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The Senate's 'grave' Russia report: What we learned, and what it means

The Senate Intelligence Committee on Tuesday **released its fifth and final report** on Russia's interference in the 2016 election, and the notably bipartisan report raises plenty of new questions about that effort's links to the Trump campaign.

The report, like its predecessors, does not allege a conspiracy or collusion between the Trump campaign and Russia. But it does detail significant new information and raises questions about potentially vital information that has been withheld both by Trump allies and the administration — and renders the full picture of what happened obscured to this day.

Below are some of the most important things we learned.

Trump's and Barr's hoax narrative suffers a blow

1. Attorney General William P. Barr has picked up on President's Trump's allegation that the Russia probe was a "witch hunt" and has tasked U.S. Attorney John Durham with investigating its origins. When Justice Department Inspector General Michael Horowitz reported that the investigation was properly predicated, Barr and Durham issued **highly unusual statements disputing that**.

The new report, though, makes that argument significantly more difficult. Not only does it point to additional bases for the investigation, but it's the product of a bipartisan committee in the GOP-led Senate.

Chief among the revelations is the role of Konstantin Kilimnik. The report describes the ally of former Trump campaign chairman Paul Manafort as a "Russian intelligence officer" — going beyond special counsel Robert S. Mueller III's more anodyne contention that Kilimnik had "ties to Russian intelligence."

And the report says the regular and increasing contact between Manafort and this alleged Russian officer during the campaign, as **detailed by The Washington Post's Philip Bump**, constituted a "grave" threat.

"The Committee found that Manafort's presence on the Campaign and proximity to Trump created opportunities for Russian intelligence services to exert influence over, and acquire confidential information on, the Trump Campaign," the report says. "Taken as a whole Manafort's high-level access and willingness to share information with individuals closely affiliated with the Russian intelligence services particularly Kilimnik and associates of , ,...**Read More**

Senator Kamala Harris is eligible to serve as VP, president

False claims that Kamala Harris is not legally eligible to serve as U.S. vice president or president have been circulating in social media posts since 2019, when she first launched her Democratic primary campaign.

On Thursday, after Harris was selected by Democratic presidential nominee Joe Biden to serve as his running mate, President Donald Trump elevated the conspiracy while speaking to reporters from the White House podium.

A look at the claim:

THE CLAIM: Harris is ineligible to serve as vice president or president because her mother is from India and her father is from Jamaica. Trump said he "heard" the California senator doesn't meet the requirements, adding, "I have no if idea that's right."

THE FACTS: That's false. Harris was born on Oct. 20, 1964, in Oakland, California, according to a copy of her birth certificate, obtained by The Associated Press.

Her mother, a cancer researcher from India, and her father, an economist from Jamaica, met as graduate students at the University of California, Berkeley.

Since she was born on U.S. soil, she is considered a natural born U.S. citizen under the 14th Amendment, and she is eligible to serve as either the vice president or president, Jessica Levinson, a professor at Loyola Law School, told The Associated Press Thursday.

"Full stop, end of story, period, exclamation point," Levinson said.

There is "no serious dispute" in the legal community around the idea that someone born in the U.S. can serve as president, said Juliet Sorensen, a law professor at Northwestern University.

"The VP has the same eligibility requirements as the president," Sorensen said. "Kamala Harris, she has to be a natural-born citizen, at least 35 years old, and a resident in the United States for at least 14 years. She is. That's really the end of the inquiry."

Trump was asked directly about the social media posts by a reporter Thursday. "I heard today that she doesn't meet the requirements," Trump said in response.

The false claims first started circulating on social media in 2019, during Harris' presidential campaign, and they were revived against last week, days ahead of her selection as Biden's running mate. Facebook posts falsely said she would not be eligible to take over for Biden, because her parents were both immigrants.

"I can't believe people are making this idiotic comment," Laurence Tribe, a Harvard University professor of constitutional law, told The Associated Press at the time. "She is a natural-born citizen and there is no question about her eligibility to run."

Trump was a high-profile force behind the so-called "birther movement" — the lie that questioned whether President Barack Obama, the nation's first Black president, was eligible to serve. Only after mounting pressure during his 2016

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AP FACT CHECK: Trump muddies facts on mail ballots, Harris & Social Security

President Donald Trump is muddying the facts about mail-in voting and vice presidential candidate Kamala Harris on the eve of the Democratic National Convention.

Asked to disclaim the racist conspiracy theory that Harris isn't eligible to serve in the White House because of her immigrant parents, Trump repeatedly demurred and said he knew little about it, even as the false rumors swirled on social media over the past week. Harris unquestionably meets the Constitution's requirements to be vice president. On Sunday, Trump's own White House chief of staff acknowledged her eligibility.

Trump also continued to blast mail-in voting as flawed and fraudulent while insisting that absentee mail ballots, especially in states like Florida that he must win in November, are quite fine and safe. There are little differences in security measures between the two.

His weekend claims capped a litany of distortion and falsehoods following Joe Biden's announcement of Harris as his running mate. He misrepresented Biden's position on taxes, persisted in minimizing the coronavirus threat and exaggerated his own record on the economy.

A look at the past week's rhetoric, also covering Social Security and more:.

SOCIAL SECURITY

TRUMP: "At the end of the year, the assumption that I win, I'm going to terminate the payroll tax ... We'll be paying into Social Security through the general fund." — news conference Wednesday.

THE FACTS: Under Trump's proposal, Social Security would lose its dedicated funding source.

Payroll taxes raise about $1 trillion annually for Social Security, and the president was unconcerned about the loss of those revenues. Trump campaign officials stressed that the general fund consists of assets and liabilities that finance government operations and could do so for Social Security. The general fund is nicknamed "America's Checkbook" on the Treasury Department's website.

The risk is that the loss of a dedicated funding source could destabilize an anti-poverty program that provides payments to roughly 65 million Americans. It also could force people to cut back on the spending that drives growth so they can save for their own retirement and health care needs if they believe the government backstop is in jeopardy.

A 12.4% payroll tax split between employers and workers funds Social Security, while a 2.9% payroll tax finances Medicare. The Social Security tax raised roughly $1 trillion last year, according to government figures. Over a 10-year period, Trump's idea would blow a $13 trillion hole in a U.S. budget that is already laden with rising debt loads.

Trump announced a payroll tax deferral through the end of the year, part of a series of moves to bypass Congress after talks on a broader coronavirus relief bill that has stalled. He says he will make it a permanent tax cut with the help of Congress. Democrats have described that idea as a nonstarter.

