Rhode Island Alliance for Retired Americans®

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Trump Administration Spending its Last Weeks in Office on Social Security Cuts

This week the Social Security Administration (SSA) sent the **Trump** administration's Office of Management and Budget (OMB) **a proposal that, if implemented**, could prevent nearly half a million Americans from receiving Social Security Disability Insurance (SSDI) benefits. As of now, SSA is required to consider age, education and work experience when determining whether a person meets the statutory definition of disability. Social Security experts say the proposal is likely to change the formula and eliminate one's age from the equation. This change would make it harder for seniors to qualify, and could push thousands into poverty.

"This is outrageous. The Trump Administration could pull the rug out from millions of Americans, especially older Americans, in the waning days of its Administration," said Alliance Executive Director **Richard Fiesta**. "Since the day he took office, President Trump has claimed he would protect Social Security. He is showing his true colors again."

"We are in a pandemic that is hitting older Americans the hardest. Our government should be helping Americans who can no longer work due to a disability, not scheming to deny them the benefits they have earned over a lifetime of hard work," Fiesta added.

Rich Fiesta, Executive Director, ARA

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Covid-19 Vaccines are on the Way. Here's what Seniors Can Expect.

The Food and Drug Administration's (FDA) advisory panel evaluated Pfizer's Covid-19 vaccine on Thursday and voted 17 to 4, with one member abstaining, in favor of its emergency authorization for people 16 and older. With rare exceptions, the FDA follows the advice of its advisory panels.

Moderna's vaccine is expected to go before the panel on December 17th. Both vaccines have been highly effective in preventing the spread of the virus **in adults aged 65 and older tested so far**, but some questions regarding how the vaccines will specifically affect seniors remain unanswered.

Federal officials have said that side effects would be closely monitored during the upcoming trials.

Seniors in nursing homes and assisted living centers will be among the first Americans vaccinated, following recommendations last week by a federal advisory panel. Older adults living at home will have to wait a while longer.

Among the issues that remain are concerns about side effects and whether the vaccines offer meaningful protection to seniors who are frail or have multiple chronic illnesses.

Robert Roach, Jr
President, ARA

"Effective vaccines are critical to ending this pandemic in the United States, but they are only one part of the solution," said **President Roach**. "We must stay vigilant, remain physically distant as much as possible, and always wear masks when we are near others."

Supply Is Limited and Distribution Uncertain as COVID Vaccine Rolls Out

High stakes and big challenges await as the U.S. prepares to roll out vaccines against COVID-19, with front-line health care workers and vulnerable nursing home residents recommended as the top priority.

Doses could be on their way very soon. An independent advisory committee to the Food and Drug Administration on Thursday gave a green light to the first vaccine candidate, made by Pfizer in conjunction with the German company BioNTech — a recommendation expected to be approved by the agency within days. The committee is scheduled to consider a second candidate, made by Moderna, Dec. 17.

On tap is an initial stockpile of vaccines made during the approval process, with federal officials **hoping to distribute** at least 20 million doses by year's end.

While that will go a long way toward reaching the top-priority groups — the nation's 21 million health care workers and 3 million long-term care residents — there won't be enough to inoculate everyone on Day One, or even the first week.

In Ohio, for example, the governor expects an initial delivery of 98,000 doses, with the state allocating 88,000 of those to long-term care facilities, said Pete Van Runkle, executive director of the Ohio Health Care Association, which represents long-term care facilities.

"It's more than a drop in the bucket, but it's not all that's needed," said Van Runkle, who estimated there are between 150,000 and 175,000 residents and staff members in long-term care centers in the state.

Consequently, the doses will be distributed in waves, with the centers and hospitals not chosen for the first wave getting them in the coming weeks, he said.

Facilities will have to divvy up the supplies to best address the needs of patients and employees.

For hospitals, first up are likely to be "workers with the greatest exposure" to the virus, said Anna Legreid Dopp, a senior director at the American Society of Health-System Pharmacists, a trade group representing more than 55,000 pharmacists who work for hospitals and health systems.

Then who? Perhaps those with personal medical conditions putting them at higher risk. And there may be other considerations specific to individual hospitals. What if, for example, only two people are trained to run a specialized treatment system in the ICU needed to care for patients seriously ill with COVID-19?

"Are they at the top of the list?" asked Dopp.

Nursing homes have a slightly different calculation because they have fewer employees than hospitals, said Van Runkle. "It's more a question of choosing which facilities" will get the initial doses, he said. "Once those are chosen, they'll vaccinate everyone there [who consents], not pick and choose among people."

Even so, there may be some selectivity because most nursing home employees are women and many are of child-bearing age. Because the vaccines have not yet been tested on pregnant women, those who are pregnant or breastfeeding may not be eligible in the initial rollout.

Which long-term care facilities get the vaccine first may come down to where they are located in relation to two large pharmacy chains: CVS and Walgreens.

In October, the federal government signed an agreement with CVS and Walgreens to store and administer the vaccines. Most long-term care facilities opted to join the **partnership**.

Under the agreement, the pharmacist teams will make at least three trips to each nursing home over a couple of months to administer the vaccines, which must be given in two doses, set several weeks apart.

One big hurdle in distributing the two vaccines seeking FDA approval is keeping them cold. The Pfizer vaccine is stored at around 94 degrees below zero, while the Moderna option is kept at minus 4 degrees. CVS expects to keep the vaccine at 1,100 locations around the country that have the required refrigeration technology, said Mike DeAngelis, senior director of corporate communications at CVS Health. From those hubs, teams of pharmacists and pharmacy technicians will take thawed doses of the vaccines to the long-term care facilities and administer them to staff and residents. About 30,000 homes have signed on with CVS for the clinics.

Walgreens expects to administer the vaccinations in more than 23,000 long-term care locations, according to a written statement.

While there's no charge to the nursing homes or residents, Medicare will pay an **administrative fee** to CVS and Walgreens of $16.94 for the first shot and $28.39 for the second.

Yet there's a flip side to the supply equation: What if no one wants to go first?

"That's what keeps me up at night," said Dr. Michael Wasserman, the immediate past president of the California Association of Long Term Care Medicine, a group of physicians, nurses, social workers and others who provide care to seniors.

That's key because a good portion of America must be vaccinated to get to the much-sought-after "herd immunity," in which most people are protected and the virus finds it difficult to spread.

