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RI ARA

Affiliated with the Rhode Island AFL-CIO
"Fighting for the future of our members."
"NOW, more than ever!!!"

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RI ARA

Government Pension Offset & Windfall Elimination Provision Must Be Repealed NOW!!

The Alliance for Retired Americans has brought together a coalition of organizations and individuals that support the repeal of the GPO and WEP immediately and urge all who are appalled by this injustice to join the fight. The bills this Congressional Session are H.R. 141 and S. 521. They were introduced in January and February of 2019 respectively, and both have strong bipartisan support.

The Government Pension Offset (GPO) reduces public employees' Social Security spousal or survivor benefits by two-thirds of their public pension, often eliminating it totally. The Windfall Elimination Provision (WEP) reduces the earned Social Security benefits of an individual who worked a job during which they paid into Social Security, but also receives a public pension from a job not covered by Social Security.

The GPO affects people who work as federal, state, local government employees, educators, police officers, and firefighters, if the job is not covered by Social Security. The impact of GPO:

- *Normally at retirement a spouse of 10 years or more is eligible to receive a benefit in the amount equal to half the amount of a FICA contributor's Social Security retirement benefit. A spouse can choose to receive that amount or their own earned Social Security benefit. If that Social Security earner dies, the spouse can chose to be paid that earners entire benefit, rather than their own.*
- *If a GPO impacted spouse has earned their own retirement benefits from a public agency that does not contribute to Social Security, their right to their husband/wife's spousal or survivor benefits is reduced by an amount equal to two-thirds their public agency pension. This provision can eliminate all Spousal or Survivor benefits.*

The WEP affects people who worked in jobs not covered by Social Security and in jobs in which they earned Social Security benefits – such as educators who do not earn Social Security in the public schools, but who work part-time or during the summer in jobs covered by Social Security. The WEP also affects people who move from a job in which they earn Social Security to a job in which they do not pay into Social Security. The impact of WEP: ***Retiree may lose an average of $8,000 annually of benefits they have earned***.

These Offsets MUST be Repealed.

For more than 30 years, these provisions, added to the Social Security Act in the 1980's, penalize people who have dedicated their lives to public service by taking away benefits they have EARNED. Nine out of ten public employees affected by the GPO lose their entire spousal benefit, even though their spouse paid Social Security taxes for many years. The WEP causes hard-working people to lose benefits they earned themselves. This loss of income forces some people into poverty.

This is a national problem – there are affected people in all states. Because people move from state to state after retirement, there are affected individuals everywhere. The number of people impacted across the country is growing every day as more and more people reach retirement age.

Help us make the repeal of GPO and WEP happen now. Sign the Petition below

Important INFORMATION

The Coalition To Repeal the Government Pension Offset (GPO) & the Windfall Elimination Provision (WEP)
National Call In Days August 10 - 14, 2020
Call your Congressperson at 1-855-626-6011 tell him or her to support H. R. 141

The Alliance for Retired Americans has brought together a coalition of organizations and individuals that support the repeal of the GPO and WEP immediately and urge all who are appalled by this injustice to join the fight. The bill this Congressional Session is H.R. 141

Ask that he/she WORK to get the repeal of GPO/WEP passed in Congress *THIS YEA*R.
Be sure to tell him/her why it is important to you.
(if you have called before, ask what he/she is doing to move the bill, and how we can help)

Thank the Congressperson who have co-sponsored H.R. 141,
OR ask those who have not to sign on as a co-sponsor.

Click Here To See If Your Congressperson Is a Co-Sponsor

ADD YOUR NAME

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

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McConnell's COVID Response: Cut Social Security

(Washington, DC) — The following is a statement from **Nancy Altman**, President of **Social Security Works,** in response to Senate Majority Leader Mitch McConnell (R-KY) **announcing** that the TRUST Act is included in the Republican coronavirus package:

"The TRUST Act creates a closed-door process to fast track cuts to Social Security. It is a way to undermine the economic security of Americans without political accountability.

Donald Trump, Mitch McConnell, and all Congressional Republicans have made their priorities clear. In the midst of a catastrophic pandemic, they should be focused on protecting seniors, essential workers, and the unemployed. Instead, they are plotting to use the cover of the pandemic to slash Social Security.

It is no surprise that seniors are increasingly turning against the Republican Party. They are doing nothing to protect seniors and people with disabilities; rather, they are working overtime to cut our earned benefits.

Republicans claim that the TRUST Act is about deficit reduction, but that is patently false. Even conservative president Ronald Reagan **understood** that Social Security does not add a penny to the deficit.

Democrats must stand united and unequivocally reject any package that includes the TRUST Act."

The TRUST Act is a plot to gut Social Security behind closed doors

Eight years ago, **Mitt Romney** ran for president on a promise to **cut Social Security, Medicare and Medicaid**. He even picked Medicare's worst enemy, **Paul Ryan**, to be his running mate. Fortunately, he lost.

Now, Romney is a senator trying to burnish his "moderate" credentials by acting extremely concerned about **Donald Trump**'s crimes—while doing nothing to stop them. But he's still got the same plan for Social Security: Gut it.

This past October, Romney introduced the TRUST Act, which would create a fast-track, closed-door process for cutting Social Security and Medicare.

Of course, Romney isn't saying he'd cut benefits, which is incredibly unpopular with voters of all political stripes. Instead, he's using an Orwellian euphemism — "strengthen." But we know what Romney means, because politicians don't shut the door when they're trying to do something popular.

Any discussion about the future of Social Security should be done in the light of day, where the American people can see it. That's just what House Democrats are doing, with the Social Security 2100 Act.

This legislation, which is co-sponsored by around 90 percent of House Democrats, increases Social Security benefits for everyone. It also has additional targeted increases for the most vulnerable beneficiaries. On top of that, it addresses Romney's alleged mathematical concerns by keeping the Social Security trust fund strong into the next century and beyond.

All of this is fully paid for, in part by requiring the wealthiest Americans — like Romney — to pay into Social Security at the same rate as the rest of us. Currently, Romney and his fellow millionaires stop paying into Social Security for the year after their first $137,700 in income. The 2100 Act also includes a modest, gradual increase in the overall payroll contribution rate.

If Romney really cared about "strengthening" Social Security, he'd sign onto the 2100 Act. But he hasn't — and neither has any other Republican. That's because the entire party is in thrall to Grover Norquist's anti-tax ideology, and they hate tax increases on the wealthy most of all.

