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Social Security's Chief Actuary Confirms: If Donald Trump is Reelected, He Will Destroy Social Security

The following is a statement fr om **Nancy Altman**, President of **Social Security Works**, on a **letter released today** by Stephen C. Goss, Chief Actuary of the Social Security Administration:

"This letter confirms what **Democrats** and **Social Security advocates** have been saying for weeks: Donald Trump's plan to 'terminate' Social Security's dedicated funding if he is reelected would destroy Social Security.

Goss states that if Social Security's funding were terminated, the Disability Insurance (DI) Trust Fund would be depleted by 2021 and the Old Age and Survivors Insurance (OASI) Trust Fund by 2023 'with no ability to pay benefits thereafter.'

In other words, if Donald Trump is reelected, Social Security will cease to exist before the end of his second term.

This letter is a response to a query from Senators Chuck Schumer (D-NY), Ron Wyden (D-OR), Bernie Sanders (I-VT), and Chris Van Hollen (D-MD) about hypothetical legislation passed by Congress to enact Trump's plan to defund Social Security. Therefore, it deals with the possibility of legislation.

But in fact, Trump is claiming the authority to defund Social Security with no action from Congress whatsoever. Trump's recent executive action instructs the IRS to defer collecting Social Security payroll contributions. In signing it, Trump **claimed the authority** to unilaterally stop collection of Social Security's dedicated funding under **26 U.S Code §7508A** upon his declaring a federal emergency. The law permits deferral for up to a year – long enough to defund and destroy Social Security disability insurance. If he declared additional emergencies through 2023, he could, on his own, end all of Social Security.

This plan is wildly out of step with the American people, who **overwhelmingly oppose** cutting Social Security. Indeed, **recent polling shows** that preventing Social Security cuts is a top issue for the majority of voters.

Donald Trump has shown himself willing to undermine the post office, the free press, and other institutions. If he's reelected, our Social Security system is his next target. Everyone should listen to Social Security's independent Chief Actuary and alert your friends and family: If Donald Trump wins reelection, Social Security will be at his mercy."

More than 500,000 mail ballots were rejected in the primaries

More than 534,000 mail ballots were rejected during primaries across 23 states this year — nearly a quarter in key battlegrounds for the fall — illustrating how missed delivery deadlines, inadvertent mistakes and uneven enforcement of the rules could disenfranchise voters and affect the outcome of the presidential election.

The rates of rejection, which in some states exceeded those of other recent elections, could make a difference in the fall if the White House contest is decided by a close margin, as it was in 2016, when Donald Trump won Michigan, Pennsylvania and Wisconsin **by roughly 80,000 votes**.

This year, according to a tally by The Washington Post, election officials in those three states tossed out more than 60,480 ballots just during primaries, which saw significantly lower voter turnout than what is expected in the general election. The rejection figures include ballots that arrived too late to be counted or were invalidated for another reason, including voter error.

The stakes are high as the most chaotic presidential election in memory collides with a once--in-a-century pandemic, which has led **20 states to expand or ease access** to voting by mail as a public health measure.

Election experts said that the combination of the hotly contested White House race and millions of first-time mail voters could lead to a record number of ballot rejections and trigger a searing legal war over which are valid — and who is the ultimate victor.

"If the election is close, it doesn't matter how well it was run — it will be a mess," said Charles Stewart III, a political science professor at MIT who studies election data. "The two campaigns will be arguing over nonconforming ballots, which is going to run up against voters' beliefs in fair play," he said.

President Trump has already cast doubt on whether he will accept a loss to Democratic nominee Joe Biden and has repeatedly stoked unfounded fears about voting by mail. Top campaign advisers are also mapping out a post-election strategy centered in part on challenging mail ballots that do not have postmarks, as The Post previously reported.

Citing news coverage of rejected ballots last month, Trump called the situation "a mess" and predicted that the presidential race will be the "most rigged election in history."

For Democrats and voting rights advocates, rejected ballots are a serious concern because they raise the potential for many people to be disenfranchised — not because they reflect widespread corruption or election tampering.

Both sides agree that the race for the White House could come down to a fight over which mail ballots are counted.

Democratic lawyers and election officials in more than three dozen states are now pushing to limit the reasons a ballot can be rejected, ….**Read More**

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

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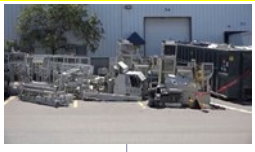
USPS email tells managers not to reconnect sorting machines



While Postmaster General Louis DeJoy may be **suspending changes to postal service operations**, it doesn't necessarily mean machines that had been removed will be put back in use, according to an email obtained by CNN.

The email, sent hours after DeJoy's public suspension of changes on Tuesday, instructs postal workers not to reconnect any mail sorting machines that have previously been disconnected.

"Please message out to your respective Maintenance Managers tonight," wrote Kevin Couch, a director of maintenance operations. "They are not to reconnect/reinstall machines that have been previously disconnected without approval from HQ Maintenance, no matter what direction they are getting from their plant manager."

DeJoy announced Tuesday he would pause many of the new policies he put in place, including the removal of high-volume mail sorting machines, after postal workers, the public and some lawmakers, sounded alarms the changes were causing massive delivery delays, potentially putting the November election in peril.

It's unclear if there's been additional guidance since Couch sent the email, which appeared to have been sent to managers in the western region.

The USPS has not been attempting to reassemble or replace the mail sorting machines or letter collection recently removed in at least nine states, according to the union officials CNN spoke to in those states. CNN spoke with union officials across the US on the local, regional and national level, and was only able to identify two facilities -- Dallas and Tacoma, Washington -- that had attempted to reassemble and reintroduce mail sorting machines back into USPS's daily operations.

The Postmaster General and USPS have been under intense scrutiny in recent weeks over changes put in motion ahead of the 2020 election. Many Americans have since grown concerned over the USPS' ability to handle the expected influx of ballots as more voters choose to vote by mail because of the Covid-19 global pandemic.

Dallas facility tried to restore removed mail sorting machines

Yared Wonde, the president of the American Postal Workers Union's Dallas Area Local, told CNN that management at the Dallas processing and distribution center, which serves nearly all of Dallas, unsuccessfully tried to put back four delivery bar code sorter machines.

DBCS machines make up the bulk of the mail sorting operation across USPS, handling envelopes which includes ballots heading to voters.

The machines, which Wonde says were removed in July, cannot be put back into service because they are missing pieces. Wonde said it was unclear what moved management at the Dallas facility to attempt to reassemble the DBCS machines.