"What if government and pharmacies do a great job in getting vaccine to the front door, then no one takes it?" Wasserman worries.

Nursing home residents are particularly vulnerable to COVID-19 and account for 40% of all reported deaths.

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‘Healing is coming’: US health workers start getting vaccine

Health care workers around the country rolled up their sleeves for the first COVID-19 shots Monday as hope that an all-out vaccination effort can defeat the coronavirus smacked up against the heartbreaking reality of 300,000 U.S. deaths.

“Relieved,” proclaimed critical care nurse Sandra Lindsay after becoming one of the first to be inoculated at Long Island Jewish Medical Center in New York. “I feel like healing is coming.”

With a countdown of “3-2-1,” workers at Ohio State University’s Wexner Medical Center gave initial injections to applause.

And in Colorado, Gov. Jared Polis personally opened a delivery door to the FedEx driver and signed for a package holding 975 precious frozen doses of vaccine made by Pfizer Inc. and its German partner BioNTech.

The shots kicked off what will become the largest vaccination effort in U.S. history, one that could finally conquer the outbreak.

Dr. Valerie Briones-Pryor, who has worked in a COVID-19 unit at University of Louisville Hospital since March and recently lost her 27th patient to the virus, was among the first recipients.

“I want to get back to seeing my family,” she said. “I want families to be able to get back to seeing their loved ones.”

Some 145 sites around the country, from Rhode Island to Alaska, received shipments, with more deliveries set for the coming days. High-risk health care workers were first in line.

“This is 20,000 doses of hope,” John Couris, president and chief executive of Tampa General Hospital said of the first delivery.

Nursing home residents also get priority, and a Veterans Affairs Medical Center in Bedford, Massachusetts, announced via Twitter that its first dose went to a 96-year-old World War II veteran, Margaret Klessens. Other nursing homes around the U.S. expect inoculations in the coming days.

The campaign began the same day the U.S death toll from the surging outbreak crossed the 300,000 threshold, according to the count kept by Johns Hopkins University. The number of dead rivals the population of St. Louis or Pittsburgh. It is more than five times the number of Americans killed in the Vietnam War. It is equal to a 9/11 attack every day for more than 100 days.

“To think, now we can just absorb in our country 3,000 deaths a day as though it were just business as usual. It just represents a moral failing,” said Jennifer Nuzzo, a public health researcher at Johns Hopkins.

Health experts know a wary public is watching the vaccination campaign, especially communities of color that have been hit hard by the pandemic but, because of the nation’s legacy of racial health disparities and research abuses against Black people, have doubts about the vaccine.

Getting vaccinated is “a privilege,” said Dr. Leonardo Seoane, chief academic officer at Ochsner Health in suburban New Orleans, after getting his dose. Seoane, who is Cuban American, urged “all of my Hispanic brothers and sisters to do it. It’s OK.”

The nearly 3 million doses now being shipped are just a down payment on the amount needed. More of the Pfizer-BioNTech vaccine will arrive each week. And later this week, the FDA will decide whether to greenlight the world’s second rigorously studied COVID-19 vaccine, made by Moderna Inc…

While the U.S. hopes for enough of both vaccines together to vaccinate 20 million people by the end of the month, and 30 million more in January, there won’t be enough for the average person to get a shot until spring. For now the hurdle is to rapidly get vaccine into the arms of millions, not just doctors and nurses but other at-risk health workers such as janitors and food handlers — and then deliver a second dose three weeks later.

“We’re also in the middle of a surge, and it’s the holidays, and our health care workers have been working at an extraordinary pace,” said Sue Mashni, chief pharmacy officer at Mount Sinai Health System in New York City.

Plus, the shots can cause temporary fever, fatigue and aches as they rev up people’s immune systems, forcing hospitals to stagger employee vaccinations.

Just half of Americans say they want to get vaccinated, while about a quarter don’t and the rest are unsure, according to a **recent poll** by The Associated Press-NORC Center for Public Health Research…. **Read More**

One-time Emergency 3% COLA Would Boost Average Social Security Benefits an Extra $398 Per Year Over Retirement

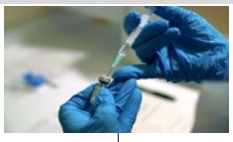
A one - time emergency 3 percent Social Security cost of living adjustment (COLA) would increase a $1,523 Social Security benefit by about $398 per year on average, over the course of a 25 year retirement period, according to new analysis from The Senior Citizens League (TSCL). “Replacing the announced 1.3 percent COLA with an emergency 3 percent increase is a way to provide a more fair and adequate inflation adjustment to beneficiaries,” says Mary Johnson, Social Security and Medicare policy analyst for The Senior Citizens League. “Because retirees tend to use their Social Security benefits to pay for essentials such as housing and healthcare, it would be a way to help stimulate the economy and to put younger adults back to work, which in turn, means stronger funding for Social Security and Medicare as well,” says Johnson.

Getting the annual inflation adjustment so that it accurately reflects the spending patterns of retired adults is a critical part of Social Security income over the course of a retirement. When inflation adjustments don’t adequately keep pace with rising costs, the Social Security benefits of retirees don’t buy as much over time. Research by Johnson has found that Social Security benefits have lost 30 percent of buying power since 2000. “A basket of groceries that cost $70 in 2000 would cost $100 today,” Johnson says.

A key issue is the market basket that the government uses to calculate the inflation adjustment for retirees. “That index, the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), does not measure the spending patterns of retired adults age 62 and older,” Johnson says. The CPI-W assumes that younger working adults tend to spend about 40 percent of their income on housing and only 7.5 percent of their income on medical care. However, Johnson’s research indicates that retirees tend to spend 47 percent of their income on housing and 14 percent on medical care, both of which have increased faster than the overall rates of inflation in recent years. In addition, the CPI-W doesn’t reflect Medicare Part B premiums, which have grown roughly three times faster than COLAs from 2010 to 2021.

“The **Federal Reserve doesn’t expect that inflation** will be much more than 1.37 percent for much of the next decade,” Johnson notes. “If you can’t get comfortable on a 1.3 percent Social Security COLA, then it’s time to get involved,” Johnson says. “Ask Congress for a COLA that will protect your Social Security buying power,” says Johnson. The Senior Citizens League is urging the passage of legislation to replace the 1.3 percent COLA with a 3 percent emergency COLA in 2021.