Republicans don't want to "save" Social Security. They want to, in Norquist's famous words, "drown it in the bathtub."

A few Democrats are co-sponsors of the TRUST Act, but thankfully they are outliers in their party. That wasn't always the case. A decade ago, "very serious people" in both parties were clamoring for a bipartisan deal to cut benefits, leading to the creation of the infamous Bowles-Simpson committee. Not coincidentally, the co-chair of that committee recently endorsed the TRUST Act.

Grassroots activism defeated Bowles-Simpson, and changed the conversation in Washington. The Democratic Party is now nearly united in support of protecting and expanding Social Security. Every major candidate in the Democratic presidential primary has a plan to expand Social Security.

Even Donald Trump ran on a promise not to cut Social Security, a marked departure from Romney's campaign four years before. Like most of what Trump says, that promise was a lie, but it shows just how politically toxic Social Security cuts are.

The TRUST Act is a relic from a bygone era. Fortunately, it's not 2010 anymore. The Social Security 2100 Act is sponsored by 209 House members, while the TRUST Act is sponsored by 12. The American people have long supported expanding, not cutting, Social Security. Mitt Romney isn't listening, but most Democrats are.

US officials: Russia behind spread of virus disinformation

Russian intelligence services are using a trio of English-language websites to spread disinformation about the coronavirus pandemic, seeking to exploit a crisis that America is struggling to contain ahead of the presidential election in November, U.S. officials said Tuesday.

Two Russians who have held senior roles in Moscow's military intelligence service known as the GRU have been identified as responsible for a disinformation effort meant to reach American and Western audiences, U.S. government officials said. They spoke to The Associated Press on condition of anonymity because they were not authorized to speak publicly.

The information had previously been classified, but officials said it had been downgraded so they could more freely discuss it. Officials said they were doing so now to sound the alarm about the particular websites and to expose what they say is a clear link between the sites and Russian intelligence.

Between late May and early July, one of the officials said, the websites singled out Tuesday published about 150 articles about the pandemic response, including coverage aimed either at propping up Russia or denigrating the U.S.

Among the headlines that caught the attention of U.S. officials were "Russia's Counter COVID-19 Aid to America Advances Case for Détente," which suggested that Russia had given urgent and substantial aid to the U.S. to fight the pandemic, and "Beijing Believes COVID-19 is a Biological Weapon," which amplified statements by the Chinese.

The disclosure comes as the spread of disinformation, including by Russia, is an urgent concern heading into November's election...**Read More**

It's time to rethink nursing home care

For decades now, nursing homes in the US have failed to provide older residents with a dignified and humane life. Their horrifying response to the COVID-19 pandemic and inability to provide residents safe shelter or quality care only underscore the need to rethink nursing home care. We need to replace large institutional nursing homes with smaller facilities that feel more like home.

For a long time now, most institutional nursing homes have had persisting deficiencies. Of late, more than 54,000 nursing home residents and staff have died as a result of the novel coronavirus. COVID-19 provides an opportunity to see the grave vulnerabilities of institutionalized nursing home care today.

The Green House model of nursing home, small and focused first on the needs and desires of residents, is a great model. Green Houses offer a dignified way and patient-centered way to provide long-term care.

Dr. Joanne Lynne, an analyst at the Program to Improve Eldercare at **Altarum**, explains why we should defund today's nursing homes, shut them down and provide care to people in need of long-term care in the community.

Dr. Lynne argues that different types of nursing care are best suited to older adults, depending upon their conditions. Small nursing homes are appropriate for people in need of a lot of assistance and of sound mind who need care over a long-stretch of time. Dr. Lynne sees five categories of people who need nursing care.

1. People discharged from the hospital who need short-term care so that they can return home or to another place in the community.
2. People with brain damage, including dementia and stroke, who do not know where they are and do not have family or friends to provide them assistance.
3. People who need a lot of assistance and don't mind moving out of their homes and having someone take care of them in a home-like setting.
4. People who need a lot of care because of significant disabilities and favor congregate care, and can either afford it or who have coverage to pay for it.
5. People at the end of life who need **hospice care** for a short period of time.

People who have been discharged from the hospital and need short-term care and people who have dementia or otherwise do not know where they are could manage in a less-homelike setting. A small nursing home might not be best for them.

But, people with serious disabilities need a comfortable living space, where they can socialize, build relationships with others, and their personal needs can be tended to. A small nursing home could be appropriate for them. No more than a small group of people should live together to ensure good outcomes.

People in hospice also need a home-like and comfortable setting, but they do not need an environment conducive to establishing long-term relationships.

Nursing homes in the age of COVID-19 are more like prisons for their 1.3 million residents. No visitors. No family or friends with whom to socialize. Often, residents are isolated in a single room. They have had no choice in this arrangement for four months now. They have been disenfranchised and their well-being jeopardized. Smaller nursing homes would make it much easier to contain the spread of a deadly virus.

Medicaid must be able to pay for smaller nursing homes, as it does in many cases with Green Houses. And, in order to help ensure patients needs are met, these homes must be required to spend at least 85 percent of their revenue from insurers on direct patient care.

President Trump's executive orders won't bring down drug prices

For a long time now, President Trump has said that Americans should not be paying more for drugs than people in other wealthy countries, who generally pay prices that are **half what we pay**. Yet, Trump has done nothing to bring down prescription drug prices. On Friday, he made public four executive orders that are restatements of old intentions to address drug prices but won't in fact do anything about drug prices.

To be clear, no executive order on its own can bring down prescription drug prices. Moreover, President Trump has said he will not try to enforce any of his orders until he meets with executives from the pharmaceutical industry. What he says aside, he has no way to enforce them any time soon.

Trump's executive orders are no more than pronouncements. Still, the pharmaceutical industry strongly opposes them. And, Trump is expected to kowtow to Pharma in order to get a COVID-19 vaccine manufactured and distributed quickly.

The executive orders reveal what Trump wants people to think he is doing about prescription drug prices. It is precious little. One executive order is intended to keep Medicare from paying more for drugs that doctors administer than what other wealthy nations pay. Today, for example, doctors administer chemotherapy and rheumatology drugs, which can cost many times more in the US than abroad.

To be clear, this executive order only helps people with Medicare. And, this order has not been released officially because President Trump wanted to give Pharma the chance to come up with an alternative that was more to the liking of pharmaceutical companies. Even if this executive order were released, experts say that it would take many years to implement. Among other things, the federal government would most likely have to defend it from legal attacks by the pharmaceutical industry.

