Alzheimer's," Dubal speculated. "We need more work down this pathway."

It does seem logical that raising klotho levels in the body could be beneficial, Greicius agreed. However, he stressed, no one knows if that's actually the case.

The findings raise another question: Should APOE4 carriers be tested for their klotho genotype? Greicius said he thinks more research is needed first.

That point was echoed by Rebecca Edelmayer, director of scientific engagement for the Alzheimer's Association.

"I don't think this is something you can talk to your doctor about today -- though it may be in future," Edelmayer said. She noted that researchers are continuing to dig into the genetics of Alzheimer's, and it may well turn out that other genes (and gene interactions) are key to the puzzle, too.

And then there are lifestyle measures: a healthy diet, exercise, controlling health conditions like high blood pressure and diabetes, and challenging the mind with mentally engaging activities. Research suggests that in general, those things can help protect the aging brain, Edelmayer said.

WHY A DAILY ROUTINE IS IMPORTANT FOR SENIORS

Young or old, people are most afraid of the unknown.

As someone loses control over their physical abilities, independence, or cognitive abilities, their world becomes filled with more and more unknowns.

What is a daily routine?

A routine means doing the same basic activities around the same time every day. This gives structure and a natural flow to the day.

Having a routine also makes it easier to remember if your older adult has done necessary things like take medicine, use the bathroom, drink water, and eat.

For example, part of a regular daily routine would be to wake up at 8 AM, use the toilet, brush teeth, wash face, comb hair, change from pajamas to regular clothes, then sit down to a hot breakfast of oatmeal and coffee. After that, your older adult would take their morning medications.

When you create a daily routine for your older adult, base it roughly on their current daily activities so the adjustment won't be too difficult.

In addition, keep in mind that a rigid schedule is not necessary. The main goal is to give their day more structure and predictability.

3 ways a regular daily routine benefits seniors

1. Reduced stress and anxiety

Seniors who no longer have control of their lives may feel constantly stressed and anxious. They may feel disoriented or unsure about what's going to happen in the next moment. This often happens when someone has **Alzheimer's, dementia, stroke,** or other health condition that causes significant cognitive or physical impairment. Some older adults have become too ill or frail to manage their days. They're dependent on others for all the usual tasks of daily living. And when they're so dependent, not knowing when or if their needs will be met is another source of stress.

A predictable routine reduces stress and anxiety because seniors know exactly what will be happening, who will be helping them, how the activity will be done, and when it will occur.

Over time, these routine actions will become part of their body memory. They won't have to consciously think or worry about what's coming next.

2. Increased feeling of safety and security

Most people don't like surprises and constant uncertainty. Having a routine lets your older adult predict and plan their day, which makes them feel safe and stable. It's also easier to cope with memory and cognitive issues when everything else is known and predictable.

Even though someone with **dementia** might not be consciously aware of the routine or even of the passing of time, going through a regular routine will make them feel more grounded and secure.

3. Improve sleep

Having a regular daily routine also helps older adults sleep better.

A **study** found that doing the same basic activities like eating, dressing, and bathing at the same time every day improves sleep quality.

Since many older adults have **trouble sleeping through the night**, creating a regular daily routine is a simple, non-drug way to improve the situation.

How safe are generic drugs?

An op-ed by Katherine Eban in **The New York Times** exposes the FDA's lax regulatory oversight of generic drug manufacturing. It makes a compelling case that generic drugs that are manufactured abroad may not be safe. What is to be done?

The FDA is extremely limited in its ability to oversee foreign generic drug manufacturing plants. Yet, 90 percent of the drugs we take are generic. We depend upon them heavily. And, many are manufactured abroad.

Back in 2012, the FDA's Peter Baker took on the job of inspecting Indian generic drug manufacturing plants. He wanted to understand best practices. Instead, he saw serious safety risks. And, he discovered false data and reports at 29 of the 38 generic drug plants he visited. More recently, he found a similar rate of fraud and deception in Chinese drug manufacturing plants.

Generic drug manufacturers must comply with FDA regulations, including collecting and storing data about drugs as they are made. But, they too often do not comply, according to Eban, who reports extensive problems in India and China. For example, at one manufacturing plant, Baker saw that an employee was trying to bury data showing that the manufacturer knowingly distributed insulin containing metallic pieces from a defective machine. And, it continued to use that machine to manufacture other drugs. Shortly after Baker's discovery, the FDA stopped all imports from that plant.

As Baker continued his inspections, he discovered that fraud and deception were the norm at these generic manufacturing plants. He identified secret labs and false data at nearly 80 percent of plants. The FDA was receiving completely trumped up reports from the manufacturers. Around **40 percent of generic drugs sold in the US are manufactured in India.**

Moreover, the **FDA reports** that **80 percent of active ingredients in all drugs sold in the US are not made in the US.** And, 40 percent of finished drugs are imported. Gabriel Levitt, president of **PharmacyChecker.com** told me that his company found that **71 of the 100 most frequently used brand-name drugs are not made in the US.**

Eban writes that "In some instances, deceptions and other practices have contributed to generic drugs with toxic impurities, unapproved ingredients and dangerous particulates reaching American patients." And, she says that the generic drugs are, in some cases, making patients in the US sicker.

Eban doesn't highlight concerns with brand-name drugs, even though many of their active ingredients are manufactured overseas as well, including India and China. And, some brand-name drugs manufactured in the US have been found to put patients at risk. In 2010, the **government fined Glaxo-Smith Kline $750 million** for intentionally selling 20 contaminated drugs that may not have been safe or effective. More recently, the **FDA cited Pfizer** for manufacturing and selling EpiPens that did not work properly, which **may have led to the death of seven people.**

Between 2013 and 2018, the FDA has lightened the punishment on generic drug manufacturing plants that cook their books or otherwise make drugs that may be unsafe. It often asks the manufacturer to take "voluntary action" to address problems and allows their drugs to be sold in the US.