Americans willing to receive COVID-19 vaccine but divided on timing: POLL



With the trucks rolling and the first government-authorized **coronavirus** vaccine making its way to all 50 states, a strong majority of Americans are inclined to get the vaccine but are divided over exactly when, a new **ABC News/Ipsos poll** released Monday finds.

More than eight in 10 Americans say they would receive the vaccine, with 40% saying they would take it as soon as it's available to them and 44% saying they would wait a bit before getting it.

Only 15% said they would refuse the vaccine entirely in the new survey, which was conducted by Ipsos in partnership with ABC News using Ipsos' Knowledge Panel -- a reflection of **growing confidence** in the rapidly-developed vaccine, which marks a long-awaited turning point amid an unrelenting COVID-19 pandemic.

Late last week, the U.S. Food and Drug Administration authorized a COVID-19 vaccine, developed by Pfizer and BioNTech, for emergency use, facilitating the first batches of the vaccine to be distributed to millions of vulnerable frontline health care workers by Monday.

The decision by the agency to authorize is the first step towards safeguarding a country ravaged by the virus by immunizing enough Americans to halt the spread of the virus, which has killed nearly 300,000 and infected more than 16 million. More than two-thirds of Americans in the poll -- 69% -- say they or someone they know has been infected by the virus.

Among those who have been more closely hit by the pandemic, 45% said they would receive the vaccine now. Among those Americans who have not contracted the virus or do not know someone who has, only 30% say they would be willing to be inoculated immediately.

The share of Americans willing to take the vaccine falls sharply along demographic lines, particularly by age and education level. While only 7% of Americans over the age of 65 say they will never be vaccinated for COVID-19, that number rises to 20% among those between 18-29.

Meanwhile, 93% of elderly Americans are willing to receive the vaccine, with more saying they will get it right away (57%) rather than further down the line (36%). Eighty percent of U.S. adults under 30 are willing to get the vaccine, but they are more likely to say they will wait (50%) rather than getting it right away (30%).

Americans with higher levels of education are also more likely to be willing to be vaccinated than those with less education. Nine in 10 Americans with at least a bachelor's degree are willing to get a vaccine, while only 80% of those with a high school degree or less say the same.

Those with a high school degree or less are more than twice as likely to say they would never receive a vaccine compared to those with bachelor's degrees or higher, 20% to 9%.

Partisanship also plays a role in influencing the public's outlook on a vaccine. Republicans (26%) are more than four times as likely as Democrats (6%) and nearly twice as likely as independents (14%) to say they would never get the coronavirus vaccine.

Nearly twice as many Democrats (49%) say they are willing to get the vaccine immediately as Republicans (28%). Just over four in 10 independents (42%) say the same. But the possibility of getting vaccinated in the future breaks through party lines. An equal 45% of Democrats, Republicans, and independents said they would first wait before getting a vaccine.

Americans are far more united on who should be first in line for the medical achievement. Clear majorities of Americans believe that health care workers (91%), first responders (87%), at-risk Americans with pre-existing conditions (84%), the elderly (83%), teachers (64%), and members of the U.S. military (56%) should be a high priority for accessing the vaccine.

Nearly half of those surveyed believe students (48%) and the average American similar to themselves (44%) should be a medium priority, but the public is more split on elected officials, with 41% classifying them as a medium priority and 42% ranking them as a low priority. Only athletes, of the groups asked about, were deemed to be a low priority by a majority of Americans -- 58%.

MORE: Coronavirus live updates: 1st vaccines now on the way to all 50 states

Americans, though, are far more skeptical of mandatory vaccinations. About four in 10 believe their state should require that people get vaccinated before returning to work or school, compared to 61% who are not on board.

Not surprisingly, it's a question that evokes partisan rifts, with nearly three in four Republicans against such a mandate, compared to fewer than half of Democrats (45%). Independents fall closer to Republicans, with 63% opposing mandatory vaccinations.

Republicans and Democrats could reportedly add $600 stimulus checks to $900 billion coronavirus relief proposal

Republicans and Democrats were nearing a deal on a $900 billion relief package on Wednesday morning, **The Washington Post reported**. It would be a breakthrough in last-minute negotiations among congressional leaders.

Negotiations with House Speaker Nancy Pelosi, Senate Minority Leader Chuck Schumer, Senate Majority Leader Mitch McConnell, and House Minority Leader Kevin McCarthy picked up on Tuesday - they met twice in Pelosi's office for several hours.

The package could include $600 checks, The Post reported, but is likely to exclude two of the most controversial issues: assistance for state and local governments, and a sweeping liability shield for firms from virus-related lawsuits. The final amount of the checks, however, is still in flux, as well as the parameters on who would qualify to receive a federal payment.

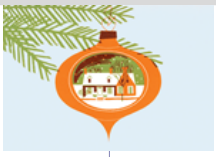
Calls in Congress to include direct payments in a final rescue package have grown in the past two weeks, since the initial $908 billion bipartisan framework excluded them. Independent Sen. Bernie Sanders of Vermont and Republican Sen. Josh Hawley of Missouri have threatened to hinder must-pass spending bills if their plan for $1,200 checks is not brought to a vote.

Their push coincides with another from a group of progressive House lawmakers who on Tuesday urged congressional leaders in **a letter obtained by Business Insider** to include $2,000 stimulus checks to provide immediate relief to struggling Americans.

Republican Sen. John Thune of South Dakota, the second-ranked member of GOP leadership, suggested to Capitol Hill reporters on Wednesday morning that the direct payments could be $600 or $700 per person though nothing was final. But he said lawmakers were scrambling to approve a final package by midnight Friday, the new deadline for government funding to dry up.

"I think both sides are sufficiently motivated given the time of the year and everything that's at stake and trying to get virus relief out there," Thune said….**Read More**

Going Home for the Holidays? For Many Americans, That's a Risky Decision



Vivek Kaliraman, who lives in Los Angeles, has celebrated every Christmas since 2002 with his best friend, who lives in Houston. But, this year, instead of boarding an airplane, which felt too risky during the COVID pandemic, he took a car and plans to stay with his friend for several weeks.

The trip — a 24-hour drive — was too much for one day, though, so Kaliraman called seven hotels in Las Cruces, New Mexico — which is about halfway — to ask how many rooms they were filling and what their cleaning and food-delivery protocols were.