White House press secretary Kayleigh McEnany on Thursday suggested to reporters that Trump misspoke when he said he would eliminate the payroll tax if reelected. She said the president would only push to make the payroll tax deferrals permanent. But Trump clearly said that he would eliminate the payroll tax four times at his Wednesday press briefing and even answered a question about "permanently" rescinding it.

TRUMP, asked how the general fund can sustain the payments: "We're going to have tremendous growth. ... You will see growth like you have not seen in a long time." — news conference Wednesday.

THE FACTS: It is highly unlikely that economic growth would be enough to offset the loss of the payroll tax. Trump has a record of making wildly improbable growth projections. He suggested that his 2017 income tax cuts would propel economic growth as high as 6% annually. That never happened. Growth reached 3% in 2018, then slumped to 2.2% and the U.S. economy crumbled into recession this year because of the coronavirus….**Read More**

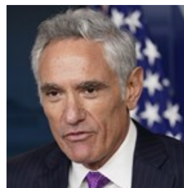
Trump makes call for new White House doctor's virus advice

WASHINGTON (AP) — President Donald Trump has found a new doctor for his coronavirus task force — and this time there's no daylight between them.

Trump last week announced that **Dr. Scott Atlas**, a frequent guest on Fox News Channel, has joined the White House as a pandemic adviser. Atlas, the former chief of neuroradiology at Stanford University Medical Center and a fellow at Stanford's conservative Hoover Institution, has no expertise in public health or infectious diseases.

But he has long been a critic of coronavirus lockdowns and has campaigned for kids to return to the classroom and for the return of college sports, just like Trump.

"Scott is a very famous man who's also very highly respected," Trump told reporters as he introduced the addition. "He has many great ideas and he thinks what we've done is really good."


Dr. Scott Atlas

Atlas' hiring comes amid **ongoing tensions** between the president and Drs. Anthony Fauci, the nation's top infectious diseases expert, and Deborah Birx, the task force's coordinator. While Birx remains closely involved in the administration's pandemic response, both she and Fauci have publicly contradicted the rosy picture the president has painted of a virus that has now killed more than 167,000 people in the United States and infected millions nationwide.

Atlas, the sole doctor to share the stage at Trump's pandemic briefings this past week, has long questioned polices that have been embraced by public health experts both in the U.S. and abroad. He has called it a "good thing" for younger, healthy people to be exposed to the virus, while falsely claiming children are at near "zero risk."

In **an April op-ed** in The Hill newspaper, Atlas bemoaned that lockdowns may have prevented the development of "natural herd immunity."

"In the absence of immunization, society needs circulation of the virus, assuming high-risk people can be isolated," he wrote.

In television appearances, Atlas has called on the nation to "get a grip" and argued that "there's nothing wrong" with having low-risk people get infected, as long as the vulnerable are protected.

"It doesn't matter if younger, healthier people get infected. I don't know how often that has to be said. They have nearly zero risk of a problem from this," he said in **one appearance**. "When younger, healthier people get infected, that's a good thing," he went on to say, "because that's exactly the way that population immunity develops."

While younger people are certainly at far lower risk of developing serious complications from the virus, they can still spread it to others who may be more vulnerable, even when they have no symptoms. And while their chances of dying are slim, some do face severe complications, with one study finding that 35% of young adults had not returned to normal health two weeks to three weeks after testing positive….**Read More**

As he attacks mail-in votes, Trump and the first lady requested absentee ballots in Florida

Washing Post: On Thursday, **President Trump repeated his attacks** against mail balloting, saying it would lead to "the greatest rigged election in history" and "the greatest fraud ever perpetrated."

At the same time, his own absentee ballot to vote in Florida's primary election on Tuesday was en route to Mar-a-Lago. According to the Palm Beach County elections website, the president and first lady Melania Trump both requested absentee ballots on Wednesday.

Trump has voted absentee at least twice before. But his latest ballot request comes amid escalating attacks on mail voting by the president and his administration. On Thursday, Trump said that he opposes an emergency bailout for the U.S. Postal Service and election aid for states to restrict how many Americans can vote by mail.

White House Deputy Press Secretary Judd Deere told **CNN** that Trump is in favor of absentee voting, but "not universal mail-in voting, which contain several safeguards that prevent fraud and abuse."

The president has also argued that absentee ballots are substantially different from voting by mail.

"Absentee ballots, by the way, are fine," Trump told reporters on Thursday. "But the universal mail-ins that are just sent all over the place, where people can grab them and grab stacks of them, and sign them and do whatever you want, that's the thing we're against."

But election experts **recently told The Washington Post** that there is no real distinction between absentee ballots and voting by mail. The fact that the terms are often used interchangeably has confused some Republican voters — a concern for party leaders worried about low turnout this fall.

Trump has also claimed that **Florida is uniquely qualified to handle mailed in ballots**, arguing that the state has the most experience with the process. But five states already conducted statewide elections through mail-in voting, even before the pandemic.

Trump previously voted absentee in Florida's primary in March, despite **being in the area** at the time, and also voted absentee in New York in 2018. He attempted to vote absentee in 2017 in the New York mayoral election, but he listed the wrong birth date.

The Post found that **15 other Trump officials have also voted by mail.** Attorney General William P. Barr, who **has echoed Trump's rhetoric** against mail-in voting, voted absentee in 2019 and 2012 in Virginia. Vice President Pence voted absentee **in 2018** for both the primary and general elections, and **mailed a ballot** for the 2020 Indiana GOP primary. Trump, the first lady, and Ivanka Trump were also previously caught filling out absentee applications incorrectly, adding credence to the idea that the system works to root out problems.

Since March, Trump has made more than 80 attacks against the election's integrity, often repeating unproven accusations that there have been widespread cases of vote fraud. In a tweet in late May, which Twitter labeled with a fact check and warning that the unsubstantiated claims "could confuse voters," Trump said mail-in voting would be widespread chicanery, claiming that "Mailboxes will be robbed, ballots will be forged & even illegally printed out & fraudulently signed."

With the novel coronavirus showing no signs of letting up by November, election officials from dozens of states have fought to make mail-in voting a viable alternative to going to polling stations, where there is a risk of transmitting the virus. According to a tracker from The Post, **76 percent of voters** will be able to vote by mail.