Another of Trump's **executive orders** allows insulin and some other drugs to be imported from Canada. That order is already in an FDA draft rule that came out in December. The order simply reiterates what's in play.

A third **executive order** would allow people to get low-cost insulin and EpiPens from **Federally Qualified Health Centers** (FQHC). FQHC's are government-funded clinics that offer low-cost care throughout the country.

And, a fourth **executive order** would preclude **pharmacy benefit managers (PBMs)** from keeping rebates from pharmaceutical companies for themselves. PBMs would need to give the discounts to people with Medicare if the secretary of HHS agrees that doing so would not lead to higher federal costs or higher premiums. That said, the Congressional Budget Office has already declared that passing rebates onto consumers would increase federal costs and drive up premiums in Medicare Part D prescription drug plans.

Alex Azar, the Secretary for Health and Human Services (HHS), has not said whether or how the administration plans to move forward to implement President Trump's executive orders. The administration must comply with a formal rule-making process even to experiment with an executive order. Expansive programs generally require Congress to enact a law.

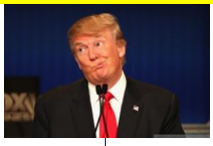
For its part, Pharma has refused to meet with the President because industry executives so object to his executive orders. Pharma says that pegging drug prices to prices in other countries is "**a radical and dangerous policy**."

Earlier this year, the US House of Representatives passed **HR3**, which caps drug prices in the US for as many as 250 drugs at the average of what other wealthy countries pay. It covers drugs people buy at the pharmacy as well as drugs that doctors must administer. The Republican-led Senate has not taken up this bill.

Trump defends disproved COVID-19 treatment

President Donald Trump issued a stout defense Tuesday of a disproved use of a malaria drug as a treatment for the coronavirus, hours after social media companies moved to take down videos promoting its use as potentially harmful misinformation.

The president, in a marked shift from the more measured approach he's taken toward the virus in recent days, took to Twitter to promote hydroxychloroquine as a treatment for COVID-19, the disease caused by the virus, and to amplify criticism of Dr. Anthony Fauci, the nation's top infectious disease expert. In a White House briefing, Trump



defended his decision to promote a viral video of a group of doctors promoting the use of the drug Monday, even though his own administration withdrew emergency authorization for its use against the coronavirus.

"I think they're very respected doctors," Trump said, adding they believed in the drug. "There was a woman who was spectacular in her statements about it." The doctors, members of a group called America's Frontline Doctors, took part in an event organized by Tea Party Patriots Action, a dark money group that has helped fund a pro-Trump political action committee.

Scientific studies have shown hydroxychloroquine can do more harm than good when used to treat symptoms of COVID-19.

Trump, his son Donald Trump Jr., and others shared video of the event on Facebook and Twitter, prompting both companies to step in and remove the content as part of an aggressive push to keep the sites free of potentially harmful information about the virus — though not before more than 17 million people had seen one version of the video circulating on the web.

The decision to remove the videos sparked conservative claims of "censorship," with Simone Gold, one of the doctors, tweeting that "there are always opposing views in medicine."

"Treatment options for COVID-19 should be debated, and spoken about among our colleagues in the medical field," she wrote. "They should never, however, be censored and silenced."

Others stressed the differences between medical opinion and peer-reviewed scientific studies. ….**Read More**

How can I appeal a discharge from a skilled nursing facility?

Dear Marci,

I am enrolled in Original Medicare. I will need to recover from an upcoming surgery in a skilled nursing facility (SNF) and I am nervous because I've heard of people being discharged from SNFs before they are ready to go home. What can I do if this happens?

-Rex (Louisville, KY)

Dear Rex,

If you are receiving care from a SNF and are told that Medicare will no longer pay for your care (meaning that you will be discharged), you have the right to a fast (expedited) appeal if you do not believe your care should end. There is a different process if you are enrolled in a Medicare Advantage Plan. Note that this process is different if your care is being reduced but not ending, and you do not agree with that reduction.

♦If you are enrolled in Original Medicare:

♦If your care is ending at a SNF because your provider believes Medicare will not pay for it, you should receive a Notice of Medicare Non-Coverage. You should get this notice no later than two days before your care is set to end.

♦If you have reached the limit on your care or do not qualify for care, you do not receive this notice and you cannot appeal.

Dear Marci

♦If you feel that your care should continue, follow the instructions on the Notice of Medicare Non-Coverage to file an expedited appeal with a Quality Improvement Organization (QIO) by noon of the day before your care is set to end. The QIO should make a decision no later than two days after your care was set to end. Your provider cannot bill you before the QIO makes its decision.

♦Once you file the appeal, your provider should give you a Detailed Explanation of Non-Coverage. This notice explains in writing why your care is ending and lists any Medicare coverage rules related to your case.

♦The QIO will usually call you to get your opinion. You can also send a written statement. If you receive home health or CORF care, you must get a written statement from a physician who confirms that your care should continue.

♦If you miss the deadline for an expedited QIO review, you have up to 60 days to file a standard appeal with the QIO. If you are still receiving care, the QIO should make its decision as soon as possible after receiving your request. If you are no longer receiving care, the QIO must make a decision within 30 days.

♦If the QIO appeal is successful, you should continue to receive Medicare-covered care, as long as your doctor continues to certify it. If the QIO denies your appeal, you can choose to move to the next level by appealing to the Qualified Independent Contractor (QIC) by noon of the day following the QIO's decision. The QIC should make a decision within 72 hours. Your provider cannot bill you for continuing care until the QIC makes a decision. However, if you lose your appeal, you will be responsible for all costs, including the costs incurred during the 72 hours the QIC deliberated.

♦If you miss the QIC deadline, you have up to 180 days to file a standard appeal with the QIC. The QIC should make a decision within 60 days.

♦If the appeal to the QIC is successful, you should continue to receive Medicare-covered care, as long as your doctor continues to certify it. If your appeal is denied and your care is worth at least $170 in 2020, you can choose to appeal to the Office of Medicare Hearings and Appeals (OMHA) level within 60 days of the date on your QIC denial letter. If you decide to appeal to the OMHA level, you may want to contact a lawyer or legal services organization to help you with this or later steps in your appeal—but this is not required. OMHA should make a decision within 90 days.

♦If your appeal to the OMHA level is successful, you should continue to receive Medicare-covered care, as long as your doctor continues to certify it. If your appeal is denied, you can move to the next level by appealing to the Council within 60 days of the date on your OMHA level denial letter. There is no timeframe for the Council to make a decision.

