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RI ARA

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

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As we embark on a journey into the new year, we as retirees, senior citizens, disabled and less fortunate are faced with a battle to preserve our future benefits hat we earned throughout our working careers.
Make no mistake, we are in the war of our life to protect, preserve & expand our earned benefits.
2020 will bring a lot of challenges for our four plus million members across this great nation.
We have fought these battles before, but this time the adversaries are relentless in their quest to destroy our benefits.
New Year wishes are a wish which we are placing on the occasion of the approaching new year.
New Year wishes most often concern plans and events which will be taking place next year.
New Year wishes, which we are saying, will depend on whom we are directing these wishes at.
These New Year wishes are directed at all our members, families & friends.
We, the Alliance for Retired Americans & the Rhode Island Alliance for Retired Americans along with our four million plus members across this great nation will, as in the past, will continue to fight for you to Protect, Preserve & Expand your earned, not entitled, benefits.

From the Alliance for Retired Americans & The Rhode Island Alliance for Retired Americans family to you and your family & friends,

Have a Happy & Healthy New Year

Congress Repeals Health Benefits Tax

Congress also voted to repeal the 40% excise tax on high-cost employer sponsored health care plans. Originally included in the Affordable Care Act, the tax was scheduled to take effect in 2022 and affect millions of middle class Americans.

Often mistakenly referred to as the "Cadillac tax," the health care excise tax was rooted in the mistaken belief that many high premium employer-sponsored health plans were overly generous, encouraged individuals to over-utilize the health care system and drove up overall health care costs.

Had it gone into effect, Johns Hopkins University researchers said that 75 percent of employer -sponsored health insurance plans would be subject to the tax in its first decade of implementation, including strong health insurance plans negotiated by labor unions in lieu of higher wages.

"Repeal of the health plan excise tax shows what retiree activism can accomplish," said **Richard Fiesta**, Executive Director of the Alliance. "Our members have fought for full repeal of this ill-conceived and unfair tax for years. Active workers and retirees can now breathe easier knowing that they won't be saddled with higher costs and less coverage."

Rich Fiesta

North America trade pact deals rare setback to Big Pharma

A revamped North American trade deal nearing passage in Congress gives both the White House and Democrats a chance to claim victory and offers farmers and businesses clearer rules governing the vast flow of goods among the United States, Canada and Mexico.

But the pact leaves at least one surprising loser: the pharmaceutical industry, a near-invincible lobbying powerhouse in Washington.

To satisfy House Democrats, the Trump administration removed a provision that would have given the makers of ultra-expensive biologic drugs 10 years of protection from less expensive knockoffs. Democrats opposed what they called a giveaway to the industry that could have locked in inflated prices by stifling competition. Top examples of the injected drugs made from living cells include medications to fight cancer and immune disorders such as rheumatoid arthritis.

"This is one of the first times we've actually seen pharma lose," said Rep. Earl Blumenauer, an Oregon Democrat who leads a subcommittee on trade. "They have a remarkable track record because they are a huge political force. They spend lots of money on lobbying, on advertising, on campaign contributions. But we held firm, and we won on all counts."

The removal of the provision also helped illustrate just how potent a political issue sky-high drug prices have become. It was a reminder, too, that President Donald Trump repeatedly pledged to work to lower drug prices.

Last week, drug manufacturers absorbed another — though likely only temporary — defeat when House Democrats passed legislation, along party lines, that would authorize Medicare to use its influence in the marketplace to negotiate lower prices from drug companies. The bill is thought to have no chance of passage, though, in the Republican-led Senate.

Yet the revamped U.S.-Mexico-Canada Agreement, Trump's rewrite of the 25-year-old North American Free Trade Act, seems set to clear Congress without the biologics protection that the drug industry had sought. , the House The full House voted 385-41 on Thursday to approve it. The Senate isn't likely to take it up until January.

"It's not a mystery,'' said Rep. Jan Schakowsky, an Illinois Democrat who helped negotiate with the administration. "If you poll the American people, the cost of pharmaceuticals is a really big deal. It's at the top of the list.''