'An Arm and a Leg': How to Fight Bogus Medical Bills Like a Bulldog

After Izzy Benasso had knee surgery, she and her dad received a letter from a surgical assistant giving notice that he "had been present" at the procedure.

The surgical assistant was out-of-network and seemed to be laying the groundwork to get the Benassos to pay his fee.

Steve Benasso wrote a letter right back, basically telling the guy to buzz off: He had no intention of paying the surgical assistant. Because the bill was a surprise, Benasso suggested that the surgical assistant try to get the money from the insurance company, or negotiate for some part of the knee surgeon's payment.

Benasso first shared his story with KHN and NPR for the **Bill of the Month** series.

There are two explanations for Benasso's chutzpah.

One: "Steve is the kind of person to check every receipt twice and argue over any discrepancies he finds," his daughter said.

Two: He had lots of experience haggling over medical bills in particular. As a human resources director, he specializes in defending his colleagues against bogus bills and unfair insurance denials.

"I am a bulldog on this stuff," he said. "I do it every month."

In this episode, learn how Steve became such a bulldog, and the tips he has for the rest of us.

"An Arm and a Leg" is a co-production of KHN and Public Road Productions.

To keep in touch with "An Arm and a Leg," **subscribe to the newsletter**. You can also follow the show on Facebook and Twitter. And if you've got stories to tell about the health care system, the producers **would love to hear from you.**

Can't see the audio player? **Click here to listen.**

Trump Postmaster General Refuses to Reverse His Policies Causing Mail Delivery Delays

President **Trump**'s new postmaster general, **Louis DeJoy**, has gone from using "cost-cutting" measures to slow down the mail to a full-on dismantling of the U.S. Postal Service (USPS). This week he said he would NOT return the mailboxes he took away back to their locations; NOT re-install the dozens of high-speed sorting machines that have been removed; and NOT allow overtime to ensure mail is delivered on time.

The moves are of deep concern to members of Congress and millions of Americans, particularly seniors and veterans who get important goods and services like prescription drugs through the mail. In addition, the demand for vote by mail will increase substantially in the coming weeks because of the coronavirus pandemic.

DeJoy was forced to respond to the crisis due to public outcry from the Alliance and others, but then it was revealed he would not roll back his changes

The Postal Service has told state and local governments that it will charge them nearly three times more to send a ballot through the mail than in previous elections, which hurts seniors and local governments. Election mail has always been sent at the bulk rate, which is not delivered as fast but is handled like first-class mail. Under DeJoy's management, all election mail must be sent first-class.

House leaders have posted text of legislation, **H.R. 8015**, that the chamber plans to take up on Saturday to provide the Postal Service with $25 billion to cover revenue losses, reverse service and operational changes implemented earlier this year and require that all election-related mail, including ballots, be treated as first class to ensure priority delivery.

Joseph Peters, Jr.
ARA Security-Treasurer

"It is not enough for the postmaster to say he intends to stop sabotaging the delivery of prescription drugs and election ballots in the future," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "He must undo the damage that he has already done."

Issue Brief Shows How COVID-19 Affects People by Race and Ethnicity

In a new issue brief, the Kaiser Family Foundation (KFF) collects recent federal, state, and local research on COVID-19's impact by race and ethnicity. Though the data remains incomplete, it confirms that COVID-19 is continuing to disproportionately impact Black, Hispanic, Asian American, American Indian and Alaska Native (AIAN), and Asian and Native Hawaiian and Pacific Islander (NHOPI) people. The key findings include:

People of color are experiencing significantly higher rates of infections and deaths compared to white individuals. An **analysis of state-reported data** found the COVID-19 related death rate among Black and AIAN people is around two times that of their white counterparts. **Another study** revealed that Hispanics have a higher infection rate compared to other groups. Data also show that in states with large numbers of NHOPI people, they have higher infection rates compared to other racial and ethnic groups, and that Asian Americans are experiencing a **higher fatality rate** than average in a number of areas across the country.

Black, Hispanic, and AIAN people are at increased risk of hospitalization due to COVID-19. Recent **hospitalization rates** due to COVID-19 for Black, Hispanic, and AIAN people are roughly five times higher than that of white people. Additional **analysis** shows that people of color make up a disproportionate share of COVID-19 hospitalizations relative to their share of the population.

Disparities exist among specific populations: Medicare beneficiaries, people living in nursing home facilities, pregnant women, and children. Preliminary Medicare COVID-19 data indicate that Black, Hispanic, and AIAN enrollees have higher rates of infection and hospitalization compared to white people with Medicare. Analyses find **nursing homes** where a higher share of residents are people of color are more likely to report a COVID-19 case, and that having a **greater share** of Black residents is associated with an increased probability of having a COVID-19 case. Other studies show disproportionate infection rates among Hispanic and Black **pregnant women,** and higher risks of hospitalization among **Black and Hispanic children**.

Collectively and individually, these reports show that people of color are bearing an asymmetric burden of COVID-19 cases, deaths, and hospitalizations. Troublingly, they are also **more likely** to experience the negative effects of the pandemic's economic fallout. These health and economic disparities reflect and worsen inequities that have long been embedded in the nation's housing, education, employment, health care, and justice systems. This structural racism has consistently yielded policies of oppression and discrimination. Meaningfully responding to the COVID-19 public health crisis, and those that exist alongside and within it, will require understanding and correcting these institutional failings.

Medicare Rights broadly supports policy solutions that seek to advance health equity, well-being, and justice. With respect to COVID-19, this includes efforts to track and report comprehensive data on the pandemic's unequal toll, and to identify opportunities to address systemic harms. As part of this, we strongly **urge Congress** to center people with Medicare, promote equity program-wide, and help those who have been hardest hit by the pandemic and its attendant recession in any new coronavirus relief legislation.

This is part an ongoing series of Medicare Watch articles that explores the disparate impacts of the coronavirus on communities of color, as well as reasons for these outcomes and needed policy solutions. Working together, we can reduce barriers that keep older adults and people with disabilities from living with dignity and choice.

Read the KFF Issue Brief, Racial Disparities in COVID-19: Key Findings from Available Data and Analysis

Coronavirus: Beware of scams

Julie Appleby reports for **Kaiser Health News** on the latest phone, text and email coronavirus scams. Beware of people who reach out to you to say they are doing COVID-19 contact tracing. You should not give them any personal information, particularly your bank account information, credit card number or Social Security number.