♦If your appeal to the Council is successful, you should continue to receive Medicare-covered care, as long as your doctor continues to certify it. If your appeal is denied and you are appealing care that is worth at least $1,670 in 2020, you can choose to appeal to the Federal District Court within 60 days of the date on your Council denial letter. There is no timeframe for the Federal District Court to make a decision.

-Marci

48% of Older Americans Have Gone Without Essentials During Pandemic

A new survey seeking to learn the financial impact of the coronavirus on older Americans indicates that almost half of retirees say they have gone without essential items. According to the survey by The Senior Citizens League (TSCL), 48 percent of survey respondents report they have gone without food, prescription drugs, face masks, and disinfecting cleaning products during the coronavirus pandemic. "Our survey suggests that almost half of the nation's retirees may not have the resources needed to cope with COVID-19," says Mary Johnson, a Social Security and Medicare policy analyst for The Senior Citizens League.

The online survey, taken by 401 participants, was conducted in June and early July 2020. Here are some key findings:

How the Coronavirus Pandemic Is Affecting the Finances of Older Households

- Forty-eight percent (48%) have gone without essentials including food, disinfecting products, face masks, due to shortages, rationing or high prices.
- Forty-five percent (45%) say their retirement savings dropped significantly in value and that they have cut back on spending. Another 13 percent (13%) say their retirement savings have dropped, but they are unable to cut back any further.
- Nineteen percent (19%) have postponed filling one or more prescriptions due to quarantine or emergency orders to stay home.
- Nineteen percent (19%) postponed filling one or more prescriptions due to price spikes caused by coronavirus shortages or supply chain disruptions.
- "The ability to withstand major downturns in the economy is particularly important in retirement, yet extraordinarily difficult for today's retirees and those nearing retirement," says Johnson. "There are a number of factors that are reducing available retirement income from traditional sources," Johnson says.

The "defined benefit" pension plan has become rare, only available to **about 16 percent of private sector workers**, according to the Bureau of Labor Statistics. Most companies have transitioned from traditional pension plans that offer a fixed benefit to 401(k) plans, that are invested in the stock and bond markets, and vary on the amount of income that can be expected, depending on investment performance and the economy.

While 401(k) plans have enjoyed a decade of relatively strong returns recently, these plans carry greater risk and place responsibility on individuals for saving, investment decisions, and management. "These are three skills sets that most of us have never adequately learned, much less ever expected to practice after we retired," says Johnson. "One simple mistake can affect your standard of living in retirement for years," Johnson says.

"Another factor affecting retirement income is the amount of the initial Social Security benefit when one first retires. Social Security benefits are not growing as quickly as in in previous decades," Johnson says. This is particularly true for middle to lower earning workers due to the slow growth in real wages over decades. According to **a report by the Congressional Research Service**, between 1979 to 2018, real wages have grown for top earners, but have stagnated or fallen for middle to lower earners. "That is reflected in the (often disappointing) initial Social Security benefits of new retirees," Johnson says.

In addition, **the full retirement age** — the age at which individuals qualify for full, unreduced Social Security benefits, is rising. Retiring prior to the full retirement age permanently reduces benefits by as much as 30 percent. The full retirement age, which is currently is 66, goes up by 2 months per year for people born after 1954 through 1959. It is 67 for those born in 1960 and thereafter.

To help older Americans withstand the financial impacts of the COVID-19 pandemic, and provide more adequate retirement benefits, The Senior Citizens League supports legislation that would provide a boost in Social Security benefits for all retirees, and would tie annual cost of living adjustments to a more representative seniors' consumer price index, the Consumer Price Index for the Elderly (CPI-E). To learn more about efforts to strengthen Social Security benefits, visit www.SeniorsLeague.org.

School Reopening Policy Must Consider Risks to Older Adults

Fall is quickly approaching, meaning more and more schools and parents must decide whether to resume in-person classes amid the continued COVID-19 public health emergency. Importantly, because these choices will have implications for students, school employees, families, and communities, they will require a careful balancing of factors.

Among them, that re-opening schools could further spread the virus in ways that put people with Medicare at greater risk. The underlying concern is that students who become infected at school could bring the virus home, possibly infecting others. This could be especially dangerous for the **millions of adults over age 65** who, according to the Kaiser Family Foundation (KFF), live in a household with school-age children.

The KFF data show that over three million older adults, around 6% of people over 65 in the United States, live with over four million school-age children. The prevalence is higher among older adults of color, with nearly one in five older adults who are Asian and Pacific Islander or Latino living with at least one school-age child. Hawaii (15%), California (11%), and Texas (9%) show the highest percentage of older adults sharing a home with school-age children.

While some evidence shows that younger children may be less likely to become infected with COVID-19 and less likely to become severely ill if infected, the same is not true of their older relations. The Centers for Disease Control and Prevention **identifies older adults as especially at risk from severe illness** from COVID-19. **People with certain disabilities and chronic conditions** are also at elevated risk.

Preliminary studies from South Korea also show that compared to adults, children younger than 10 are less likely to spread the virus responsible for COVID-19, but young people between ages 10 and 19 are more likely to do so. This means that older adults in households with tweens and teens may be at extreme risk if their young family members attend school in person.

In addition, school administrators, teachers, and other employees may face risks as schools reopen. Previous work from KFF shows that **nearly one in four teachers are in a higher risk category for severe COVID-19 illnes**s, including being over age 65. As states, localities, schools, and families contemplate a return to in-person classrooms, we encourage decision-makers to ensure that the health and well-being of people with Medicare are seriously considered in all discussions. The safety of millions of older adults, people with disabilities, and people with chronic conditions must not be taken for granted.

Ever Heard of a Surgical Assistant? Meet a New Boost to Your Medical Bills

Izzy Benasso was playing a casual game of tennis with her father on a summer Saturday when she felt her knee pop. She had torn a meniscus, one of the friction-reducing pads in the knee, locking it in place at a 45-degree angle.

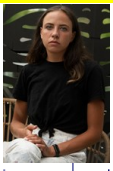
Although she suspected she had torn something, the 21-year-old senior at the University of Colorado in Boulder had to endure an anxious weekend in July 2019 until she could get an MRI that Monday.

"It was kind of emotional for her," said her father, Steve Benasso. "Just sitting there thinking about all the things she wasn't going to be able to do."