The trade agreement the administration reached last year with Mexico and Canada gave biologics 10 years of protection from cheaper near-copies known as biosimilars. Among the leading biologics are the anti-cancer drug Rituxan and Humira and Enbrel, which fight immune disorders.

The industry — and the Trump administration — had argued that manufacturers of biologics require years of protection to profit from their drugs before biosimilars should be allowed to cut into sales. Otherwise, they contend, brand-name drug companies and biotech startups that rely on money from venture capital firms would have little incentive to invest in developing new medicines.

"The announcement made today puts politics over patients," the leading drug industry trade group, PhRMA, said in a statement last week. "Eliminating the biologics provision in the USMCA removes vital protections for innovators while doing nothing to help U.S. patients afford their medicines or access future treatments and cures.''

The industry also rejected the notion that the biologics provision would keep drug prices high and hurt consumers. Existing U.S. law, they noted, already gives makers of biologics 12 years' protection, more than the proposed 10 years in the USMCA. But the provision the Democrats succeeded in removing would have forced Mexico to expand biologics' monopoly from five years and Canada from eight, potentially hurting U.S. consumers who seek lower drug prices in those countries.

What's more, Democrats argued, if Congress had expanded the biologics' monopoly in the USMCA, it would have prevented lawmakers from ever scaling back that monopoly to, say, the seven years that the Obama administration had once proposed.

"We would have been locked in,'' Schakowsky said.

For Big Pharma, the setback marked a sharp turnabout. Four years ago, the drug industry helped scuttle an Obama administration trade deal with 11 Pacific Rim countries, arguing that a provision establishing eight years of protection for biologics was not sufficient. Now the latest U.S. trade deal contains no biologics protections at all.

Back in 2006, the industry scored a major victory when it helped push legislation through Congress that added prescription drug coverage for Medicare recipients but barred the government from negotiating lower prices. That restriction opened a "Pandora's box" that paved the way for unsustainable price hikes, said Steve Brozak, an analyst at WBB Securities.

Drug makers began raising prices of existing drugs several times a year, sometimes totaling more than 20% annually. They also started launching biologics with list prices topping six figures a year. In May, U.S. regulators approved a one-time gene therapy, Zolgensma, with an eye-popping price of $2.1 million per patient.

A backlash has been growing, especially after news reports and congressional hearings exposed stories of patients rationing medicine and even dying because they couldn't afford insulin or other drugs.

Drugmakers have "been on defense more than we've ever seen," said David Certner, legal counsel for AARP.

Last year, Certner noted, Congress dealt the industry two losses: First, by increasing the discounts that drug makers must give to seniors with high drug costs who have landed in a Medicare coverage gap. Then, months later, lawmakers rejected industry efforts to reverse that change.

And in January, the industry lost perhaps its biggest champion in Congress when Sen. Orrin Hatch, R-Utah, retired.

Trump has long promised to address drug prices. On Wednesday, the administration moved ahead with a plan to allow Americans to safely and legally gain access to lower-priced medicines from abroad. So far, most of Trump's drug-price initiatives have gone nowhere. His trade team negotiated biologics protections into the USMCA.

Facing public anger, Democratic resistance and the fact that Canada and Mexico had no reason to support the protections for biologics, the administration yielded. When it reached a deal with House Democrats on the USMCA last week, the biologics provision was out.

"Clearly, getting rid of the biologic provision was a step backwards," U.S. Trade Representative Robert Lighthizer said Tuesday in an interview with the Fox Business Network. "And that was a compromise. You know, there are consequences of the Democrats' control of the House. And that was necessary. And I'm sorry about that."

Jeffrey Francer, general counsel for the Association for Accessible Medicines, which represents generic and biosimilar drug companies, put it another way: "The president decided not to fall on his sword for Big Pharma.''

Court Declares Part of Affordable Care Act Unconstitutional, Risk of Lost Coverage for Millions

One year ago**, in a deeply flawed ruling**, a Texas judge found the portion of the Affordable Care Act (ACA) requiring most people to have coverage—known as the individual mandate—to be unconstitutional and declared that because of this finding, the entire law must be eliminated. This week**, an appeals court agreed** with the judge that the individual mandate is unconstitutional but declined to say how much of the law should fall with it, instead sending the case back to the lower court to reconsider that question.