But funding shortfalls for the U.S. Postal Service are now threatening the viability of voting by mail. In an **interview with Fox Business on Thursday**, Trump told host Maria Bartiromo that he opposed any deal with the Democrats that would help bail out the Postal Service.

"They need that money to make the post office work, so it can take all of these millions and millions of ballots," Trump said.

Democrats swiftly went after the president for the quotes, alleging that his attacks on mail-in ballots and Postal Service funding amount to an attempt to undermine the election. "The president is afraid of the American people," said House Speaker Nancy Pelosi (D-Calif.). "He's been afraid for a while. He knows that, on the legit, it'd be hard for him to win."

Back to the Future: Trump's History of Promising a Health Plan That Never Comes

Ever since he was a presidential candidate, President Donald Trump has been promising the American people a "terrific," "phenomenal" and "fantastic" new health care plan to replace the Affordable Care Act.

But, in the 3½ years since he set up shop in the Oval Office, he has yet to deliver.

In his early days on the campaign trail, circa 2015, he said on **CNN** he would repeal Obamacare and replace it with "something terrific," and on **Sean Hannity's** radio show he said the replacement would be "something great." Fast-forward to 2020. Trump has promised an Obamacare replacement plan five times so far this year. And the plan is always said to be just a few weeks away.

The United States is also in the grips of the COVID-19 pandemic, which has resulted in more than 163,000 U.S. deaths. KFF **estimates** that 27 million Americans could potentially lose their employer-sponsored insurance and become uninsured following their job loss due to the pandemic. (KHN is an editorially independent program of the Kaiser Family Foundation.) All of this makes health care a hot topic during the 2020 election.

This record is by no means a comprehensive list, but here are some of the many instances when Trump promised a new health plan was coming soon.

2016: The Campaign Trail

Trump tweeted in February that he would immediately repeal and replace Obamacare and that his plan would save money and result in better health care.

By March, a blueprint, **"Healthcare Reform to Make America Great Again,"** was posted on his campaign website. It echoed popular GOP talking points but was skimpy on details.

During his speech accepting the Republican nomination in July, Trump again promised to repeal Obamacare and alluded to ways his replacement would be better. And, by October, Trump **promised** that within his first 100 days in office he would repeal and replace Obamacare. During his final week of campaigning, he **suggested** asking Congress to come in for a special session to repeal the health care law quickly.

2017: The First Year in Office

January and February:

Trump **told** The Washington Post in a January interview that he was close to completing his health care plan and that he wanted to provide "insurance for everybody."...**Read More**

Voting Guide 2020: Issues That Matter to Seniors

This guide tackles some of the most important issues facing older Americans ahead of the 2020 election — including how to safely vote during a pandemic. We'll explore what's at stake for Medicare, Social Security, the future of prescription drug prices, and more.

Older Americans are widely considered the backbone of American elections.

According to **U.S. Census Bureau** data, nearly 71 percent of voters age 65 and older cast a ballot in the 2016 presidential election, compared to just 46 percent of younger voters age 18 to 29.

When the number of voting-eligible citizens increased by nearly 9 million people between 2012 and 2016, almost 6 million of them — about two-thirds — were over 65.

In short: Seniors turn out to vote.

Experts say this leads many candidates to focus on key issues such as **Medicare**, prescription drug prices and Social Security benefits during election years.

"If past predicts the future, older voters will continue to play an outsized role in the coming election," Tricia Neuman, executive director of the Kaiser Family Foundation's Program on Medicare Policy, told RetireGuide.com**….Read More**

Senate Democrats Ask Trump Administration to Ease Access to Health Care During the Pandemic

On August 7, a group of 26 Senators asked the Trump administration to ease access to health care during the COVID-19 pandemic. Led by Sen. Chris Murphy (D-CT), the letter urges immediate enrollment improvements to Medicare and to the Affordable Care Act's (ACA) federally run marketplace. This includes establishing Special Enrollment Periods (SEP) that would help people more quickly connect with their coverage.

Medicare Rights strongly supports the creation of a coronavirus-specific SEP for Premium Part A and Part B, as well as the **re-establishment** of an SEP for Part C and Part D. These **urgently needed** enrollment flexibilities should be put in place immediately and remain available for the duration of the emergency period, at a minimum.

We also agree with the need for better access to marketplace plans during the crisis—reforms already underway in many states. As the Senators write, "Of the 13 states that operate a state-based marketplace, 12 have announced an SEP, and more than 266,000 people have enrolled in them so far." Troublingly, the lack of an SEP for the federally facilitated marketplace means consumers in the 38 states who rely on Healthcare.gov are being left behind. According to the letter, "some estimates suggest that 600,000 people would have signed up for health insurance before the end of June" had a federal-level SEP been in place. In these unprecedented times, ensuring all Americans can have comprehensive, affordable health insurance is more critical than ever.

Notably, the House-passed **HEROES Act** would establish SEPs for Medicare and the ACA; we support the inclusion of these provisions in any final COVID-19 relief bill.

As those negotiations continue, so do our calls for Congress to advance legislation that recognizes and addresses the needs of older adults, people with disabilities, and their families. **We urge you to keep weighing in with your lawmakers**! Ask them to champion solutions that protect and strengthen Medicare, as well as the health and economic security of those who rely on its coverage.

Read the Senators' letter.

Read Medicare Rights' priorities for the next COVID-19 relief package.

Contact your Senators.

Drug Makers Pour Huge Dollars into Campaigns

According to an article by StateNews .com, pharmaceutical manufacturers have been pouring millions of dollars into this year's Congressional campaigns.

"The world's biggest drug makers and their trade groups have cut checks to 356 lawmakers ahead of this year's election — more than two-thirds of the sitting members of Congress, according to a new STAT analysis.

"It's a barrage of contributions that accounts for roughly $11 million in campaign giving, distributed via roughly 4,500 checks from the political action committees affiliated with the companies.

"The spending follows a long tradition of generous political giving. Major manufacturers typically make hundreds of modest donations to incumbent members of Congress but avoid donating to presidential candidates, seeing little utility in placing presidential bets.

"As the Covid-19 pandemic has sparked a race among drug makers eager to develop a vaccine and improve the industry's standing in Washington — pharma's giving underscores the breadth of its influence and its efforts to curry favor through lobbying and donations to the lawmakers who regulate health care.

"Already in 2020, the companies' PACs have donated $8.62 million to individual candidates or their affiliated committees. The companies directed another $2.59 million to broader political groups like the Moderate Democrats PAC or the National Republican Senatorial Committee, and to other drug industry PACs, including PhRMA's."