At the UCHealth Steadman Hawkins Clinic Denver, the MRI confirmed the tear, and she was scheduled for surgery on Thursday. Her father, who works in human resources, told her exactly what to ask the clinic regarding her insurance coverage.

Steve had double-checked that the hospital; the surgeon, Dr. James Genuario; and Genuario's clinic were in her Cigna health plan's network.

"We were pretty conscious going into it," he said.



Izzy Benasso

Isabel met with Genuario's physician assistant on Wednesday, and the following day underwent a successful meniscus repair operation.

"I had already gotten a ski pass at that point," she said. "So that was depressing." But she was heartened to hear that with time and rehab she would get back to her active lifestyle.

Then the letter arrived, portending of bills to come.

The Patient: Izzy Benasso, a 21-year-old college student covered by her mother's Cigna health plan.

The Total Bill: $96,377 for the surgery was billed by the hospital, Sky Ridge Medical Center in Lone Tree, Colorado, part of HealthONE, a division of the for-profit hospital chain HCA. It accepted a $3,216.60 payment from the insurance company, as well as $357.40 from the Benassos, as payment in full. The surgical assistant billed separately for $1,167.

Service Provider: Eric Griffith, a surgical assistant who works as an independent contractor.

Medical Service: Outpatient arthroscopic meniscus repair surgery.

What Gives: The Benassos had stumbled into a growing trend in health care: third-party surgical assistants who aren't part of a hospital staff or a surgeon's practice. They tend to stay out-of-network with health plans, either accepting what a health plan will pay them or billing the patient directly. That, in turn, is leading to many surprise bills.

Even before any other medical bills showed up, Izzy received a notice from someone whose name she didn't recognize.

"I'm writing this letter as a courtesy to remind you of my presence during your surgery," the letter read.

It came from Eric Griffith, a Denver-based surgical assistant. He went on to write that he had submitted a claim to her health plan requesting payment for his services, but that it was too early to know whether the plan would cover his fee. It didn't talk dollars and cents.

Surgical assistants serve as an extra set of hands for surgeons, allowing them to concentrate on the technical aspects of the surgery. Oftentimes other surgeons or physician assistants — or, in teaching hospitals, medical residents or surgical fellows — fill that role at no extra charge. But some doctors rely on certified surgical assistants, who generally have an undergraduate science degree, complete a 12- to 24-month training program, and then pass a certification exam.

Surgeons generally decide when they need surgical assistants, although the Centers for Medicare & Medicaid Services maintains lists of procedures for which a surgical assistant can and cannot bill. Meniscus repair is on the list of allowed procedures….**Read More**

Senate GOP stimulus proposal: 'The American people need more help'

Senate Republicans on Monday formally unveiled their roughly $1 trillion stimulus proposal, which includes a $400 cut in enhanced unemployment benefits, and will serve as an opening bid for bipartisan negotiations with Democrats while Congress scrambles to respond to the economic and public health crisis sparked by the coronavirus pandemic.

Senate Majority Leader Mitch McConnell said in comments on the Senate floor, "The American people need more help," and that the GOP proposal will be called the HEALS Act, an acronym for Health, Economic Assistance, Liability Protection and Schools.

While Senate Republicans struggled to roll out their own $1 trillion proposal, Pelosi implored the White House and GOP lawmakers to stop the infighting and come to the negotiating table with Democrats. Aid runs out Friday for a $600 weekly jobless benefit that Democrats call a lifeline for out-of-work Americans. Republican want to slash it to $200 a week, saying that the federal bump is too generous on top of state benefits and is discouraging employees from returning to work. "Time is running out," Pelosi said.

COVID 19: Many older adults at risk because they are unable to navigate in a digital world

Older adults who are not tech savvy and cannot navigate in a digital world are particularly at risk right now. If you don't know how to access Zoom or FaceTime or buy groceries and medicines online, it's far harder to stay safe from COVID-19 and healthy. Social isolation takes a toll.

Our health care system is enormously complex as it is. Layer in a pandemic, and it is all the more difficult to stay safe and healthy. Judith Graham reports for **Kaiser Health News** that if you're demented, unable to hear or see well, have a low literacy level, or simply do not know how to use a computer, you cannot rely on online resources, putting you at great risk. Yet, a large number of older adults fall into one of these categories. As many as one in three do not have the ability to have a **telehealth visit** with their doctors.

In addition, older adults might not have the means to own a computer or internet services. Without internet access, older adults are more likely to be lonely and isolated, to go without needed care and other essential items and services. Indeed many nursing homes, assisted living facilities and other congregate homes for older adults lack wi-fi services.

COVID-19 aside, studies show that if you have a chronic condition, you are far more likely face social isolation than if you are healthy. You might struggle to find other people who can relate to your condition. And, you probably will end up feeling worse and becoming **mentally** and physically less healthy. Not surprisingly, health care costs for older adults who are socially isolated are higher than for those who are socially engaged.

Center for Medicare Advocacy Releases Issue Brief Regarding Medicare and Family Caregivers

The Center for Medicare Advocacy has written an Issue Brief, *Medicare and Family Caregivers*, as part of collaborative work to advance the *RAISE Family Caregivers Act*, Public Law 115-119 (1/22/2018). The *RAISE* Act directs the Department of Health and Human Services to develop and maintain a national family caregiver strategy that identifies actions and support for family caregivers in the United States. The Center's Issue Brief explores the role Medicare does, and could, play in supporting older and disabled beneficiaries and their caregivers. The Issue Brief was written with support from The John A. Hartford Foundation.

Over 62 million Americans who are 65 or older, and certain younger people with significant disabilities, rely on Medicare for health care coverage and access to care. Many Medicare beneficiaries depend on family members to provide or supplement their care. As the population ages, and lives longer with chronic conditions, the need for family caregiving, and support for caregivers, is increasing. Concurrently, however, access to Medicare-covered home health aide care continues to decline. This is often true even for individuals who meet the Medicare law's qualifying criteria.

In order to better meet the needs of Medicare beneficiaries and their caregivers, the Center for Medicare Advocacy's *Issue Brief* makes several recommendations, including:

1. Ensure the scope of current Medicare home health benefits, generally, and home health aides, specifically, are actually provided. Simply put, ensure that current law is followed;
2. Create a new stand-alone home health aide benefit that would provide coverage without the current skilled care or homebound requirements, using Medicare's existing infrastructure as the vehicle for the new coverage; and
3. Identify other opportunities for further exploration within and without the Medicare program, including additional Medicare revisions, demonstrations, and initiatives overseen by the Center for Medicare and Medicaid Innovation (CMMI).