What happens next is uncertain. The coalition of states defending the ACA already announced plans to appeal yesterday's ruling directly to the Supreme Court, but the justices typically prefer to let the lower court process play out before getting involved. If the Supreme Court does choose to hear the case, a decision could come during an election year, likely further politicizing the health care law that has become a lifeline for many. If the Supreme Court decides to wait until the lower court rules, it could be several more years before a resolution is reached.

If the ACA is struck down, the effects on Americans' health care coverage **would be immediate and catastrophic**. This includes older adults and people with disabilities, as several key provisions in the ACA have a direct impact on Medicare such as closing the prescription drug donut hole, the addition of preventive services, increased revenues for the Medicare Trust Fund, and much more.

The loss of the ACA would also end the Medicaid expansion that has **improved coverage, access to care, and economic outcomes for low-income adults**, and would eliminate consumer protections in private insurance that prevent denial of coverage for pre-existing conditions. This could leave some or all of the estimated **133 million Americans under 65 with pre-existing conditions** unable to find any coverage at all that they could afford that would help them cover their health care costs. It could also mean the return of lifetime caps on coverage and an "age tax" for older people seeking insurance.

For now, the ACA remains in place. However, the Trump Administration **fully supports** its elimination and has thrown the weight of the Justice Department behind striking down the law, without establishing any safeguards or back up plans for the millions of lives at risk.

At Medicare Rights, we continue to be troubled by the lower court's decision and the Department of Justice's failure to defend the law in court. We urge states and the Trump Administration to abandon efforts to undermine the ACA, and to instead work together to improve health care and coverage for all Americans.

Read more about ACA coverage expansions and consumer protections.
Read more about the risk of striking down the entire ACA.
Read more about this lawsuit.

Retirement security is not improving

Except for the wealthiest Americans, retirement security is not improving. Mark Miller reports for the New York Times on the plight of most older adults since the great recession. Although many parts of the economy have recovered, middle and low-income Americans have largely not seen meaningful growth in their retirement income.

In fact, evidence from the Federal Reserve shows that, at best, middle and lower-income families have managed to recover their retirement savings. And, many middle and lower-income families have not managed to recover their retirement savings.

In addition, Social Security benefits are replacing a lower proportion of people's retirement income, even though benefits have adjusted up a bit for inflation. The longer wait to reach Social Security's full retirement age—once 65 and now increasing to 67 for people born in 1960 or later—also operates as a benefit cut. And, Medicare costs are going up.

It is getting harder for baby boomers and GenXers to have adequate resources in retirement. The wealthiest households are doing a lot better today and should be in good shape when they retire. But, middle-income households have as good a chance of success in retirement as of failure. Meanwhile, people with low incomes have a much lower chance of having the resources they will need in retirement.

People who were out of work during the recession also often were without health insurance. Those people who were not yet eligible for Medicare could sign up for coverage through the Affordable Care Act, but at a significant cost. Today, 9.4 percent of people between 50 and 65 are uninsured. That's largely because 14 states opted not to expand Medicaid.

Medicare spending has risen considerably, in large part as a result of private Medicare Advantage plans, which have been overbilling the federal government and taxpayers for their services. The question is whether Republicans in Congress will succeed at shifting more costs onto older and disabled Americans with Medicare to reduce spending or whether Democrats will succeed at enacting laws that end Medicare Advantage abuses that drive up spending as well as rein in health care prices. Speaker Nancy Pelosi's prescription drug bill, H.R.3, would save Medicare tens of billions of dollars a year in lower prescription drug costs alone.

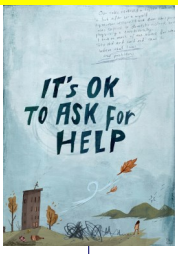
The official unemployment rate for people over 55 is at 2.6 percent. But, if you include people who were unsuccessful at finding jobs and have stopped looking for work, the unemployment rate goes up to 5.5 percent. Moreover, wages are not up in the last decade for older people who are working. They are at $872 a week, as compared with $861 ten years ago.