Eban calls on the federal government to ban drugs in the US that are made in plants that do not comply with FDA regulations. That seems like a fair start. Another strategy would be for the federal government to manufacture the drugs itself, something it once did in some instances.

Can You Develop Food Allergies Later in Life?

I sat down to eat dinner – a meal I've had many, many times in my life. A quesadilla dipped in sour cream. Yet, this time, within a few minutes of eating it, I started to get really hot and itchy. My stomach was painfully bloated. What was happening? Could it be the dairy? I found myself wondering, can you develop food allergies later in life, at complete random? After food journaling and a few trips to the doctor, I realized that it seems, in fact, that you can. So, how common are adult-onset food allergies and what can you do to treat them?

Can you develop food allergies later in life and how often does adult-onset food allergy happen?

WebMD reports that one in every 10 adults has a food allergy. In fact, half of those adults developed the food allergy later in life – not as a child. Although it's not extremely common, it does happen. There seems to be very little studies out there about developing food allergies later in life. However, from the little that exists, it's happening more often.

What are symptoms of a food allergy

Food allergies aren't always really easy to detect, especially if you have an eclectic pallet. If you're eating meals that have lots of different ingredients, you may not realize right away which one is a trigger for you. If you start to notice that you're not feeling well – signs like immediate bloating or diarrhea after eating, nasal congestion, or rashes/hives – start food journaling. Document what you eat and what your symptoms are. A doctor will then be able to help you narrow down your food allergy. In extreme cases, you can actually go into anaphylactic shock. This is more likely to happen the longer you ignore mild symptoms of an allergy, so take any and all suspected food-related intolerances seriously.

What's the difference between an allergy and an intolerance?

When you are allergic to a food, you will have symptoms of an allergic reaction: hot, dizzy, racing heart, skin itchiness, stomach bloating, and sometimes even diarrhea or vomiting. You can also experience trouble breathing, (a sign of anaphylactic shock), so at this point you should immediately seek medical attention. With a food intolerance, your symptoms will be milder and less consistent. You may experience stomach pain, fatigue, or headaches. Your symptoms may not happen every single time you ingest the food, so this is harder to detect.

What foods are you most likely to have an allergic reaction to?

According to recent studies, people are more likely to have allergic reactions to certain foods rather than others. Milk is the most popular food allergy, followed by peanuts, tree nuts, and fin fish. Eat, wheat, and soy also made the list.

Are food allergies life threatening?

Severe food allergies can be life threatening. It's important to get diagnosed so that you can get proper medication from your doctor to treat your food allergy. Some people can get by simply taking antihistamines. Others need a shot of epinephrine and medical care.

You Are Not Alone.

So…can you develop food allergies later in life? Yes. Is it absolutely terrifying? Yes. It is really scary when you develop a food allergy for the first time. If you've never had those symptoms before, you don't really understand what is happening to your body. Don't dismiss it. Seek medical attention! Although you might not get all of the answers you are looking for, you will hopefully find some clarity or **direction for your diet**.

Here are some additional facts about food allergies:

- As we said above, one in 10 adults have a food allergy, and more than half of them have experienced a severe reaction.
- Almost four in 10 of those severe reactions required emergency treatment.
- This one is discouraging for some – only one in 20 people with a convincing food allergy actually have a confirmed diagnosis from a doctor.

7 Ways to Avoid Falling for False Health Information Online

The moment you feel a tickle in your throat or spot a new rash on your child it's easy to turn to Dr. Google. From the comfort of your **couch**, you can enter your symptoms into the search engine and begin down a rabbit hole of potential causes, symptoms, and treatments. "Dr. Google has never been to any of our med classes, but he is probably the most popular doctor out there," **Jessica Shepherd**, M.D., an OB-GYN and founder of Her Viewpoint joked at the BlogHer Health panel about discerning the reliable health information online from the fake, sponsored by Pfizer, in February.

Sometimes, an online algorithm of results from Google and other search engines can help you figure out what's going on. But turning to the web does not always mean accurate information — nor is it the best way to keep up with your health.

Here, how to discern between good and questionable health information online and offline, according to physician panelists from the event.

1. **Don't be fooled by glitz and glam**
2. **Research before you buy**
3. **Don't fall for marketing buzzwords**
4. **Keep scrolling — for the footnotes**
5. **Bookmark the good**
6. **When in doubt, see your doctor IRL**
7. **Find a new support system if you're not happy with your existing one**

….Read More

13 Things Neurologists Do to Help Prevent Alzheimer's Disease

Understanding Alzheimer's disease

Alzheimer's disease is the leading cause of **dementia**, accounting for approximately 80 percent of dementia cases and affecting more than **5.5 million people** in the United States. But all dementia is not Alzheimer's, says **David Knopman**, MD, a neurologist at the Mayo Clinic in Rochester, Minnesota, and Fellow of the **American Academy of Neurology**. Dementia is a general term used to describe a set of symptoms that may include memory loss and difficulties with thinking, problem-solving, or language. Alzheimer's is a **physical disease** that targets the brain, causing problems with memory, thinking, and behavior. It is also age-related (symptoms usually start at age 65) and progressive as symptoms usually develop slowly and worsen over time. Research shows that plaques and tangles, two proteins that build up and block connections between nerve cells and eventually damage and kill nerve cells in the brain, cause the symptoms of the disease. Learn more about the **difference between Alzheimer's and dementia**.

Click through the slide show above to learn more.