"I would call at nighttime and talk to one front desk person and then call again at daytime," said Kaliraman, 51, a digital health entrepreneur. "I would make sure the two different front desk people I talked to gave the same answer."

Once he arrived at the hotel he'd chosen, he asked for a room that had been unoccupied the night before. And even though it got cold that night, he left the window open.

Scary Statistics Trigger Strict Precautions

Many Americans, like Kaliraman, who did ultimately make it to Houston, are still planning to travel for the December holidays, despite the nation's worsening coronavirus numbers.

Last week, the Centers for Disease Control and Prevention **reported** that the weekly COVID hospitalization rate was at its highest point since the beginning of the pandemic. More than **283,000 Americans** have died of COVID-19. Public health officials are **bracing for an additional surge** in cases resulting from the millions who, despite CDC advice, traveled home for Thanksgiving, including the 9 million who passed through airports Nov. 20-29. **Hospital** wards are quickly reaching capacity. In light of all this, **health experts are again urging** Americans to stay home for the holidays.

For many, though, travel comes down to a risk-benefit analysis.

According to David Ropeik, author of the book "How Risky Is It, Really?" and an expert in risk perception psychology, it's important to remember that what's at stake in this type of situation cannot be exactly quantified.

Our brains perceive risk by looking at the facts of the threat — in this case, contracting or transmitting COVID-19 — and then at the context of our own lives, which often involves emotions, he said. If you personally know someone who died of COVID-19, that's an added emotional context. If you want to attend a wedding of loved family members, that's another kind of context.

"Think about it like a seesaw. On one side are all the facts about COVID-19, like the number of deaths," said Ropeik. "And then on the other side are all the emotional factors. Holidays are a huge weight on the emotional side of that seesaw."...**Read More**

Congress Looks to Seal Year-End Legislative Deal

This week, Congress continued work on a year-end legislative deal, with bills to fund the federal government through September expected to form the base of the package. Other critical items—including some COVID-19 relief and health care policies—may also be included. Negotiators are hoping to reach an agreement by December 19, but that date could slip.

Despite recent momentum, reports indicate that a deal on COVID-19 relief remains elusive. There are several unresolved issues and competing visions for how to move forward. One such plan, crafted by a group of bipartisan lawmakers and released yesterday, is the most detailed framework yet. Though still in draft form, **the summary** offers a glimpse into the group's priorities and the ongoing negotiations. Regardless of what, if any, COVID-19 assistance Congress provides this month, it is likely to be relatively targeted. As a result, future relief legislation may be needed early next year.

Separately, lawmakers are examining an array of health care policies for inclusion in the spending package. Some are known as "extenders" because they require regular renewal. This includes funding for community-based organizations that provide outreach and enrollment to low-income Medicare beneficiaries, financial protections for people whose spouses are on Medicaid and in a nursing home or long-term care facility, and Medicaid's Money Follows the Person program, which supports individuals who wish to leave nursing facilities and return to their homes. Medicare Rights supports investment in these and other initiatives that help older adults and people with disabilities live with health and dignity.

Another outstanding item is the BENES Act. **Passed by the House on Tuesday**, the bill now heads to the Senate. Medicare Rights applauds this advancement, and thanks the bill's House leads—Representatives Ruiz (D-CA), Bilirakis (R-FL), Schneider (D-IL), and Walorski (R-IN)—the staff and members of the Ways & Means and Energy & Commerce committees, and the BENES Act's many supporters for their tireless engagement. We look forward to continuing to work together towards enactment. To that end, Medicare Rights urges lawmakers to prioritize the BENES Act for final passage this year. The bill remains urgently needed, strongly bipartisan, and cost effective.

Fight to End Surprise Billing is Losing Key Ally

One of TSCL's goals this year was to end "surprise billing" – the situation that happens when some types of medical providers, including anesthesiologists, radiologists, pathologists, and labs may not be contracted with your health insurer even though they provide services at a hospital or facility that is in your health plan's provider network. So, in addition to your expected out-of-pocket costs, you also get a bill for the difference between what your insurer has agreed to pay that provider and the amount the provider billed for their services.

We worked with members of Congress who supported ending the practice, although we were unable to get legislation passed. One of our key allies in the fight was Sen. Lamar Alexander (R-Tenn.). He was a champion of our cause but, unfortunately, he is retiring at the end of this year. We will certainly miss his leadership on the issue but we pledge to continue to fight to end the practice in 2021.

Despite the coronavirus emergency, TSCL is continuing its fight for you to protect your Social Security, Medicare, and Medicaid benefits. We have had to make some adjustments in the way we carry on our work, but we have not, and will not stop our work on your behalf.

Groups List President-Elect Biden's Options to Affect Health Care Administratively

The incoming administration will have the opportunity to impact how Americans experience and access health care. Two organizations, the **Kaiser Family Foundation** (KFF) and **Families USA** (Families) have laid out long lists of potential actions President-elect Biden's Department of Health & Human Services could take that would affect coverage, including through Medicaid and the Affordable Care Act.

The KFF list is wide-ranging, starting with COVID-19 response and extending to cross-cutting issues such as mental health, immigration, and long-term care. KFF identifies details for each action, including whether it would be a reversal of Trump administration policy or require notice-and-comment rulemaking.

The list includes several important issues that Medicare Rights has engaged on in the past. For example, KFF outlines changes to current Medicaid guidance that promotes **work requirements** and **block grants**—two policies that put older adults and people with disabilities at risk. Also included are changes **limiting or eliminating "junk" insurance plans** that can leave people without coverage when they need it most. The Families analysis covers some of the same ground but has a heightened focus on proactive changes that could be made to Medicaid and the Affordable Care Act to extend the availability of affordable coverage.

At Medicare Rights, we support administrative changes that will increase the affordability of and access to care and coverage. In addition to the many policies highlighted by KFF and Families, there are actions the incoming administration could take to increase access to Medicare, including COVID-related flexibilities such as **Special Enrollment Periods**.

President-elect Biden will have many decisions to make in his first few months in office. We hope and expect many of these decisions to revolve around health care, from responding to the pandemic to increasing coverage. As with all previous administrations, we will stand ready and eager to assist in crafting policies important to people with Medicare and their families.

Trump administration attempts to privatize traditional Medicare

The Trump administration is deep into rolling out a pilot plan that, over time, could privatize the public fee-for-service Medicare program unless the Biden administration hits the pause button on its implementation. Several open issues with **this payment and care delivery or "Geo" model**– a capitated payment system– highlight its ability to undermine access to care for millions of older and disabled Americans who might be forced into it.