The scammers might say they are from a local health department. And, they might tell you that you have been near someone who has COVID-19. At that point, they will typically ask you for your credit card or bank account information or for your Social Security number.

It's possible that you will get a legitimate call from staff at a local health department about COVID-19. But, if the call is legitimate, the caller will not ask you for any personal information. Rather, the caller will know your address and birthdate and will confirm them with you to ensure the caller is speaking with the proper person. And, the caller will try to figure out who you have been around.

A legitimate person from a health department usually will call or text if you have tested positive for COVID-19 or if you have been near others who have tested positive. The goal is to isolate anyone who has been in contact with someone with COVID-19 so as not to spread the virus further. It is how local health departments try to contain the spread of the novel coronavirus.

If you receive a text or email with a link from someone who claims to be from your local health department, do not click on the link. And, if you have any concerns about the legitimacy of a caller, ask for the person's name and phone number, and then call your local health department directly.

In coronavirus fight, new mandate for nursing homes: Test or face fines

Nursing homes that fail to test residents and staff for coronavirus could face fines under new measures announced by the Trump administration Tuesday, part of what officials called a "dramatic ramp up in our efforts" to address the steep toll the virus is taking on some of the most vulnerable Americans.

"The testing requirement is very critical," said Seema Verma, the administrator at the Centers for Medicare & Medicaid Services, the federal agency that regulates nursing homes. "You can see that it's part of an overall strategy."

While the agency has been recommending widespread testing for months, this is the first time nursing homes could see financial consequences for failing to test residents or staff if there are hints of an outbreak, like symptoms of COVID-19 among residents or staff.

"What that means is that, if a nursing home is not compliant with this, they are subject to fines and penalties," Verma said in an interview with ABC News.

Federal agencies have also tried to address that concern by providing point-of-care testing kits to 15,000 nursing homes around the country and more than $5 billion in broad financial support from a series of rescue packages passed by Congress….**Read More**

Fact Check: Trump misleads on lowering drug prices

With no chance of fulfilling his pledge to repeal and replace Obamacare before Election Day, President Donald Trump is playing up his efforts to lower drug prices.

"With what I am doing in the fight with the Drug Companies, drug prices will be coming down 50, 60, and even 70 per cent. The Democrats are fighting hard to stop me with big ad buys, plus. Likewise, Big Pharma. **FAVORED NATIONS AND REBATES ARE BRINGING PRICES DOWN NOW**. We will win!," the President tweeted on Wednesday morning.

Facts First: ***It's not true that Trump's measures on favored nations and rebates are bringing prices down now -- mainly because they haven't gone into effect yet. And whether drug prices will be cut by half or more in the future is hard to predict.***

Taming high drug prices

High drug prices have long been one of Americans' chief health care complaints, and Trump has long promised to do something about it. His administration released a 44-page blueprint of his vision in May 2018, though most of the measures remain only on paper.

Trump has claimed victory in lowering prices in the past, though the data backing up the assertion was shaky. During his State of the Union address in February, he harkened back to a statistic he had mentioned the year before -- that the cost of prescription medications went down for the first time in 51 years. The President was citing the 12-month change in the consumer price index for prescription drugs for December 2018. However, the data bounces around a lot. Last month, it was up 1.7%.

It's surprisingly hard to answer whether drug prices are rising and by how much. There are many measures, but few, if any, that capture the full spectrum of medications, which include generic, brand name and specialty drugs, and cover those given in a hospital or doctor's office and those purchased at the pharmacy. Also, there's the list price of the prescription drug and the net price, which takes into account various discounts.

Here's one way to look at the issue -- through the lens of brand name drugs, which make up only about 10% of prescriptions written, but 80% of the dollars spent. While list prices for brand name drugs are still on the rise, the rate of growth has been declining for at least the past four years, according to SSR Health, which captures price changes for about 1,000 brand name medications.

A similar trend is happening when one examines the list prices of both brand name and less-expensive generic drugs. GoodRx, which follows several thousand brand name and generic medications, found that manufacturers hiked prices on 857 drugs by an average of 6.8% in the first six months of this year. That compares to 933 medications rising an average of 7% over the same time last year, according to the website, which provides cost comparisons and consumer discounts. The number of drugs and rate of price growth also slowed between 2015 and 2019.

Executive orders

In his tweet Wednesday, the President refers to two of **four executive orders** he issued late last month, which resurfaced a kitchen sink of controversial proposals that have advanced little during his term**…..Read More**

Telehealth Skyrocketing Among Older Adults

(HealthDay News) -- More older Americans have been seeing their doctors virtually since the pandemic began than ever before, a new poll finds.

During the first three months of the pandemic, one in four patients over 50 years of age used telehealth -- way up from the 4% who did so in 2019.

Comfort levels with telemedicine have also risen, the researchers said. In 2019, most older people had at least one concern about telemedicine, but by mid-2020, the number of those with concerns dropped, especially among people who had a virtual visit between March and June.

But not everyone is comfortable with meeting their doctor online, according to the National Poll on Healthy Aging, published online by the University of Michigan.

Among those over 50, 17% still said they have never used any kind of video conferencing for any reason, including medical care.

That's 11 percentage points lower than in the 2019 poll, but lack of experience or access may still be a barrier to getting care via telemedicine.

The 2019 and 2020 polls each involved a national sample of more than 2,000 U.S. adults aged 50 to 80.

"These findings have implications for the health providers who have ramped up telehealth offerings rapidly, and for the insurance companies and government agencies that have quickly changed their policies to cover virtual visits," said researcher Lorraine Buis, a health information technology researcher at the University of Michigan, in Ann Arbor.

"Tracking change over time could inform future efforts, and highlights the need for much more research on concerns, barriers and optimal use of telehealth by older adults," Buis added in a university news release.

The poll found that by June 2020, 30% of older adults had participated in a telehealth visit at some point, which might reflect changes in insurance coverage that began to take effect before the pandemic.

But the movement towards more telehealth might also have resulted from states mandating reductions in elective and non-emergency health care during the pandemic.

Almost 50% of survey participants said that, between March and June, they had a doctor's office visit canceled or rescheduled because of the pandemic, and 30% said a virtual visit was their only option. But only 15% who had a telehealth visit said that fear of the virus made them ask for a virtual appointment.

Among those who had a telehealth visit during the spring, 91% said it was easy to connect with their doctor. One-third had their visits by a video connection from their phone, and another third from their tablet or computer, and 36% had an audio-only visit by phone.