US coronavirus: Dr. Anthony Fauci says we can put an end to the pandemic if vaccine widely accepted

Public skepticism toward vaccines is something officials will need to overcome once a coronavirus vaccine is ready for the public, Dr. Anthony Fauci told CNN on Monday.

Fauci, director of the National Institute of Allergy and Infectious Diseases, which is **working with Moderna on a potential vaccine,** said there will need to be a campaign of community engagement and outreach.

"If we get a widespread uptake of vaccine, we can put an end to the pandemic and we can create a veil of immunity that would prevent the infection coming back," he told CNN's Wolf Blitzer.

"You have to do it by extending yourself to the community, not by a dictum from Washington."

The first Phase 3 clinical trial of a coronavirus vaccine in the US, developed by Moderna and the National Institute of Allergy and Infectious Diseases, began Monday. Fauci **called it "crunch time" for vaccine develop**ment, and said he's "cautiously optimistic" about the progress.

"We're trying to figure out does it actually work," he said. It will "take several months to determine if in fact (the vaccine) does work," he said. "To go from not even knowing what the virus was in early January to a Phase 3 trial is really record time."

Fauci also told CNN Monday he may have been exposed to the virus. Fauci was in the same room as President Donald Trump's national security adviser Robert O'Brien "a week or two ago," he said. O'Brien, who has tested positive for Covid-19, has said he is experiencing "mild symptoms" and is "self-isolating." O'Brien has been working from home since last week.

As of Monday, there are at least 4.2 million cases of coronavirus in the US and over 148,000 people have died from the virus.

The Moderna vaccine is one of 25 in clinical trials around the world, **according to the World Health Organization. Pfizer and BioNTech also announced Monday** that they have begun a Phase 2/3 study of a coronavirus vaccine….**Read More**

Coronavirus: Who will get a vaccine and when?

With a few COVID-19 vaccines making their way through the clinical trial phase and seeing successful outcomes, it is more than likely that a vaccine will be approved by the end of this year or early next year. It will take time though to manufacture enough vaccines for the US population. The question becomes who will get a vaccine and when.

As of now, experts assume that people will need **at least two vaccine injections** to be protected from the virus. By early 2021, it looks as if there might be enough vaccines for 50 million people, 100 million doses. If they are available, we don't yet know the distribution plan.

It's not clear who will be at the top of the list to get vaccines when they become available. It makes sense that older adults would be at or near the top of the list since older adults are most likely to die if they catch the novel coronavirus. Essential workers are most at risk, and they should be at the very top of the list. Racial equity issues also should be factored into the decision of who gets the vaccine early on.

Helen Branswell reports for **Stat News** that, as of now, there are three different entities charged with coming up with a plan for rolling out the vaccine: The National Academy of Medicine, which was asked by federal authorities to come up with a plan; the Advisory Committee on Immunization Practices (ACIP), a special panel charged with vaccine policy for the Centers for Disease Control and Prevention (CDC), which in situations like these normally comes up with the plan; and, Operation Warp Speed, the federal government's fast-tracking program for the COVID -19 vaccine, which claims to have authority over how the vaccine is distributed.

The hope is that these three entities can work collaboratively. Otherwise, it's hard to imagine that they will all agree on a plan. And, if they do not, it's unclear which agency will be the ultimate decider. It's another indicator of how desperately the US is in need of strong leadership.

RI ARA HealthLink Wellness News

Will Your Brain Stay Sharp Into Your 90s? Certain Factors Are Key

(HealthDay News) -- Some people in their 90s stay sharp whether their brain harbors amyloid protein plaques -- a hallmark of Alzheimer's disease -- or not, but why?

That's the question researchers sought answers for among 100 people without dementia, average age 92, who were followed for up to 14 years. Their answer? A combination of genetic luck and a healthy, fulfilling lifestyle.

"The vast majority of research studies on aging and Alzheimer's disease try to understand what factors predict disease and memory impairment. We turned these questions upside-down, asking 'What seems to protect us from disease and impairment in our 90s?'" said lead researcher Beth Snitz, an associate professor of neurology at the University of Pittsburgh.

"Understanding this kind of resilience may well help identify ways to prevent dementia," Snitz added.

The study reinforces some things scientists already knew, such as the importance of good cardiovascular health and building up a "cognitive [mental] reserve. These likely can help buffer against the effects of brain disease or injury later in life," she said.

Her team also found that people whose scores were normal on thinking and memory tests when the study began were less likely to have problems with their thinking skills, even if they had amyloid protein plaques in their brains (which have been linked to Alzheimer's disease).

The researchers also found that those with the *APOE2* gene mutation, which has been tied to a lower risk of Alzheimer's disease, were less likely to develop amyloid plaques than people who did not have this gene variant.

In fact, the *APOE2* mutation was linked with a six times lower risk of developing plaques, the findings showed.

This mutation, however, is rare, occurring in only 10% of the people in the study. Among those with the mutation, 70% didn't develop plaques, the study authors noted.

Some lifestyle factors also affected brain aging. For example, those who never smoked were over 10 times more likely to keep their thinking skills, even with plaques, than smokers.

Also, high pulse pressure was linked with an increase in plaques. Pulse pressure is the systolic blood pressure (the top number in a blood pressure reading) minus the diastolic pressure (bottom number). Pulse pressure gets higher with age and is a sign of aging of the blood vessels.

The benefits of *APOE2* alleles are well known, as is the link between smoking and poor cardiovascular health, said Dr. Sam Gandy, associate director of the Mount Sinai Alzheimer's Disease Research Center at the Icahn School of Medicine at Mount Sinai in New York City.

Also, the link between poor cardiovascular health and dementia is well-known.

"The pulse pressure story here has emerged lately, as has the apparent risk of overaggressive lowering of the blood pressure in chronic hypertensives [those with chronic high blood pressure], and an apparent association between dementia risk and erratic blood pressure," he said.

Other studies have found a benefit from exercise in preventing dementia, but this study didn't look at exercise, Snitz said. They also didn't look at the effect of maintaining an active social life or mental activities, such as reading, on preventing dementia, she said.

The investigators did find, however, that having a paying job in your 70s was protective against later memory decline.

"Other studies have shown that continuing to work -- or perhaps to keep one's mind engaged -- past conventional retirement age may be cognitively protective," Snitz said.