- **How can CMS ensure that capitated corporate plans regulating access to care for people in traditional Medicare won't undermine quality of care or increase costs?** Government audits indicate that capitated corporate Medicare Advantage plans systematically engage in **widespread inappropriate delays and denials of care**. They also **overcharge the government** for their services to the tune of billions of dollars a year. And, MedPac continues to report that taxpayers are paying more for them on a per capita basis than for people in traditional Medicare. Moreover, Medicare Advantage plans have not released **accurate and complete encounter data**, as required by law, which would allow a meaningful assessment of each of them.
- **How will CMS effectively assess quality based on consumer surveys and "measuring outcomes?"** Information from people who are relatively healthy is of little relevance as they don't use the health care system much. The 20 percent of people with Medicare who are very ill or who need complex care will likely be unable to assess and report the quality of care they receive.
- **How will the government know whether the GEO model improves quality without increasing costs over the short and long-term? How will CMS uncover fraud, detect inappropriate care, or identify practices that harm patients without this data?** The model does not provide for a meaningful way for CMS to oversee the direct contracting entities (DCEs) that will be assuming full financial risk for all medical and hospital services people receive. It does not call for the DCEs to turn over encounter or claims data.
- **What protections will be available to people in Medicare who are forced into the GEO model if they are unable to get the care they need?** The model does not allow them to opt out. Their out-of-pocket costs should not increase, but how will CMS know if they do?

- **CMS suggests that the DCEs, corporations assuming full financial risk, can use "value-based" payments to providers.** How will DCEs determine value-based payments? Will these payments lead physicians to delay and deny people needed care?
- **Some people with Medicare need a substantial amount of care during the course of the year.** How will CMS know whether people with complex and costly conditions are getting the care they need rather than low-quality ineffective care or no care at all?
- **Given that Medicare rates are already significantly lower than commercial rates, does CMS believe that high-quality providers will accept lower rates from DCEs?**
- **How will CMS know whether DCEs are fostering health inequities, rationing care based on ability to pay and ability to navigate their complex system?**
- **What assurances are there that DCEs wouldn't end up behaving like chain nursing home owners, pocketing the vast share of their government payments and leaving our nation's most vulnerable people without access to care? How will they be held accountable if they do?** Even if CMS were able to analyze every aspect of DCEs, DCEs can change their methodologies as they please when they please.

Everyone wants a healthcare system that improves quality and reduces costs. But, conducting this large scale costly social experiment with vulnerable older adults and people with disabilities seems imprudent and misguided at best.

More Medicare Information

- **Ten ways Medicare Advantage plans differ from traditional Medicare**
- **New study finds Medicare Advantage plan enrollees end up in lower quality nursing homes than people in traditional Medicare**
- **PACE helps older adults stay in their community**
- **Could you pay more in Medicare Advantage than traditional Medicare?**
- **To save money on your care, consider using a free health clinic**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Trump's Wrong. 15% 'Herd Immunity' Is Not on Par With Strength of a Vaccine

The percentage of Americans with natural immunity from getting COVID-19 is "a very powerful vaccine in itself."

President Donald Trump on Dec. 8 at a White House Operation Warp Speed vaccine summit.

During a Dec. 8 **press conference about Operation Warp Speed**, President Donald Trump likened the spread of the coronavirus throughout the population — which experts agree bestows some immunity on the people who became ill — to having a COVID-19 vaccine.

"You develop immunity over a period of time, and I hear we're close to 15%. I'm hearing that, and that is terrific. That's a very powerful vaccine in itself," said Trump, who was responding to a reporter's question about what his message to the American people was as the holidays approach and levels of COVID cases in the U.S. continue to rise.

It wasn't the first time Trump had given credence to the idea that if enough people in a population gain immunity to a disease by being exposed to it, the illness won't be able to spread through the remainder of the population — a concept known as "**herd immunity**."

However, **experts have warned** that attempting to achieve herd immunity naturally, by allowing people to get sick with COVID-19, could result in more than a million deaths and potentially long-term health problems for many. A better way to achieve protection across the population, experts say, is through widespread vaccination.

So, we thought it was important to check whether 15% is anywhere close to the herd immunity threshold, and whether this level of natural immunity could be considered "as powerful as a vaccine."

15% Is Nowhere Close

The White House did not respond to our request for more information about the comment or about Trump's 15% figure.

It may be derived from a **Nov. 25 Centers for Disease Control and Prevention report** using mathematical models to estimate that 53 million Americans — about 16% of the population — have likely been infected with COVID-19. Those models took into consideration the nation's number of confirmed cases, and then used existing data to calculate estimates of the number of people who had COVID-19 but didn't seek medical attention, weren't able to access a COVID-19 test, received a false-negative test result or were asymptomatic and unaware they had COVID-19.

It's important to note this estimate is based on data from February through September — and it's now mid-December, so the share of Americans who have been infected with the coronavirus would likely be much higher. For instance, an independent data scientist, Youyang Gu, estimated that 17.5% of Americans have had COVID-19 as of Nov. 30. His estimate is published on his website, **COVID Projections**.

Experts have said that a 15% infection rate among Americans is nowhere close to the threshold needed to reach herd immunity against COVID.

"To get to herd immunity, an estimated 60-80% of people need to have immunity (either through natural infection or through the vaccine)," **Dr. Leana Wen**, an emergency physician and visiting professor at George Washington University, wrote in an email. "We are a very long way off from that."

Also, Wen said, scientists still don't know enough about how effective natural immunity is in defending against COVID-19. It appears that once someone has had COVID-19 and recovered, the antibodies their body produced can protect them for at least several months. But, there have also been **reports** of COVID-19 re-infection.

That's why medical experts **urge everyone to get vaccinated**, whether they have had COVID-19 or not.

Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, recently set the saturation level for herd immunity even higher — **between 75% and 80%** — in an interview with Axios.

At that point, he said, "you create an **umbrella of herd immunity** — that even though there is virus around, it is really almost inconsequential because it has no place to go, because almost all of the people are protected."