The poll also found:

- 64% of the patients felt comfortable using telehealth, up from 53% in 2019.
- 62% of people had at least one telehealth visit offered, versus 14% in 2019.
- 72% were interested in a telehealth visit, up from 58% in 2019.
- 63% were interested in a telehealth follow-up, compared with 55% in 2019.
- 24% were concerned about privacy during a telehealth visit, versus 49% in 2019.

Also, about one-third of participants said they would feel comfortable if their first-time visit was a virtual visit. But about two-thirds said that quality of care in a telehealth visit was not as good as an in-person visit.

"As the coronavirus pandemic continues, telehealth has been a useful tool for older adults to access health care from the safety of their own homes, but we must be mindful that not everyone can access these services," said Alison Bryant, senior vice president of research for AARP.

COVID-19 Cases Rebound Sharply in U.S. Nursing Homes

(HealthDay News) -- COVID-19 cases in U.S. nursing homes rose nearly 80% earlier this summer and the vast majority of them occurred in Sunbelt states, a new study reports.

In the week starting July 26, the nation's nursing homes had 9,715 COVID-19 cases -- up 77% from the week of June 21, when new cases bottomed out at 5,480, according to the American Health Care Association and National Center for Assisted Living (AHCA/NCAL).

The latest spike has surpassed the previous peak, recorded May 31, the analysis of updated data from the U.S. Centers for Medicare and Medicaid Services shows.

During the last week of July, U.S. nursing homes recorded 1,706 COVID-19 deaths -- nearly 25% more than the first full week of July, when deaths hit a low point.

And the Sunbelt states -- home to thousands of retirees -- were especially hard hit, the report showed. By mid-July, nursing homes across the region accounted for 69% of COVID-19 deaths, compared with 28% the week of May 31, according to the report.

Long-term care facilities account for less than 1% of the U.S. population, but more than 40% of COVID-19 deaths, according to an *Associated Press* report on the COVID Tracking Project.

"With the recent major spikes of COVID cases in many states across the country, we were very concerned this trend would lead to an increase in cases in nursing homes and, unfortunately, it has," said Mark Parkinson, president and CEO of the AHCA/NCAL.

"This is especially troubling since many nursing homes and other long-term care facilities are still unable to acquire the personal protective equipment and testing they need to fully combat this virus," he added in a news release.

While shortages of personal protective equipment are a major concern for long-term care facilities, the lack of reliable and rapid-result testing is their main concern.

In a June survey, 87% of nursing homes said it was taking two days or more to get test results for residents and staff, and one in four nursing homes said it was taking five days or longer.

"What we need -- now more than ever -- is for our government leaders and lab companies from the private sector to work together to find a solution to prioritize and expedite the processing of tests for nursing home residents and caregivers," Parkinson said.

AHCA/NCAL represents more than 14,000 nursing homes and assisted living communities that provide care to about 5 million people each year in the United States.

Coronavirus: Hospitals sue patients to collect payment

It's bad enough that tens of thousands of Americans have become gravely ill as a result of the novel coronavirus and that tens of thousands more Americans have died. It's horrifying that hospitals are now suing many of these people to cover the cost of the care they received. Because we do not have guaranteed universal health care, people with private health insurance who survive the virus, and their families, are likely to face medical debt for the rest of their lives.

Caitlin Owens reports for **Axios** that the Community Health Systems hospitals in Florida, Texas and Arizona are suing hundreds of patients to collect payment on medical bills ranging from $1,000 to more than $125,000. Many of these people are out of work and cannot afford to make even small monthly payments, let alone pay their full bill.

In one case, a patient had no insurance and made the hospital aware of that. He tried to leave the hospital, so as to avoid getting a large bill. But, the hospital would not let him. And, though he asked for financial relief, he could not get any. He has a part-time job and cannot afford to pay the hospital bill.

Hospitals typically claim that they only sue patients after serious consideration, when they feel they have no alternative. But, whatever the hospitals' considerations, the health care system is deeply flawed. Most of the time, Americans being sued are responsible for excessive health care costs over which they have no control and which they cannot afford.

Of course, hospitals need to be paid. But, they should be paid on a global budget, through the government. In that way, they would be guaranteed funds to provide care no matter the financial circumstances of their patients. And, patients could get the health care they need without worry about indebting themselves and their families…..**Read More**

Twitter hits Trump for 'misleading health claims'

Twitter on Sunday slapped a label on a tweet from **President Donald Trump** for "making misleading health claims that could potentially dissuade people from participation in voting."

Trump claimed in posts on Twitter and Facebook early Sunday morning that mail drop boxes for voting "are not Covid sanitized," as well as a "voter security disaster."

Hours after Trump sent the tweet, **Twitter took action**, saying, "We placed a public interest notice on this Tweet for violating our Civic Integrity Policy for making misleading health claims that could potentially dissuade people from participation in voting."

Now accompanying the tweet is the full following security notice: "This Tweet violated the Twitter Rules about civic and election integrity. However, Twitter has determined that it may be in the public's interest for the Tweet to remain accessible."

Trump's tweet saying that mail drop boxes are "not Covid sanitized" puzzled scientists, who note people are unlikely to catch the coronavirus from touching such a box. People can wash their hands or use hand sanitizer after touching any objects, including mail drop boxes, noted Erin Bromage, an associate professor of biology at the University of Massachusetts, Dartmouth, and a CNN contributor.

"You can completely minimize the risk of infection by sanitizing your hands after you drop in your ballot," Bromage told CNN.

The US Centers for Disease Control and Prevention has said that the main way Covid-19 spreads is from person to person and that while there is a possibility of infection from someone touching a surface and then their mouth, nose or potentially their eyes, this is not the main way the virus spreads.

The larger risk of transmission comes when people are crowded into indoor spaces together. "So while there is a theoretical possibility for viral transfer from a voting drop box, in reality the chances of this occurring and it leads to an infection are low," Bromage said.

Although the exact same message was posted to the President's Facebook account, the tech giant had not taken specific action on the post by Sunday afternoon.

Facebook says it affixes links to voter information to posts from politicians about the election -- a policy that could cause more confusion, as CNN has previously reported. Unlike Twitter, Facebook does not fact-check politicians….**Read More**

How can I plan for my future health care needs?

Dear Marci,
I'd like to prepare documents to plan for my future medical care needs. What are these documents, and how can I prepare them?
-Callie (Baltimore, MD)

Dear Callie,

Examples of documents you may want to prepare to plan for future medical needs include advance directives and living wills. These are legal documents that give instructions to your family members, health care providers, and others about the kind of care you would want to receive if you can no longer communicate your wishes because you are incapacitated by a temporary or permanent injury or illness. Other kinds of documents, like health care proxies and powers of attorney, appoint a trusted individual to make certain kinds of decisions on your behalf in certain situations.