We share this information with you as a reminder that TSCL does not get any money from the drug makers or any other corporate or major donors. We rely only on you, our supporters, for the funds that allow us to keeping fighting on your behalf to protect the benefits you paid for all of your working life: benefits you earned, you deserve and that you depend on.

You should know that there are some groups who call themselves senior groups but are funded mostly by the drug makers and other corporate interests. Whereas TSCL is beholden only to you, those groups dare not oppose the corporations that fund them, whether it is in the interests of seniors or not.

TSCL does not give money to campaigns for political office and in one way that puts us at a disadvantage as compared with the big corporations. But we have something they do not have: YOU.

Right now, every politician in Washington has his or her eye on November. That is when the voters speak and hold their elected officials accountable.

What TSCL does is try to hold elected officials accountable, not just in an election year, but when there is not an election. With your continued support, we will do just that.

Proposed Tax Rule Would Spur Enrollment into Fake Health Insurance

This week, Medicare Rights **submitted comments** in response to a proposed rule from the Internal Revenue Service (IRS) that would set a dangerous precedent by treating health care sharing ministries (HCSMs) as medical insurance for tax purposes.

HCSMs allow people who share religious beliefs to pool funds to pay for the medical expenses of members, but they are **largely unregulated and of limited benefit to participants**. HCSM members make monthly payments in the hopes that, if that member incurs medical bills, the HCSM will choose to pay. Unlike insurance, HCSMs are not required to pay anything and members generally have no legal recourse when claims are denied. HCSMs are also not required to have sufficient funds to pay claims and do not have to follow general insurance laws. They can deny coverage for pre-existing conditions, set limits on the amount of covered costs, and have complete free rein when it comes to determining what they will pay out, if anything.

Because HCSMs do not guarantee any payment, they can charge less than true medical insurance and lure unsuspecting people away from genuine insurance products. But the monthly costs are still high—easily thousands of dollars per year—for many families.

Worse, **HCSMs are rife with fraud and abuse**. Many states have had to take legal action based on misleading marketing and deceptive business practices where HCSMs illegally advertised their plans as health insurance.

Current tax law allows taxpayers to deduct certain medical expenses from their incomes. This includes amounts paid for medical insurance. Traditionally, the IRS has not included payments to HCSMs, because they are not insurance. In this new rule, the IRS proposes to change this by making expenditures for HCSM memberships deductible medical expenses, thus making HCSMs more attractive by both subsidizing their cost with taxpayer dollars and lending them the reputational benefits of being "approved" by the federal government. By claiming HCSM payments "are payments for medical insurance," the IRS risks taxpayers being even more confused about the differences between HCSMs and legitimate insurance. This will likely lead to even greater confusion, more financial devastation, more opportunities for fraudulent practices, and worse health outcomes for those who thought they were buying health insurance but were not actually gaining any guaranteed coverage.

Because HCSMs do not provide actual medical insurance, we strongly disagree with any proposal that would treat them as insurance in any way. Health insurance coverage is meant to protect people from economic harm and allow them to seek appropriate medical care. Fake health insurance—which collects real money in exchange for the unenforceable promise to maybe pay for needed care—does neither of these things and must not be promoted nor subsidized.

Read the Medicare Rights Center's comments.
Read more about HCSMs.
Read about fraud and deceptive advertising from HCSMs.

What to Expect as Nursing Homes Ease COVID-19 Visitor Restrictions

In-person reunions with loved ones at nursing homes can be joyous but complicated, especially as COVID-19 restrictions ease.

AS COVID-19 restrictions ease in parts of the country, window visits, patio visits and even drive-thru visits are reuniting residents of nursing homes and assisted living facilities with their family members. Unlike **visits to nursing homes** before the pandemic, however, these are carefully controlled encounters.

It helps to know what's required as far as scheduling, infection prevention measures and **physical distancing** requirements, but prepare yourself emotionally as well. The "so close, yet so far" experience can be frustrating. Along with the happiness of finally being together after months of separation, initial awkwardness and even painful feelings can arise. Here's what you might expect during these restored visits.

The concept of the drive-thru **nursing home** visit was really born from drive-in movie theaters, says David Pomeranz, chief operating officer for RiverSpring Health, which operates Hebrew Home at Riverdale in New York. With the need for physical distancing and the widespread desire to see loved ones in person, it seemed like a viable solution.

State health officials eventually agreed "after a lot of discussion and negotiation," Pomeranz says, but strict criteria had to be met. "Nobody could come out of the car at all," he says. "They couldn't give (anyone) anything out of the car. We'd have to clean the speakers that go into the car and out of the car. The residents would have to be behind glass and never come into contact. And they'd have to be asymptomatic to come off their floors and be in those spaces."

At Hebrew Home at Riverdale, residents wait in a vestibule, where they sit behind a window. The visitor pulls up to the window, which is about 6 feet away from the car. "They each have a speaker and they're looking at each other through the window," Pomeranz says. "But there's no contact of any kind." The separate two-way intercom units are sterilized between each use.

While not perfect, the arrangement brings family members back to the Hebrew Home campus and closer to residents than they've been in months. "It allows for some nice moments," Pomeranz says, like parents holding up a baby to peek through the sunroof for great-grandparents to "meet" for the very first time.

The facility is doing up to 20 visits a day, Pomeranz says. Visitors schedule their time slots online. Visits generally last 10 minutes, although staff is accommodating and flexible as needed. Although residents and family members long for physical contact, most accept the drive-thru visits as a workable compromise. "Frankly, with the way things are going, it's really the only game in town," he says.

Some residents can't resist asking: "Can't I just go have a quick hug, or can't I just do a quick kiss?" Pomeranz notes. "They're understanding when you explain it to them. It's a time like none of us have ever seen before, where we're having conversations about being behind plexiglass."

For the best visit possible, planning what you want to share in advance can help, Pomeranz says. It's easier than trying to think it through in the moment, and you can make the most of your 10-minute window.

Strong Emotions

Joyce Silver Koch could not have been more excited when she got the June 10 call. Hebrew Home at Riverdale, where her husband is a long-term care resident, was launching drive-thru visits the next day: Did she want a time slot to come in? Absolutely, said Koch, who jumped at the opportunity for the first live visit in months, ever since the facility went on lockdown to reduce the risk of **COVID-19 transmission**....**Read More**

How does Medicare work with my current employer insurance?