"We also found that 'life satisfaction' in the 70s was protective against later cognitive decline in the 80s and 90s," she added.

The report was published online July 22 in the journal *Neurology*.

Maria Corrada, a professor of epidemiology at the Institute for Memory Impairments and Neurological Disorders at the University of California, Irvine, said, "Some of the characteristics found to be related to resistance and resilience to Alzheimer's pathology can be changed or modified -- pulse pressure, smoking, paid work and life satisfaction."

Achieving these goals may be a way to be resistant or resilient to brain abnormalities associated with Alzheimer's disease, said Corrada, who co-authored an accompanying journal editorial.

"We believe that there are things we can do with our lifestyle that can help us maintain good cognitive health," she said.

What is Chronic Pain?

Chronic pain is any pain that persists or recurs for 3 to 6 months or longer. Acute pain, such as flu-related body aches or pain due to an injury, can be mild or severe but generally goes away relatively quickly—either almost immediately or at least within a few days or weeks. Generally acute pain subsides when the original trigger, such as an infection, injury, or surgery, resolves or heals.

After that it gets complicated, because there are many conditions, such as cancer and multiple sclerosis, which have **pain as a secondary symptom**, according to the World Health Organization's International Classification of Diseases.

Unfortunately, there's also pain no one can explain. What is known, however, is that chronic pain is common. About 20 percent of people worldwide are thought to be in chronic pain, and it accounts for 15 percent to 20 percent of doctor's visits.

Symptoms of Pain

There are all types of pain: dull or throbbing, popping or burning, widespread or limited to a one spot or area.

No matter the source, common signs and symptoms that someone is in pain include:

- Frowning or grimacing
- Writhing or inability to get comfortable
- Noises such as moaning, whimpering, or shouting
- Restlessness
- Reduced range of motion
- Sudden movements, such as kicking or clenching
- Inability to focus
- Symptoms that occur *with* pain include:
- Apathy or depression
- Flu-like symptoms, such as fever
- Appetite loss
- Muscle spasms
- Numbness in other parts of the body
- Inability to sleep

What Causes Pain?

The most common **causes of pain** are tension, stress, overuse, and minor injuries. Pain that racks your whole body—systemic pain—is more likely caused by an illness or condition, like fibromyalgia, cancer, infection, or even emotional distress...**Read More**

What Puts You at High Risk of Midlife Mental Decline?

Your thinking skills may be at risk of declining in midlife if you smoke or have high blood pressure or diabetes, a new study suggests.

Heart disease risk factors -- especially high blood pressure and diabetes -- have become more common in midlife, the study authors noted.

"We found those two risk factors, as well as smoking, are associated with higher odds of having accelerated cognitive [mental] decline, even over just a short span of five years," said lead author Dr. Kristine Yaffe. She's a professor of psychiatry, neurology and epidemiology at the University of California, San Francisco.

"It's encouraging to know that there are behaviors people can modify in midlife to help prevent the steepest declines in thinking and memory as they age," she said in a news release from the American Academy of Neurology.

For the study, Yaffe's team collected data on nearly 2,700 people, average age 50, whose memory and thinking were tested at the study's start and five years later.

After five years, 5% had mental decline, including 7.5% of people with high blood pressure, 10% of those with diabetes and nearly 8% of smokers.

After age, race, education and other factors were considered, smokers were 65% more likely to have accelerated mental decline. Those with high blood pressure were 87% more likely and those with diabetes had nearly triple the risk, the researchers said.

"Surprisingly, people who were considered obese and those with high cholesterol did not have a greater risk of cognitive decline," Yaffe said.

People who had one or two of the risk factors were nearly twice as likely as those with none to have midlife mental decline. Three or more risk factors nearly tripled the risk, the findings showed.

"Most public health prevention efforts focus on older adults, but our study suggests the need to look at cognitive performance across a person's life span," Yaffe said. "Middle-aged adults who have one or more cardiovascular risk factors like smoking, high blood pressure and diabetes may be people we should be monitoring and educating on healthy lifestyle choices earlier in life."

Could Vegetables Be the Fountain of Youth?

If you want to live longer, you should choose beans over beef for your protein, a new analysis suggests.

"These findings have important public health implications as intake of plant protein can be increased relatively easily by replacing animal protein and could have a large effect on longevity," the researchers reported.

Diets high in protein from plants -- such as legumes (peas, beans and lentils), whole grains and nuts -- have been linked to a lower risk of diabetes, heart disease and stroke, while diets high in animal protein have been linked with a number of health problems.

However, there have been conflicting findings on the association between different types of proteins and the risk of early death, so a group of researchers analyzed 32 studies that examined the risk of death from heart disease, cancer and any cause in adults aged 19 and older.

During a follow-up of up to 32 years, just over 113,000 deaths occurred among more than 715,000 participants in the studies. A high intake of total protein was associated with a lower risk of all-cause death.

Consumption of plant protein was associated with an 8% lower risk of death from any cause and a 12% lower risk of death from heart disease. Consumption of animal protein was not significantly associated with risk of death from heart disease or cancer.

Data from 31 of the studies also showed that an additional 3% of energy from plant proteins a day was associated with a 5% lower risk of death from any cause, according to the findings published July 22 in the *BMJ*.

Possible reasons for the beneficial effects of plant proteins include lower blood pressure, cholesterol and blood sugar levels, which might help reduce the risk of conditions such as heart disease and type 2 diabetes, said Ahmad Esmaillzadeh, a professor of nutrition at Tehran University of Medical Sciences in Iran, and colleagues.

Further research is required, but the study results "strongly support the existing dietary recommendations to increase consumption of plant proteins in the general population," the researchers said in a journal news release.

Fact check: Fruit does not hydrate the body twice as much as a glass of water

The claim: Water inside fruit hydrates the body more than a glass of water.

An Instagram post shared in May from Plantiful Facts claimed "water inside fruit hydrates the body twice as much as a glass of water" and that "healthy hydration is about the water you hold in the body, not the water you drink that passes straight through."

The post, which garnered about 5,000 likes, also said water inside fruit is "structured water," wrapped in a complete package that is used by your body and cells more efficiently than regular water.

"It's much more hydrating as well," the post claims. "You can drink eight glasses of water — and while that is still a way of putting water into your body, it could mean eight trips to the bathroom without it actually reaching your cells."

The post then suggested, "Get as much of your daily water intake from fruit and you'll start to feel a difference. Get the rest from reverse osmosis or distilled water. And about 100 ounces daily total."