In most cases, you do not need a specific form to create an advance directive or living will, or to make someone your health care proxy or grant them power of attorney. However, your documents should:

- Comply with any rules in your state
- Cover all the issues that are important to you

Make sure to discuss the contents of any future care documents with family members, health care providers, and anyone else you feel should know. You should give your providers a copy and may want to provide copies to others. You should also bring a copy of your documents to the hospital each time you are admitted, if possible

For help creating these documents or information on how to comply with your state's rules, you can contact:

- Your state's attorney general office or department of health: Many state agencies post state-specific advance directive forms on their websites. If no form is posted, call and ask where to get one.
- The National Hospice and Palliative Care Organization (NHPCO): This nonprofit focuses on end-of-life issues and provides state-specific advance directive forms for all 50 states and Washington, DC.
  Visit **www.nhpco.org** or call 703-837-1500 to learn more.
- The American Bar Association Commission on Legal Problems of the Elderly
- Your state bar association
- Your local hospital

Note: Some organizations suggest that you compare the generally accepted advance directive form from your state against at least one or two forms from other sources. This is because you may find that one form provides instructions for a particular medical circumstance that another does not. Generally, though, if you find a form that works well for you, use it. You may also decide to combine information from several forms into one document.

You do not need a lawyer to create an advance directive, living will, or health care proxy. However, you may want legal assistance if you have unusual wishes or you anticipate or know of disagreements among family members.

If you want to create a power of attorney document that appoints a trusted individual to make decisions about your finances, **you should consult a lawyer.**

-Marci

Coronavirus: How to transform our broken prescription drug sector for the public good

Dozens of organizations have signed on to a letter that explains how to transform our broken prescription drug sector for the public good. Without major change in the prescription drug sector, we will be hard-pressed to effectively address this pandemic and future public health emergencies or to meet people's individual medication needs.

In summary, the letter lays out four interventions:

1. Codifying open science practices that speed up innovation, lower costs, and strengthen the evidence base on which our medicines system rests;
2. Creating the ability for the public sector to undertake pharmaceutical innovation and production of essential medicines;
3. Using the full power of compulsory licensing that would allow the government or other pharmaceutical companies to manufacture patented drugs in order to ensure access to essential medicines;
4. Turning the vaccine industry into a public agency to assure its products are available to all.

Here's the letter:

Far too many people have suffered and died because our medicines and medical products system was not prepared to respond to the COVID-19 pandemic with prompt and universal access to reliable tests, treatments, and vaccines. Governments, non-profits, and industry in the U.S. and around the world are working furiously to catch up. But their efforts have been hampered by fundamental flaws in our profit-driven pharmaceutical industry.

For Americans with diabetes, cancer, asthma, infectious diseases, mental illnesses, and a myriad of other health issues, those flaws have been causing suffering and even death for decades. From growing shortages in essential medicines, to lagging innovation, dangerous **mislabeling** and **misb randing**, and the highest prices in the world, America's pharmaceutical sector is clearly not meeting the needs of our society. The current crisis has brought these problems into even sharper focus.

Now is the time to redesign our medicines system to effectively, equitably, and rapidly address and anticipate crises like the current pandemic. This can and must be done while also providing a safe, consistent, and affordable supply of essential medicines to all, including persons with health challenges beyond COVID-19.

Medicines were long considered a public good, off-limits to corporate profiteering, price-gouging, and monopolizing. It is time for us to reclaim them as such. We must transform the U.S. pharmaceutical sector so that our nation can successfully combat this crisis, prepare for the next one, and ensure that millions of people have access to the essential medications they need to live healthy lives, and participate in society and the economy.

To do so, we must take these four steps:

Conclusion

The COVID-19 pandemic has revealed shocking deficiencies in our country's commitment to the health of all Americans. The choice to prioritize corporate profits over the research, development, and distribution of effective, affordable medicines has proven deadly, just as it has for Americans who have been facing dire access challenges for decades. We are confronting the challenge of our lifetimes without the tests, treatments and vaccines we need. Yet, more and more public money is being pumped into a system best placed to produce duplicative "me-too" drugs that generate excessive profits but have little to no impact on public health.

The pandemic has taught us a brutal lesson: it is time to reclaim our medicines system for the public good. These four steps are the way to begin.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Why Are Dementia Patients Getting Risky Psychiatric Drugs?

(HealthDay News) -- As many as 3 in 4 older adults with dementia have been prescribed drugs that may pose a risk to them, researchers report.

The drugs in the study included commonly prescribed medications that can affect the brain or nervous system, such as sedatives, painkillers and antidepressants.

"There just is not a lot of evidence that these medications are helpful in people with dementia. When I think about somebody who has dementia and the way the brain is changing, it seems like it's not a great thing to be exposing their brain to these drugs when the brain is already having trouble dealing with the changes going on from the dementia," said study author Dr. Donovan Maust, a geriatric psychiatrist from the University of Michigan and VA Ann Arbor Health System.

"Medications we use in patients of other ages work different in brains with dementia," he added.

Behavior changes are common in people with dementia. They may include irritability, anger or aggression, anxiety, depression or emotional distress, restlessness, delusions or hallucinations, and difficulty sleeping. These behaviors are primarily caused by progressive damage to brain cells. Other possible triggers of behavior issues include medications, environmental factors and other medical conditions, according to the Alzheimer's Association.

Maust said that prescribing practices have been studied in patients with dementia in nursing homes, but there was a lack of information on what types of drugs people with dementia are prescribed if they don't live in a nursing home.

The study included almost 740,000 people with dementia. They were all over 65 (average age was 82) and on Medicare. About 81% were white, 9% were black and 7% Hispanic. Most lived in urban areas.

The researchers found that 73.5% of them were prescribed a central nervous system-active medication, including opioids, antidepressants, antipsychotics, sedatives and anti-epileptic drugs (can be prescribed for pain or in place of an antipsychotic).

Researchers found that half were given an antidepressant -- a rate that's about triple what it is for older adults in the general population, the researchers noted. Maust said doctors may prescribe these when someone shows signs of withdrawal or apathy, but in dementia patients, those signs may be due to dementia, not depression.

"Initiation of activity and enjoyment of the activity isn't the same in someone with dementia, but it's easy to look at those symptoms and think they're depressed," Maust said.