Dear Marci,
I will turn 65 soon and be eligible for Medicare. I am still working and receive health insurance from my employer. If I sign up for Medicare, how will it work with my current employer-based insurance?
-Marco (Montclair, NJ)

Dear Marco,
This is a common question. As more people continue to work past age 65 and receive employer health benefits, they have questions about Medicare coverage. Learning about how Medicare works with your current employer insurance can help you decide if you want to sign up for Medicare when you become eligible. Note that when we say "current employer insurance," we mean insurance from either your or your spouse's job.

Dear Marci

The first thing to think about is whether Medicare will **pay primary or secondary** to your current employer insurance. Medicare paying primary means that Medicare pays first on health care claims, and your employer insurance pays second on some or all of the remaining costs. Medicare paying secondary means that your employer insurance pays first, and Medicare pays on some or all of the remaining costs.

Medicare works with current employer coverage in different ways depending on the **size of the employer**. For people who are eligible for Medicare because they are 65 or older, **Medicare pays primary** if the insurance is from current work at a company with fewer than 20 employees. This is called a small group health plan. **Medicare pays secondary** if the insurance is from current work at a company with more than 20 employees. This is called a Group Health Plan (GHP).

If you have insurance from your or your spouse's current employer when you become eligible for Medicare, you may think about delaying Medicare enrollment. If you are covered by current employer insurance—regardless of the size of the employer—you can delay Medicare enrollment without penalty. (Those who work at companies with fewer than 20 employees may want to sign up for Medicare since it pays primary. I explain further in the next paragraph.) You will have a **Special Enrollment Period (SEP)** to enroll in Medicare at any point while covered by the employer plan **or** up to eight months after the first month you are without that employer coverage. To avoid gaps in coverage, it is often wise to sign up in the month before employer coverage ends.

Before you delay Medicare enrollment, note that you may encounter some problems if Medicare is supposed to pay primary.

1. Your employer plan may refuse to make payments until Medicare pays.
2. If your employer plan pays primary but was supposed to pay secondary, it may recoup payments, leaving you responsible for the out-of-pocket costs.

– Marci

COVID Testing Choke Points

In some ways, the nation's COVID testing system is like a game of Jenga: When one piece falters, the entire tower collapses.

Take Sacramento County, home to 1.5 million people and California's capital. Coronavirus cases started surging in late June, and **on July 15**, 360 residents were diagnosed, marking an ominous single-day record.

Around that time, people flocked to testing sites run by the state, county, local health systems and other providers, and CVS, the first major retail establishment to start testing in Sacramento County.

But securing a test became next to impossible for many people. Even as Gov. Gavin Newsom **touted** California's ability to test roughly 100,000 people per day, Sacramento's time slots filled quickly, five county-run testing sites temporarily shuttered, and some health care providers limited testing to symptomatic patients.

For those lucky enough to get tested, results took days — sometimes weeks — to return, rendering them essentially useless.

"Results should come in 24 to 48 hours, ideally, from when people are exhibiting symptoms," said Sacramento County Public Health Officer Dr. Olivia Kasirye. "It impacts our ability to take action and do contact investigations."

So what happened? Sacramento, like other counties across the state and nation, has been plagued by a series of choke points in its testing system since the pandemic began. During the summer surge, at least two bottlenecks — caused by the sheer volume of tests and a shortage of lab processing supplies — dramatically constricted testing capabilities and slowed results.

"It's pretty stunning that we are still having these bottlenecks. It was understandable when New York was struggling in March, but why is California struggling now?" **..Read More**

Facing public scrutiny, postmaster general halts changes blamed for delays until after election

Washington — The postmaster general announced Tuesday he will be halting the operational changes put in place to cut costs at the embattled U.S Postal Service until after the November election after he came growing under pressure to reverse the shifts due to mail delays. Louis DeJoy, a Republican donor who assumed the role of postmaster general in June, said in a statement his initiatives would be suspended "to avoid even the appearance of any impact on election mail."

"The Postal Service is ready today to handle whatever volume of election mail it receives this fall," he said. "Even with the challenges of keeping our employees and customers safe and healthy as they operate amid a pandemic, we will deliver the nation's election mail on time and within our well-established service standards. The American public should know that this is our number one priority between now and election day."

DeJoy also announced he is expanding the Postal Service's leadership task force on election mail "to enhance our ongoing work and partnership with state and local election officials in jurisdictions throughout the country."

The postmaster general said retail hours at post offices will not change, mail processing equipment and blue collection boxes will not be moved, no mail processing facilities will close and overtime will be approved as needed.

In the weeks after taking the helm of the Postal Service, DeJoy imposed a series of changes designed to save the agency money, including curbing overtime and prohibiting workers from making extra trips for late-arriving mail. But the operational shifts **have led to a delay in mail delivery** and backlogs.

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Could Daily Low-Dose Aspirin Hasten Cancer in Seniors?

(HealthDay News) -- Taking a daily low-dose aspirin may speed the progression of cancer in the elderly, a new clinical trial shows.

Daily aspirin doubled the risk that a person 70 or older would die from a stage 3 cancer, and increased the death risk associated with stage 4 cancers by nearly a third, according to data from more than 19,000 older people in the United States and Australia.

Older patients taking daily aspirin also had a roughly 20% increased risk of their cancer spreading to other parts of their body either before or after diagnosis, the researchers found.

Compelling evidence from earlier clinical trials had shown that daily aspirin taken by middle-aged folks could reduce the risk of cancer, particularly colon cancer, researchers said in background notes.

But in this new trial, the investigators found that elderly people who presented with later-stage cancers "tended to do worse if they were on aspirin," said senior researcher Dr. Andrew Chan, director of epidemiology at the Massachusetts General Hospital Cancer Center, in Boston. "It does suggest there is a potential difference in the effect of aspirin on older adults compared with younger adults."

Based on these new findings, older people should have a serious discussion with their doctor before starting a course of low-dose daily aspirin, said Dr. Frank Sinicrope, a gastrointestinal cancer specialist with the Mayo Clinic in Rochester, Minn.

"This study certainly raises concern over the use of low-dose aspirin in people over the age of 70. It raises concern about the potential for more advanced cancers to develop in these older patients," Sinicrope said. "I think it's something they would need to discuss with their doctors, to see what the risk/benefit would be."