Both the Pfizer and Moderna COVID-19 vaccines have shown **95% effectiveness** at protecting people from developing COVID-19 in clinical trials. The Food and Drug Administration on Friday **authorized** Pfizer's vaccine for emergency use….**Read More**

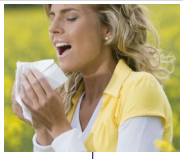
Avoid Allergy Flare-Ups This Holiday Season

Doctors are warning about the threat of COVID-19 transmission as cold weather forces people indoors. But indoor allergies could also take the joy out of your holiday season, an expert says.

Dust, mold, pets, furniture and houseplants can cause indoor allergies, said Dr. David Corry. He's a professor of medicine in the section of immunology, allergy and rheumatology at Baylor College of Medicine in Houston.

"Dust provides shelter for things that cause allergies, like mites and fungi, which are major components of dust themselves," he said in a college news release.

Corry suggests the following tips to reduce the risk of flare-ups due to indoor allergies:



- **Monitor humidity levels.** Keeping your home dry -- at less than 50% humidity -- could reduce the growth of mold and dust mites. Try a dehumidifier if the humidity is greater than 50%.
- **Control dust.** Regularly vacuum and clean surfaces. Don't neglect to clean areas where your pets live. Consider using a HEPA filter in rooms where you spend most of your time.
- **Avoid crumbs.** Try to limit eating to certain locations of your home to prevent stray food remnants from promoting mold growth.
- **Seal any cracks.** Make sure your home is sealed properly so that bugs, dirt and humidity can't get in.
- **Consider removing carpeting**. Carpets tend to trap allergens, molds and dust mites. If you have carpeting or throw rugs, vacuum regularly to prevent buildup of dust and dander.
- **Change your bedding regularly.** Cover your pillows and mattresses in allergen-proof covers. Avoid cloth furniture if possible. Change HVAC filters regularly.

Holiday decorations can also trigger allergies because they often collect dust during storage. Keep decorations in tightly sealed bags that are stored in a cool, dry place, Corry recommended.

When you take out your holiday decorations, do so outdoors to limit your exposure to dust that can accumulate on them, he said.

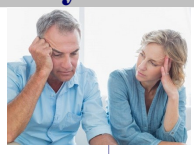
"Also keep in mind that live trees used as holiday decorations and certain holiday plants can be extremely allergenic," Corry said. "If you struggle with allergies, consider plastic alternatives."

For Cancer Patients, Holiday Season Can Be a Stressful Time

The holiday season can be difficult for people with cancer, especially with the added stress of the COVID-19 pandemic this year.

As they undergo treatment and cope with symptoms and side effects, they may struggle to get any pleasure from the season, according to the Rutgers Cancer Institute of New Jersey.

Emotional and physical fatigue can make it hard for cancer patients to take part in planning, decorating, cooking and socializing.



The institute offers holiday season advice for cancer patients.

First, make self-care a priority and know your limits. Be sure to get enough rest. Eat balanced meals, avoid excesses and get light exercise to ease stress. Do activities you enjoy, such as reading, listening to music, crafting or taking a bath.

It's normal to feel sad about how cancer affects your holiday season. Be patient, compassionate and gentle with yourself, and share your feelings with family, friends or a professional, or consider joining a support group, the cancer experts suggested.

Accept the help of family and friends who want to support you. This can significantly reduce your stress, they said in an institute news release.

If you have a loved one with cancer, follow their lead and be flexible about holiday traditions and expectations. Be aware that your loved one might not be up for usual holiday activities.

It's also a good idea to offer to assist cancer patients with activities like holiday shopping, cooking or wrapping gifts. The most important thing is to listen to and support your loved one with cancer, the experts added.

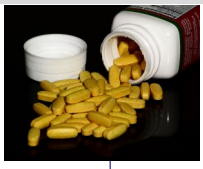
High-Dose Vitamin D Won't Prevent Seniors' Falls: Study

High doses of vitamin D may increase seniors' risk of falls, rather than reduce it, according to a new study.

Preliminary studies suggested vitamin D may increase muscle strength and improve balance, so Johns Hopkins researchers investigated whether high doses of vitamin D might reduce the risk of falls in people aged 70 and older.

But the investigators found that large doses of vitamin D supplements were no better at preventing falls in this age group than a low dose.

"There's no benefit of higher doses but several signals of potential harm," study author Dr. Lawrence Appel said in a Hopkins news release.



"A lot of people think if a little bit is helpful, a lot will be better. But for some vitamins, high-dose supplements pose more risks than benefits. There's a real possibility that higher doses of vitamin D increase the risk and severity of falls," said Appel, a professor of medicine with joint appointments in epidemiology, international health and nursing.

Taking 1,000 or more international units per day (IU/day), equivalent to 25 micrograms/day of vitamin D, was no better than 200 IU/day at preventing falls, according to the study, which was funded by the U.S. National Institute on Aging.

The results were published Dec. 8 in the journal *Annals of Internal Medicine*.

The researchers also found that vitamin D supplement doses of 2,000 and 4,000 IU/day seemed to increase the risk and severity of falls compared with 1,000 IU/day, a relatively common dose for a pure vitamin D supplement.

Another finding was that serious falls and falls that required hospitalization occurred more often in older people who took 1,000 or more IU/day than in those who took 200 IU/day (about half the typical dose found in multivitamins).

Older folks should talk with their doctors about their fall risk and vitamin D levels in order to determine whether or not to continue taking vitamin D supplements, Appel recommended.

High Blood Pressure in Middle Age Can Harm Your Brain

High blood pressure can begin to take a toll on memory and thinking skills as early as middle age, new Brazilian research warns.

And you won't be spared simply by keeping high blood pressure at bay until you hit your golden years, because the study found that even those who hadn't developed high blood pressure until becoming seniors still experienced a faster decline in thinking skills than those who continued to remain heart-healthy in their golden years.

"As a practical matter, this suggests that we must prevent hypertension at any age in order to avoid its deleterious effect on cognitive [thinking] decline," said study author Dr. Sandhi Barreto, a professor of medicine at the Universidade Federal de Minas Gerais in Belo Horizonte, Brazil.

Whether or not high blood pressure directly triggers mental decline remains an open question, however, given that "proof of causation is very difficult," said Barreto.

But even if it does, it's not all bad news, she added, because the results also indicate that thinking skills can be preserved -- or at least impairment slowed down -- by getting high blood pressure under control through medication and lifestyle changes.

In the study, roughly 7,000 participants were drawn from six Brazilian cities and were about 59, on average, when they first enrolled in the study.