Many of these drugs can raise risk of falls

The concern in taking an antidepressant is that they may make someone with dementia feel jittery. But patients also may have trouble telling a caregiver how they're feeling, which may make them seem agitated or angry. And that, Maust said, may then lead to another prescription to calm them down.

Someone who took antidepressants for depression prior to developing dementia may still benefit from the drug, Maust pointed out.

Thirty percent of the group was given an opioid prescription, though the researchers said these tended to be short-term prescriptions that were probably for acute pain.

Twenty-seven percent were given sedatives, 22% were given anti-epileptics and 22% were given prescriptions for antipsychotics.

In addition to potentially not helping someone with dementia, many of these medications come with a risk of falls, a common concern for all older adults….**Read More**

Trump Is Sending Fast, Cheap COVID Tests to Nursing Homes — But There's a Hitch

The Trump administration's latest effort to use COVID-19 rapid tests — touted by one senior official as a "turning point" in arresting the coronavirus's spread within nursing homes — is running into roadblocks likely to limit how widely they'll be used.

Federal officials are distributing point-of-care antigen tests — which are cheaper and faster than tests that must be run by a lab — to 14,000 nursing homes to increase routine screening of residents and staff. The initial distribution targets nursing homes in hot spots and those with at least three COVID-19 cases, senior Trump administration officials said in July, hailing it as a tool that could root out asymptomatic carriers who might still infect others.

But there's a hitch: Two manufacturers that have received Food and Drug Administration authorization and whose instruments are being delivered — Becton, Dickinson and Co., known as BD, and Quidel — say their antigen tests are intended for patients with symptoms, calling into question how valuable the tests would be for broad screening purposes. The Centers for Disease Control and Prevention estimates 40% of infected people may be asymptomatic.

"It's important always to use a diagnostic in the way that it has been designed to be used," said Elizabeth Talbot, New Hampshire's deputy state epidemiologist. "We simply don't know how [the tests] will perform in persons who are asymptomatic."

Perhaps the highest-profile example of the problem occurred in Ohio this month, when Gov. Mike DeWine had no symptoms and tested positive for COVID-19 with Quidel's antigen test. Within hours, the Republican governor's diagnosis was reversed after he got a PCR test.

"People should not take away from my experience that testing is not reliable or doesn't work," DeWine said on CNN after his false-positive diagnosis. "The antigen tests are fairly new," he said. "We're going to be very careful in how we use it."

The bigger problem is false-negative results, which show someone isn't infected when they actually are. BD's false-negative rate — how often a test incorrectly says someone isn't infected — is about 15%; Quidel's is 3%.

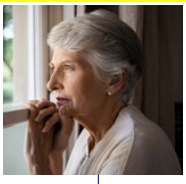
Quidel and BD say their tests are intended to be used for people within the first five days of showing symptoms. A spokesperson for BD said its test should not be used on asymptomatic individuals. Quidel through a spokesperson deferred to FDA guidelines, which allow asymptomatic testing in certain scenarios.

"For routine surveillance, this is a great tool and these are our best tools that we have available," said Adm. Brett Giroir, assistant secretary for health at the Department of Health and Human Services, on a July call with nursing home officials, according to a recording obtained by KHN. Seema Verma, the administrator of the federal Centers for Medicare & Medicaid Services, on the call referred to the effort as a "turning point" in the fight against the virus….**Read More**

40 Early Signs of Alzheimer's Everyone Over 40 Should Know

40 Early Signs of Alzheimer's Everyone Over 40 Should Know

Alzheimer's—the most common type of dementia—affects millions of people in the U.S. According to the 2020 *Alzheimer's Disease Facts and Figures* report by the Alzheimer's Association, an estimated 5.8 million Americans over the age of 65 are currently living with the disease. Many of its early signs seem like normal age-related issues at first, which is perhaps why most Alzheimer's patients are diagnosed **after the age of 60**. But, if left untreated, the condition's effects extend well beyond occasionally losing keys or forgetting someone's name. When it comes to Alzheimer's, every minute counts—so read on to discover the early warning signs of Alzheimer's that everyone over 40 should know. And for ways to stay mentally fit as you age,



check out these **40 Habits to Reduce Your Risk of Dementia After 40**.

1. **Diminished sense of smell**
2. **Becoming totally uninterested in everything**
3. **Becoming passive**
4. **Forgetting important dates and events**
5. **Forgetting the names of friends and family members**
6. **Putting things in strange places**
7. **Forgetting the names of everyday objects**
8. **Issues solving basic problems**
9. **Becoming socially withdrawn**
10. **Trouble and hesitation initiating conversations**
11. **Irritability**
12. **Depression**
13. **Heightened anxiety**
14. **Misplacing words while talking**

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Medicare Reminder

Medicare Savings Programs (MSPs), also known as Medicare Buy-In programs or Medicare Premium Payment Programs, help pay your Medicare costs if you have limited income and savings. There are three main programs, each with different benefits and eligibility requirements.*

1. Qualified Medicare Beneficiary (QMB): Pays for Medicare Parts A and B premiums. If you have QMB, typically **you should not be billed** for Medicare-covered services when seeing Medicare providers or providers in your Medicare Advantage Plan's network.
2. Specified Low-income Medicare Beneficiary (SLMB): Pays for Medicare Part B premium.
3. Qualifying Individual (QI) Program: Pays for Medicare Part B premium.

If you enroll in an MSP, you will also automatically get **Extra Help**, the federal program that helps pay your Medicare prescription drug (Part D) plan costs.

To qualify for an MSP, you must have Medicare Part A and meet **income and asset guidelines** (note that these guidelines vary by state, and some states do not count assets when determining MSP eligibility). If you do not have Part A but meet QMB eligibility guidelines, your state may have a process to allow you to enroll in Part A and QMB. Many states allow this throughout the year, but others limit when you can enroll in Part A.

Remember, states use different rules to count your income and assets to determine if you are eligible for an MSP. Examples of income include wages and Social Security benefits you receive. Examples of assets include checking accounts and stocks. Certain income and assets may not count when determining your MSP eligibility. And some states do not have an asset limit.

If your income or assets seem to be above the MSP guidelines, you should still apply if you need the help.

Qualified Disabled Working Individual (QDWI) is the fourth MSP and pays for the Medicare Part A premium. To be eligible for QDWI, you must:

- Be under age 65
- Be working but continue to have a disabling impairment
- Have limited income and assets
- And, not already be eligible for Medicaid

Visit Medicare Interactive to learn more about Medicare Savings Programs.