For the clinical trial, the researchers randomly assigned people aged 70 or older to take 100 milligrams a day of either aspirin or a placebo for an average of nearly five years. The vast majority of study participants did not take daily aspirin before age 70.

Out of just over 19,000 participants, 981 taking aspirin and 952 taking a placebo developed cancer during the follow-up period.

Analysis revealed that low-dose aspirin was not associated with a higher risk of developing cancer, Chan said, but that it did appear to be linked to more aggressive cancer.

"Scientists have assumed aspirin works the same in all individuals, but the effect may be different in older adults," Chan said.

There are two theories why this difference between middle-aged and elderly aspirin users exists, he noted.

One is that aspirin's anti-cancer benefit might only work if people start taking aspirin at an earlier age. "When you start taking it when you're older, it may be too late," Chan explained.

The other theory is that cancers in older people are somehow different than those in younger people.

"Those cancer mechanisms may be different and may be less sensitive to aspirin than cancers that dwell in younger adults," Chan suggested.

These results were a "huge surprise" to Peter Campbell, scientific director of epidemiology research for the American Cancer Society.

Larger studies involving more clinical trial data are needed to further clarify this odd difference between younger and older folks, he said.

"These results conflict with a lot of larger studies showing either no harm or a net benefit with aspirin," Campbell said.

The study was published Aug. 10 in the *Journal of the National Cancer Institute*.

More information

The U.S. National Cancer Institute has more about **aspirin and cancer risk.**

New saliva-based Covid-19 test could be a fast and cheap 'game changer'

(CNN) After months of **frustration over testing shortages and delays**, a new saliva test could give Americans a fast and inexpensive option to learn if they have Covid-19.

Researchers from the Yale School of Public Health created the SalivaDirect test, which received emergency use authorization from the Food and Drug Administration on Saturday.

"The SalivaDirect test for rapid detection of SARS-CoV-2 [the novel coronavirus] is yet another testing innovation game changer that will reduce the demand for scarce testing resources," said Adm. Brett Giroir, the US official in charge of Covid-19 testing efforts.

Unlike some other tests **that require specialized supplies**, the SalivaDirect test doesn't require a specific swab or collection device. It can also be used with reagents from multiple vendors.

"We simplified the test so that it only costs a couple of dollars for reagents, and we expect that labs will only charge about $10 per sample," said Nathan Grubaugh, a Yale assistant professor of epidemiology.

"If cheap alternatives like SalivaDirect can be implemented across the country, we may finally get a handle on this pandemic, even before a vaccine."

Researchers said the new test can produce results in less than three hours, and the accuracy is on par with results from traditional nasal swabbing. They said SalivaDirect tests could become publicly available **in the coming weeks**.

Yale plans to publish its protocol as "**open-source**," meaning designated labs could follow the protocol to perform their own tests according to Yale's instructions, the FDA said.

The NBA was among the groups that funded research for the test and currently uses the method to test for nonsymptomatic carriers of the virus.

Testing declines in many states

The SalivaDirect news comes at a critical time, as 17 states are performing fewer tests this past week compared with the previous week, according to the **Covid Tracking Project**.

Some Americans **still have to wait days** to receive their testing results. **Now groups like the American Medical Association** are asking the federal government for priority guidelines to help fast-track those who need their tests and results urgently.

While testing has gone down in 17 states, test positivity rates have increased in 34 states, according to the Covid Tracking Project. That means a higher percentage of tests being performed are turning out to be positive.

So while daily Covid-19 **case counts are decreasing in parts of the US**, some of those decreases are likely because of decreases in testing, said Dr. Ashish Jha, director of the Harvard Global Health Institute.

"Testing has also fallen by about 20% to 30%, and so the picture is a little bit muddy," he said….**Read More**

Related Article: America is following disastrous Trump advice to slow down testing

Mammograms in 40s Can Save Women's Lives, Study Finds

(HealthDay News) -- Adding to an ongoing debate over the timing of mammography, a new British study finds that screening women aged 40 to 49 for breast cancer saves lives, with only small increases in overdiagnosis

"This is a very long-term follow-up of a study which confirms that screening in women under 50 can save lives," researcher Stephen Duffy, from Queen Mary University of London, said in a university news release.

"The benefit is seen mostly in the first 10 years, but the reduction in mortality persists in the long term at about one life saved per thousand women screened," he added.

The findings are now added to the mix of data that has fueled disparate guidelines on breast cancer screening in the United States and around the world.

In the United States, for example, the influential U.S. Preventive Services Task Force (USPSTF) now recommends that women at average risk for breast cancer get their first mammogram starting at age 50, and then repeat the exam every two years until age 74. The expert panel believes that before the age of 50, mammography may pick up too many false-positives and "overdiagnose" breast cancer, causing unnecessary expense and distress.

Women considering whether to get a mammogram in their 40s should discuss the matter with their doctor, the USPSTF says.

However, the American Cancer Society currently advises that women aged 40 to 44 consider the "option" of annual mammography, while women aged 45 to 54 should get the yearly screen.

Trying to settle the matter, Duffy's group looked at data from the U.K. Breast Screening Age Trial. Between 1990 and 1997, more than 160,000 women aged 39 to 41 were randomly selected to receive either an annual mammogram or to wait until the age of 50 to begin such screening, as U.K. government guidelines advised.

Now, looking at 23 years of follow-up data, the researchers found that screening at 40 to 49 was tied to a 25% reduction in breast cancer deaths over the first 10 years.

What's more, the rate of overdiagnosed cancers arising from earlier screening did not seem to add to the burden of overdiagnoses already seen when screening began at age 50 and older.

Improvements in technology may mean that earlier screening might be even more beneficial today, Duffy said.

"We now screen more thoroughly and with better equipment than in the 1990s, when most of the screening in this trial took place, so the benefits may be greater than we've seen in this study," he theorized.

Two experts in the United States agreed that when it comes to mammography, earlier may be better.

"Several other studies in the past have had similar results," noted Dr. Alice Police, who directs breast surgery at Northwell Health Cancer Institute in Sleepy Hollow, N.Y. "However, the scale of this study sets it apart and makes it a powerful reminder of our best weapon in the fight against breast cancer: the mighty mammogram."

Dr. Kristin Byrne is chief of breast imaging at Lenox Hill Hospital in New York City. She agreed that "the findings in this study substantiate what multiple other studies have found: Beginning screening mammography at age 40 saves lives."