Plain old water is every bit as hydrating as fruit, according to nutritionists.

"Water that you drink is just as good at hydrating as water in food," wrote **Eliza Savage**, MS, RD, CDN and author of "Healing through Nutrition," in an email. "However, some fruits contain electrolytes like potassium and nutrients like natural sugars that may attract water and nutrients into cells."

The idea that eating fruit hydrates your body more because it stays in your system longer, as opposed to drinking a glass of water that "passes through" is incorrect, Savage added.

Water that one drinks from a glass versus water that one gets from fruits and vegetables go through the same process, licensed nutritionist and author **Monica Reinagel** said.

She pointed out that the water in a piece of fruit might be absorbed into the body more quickly because of the **electrolytes,** which are minerals that help regulate the balance of fluids in the body. However, someone would have to eat a pound of fruit to get as much water as one would get from a 16 ounce bottle of water, she said. ...**Read More**

Seniors With Skills, a Youth-Founded Group, Seeks to Reduce Social Isolation

LONELINESS AND isolation among the elder population was already news before the pandemic. And now, as COVID-19 continues to impact the world, it's been exacerbated. Living alone leads to increased **feelings of isolation**, which impacts health.

Generation Gaps Shrinking

For starters, some good news: A **study** from a U.K. senior-living provider shows a narrowing of the generation gap. McCarthy & Stone, a manager of retirement communities, examined how different generations' perceptions have shifted during the pandemic. The takeaway: 60% of both younger and older generations have spent more time speaking with each other since the start of the pandemic, and most of these conversations took place over the phone. Go figure. No texts, TikTok videos, Instagram or Facebook messages, or emails

A Group to the Rescue

I recently learned about a group called **Seniors with Skills**. SWS is based in the U.S. with tentacles in Canada, and the group partners with youth volunteers to help end seniors' social isolation.

The organization, founded by Jaya Manjunath in 2018, has expanded to reach hundreds of volunteers in both the U.S. and Canada. Manjunath aims "to encourage more young adults to **take care of our senior citizens and end social isolation**." She's quite the activist: For the last eight years, she volunteered at various retirement residences both in the U.S. and Canada. "I have always been drawn to starting small initiatives in retirement residences," she says. When she was 16, she started a pilot program called Computers for Seniors, in which she canvassed local computer companies for donations. She also helped some residents apply for part-time jobs and volunteer opportunities. "I am bringing my high school pilot project to life," she says.

Prior to COVID-19, SWS ran the Cards and Knitting Program, where volunteers would make cards and knit with seniors in nursing homes, and the items would be donated to local hospitals. The organization also ran a computer training program as a way for volunteers to teach seniors technological skills.

This has since been transformed into an online buddy program. Taking advantage of the opportunity to host calls through platforms such as Zoom or over the phone, the SWS Online Buddy Program has expanded to nursing homes in Buffalo, Texas and Toronto. In addition to the conversations, there are pre-recorded arts and craft courses designed by volunteers sent to many nursing homes to keep seniors entertained through virtual platforms. (In fact, I'm contributing **music performances** to their library!)

Of course, this could not have been formed at a better time. The U.K. studied noted that 52% of older and 46% of younger generations sought comfort through increased contact with each other. This could help shift perceptions about getting older, which is particularly important during these trying times. That's especially true as older generations have been labeled somewhat expendable.

Technology Obstacles

SWS is reaching more than 1,000 seniors through 300 volunteers. In fact, they have more volunteers than people to serve. Part of that is a technology barrier. First, many homes are still in the prehistoric VHS period. (Really: They are!) Many of the facilities that don't have technology are where the need for this kind of support is strongest. Affluent communities with technology bells and whistles seem to have fewer isolation and loneliness issues.

To that end, SWS has been hosting numerous fundraisers to send technology to **low-resource nursing homes** in order to facilitate future programming. They've also been in touch with hundreds of nursing homes across the country, hoping to expand their reach.

FDA expands list of potentially deadly hand sanitizers

The US Food and Drug Administration has **expanded its list** of potentially deadly hand sanitizer products, warning a Mexican-based company about selling **products that contain methanol**, a dangerous form of alcohol that can poison people through their skin.

Many new companies have been selling hand sanitizer products because of the increased demand fueled by coronavirus fears, and shortages of the usual mainstream products. But the FDA said on Monday that many companies are using unsafe alcohols in their products, and is warning people to not use them.

"Manufacturers' failure to immediately recall all potentially affected products is placing consumers in danger of methanol poisoning," the FDA said in a statement.

"A **warning letter** has been issued to Eskbiochem S.A. de C.V. for distributing product with undeclared methanol, unapproved claims --including incorrectly stating FDA approval—and improper manufacturing practices," the agency added.

"Consumers must also be vigilant about which hand sanitizers they use, and for their health and safety we urge consumers to immediately stop using all hand sanitizers on the FDA's list of dangerous hand sanitizer products," FDA Commissioner Dr. Stephen Hahn said in a statement.

"We remain extremely concerned about the potential serious risks of alcohol-based hand sanitizers containing methanol. Producing, importing and distributing toxic hand sanitizers poses a serious threat to the public and will not be tolerated. The FDA will take additional action as necessary and will continue to provide the latest information on this issue for the health and safety of consumers." Earlier this month, the FDA said at least four people died in New Mexico after reportedly drinking hand sanitizer products. The isopropyl alcohol usually used in hand sanitizer is not as toxic as methanol but the FDA doesn't recommend eating or drinking hand sanitizer.

"Methanol exposure can result in nausea, vomiting, headache, blurred vision, permanent blindness, seizures, coma, permanent damage to the nervous system or death," the FDA says.

"Although people using these products on their hands are at risk for methanol poisoning, young children who accidentally ingest these products and adolescents and adults who drink these products as an alcohol (ethanol) substitute are most at risk. Consumers who have been exposed to hand sanitizer containing methanol and are experiencing symptoms should seek immediate medical treatment for potential reversal of toxic effects of methanol poisoning," it added.

The FDA has warned against the use of more than 75 different hand sanitizer products because they contain methanol.

"In most cases, methanol does not appear on the product label. However, methanol is not an acceptable ingredient in any drug, including hand sanitizer, even if methanol is listed as an ingredient on the product label," the FDA said.

"Importantly, the FDA is urging consumers not to use any hand sanitizer products from the particular manufacturers on the list even if the product or particular lot number are not listed since some manufacturers are recalling only certain -- but not all -- of their hand sanitizer products."