Oleandrin, touted as a COVID-19 cure, has no scientific support

The extract from a highly toxic plant is being promoted by MyPillow CEO Mike Lindell, despite no scientific evidence that it is effective in treating or preventing COVID-19. Yahoo News Medical Contributor Dr. Dara Kass explains why that's so dangerous.

DARA KASS: Recently, you may have heard about this drug oleandrin as a potential cure for this coronavirus. So we wanted to explain a little bit about why it's so dangerous for anyone to consider using this drug as a treatment or a cure for the coronavirus.

ANDERSON COOPER: How are you different than a snake oil salesman? You have no medical background. There is no evidence of this. It hasn't been tested in animals or humans.

MIKE LINDELL: You know what, Anderson? I've done my due diligence. I think my platform stands by itself, the platform that God gave me of integrity and trust.

DARA KASS: What is oleandrin? Well, it is an extract from the oleander plant. But just because something grows in nature does not make it safe. If you take this plants and take it so that you are overdosed, you may have symptoms like nausea, vomiting, headache, and heart arrhythmias. When those heart arrhythmias get bad, you might even start to pass out. And unfortunately, when those arrhythmias get so bad, they can kill you.

Right now, there are no medical indications to ever take the oleander plant. So looking at one study that has not been peer reviewed in an experiment in a Petri dish, this toxin was shown to inhibit the coronavirus. Unfortunately, humans are not Petri dishes. In the quest for treatments and cures for this coronavirus, we might try a lot of ideas. And probably, that's what these scientists were doing. They were trying an idea that they never expected would get into the hands of people looking for a quick fix or cure for this coronavirus.

A lot of people have been asking me if they find out there's a new medication, something that's over the counter, comes from a plant, doesn't sound so dangerous, should they just take it just in case? What do they have to lose? When you have a question about a medication, whether it needs a prescription or not, whether it comes from a plant or not, you need to ask your doctor. You need to look to scientists. If somebody goes on TV and tells you they have the answer, something that's been missed by all the scientists and all the doctors, you have to ask yourself what is their motive. When you find out they have a financial interest in you taking a medication that hasn't been proved by science, my best advice is to just walk away….**Read More**

Don't Wait to Lose Weight: Shedding Obesity in Youth Extends Life

(HealthDay News) -- Obesity can kill, contributing to the development of cancer, heart disease and diabetes. But losing weight before middle age arrives can help prevent early death, a new study shows.

The researchers tracked health data for more than 24,000 people, considering obesity, weight loss and risk of early death. The study found that people who were obese at age 25 but lost weight between early adulthood and midlife were less likely to die at earlier ages compared to those who were persistently obese.

"Something that's a hopeful message from these results is we found that not only is weight loss from early to midlife beneficial, but for those who lose weight between early and midlife, their long-term risks of dying were no greater than those who didn't gain the weight in the first place," said senior study author Andrew Stokes. He's an assistant professor in the department of global health at Boston University School of Public Health.

About 42% of the U.S. population has a body mass index (BMI) of 30 or above, the level at which is considered obese, according to the U.S. National Health and Nutrition Examination Survey (NHANES).

Researchers used the NHANES data, as well as mortality records through the National Death Index, to study obesity and mortality.

"With these rising obesity rates, there's a question around the implications of these trends for American mortality and longevity. In light of that, we were interested in studying the mortality consequences of changes in weight," Stokes said. "Another thing we're seeing is that, in the United States, not only are we growing heavier over time, but we're becoming heavier earlier in life."

Respondents aged 40 to 74 were asked about their weight at age 25 and at a later time, as well as their weight at their current age. Those who reduced their BMI from obese to overweight had a 54% reduction in premature death risk compared to those who maintained an obese BMI. There was not such a reduction seen in those whose weight changed from just overweight to normal.

Though this study did not break down mortality by specific causes, obesity can contribute to heart, kidney and liver diseases; cancer; diabetes; and Alzheimer's disease.

Stokes noted that, even despite the huge benefits of early weight loss, only a very small percentage of people in the study had actually lost substantial weight between early and midlife.

"Unfortunately, we have very few effective approaches to sustained weight loss," Stokes said. "The consensus in the field is that, at a population-level, voluntary weight loss is quite rare."

By losing weight earlier in life or not becoming obese until late in life, it reduces the amount of time that a body spends being obese, explained Lona Sandon, program director and associate professor in the department of clinical nutrition at the University of Texas Southwestern Medical Center.

Uncontrolled blood pressure can damage the arteries over time. A high-fat diet can increase cholesterol buildup. Some cancers, particularly those that can be hormone-related like breast or endometrial cancer, can be diagnosed in middle age, so losing weight in the decades prior can have an impact, Sandon noted.

"If you can get people to live at a lower weight earlier on in life and be obese for [a shorter] period of time, you decrease that risk," Sandon said.

Sandon suggested changing health habits, including your diet. Eat more fruits, vegetables and whole grains. Skip fad diets. Reduce fat, alcohol and sugar. Exercise regularly, not just sporadically.

"You can always make changes in your health for the better at any age. But to some extent, if you wait until middle age or beyond, a lot of the damage has already been done and it's going to be harder to reverse," Sandon said.

Stokes noted that often the reason people lose weight in midlife or later is because of an ongoing disease, so it's harder to isolate the benefits.

Losing weight from obese to overweight reduced the risk of a person's early death by more than 50%. This could prevent 3% of premature deaths, the study concluded. Preventing the initial weight gain could eliminate 12% of premature deaths.

The report was published online Aug. 14 in *JAMA Network Open*.

The findings suggest a need for greater emphasis on treating obesity in early life, and the importance of population-based approaches to preventing weight gain.

Next steps could include researching patterns of weight change and long-term mortality starting in childhood, Stokes said.

Also, "we would like to know which causes of death are most profoundly affected by weight loss," he added.

Coronavirus vaccine: Fauci warns against premature authorization

Dr. Anthony Fauci on Monday warned against the notion of early emergency use authorization for a **potential coronavirus vaccine**, explaining that such a step could damage efforts to develop other vaccines.

His comments come as White House officials have raised the possibility of an early emergency authorization before late-stage trials are finished, two sources have told CNN. Michael Caputo, the assistant secretary for public affairs at the US Department of Health and Human Services, has denied that there was any effort to fast-track vaccine development for political purposes.

Fauci, the nation's leading infectious disease expert, told **Reuters** that "the one thing that you would not want to see with a vaccine is getting an EUA before you have a signal of efficacy."

"One of the potential dangers if you prematurely let a vaccine out is that it would make it difficult, if not impossible, for the other vaccines to enroll people in their trial," he said.