Therefore, "especially in women in their 40s, it is very important to diagnose it when the tumor is small and before it has spread to other parts of the body," Byrne said. She also agreed with Duffy that "technology for mammography has improved since the 1990s and we are able to find more cancers and smaller cancers before it has spread."

Byrne noted that "most women who get breast cancer (75% to 85%) have no known risk factors, such as family history of breast cancer, and one in eight women in the United States will develop breast cancer. This is why every patient should have a screening mammogram every year starting at age 40 -- sometimes sooner, if they have risk factors such as family history or a genetic mutation which puts them at increased risk for developing breast cancer."

For more on breast cancer screening, head to the **American Cancer Society**.

Isolation, Disruption and Confusion: Coping With Dementia During a Pandemic

GARDENA, Calif. — Daisy Conant, 91, thrives off routine.

One of her favorites is reading the newspaper with her morning coffee. But, lately, the news surrounding the coronavirus pandemic has been more agitating than pleasurable. “We’re dropping like flies,” she said one recent morning, throwing her hands up.

“She gets fearful,” explained her grandson Erik Hayhurst, 27. “I sort of have to pull her back and walk her through the facts.”

Conant hasn’t been diagnosed with dementia, but her family has a history of Alzheimer’s. She had been living independently in her home of 60 years, but Hayhurst decided to move in with her in 2018 after she showed clear signs of memory loss and fell repeatedly.

For a while, Conant remained active, meeting up with friends and neighbors to walk around her neighborhood, attend church and visit the corner market. Hayhurst, a project management consultant, juggled caregiving with his job.

Then COVID-19 came, wrecking Conant’s routine and isolating her from friends and loved ones. Hayhurst has had to remake his life, too. He suddenly became his grandmother’s only caregiver — other family members can visit only from the lawn.

The coronavirus has upended the lives of dementia patients and their caregivers. Adult day care programs, **memory cafes** and support groups have shut down or moved online, providing less help for caregivers and less social and mental stimulation for patients. Fear of spreading the virus limits in-person visits from friends and family.

These changes have disrupted **long-standing routines** that millions of people with dementia rely on to help maintain health and happiness, making life harder on them and their caregivers.

“The pandemic has been devastating to older adults and their families when they are unable to see each other and provide practical and emotional support,” said Lynn Friss Feinberg, a senior strategic policy adviser at AARP Public Policy Institute.

Nearly 6 million Americans age 65 and older have Alzheimer’s disease, the most common type of dementia. An estimated 70% of them live in the community, primarily in traditional home settings, according to the Alzheimer’s Association 2020 Facts and Figures journal.

People with dementia, particularly those in the advanced stages of the disease, live in the moment, said Sandy Markwood, CEO of the National Association of Area Agencies on Aging. They may not understand why family members aren’t visiting or, when they do, don’t come into the house, she added.…**Read More**

Why So Many Older Women Develop UTIs

(HealthDay News) -- Many older women struggle with urinary tract infections, and researchers now think they know why.

A big reason is because their bladder walls can be invaded by several species of bacteria, a recent study found.

Urinary tract infections (UTIs) are among the most common type of bacterial infections in women, accounting for nearly 25% of all infections. UTI recurrence rates can range from 16%-36% in younger women to 55% in postmenopausal women.

Researchers at University of Texas Southwestern (UTSW) in Dallas analyzed bacteria in bladder biopsies from 14 postmenopausal women with recurrent UTIs. The investigators found that in these patients, several species of bacteria can get inside the bladder's surface area.

Bacterial diversity, antibiotic resistance and immune response all play significant roles in recurrent UTIs, according to the scientists.

"Our findings represent a step in understanding [recurrent] UTIs in postmenopausal women," senior study author Kim Orth said in a university news release. Orth is a professor of molecular biology and biochemistry at UTSW.

"We will need to use methods other than antibiotics to treat this disease, as now we observe diverse types of bacteria in the bladder wall of these patients," Orth added.

UTI is the most common reason for antibiotic prescriptions in older adults. The high rate of UTIs has a significant social impact, and treatment costs billions of dollars a year, the study authors noted.

Recurrent UTI "reduces quality of life, places a significant burden on the health care system, and contributes to antimicrobial resistance," Orth said.

Other factors believed to contribute to higher UTI rates in postmenopausal women include pelvic organ prolapse, diabetes, lack of estrogen, loss of *Lactobacilli* in the vagina, and higher levels of E. coli in tissues surrounding the urethra, according to the researchers.

The report was published in the *Journal of Molecular Biology.*

More information

The U.S. Office on Women's Health has more about **urinary tract infections.**

Better executive function predicts less mobility decline after a fall

Executive function is the cognitive process that helps with planning, prioritizing, multitasking, and adjusting. Past studies suggest that better cognitive function is associated with better mobility as people age, yet little was known about its impact on mobility changes after a fall. A recent NIA-supported study found that the better one's executive function, the less decline in mobility after a fall, and that measuring executive function may help predict change in mobility before a fall happens. This is especially important for older, inactive, and thinner adults. The work was presented at the Gerontological Society of America annual meeting in 2018 and recently published in *Experimental Gerontology.*

Researchers from Youngstown State University, University of Pennsylvania, and University of Pittsburgh studied 1,982 older adults from the Monongahela-Youghiogheny Healthy Aging Team study, a population-based study to examine the evolution of mild cognitive impairment in older adults supported in part by NIA. The participants were age 65 or older, not in long-term care, and able to attend a baseline assessment plus annual assessments for up to nine years. During these visits, participants reported how many times they had fallen during the year and researchers measured the participants' mobility, cognition, and other factors of age-related mobility changes. This enabled the researchers to explore the relationship between cognitive processes and changes in mobility…..**Read More**

Many Stay Optimistic Until Old Age Hits

People tend to be optimistic for most of their life, even when they have to cope with serious challenges, a new study finds.

Researchers surveyed 75,000 people aged 16 to 101 in the United States, Germany and the Netherlands to assess their optimism and outlook about the future.

"We found that optimism continued to increase throughout young adulthood, seemed to steadily plateau, and then decline into older adulthood," said study author William Chopik, an assistant professor of psychology at Michigan State University.

"Even people with fairly bad circumstances, who have had tough things happen in their lives, look to their futures and life ahead and felt optimistic," he added in a university news release.

"Counterintuitively -- and most surprising -- we found that really hard things like deaths and divorce really didn't change a person's outlook to the future," Chopik said. "This shows that a lot of people likely subscribe to the 'life is short' mantra and realize they should focus on things that make them happy and maintain emotional balance."