Blood pressure history was noted at the study's launch. And during two testing periods -- 2008/2010 and again in 2012/2014 -- participants underwent repeated assessments (for an average of four years) designed to track changes in memory, language skills, concentration, attention, motor speed and mental "flexibility."

The team ultimately found that middle-aged and senior participants whose top (systolic) blood pressure number and bottom (diastolic) number were deemed "high" experienced some form of accelerated decline in thinking skills, compared with those who maintained normal blood pressure readings.

Memory took a clear hit among all those with high blood pressure, whether initially diagnosed before or after the age of 55, as those folks saw their score on all tests of thinking skills collectively start to fall.

The speed with which thinking skills started to diminish seemed to have no relationship to how long a patient had been living with high blood pressure.

Yet there was an exception to the rule: Those who had brought their blood pressure down by taking meds or adopting helpful lifestyle choices experienced significantly slower decline in thinking skills than those who had not.

"Prevention of high blood pressure is always preferred," stressed Barreto, but taking steps to address the issue once it takes hold can "avoid further damaging the cognitive function."

There may, however, be a limit to how much lowering blood pressure can help preserve brain health, cautioned Dr. Gregg Fonarow, interim chief of the division of cardiology at the University of California, Los Angeles….**Read More**

Who Didn't Get a Second Shingrix Shot? Implications for Multidose COVID-19 Vaccines

As the U.S. prepares for nationwide distribution of vaccines to combat COVID-19, some are asking whether people who get the first of two doses will return to complete the series. The leading vaccine candidates from **Pfizer/BioNTech** and **Moderna** both require individuals to receive a second shot within a specific timeframe to achieve maximum effectiveness.

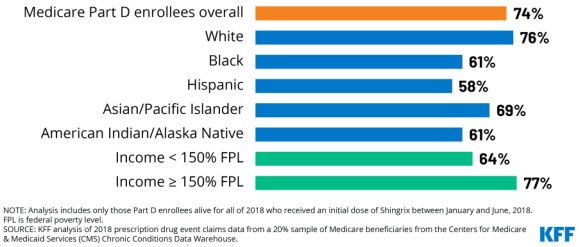
This analysis draws on Medicare Part D prescription drug claims data for the herpes zoster vaccine **Shingrix**, which also requires two doses, to shed light on this potential challenge of the leading COVID-19 vaccine candidates. Shingrix is recommended for adults ages 50 and older to prevent herpes zoster, also known as shingles, a viral infection that causes a painful rash and can lead to long-term pain and other problems. The second dose of Shingrix is to be administered between 2 and 6 months after the first dose. Overall, one-third of adults ages 60 and older in 2018 reported having ever received a shingles vaccine, but this estimate does not provide insight into which groups of older adults were more or less likely to get the second dose within the recommended timeframe after having received the first.

To address this question, we looked at Medicare beneficiaries who received an initial dose of Shingrix in the first half of 2018 to analyze what share received the second dose within the recommended timeframe and which subgroups of beneficiaries were more or less likely to receive both doses. Because people 65 and older are **expected to be one of the earlier groups to receive COVID-19 vaccination**, this analysis offers insight into what the experience might be among older adults in receiving the full regimen of multidose COVID-19 vaccines.

The majority of Medicare beneficiaries who received an initial dose of the Shingrix vaccine received the second dose within six months, but follow-up rates were lower among beneficiaries in communities of color, those who are younger than age 65 with long-term disabilities, and low-income beneficiaries.

Most (74%) Medicare beneficiaries who received an initial dose of Shingrix between January and June of 2018 received the second dose within 6 months (Figure 1). Conversely, 1 in 4 beneficiaries (26%) who received an initial dose of Shingrix between January and June 2018 did not receive the second dose within the recommended timeframe. An additional 6% of beneficiaries received the second dose after the 6-month timeframe but no later than the end of 2018….**Read More**

Among Medicare Beneficiaries Who Got the First Dose of the Shingles Vaccine, Share Who Got the Second



NOTE: Analysis includes only those Part D enrollees alive for all of 2018 who received an initial dose of Shingrix between January and June, 2018. FPL is federal poverty level.
SOURCE: KFF analysis of 2018 prescription drug event claims data from a 20% sample of Medicare beneficiaries from the Centers for Medicare & Medicaid Services (CMS) Chronic Conditions Data Warehouse.

KFF

FDA approves first over-the-counter COVID-19 test

On Tuesday, December 15th, the U.S. Food and Drug Administration (FDA) **authorized** the first over-the-counter COVID-19 antigen test for emergency use, days after approving the first COVID-19 vaccine for limited distribution.

The test, made by Ellume Limited, a diagnostic manufacturer, is a rapid antigen test, meaning it can detect antigens in human blood. Antigens are substances that indicate the body may have produced an immune response and can help see if a person has been exposed to COVID-19.

Ellume's test will collect a nasal swab sample rather than a blood sample and looks for fragments of the COVID-19 virus proteins.

It has been approved for children aged 2 years and older.

"Today's authorization is a major milestone in diagnostic testing for COVID-19. By authorizing a test for over- the-counter use, the FDA allows it to be sold in places like drug stores, where a patient can buy it, swab their nose, run the test and find out their results in as little as 20 minutes," said FDA Commissioner Stephen Hahn in prepared remarks. "As we continue to authorize additional tests for home use, we are helping expand Americans' access to testing, reducing the burden on laboratories and test supplies, and giving Americans more testing options from the comfort and safety of their own homes."

The test is fast, with an estimated wait time of 20 minutes, and sends results via a proprietary smartphone app.

The company anticipates three million tests will be produced by January.

The approval of an at-home COVID-19 test is a pivotal step in fighting the pandemic.

Depression in Youth Ups Odds for Adult Illnesses: Study

Having depression during childhood or in the teen years appears to increase the odds of illness and early death later on, researchers say.

The new long-term study included nearly 1.5 million Swedes. Of those, more than 37,000 were diagnosed with depression at least once between the ages of 5 and 19 years.

The study participants were followed for 12 years. Those with an early history of depression had a higher risk of being diagnosed with 66 of 69 medical conditions assessed in the study, including sleep disorders, type 2 diabetes, viral hepatitis, and kidney and liver diseases.

In addition, these people also had a significantly higher risk of injuries, especially injuries from self-harm, and almost six times the risk of premature death.

The researchers also identified differences between women and men.