Several vaccines are being tested in the US and companies are working to ramp up production while testing is going on, so that if a vaccine is proved safe and effective it could be distributed immediately.

President Donald Trump has promised that a vaccine would be available by the end of the year, though vaccinologists told CNN **that timeline is unrealistic**. And though Trump has commented that a vaccine could be ready "a lot sooner" than the end of the year, a senior administration official close to the coronavirus task force said the timeline for a vaccine remains the same and a vaccine is still expected late this year or early next year.

On Saturday, Trump also accused, without providing any evidence, the US Food and Drug Administration of deliberately delaying coronavirus vaccine trials.

"The deep state, or whoever, over at the FDA is making it very difficult for drug companies to get people in order to test the vaccines and therapeutics," Trump tweeted, continuing to push his unfounded theory that there is a "deep state" embedded within the government bureaucracy working against his reelection.

He accused the agency of delaying a vaccine for the virus until after the fall election, tweeting, "Obviously, they are hoping to delay the answer until after November 3rd. Must focus on speed, and saving lives!"

for convalescent plasma as data-driven….**Read More**

FDA authorizes plasma treatment despite scientists' objections

The Food and Drug Administration issued an emergency authorization for blood plasma as a coronavirus treatment, the agency and President Donald Trump announced Sunday — one day after Trump attacked the drug regulator for moving too slowly to back the treatment.

The agency held off on the decision last week over concerns from government scientists that evidence for the treatment's effectiveness is thin, prompting Trump to accuse the FDA of **slow-walking the therapy to harm his reelectio**n chances without offering any evidence to support his claim. It is not clear whether the FDA has received additional clinical trial data in the last week that would support the therapy's use.

Trump in a brief Sunday evening news conference appeared to oversell the FDA's assessment, claiming the agency found plasma "safe and very effective." The agency itself said more rigorous study is needed to prove whether the treatment effective. Janet Woodcock, the head of FDA's drug division who is now working on Operation Warp Speed, an interagency effort to accelerate coronavirus treatments and vaccines, on Friday told POLITICO that plasma has not been "proven as an effective treatment."

Trump also returned to his recent accusations that government scientists were holding up potential coronavirus treatments for political reasons. "We broke the logjam over the last week," he said. "I think there are people in the FDA and actually in [the larger health] department that can see things being held up."

An emergency authorization normally paves the way for expanded use of an experimental therapy. But FDA distanced itself from a full endorsement of plasma — which more than 70,000 Americans have already received — because patients have largely received it outside of randomized, controlled clinical trials that could prove whether the approach is effective.

Unlike Gilead's remdesivir, which received an emergency use authorization months ago and has shown to benefit hospitalized patients, convalescent plasma "does not yet represent a new standard of care based on the current a

The Infectious Diseases Society of America says plasma treatment shows "some powerful signals" but noted there is still not enough data to understand its effectiveness for Covid-19.

Trump announced the emergency authorization alongside his health secretary, Alex Azar, and FDA Commissioner Stephen Hahn, in a press conference one day before the start of the Republican National Convention. While Trump called it a "historic announcement," experts have said the treatment is unlikely to be a game-changer in the fight against a pathogen that's killed more than 170,000 in the United States.

Hahn, who took over as FDA chief in December, said Trump "has asked FDA to cut back red tape and try to speed medical products into the hands of providers, patients and American consumers."

Outside experts and former officials **have accused FDA of caving to White House pressure** during the pandemic — most notably in its decision to authorize emergency use of hydroxychloroquine for treating Covid-19 infection despite limited evidence. The agency later pulled the authorization after randomized clinical trials found it provided no benefit, but Trump as recently as this weekend complained about the agency's reversal.

Hahn, a longtime cancer doctor, declined to contradict the president's claims about plasma being "very effective" on the press briefing stage Sunday night. "If you are one of those 35 out of 100 people who these data suggest survive as a result of it, this is pretty significant," he said….**Read More**

Blood tests show promise for early Alzheimer's diagnosis

With the aging of the U.S. population, the incidence of Alzheimer's disease continues to rise. The disease is currently the most common cause of dementia in older adults.

Brain changes associated with Alzheimer's include abnormal clumps (amyloid-β plaques), tangled bundles of fibers (tau tangles), and the eventual death of nerve cells. These changes can lead to a progressive decline in memory and thinking skills.

Treatments don't yet exist to slow or reverse Alzheimer's disease progression. Researchers are working to test new therapies in clinical trials. But no blood tests can currently diagnose Alzheimer's before symptoms develop. This complicates studies of early treatments or preventive strategies.

PET imaging and tests that use cerebrospinal fluid (CSF) can be used to identify Alzheimer's before dementia develops. But PET imaging is expensive, and collecting CSF is invasive. Recent research found that **measurements of a substance in the blood called ptau181** showed promise as an Alzheimer's test.

Scientists have been examining whether another form of the tau protein, called ptau217, can also serve as an early marker of Alzheimer's development. Both are found in the tau tangles that accumulate in the brain and can spill into the bloodstream. Two new studies tested different ways of measuring ptau217 in blood samples. The research teams were funded in part by NIH's National Institute on Aging (NIA), National Institute of Neurological Disorders and Stroke (NINDS), and Office of the Director (OD).

In the first study, researchers led by Dr. Oskar Hansson from Lund University in Sweden tested blood samples from three studies comprising about 1,400 people. These included people with known Alzheimer's and other dementias, as well as those without cognitive problems. The researchers used antibodies produced by the immune system to detect tau proteins in the samples. Results were published on July 28, 2020, in *JAMA*.

The team found that ptau217 measurements were almost 90% accurate at distinguishing people who later had Alzheimer's damage found in their brains after death. Blood measurements of ptau217 were also about 90% accurate at distinguishing people who later developed symptoms of dementia. In both study groups, ptau217 was better than ptau181 — and as good as PET imaging and CSF testing — at pinpointing Alzheimer's development.

Finally, the team tested ptau217 in samples from people who carry a genetic mutation that causes early-onset Alzheimer's. Levels of ptau217 correlated with those who later developed the disease, up to 20 years before symptoms were seen.

In the other study, a team led by Drs. Nicolas Barthélemy and Randall Bateman from Washington University in St. Louis tested a method that used mass spectrometry to measure ptau217 in the blood of 126 volunteers. The technique they developed can measure extremely small amounts of ptau217 in the blood. Results were published on July 28, 2020, in the *Journal of Experimental Medicine*. ….**Read More**