The study was published online recently in the *Journal of Research in Personality.*

From the time people are 15 to almost 60 or 70, they become more and more optimistic, according to Chopik.

"There's a massive stretch of life during which you keep consistently looking forward to things and the future," he said. "Part of that has to do with experiencing success both in work and life.

"You find a job, you meet your significant other, you achieve your goals and so on. You become more autonomous and you are somewhat in control of your future; so, you tend to expect things to turn out well," Chopik noted.

But as people move into old age, optimism can decline, likely due to health concerns and knowing that most of their life is behind them.

"Retirement age is when people can stop working, have time to travel and to pursue their hobbies," Chopik said. "But very surprisingly, people didn't really think that it would change the outlook of their lives for the better."

One of the study's most important findings is people's resilience.

""We oftentimes think that the really sad or tragic things that happen in life completely alter us as people, but that's not really the case," Chopik said. "You don't fundamentally change as a result of terrible things; people diagnosed with an illness or those who go through another crisis still felt positive about the future and what life had ahead for them on the other side."

More information

HelpGuide offers resources on **well-being and happiness.**

Get Dizzy When Standing Up? It Could Be Risk Factor for Dementia

(HealthDay News) -- Feeling woozy when you stand up may be a sign of an increased risk of developing dementia, a new study suggests. Doctors call this feeling "orthostatic hypotension," and it occurs when there's a sudden drop in blood pressure as you stand, explained a team of researchers from the University of California, San Francisco (UCSF).

The researchers found a connection between orthostatic hypotension and later onset of dementia with a drop in systolic blood pressure of at least 15 mm Hg, but not diastolic blood pressure or blood pressure overall. Systolic blood pressure is the top number in a blood pressure reading.

The finding suggests that "people's blood pressure when they move from sitting to standing should be monitored," UCSF researcher Dr. Laure Rouch said in a news release from the American Academy of Neurology. "It's possible that controlling these blood pressure drops could be a promising way to help preserve people's thinking and memory skills as they age."

Rouch cautioned that this study couldn't prove that orthostatic hypotension causes dementia, only that there appears to be an association.

In the study, her team tracked the medical history of more than 2,100 people who averaged 73 years of age and did not have dementia at the beginning of the study. Over the next 12 years, 22% of these individuals developed dementia.

Those with systolic orthostatic hypotension were nearly 40% more likely to develop dementia than those who didn't have the condition, Rouch's group reported recently in the journal *Neurology.*

Put another way, the study found that 26% of participants with systolic orthostatic hypotension developed dementia, compared with 21% of those who didn't have the condition.

After adjusting for certain health factors -- such as diabetes, smoking and alcohol use -- those with systolic orthostatic hypotension still had 37% higher odds of developing dementia, the research showed. And people whose systolic blood pressure changed the most were more likely to develop dementia than people whose readings were more stable.

Among those whose systolic pressure varied, 24% with the most fluctuation developed dementia, compared with 19% of those with the least fluctuation, the researchers found. Those whose systolic pressure varied the most were 35% more likely to develop dementia than those whose pressure was more stable, the findings showed.

How might dizziness upon standing impact your odds for dementia? Cardiologist Dr. Guy Mintz has some theories.

"The mechanism of this association is unknown, but it is reasonable to suspect that multiple low blood pressure 'insults' to the brain could cause cumulative damage," said Mintz, who directs cardiovascular health at Northwell Health's Sandra Atlas Bass Heart Hospital in Manhasset, N.Y. "Other mechanisms postulated involve direct damage to the blood vessels or progressive stiffness of the arteries."

Whatever the background causes, Mintz believes that "doctors should be aware of this relationship, because it represents an opportunity to help older patients on multiple hypertensive drugs that have a change in the systolic pressure with positional changes. Older patients are usually on multiple medications for high blood pressure and this simple positional maneuver can identify patients at increased risk for dementia, and the medications could be fine-tuned."

More information

For more on dementia, head to the **Alzheimer's Association**.

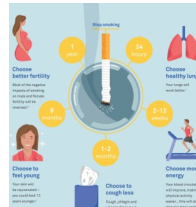
Quitting Smoking for Older Adults

"I've smoked two packs of cigarettes a day for 40 years—what's the use of quitting now? Will I even be able to quit after all this time?

It doesn't matter how old you are or how long you've been smoking, quitting smoking at any time improves your health. When you quit, you are likely to add years to your life, breathe more easily, have more energy, and save money. You will also:

- Lower your risk of **cancer, heart attack, stroke**, and lung disease
- Have better blood circulation
- Improve your **sense of taste and smell**
- Stop smelling like smoke
- Set a healthy example for your children and grandchildren

Smoking shortens your life. **It causes about 1 of every 5 deaths in the United States each year.** Smoking makes millions of Americans sick by causing:



- **Lung disease.** Smoking damages your lungs and airways, sometimes causing chronic **bronchitis.** It can also cause emphysema, which destroys your lungs, making it very hard for you to breathe.
- **Heart disease.** Smoking increases your risk of heart attack and stroke.
- **Cancer.** Smoking can lead to cancer of the lungs, mouth, larynx (voice box), esophagus, stomach, liver, pancreas, kidneys, bladder, and cervix.
- **Respiratory problems.** If you smoke, you are more likely than a nonsmoker to get the **flu**, pneumonia, or other infections that can interfere with your breathing.
- **Osteoporosis.** If you smoke, your chance of developing **osteoporosis** (weak bones) is greater.
- **Eye diseases.** Smoking increases the risk of eye diseases that can lead to vision loss and blindness, including cataracts and age-related macular degeneration (AMD).
- **Diabetes.** Smokers are more likely to develop type 2 diabetes than nonsmokers, and smoking makes it harder to control diabetes once you have it. **Diabetes** is a serious disease that can lead to blindness, heart disease, nerve disease, kidney failure, and amputations.

Smoking can also make muscles tire easily, make wounds harder to heal, increase the risk of erectile dysfunction in men, and make skin become dull and wrinkled.

Nicotine Is a Drug

Nicotine is the drug in tobacco that makes cigarettes so addictive. Although some people who give up smoking have no withdrawal symptoms, many people continue to have strong cravings for cigarettes. They also may feel grumpy, hungry, or **tired**. Some people have headaches, feel **depressed,** or have problems **sleeping** or concentrating. These symptoms fade over time…..**Read More**