Women with early-onset depression were more likely to suffer injuries, as well as urinary, respiratory and gastrointestinal infections. Men, however, had a higher risk of obesity, thyroid problems, celiac disease, connective tissue disorders and eczema.

Part of the link between early-life depression and later risk of illness and death might be explained by other mental health disorders, such as anxiety and substance abuse, according to the researchers at the Karolinska Institute in Sweden.

The findings, published online Dec. 9 in *JAMA Psychiatry*, suggest that young people who have suffered depression need to be monitored for other health problems.

"Our study shows that children and teenagers diagnosed with depression have a significantly higher risk of premature death, self-harm and suffering from other diseases later in life," said corresponding author Sarah Bergen. She's a senior researcher in the department of medical epidemiology and biostatistics.

"It underscores how important it is that these children and teenagers receive the help they need and that medical personnel monitor for subsequent psychiatric and somatic diseases," she added in an institute news release.

While depression is rarely diagnosed in young children, the risk increases through the teen years, the researchers noted.

Senior Isolation: a Creative Solution

A RECENT online survey of senior living residents from **Altarum** asked key questions about their lives before and after the COVID-19 pandemic. The findings indicate that our seniors are lonelier than ever. More than half are not participating in any organized activities.

Other interesting data points include:

- ¨ Only 5% of respondents reported having visitors three or more times per week, compared to 56% before the outbreak.
- ¨ During a given week, 93% of respondents did not leave their **nursing home** for routine activities such as shopping and visiting family, compared to 42% pre-pandemic.
- ¨ Social interactions and activities within the nursing home have also dropped sharply, with 54% of respondents noting that they're not participating in **any in-home organized activities** (such as exercise classes, art classes, resident meetings and religious services). That's compared to 14% before the pandemic. The situation is perhaps worse for those living alone with little or no support.

Activities at Risk

I've long felt that we should rename activity directors in care homes to chief experience officers. After all, life enrichment and quality of life as you age are paramount. Yet during the coronavirus pandemic, I've seen activity budgets shrink, activity personnel let go and activity roles shifted.

Who suffers? The residents.

Some **senior care providers** have started to embrace technology and are bringing live-stream programming to residents. Others aren't equipped, don't have the bandwidth (literally) or simply don't have the will or manpower to address activities in the midst of a pandemic.

That is why a systemic solution is needed.

Passion to Purpose

I have been a health professional forever, it seems. Few know that parallel to this and before I knew what I wanted to be when I grew up, I've been a professional musician, songwriter and vocalist. I've performed around the country, recorded in Nashville and been through the ups and downs of that profession. When I left the clubs and casinos, I started singing in care homes, to the point that I was doing 100 shows a year part-time.

This changed my life, as I realized the fulfillment I was getting and giving. I received my dementia street training through performing. That's when I drew a line in the sand with my career and shifted exclusively into health, aging and caregiving.

About five years ago, with fiber optics in the house, I was able to **stream concerts live**. It was a novel idea back then. The VHS-bound care homes didn't have the interest, bandwidth or technology.

Fast-forward, and now things are different. Providers are evolving their programming, and experts predict that virtual streaming programs put in place for the pandemic are likely to outlast the pandemic.

Students to the Rescue

I recently received an email from Northeastern University looking for innovative projects that connected students with entrepreneurs. I approached them about solving a real societal issue – isolation – using a unique solution: creating a virtual entertainment and education network that provided livestream and pre-recorded programming for senior communities and home-bound adults.

"We couldn't think of a more timely topic," says Jane Braley, associate director of employer engagement and career design at The Experiential Network at Northeastern University.

I thought it would be a purely academic exercise; maybe I would acquire a handful of homes who I could perform for regularly. But our initial outreach proved we had hit on an idea that resonated.

Systemic Solution

To make this network happen, we have to address systemic issues. The pandemic has exposed the vulnerabilities of our health systems: Loneliness and mental health issues loom large. We believe a community of like-minded organizations and individuals can fill the void.

So we white-boarded this idea into a **video animation**. We even have a website: **virtualactivitydirector.com.**

We need internet companies who can help overcome bandwidth issues; tablet providers who can help us put them in the hands of older adults; sponsors who can fund infrastructure as well as supplement the income of artists whose careers have suffered. The most important participants will be students who can foster intergenerational relationships, visiting older adults and assisting them with technology. Groups like **Seniors with Skills** and **Brighten a Day**.

This project is in its infancy, and we're eager to hear from activity directors and others who can help us realize our full potential.

Drinking Most Harmful at 3 Points in Life Span

Alcohol poses the greatest threat to brain health at three periods of a person's life, according to new research.

During those three periods -- from conception to birth, from ages 15 to 19, and after age 65 -- people undergo "dynamic" brain changes that may be particularly sensitive to the harmful effects of alcohol, researchers say.

Worldwide, about 10% of pregnant women drink. Heavy drinking during pregnancy can cause fetal alcohol spectrum disorder, and even low or moderate drinking during pregnancy is associated with poorer brain health and behavior in children, according to the authors of a paper published Dec. 7 in the *BMJ* journal.

More than 20% of teens ages 15-19 in wealthy nations report at least occasional binge drinking.

Research shows that binge drinking in the teen years is associated with reduced brain volume, poorer white matter development (critical for efficient brain functioning), and small to moderate shortfalls in a number of mental functions, the authors said.

In seniors, excessive drinking is one of the strongest modifiable risk factors for all types of dementia (particularly early-onset), compared with other risk factors such as high blood pressure and smoking.

Alcohol use disorders are relatively rare in older adults, but even moderate drinking is associated with a small but significant loss of brain volume in midlife, according to study author Louise Mewton, from the Centre for Healthy Brain Ageing at the University of New South Wales in Sydney, Australia.

The authors also said that current trends may increase the threat that drinking poses to brain health. For example, women are now as likely as men to drink alcohol and suffer alcohol-related harm, and it's predicted that worldwide alcohol consumption will rise further in the next decade.

How the COVID-19 pandemic will affect alcohol use is unclear, but there have been long-term increases in drinking after other major public health crises, according to the authors.

They said an integrated approach to reducing alcohol-related harm at all ages is needed.

"Population-based interventions such as guidelines on low-risk drinking, alcohol pricing policies, and lower drunk driving limits need to be accompanied by the development of training and care pathways that consider the human brain at risk throughout life," the authors concluded in a journal news release.