Nearly 80 percent of older adults have equity in their homes that they may be able to draw on if they need money. But, since the recession, fewer older adults own their homes. And, there has been a significant drop in the proportion of people under 65 who now own their homes. They are at serious risk of not having adequate resources to pay for health care and housing costs as they grow older. Today, almost five million older people who own their homes are paying at least half their income on housing costs, forcing them to spend less on food and health care.

Free local resources to help older adults

If you're looking for free local resources to help older adults, your local Area Agency on Aging is a great place to begin. Area Agencies on Aging (AAAs) develop, coordinate and deliver aging services throughout the country. They serve people over 60 at every income level. In fact, they help more than eight million people a year with long-term care choices, transportation options, benefits information and caregiver issues. You can find them in almost every community.

Most Area Agencies on Aging are also Aging and Disability Resource Centers (ADRCs).



ADRCs provide a hub for information on long-term services and supports to help older adults, their caregivers and families; they work to ensure that older adults are better able to live alone in their homes for as long as possible. They are government agencies that work to meet people's long-term care needs.

To contact your local Area Agency on Aging for free local resources for older adults or simply to understand available benefits, call the Eldercare Locator 800.677.1116. The Eldercare Locator is a program of the Administration on Community Living. You can also visit the website at **www.eldercare.gov**. LeadingAge, an association of 6,000 community-based non-profit organizations in the U.S., offers another great resource. It has developed on online tool to help you locate non-profit agencies, agencies that "put people before profits," that provide services and living facilities for older adults.

By entering a zip code or city, LeadingAge's **Aging Services Directory** will let you know about non-profit resources in the community. You can choose from a list of 18 resources, including nursing, transportation, home-delivered meals and dementia care. You can also learn about retirement communities, assisted living, and subsidized housing.

And, if you need help navigating Medicare, you should contact your State Health Insurance Assistance Program or SHIP. For the number of the SHIP in your area, click **here**. Or, for free help, call the Medicare Rights Center national hotline at 800-333-4114. For other free and low-cost services for older adults, check out **Just Care's Get Help page**.

To save money on your care, consider using a free health clinic

Because health insurance no longer covers large portions of people's health care costs, **millions of people with insurance are struggling to pay their premiums, deductibles, copays** and costs for out-of-network care. Did you know that even if you have insurance, you may be able to save money on your care by using a free local clinic? According to **Kaiser Health News**, many people rely on free health clinics and these clinics are growing to meet their needs.

There are **1200 free and charitable health clinics across the United States**. Using a free clinic for your care could save you hundreds of dollars a year. If you qualify for care, you could get lower-cost prescriptions through these clinics as well as lower-cost primary medical care. Some clinics also offer mental health care and dental care.

Many free health clinics serve the underinsured–people with health insurance whose out-of-pocket costs for premiums and deductibles amount to at least 10 percent of their income–as well as the uninsured. So, it's worth looking into them even if you have insurance.

The Commonwealth Fund found that in 2014 almost one in four adults under 65 were underinsured, 31 million people; people who are underinsured may have a deductible that is at least five percent of their annual income, or they may spend at least ten percent of their income on out-of-pocket costs, excluding their premiums.

If you're struggling to get an appointment with a doctor, using a free health clinic also may enable you to get an appointment more quickly.

To find a free or charitable health clinic near you, visit the **National Association of Free and Charitable Clinics**.

Important things happened in Washington

This week a lot of important things happened in Washington that have nothing to do with impeachment. Congress voted on funding for the federal government for the rest of the 2020, a public fight broke out between two powerful Republican Senators over legislation to lower prescription drug prices, and the Department of Health and Human Services announced a plan to import drugs from Canada.

Congress avoided another government shut-down by passing legislation to fully fund the federal government for the rest of the current fiscal year (which ends on Sept. 30th 2020). Besides keeping the government open there was some important legislation included regarding prescription drugs.

The purpose of the drug price-related measure is to encourage the production of more generic medicines, one of the few drug-pricing bills most lawmakers agree on.

The big pharmaceutical companies were supposed to be giving large enough samples of their medications to generic drug companies to allow those companies to conduct trials regarding safety and effectiveness. But, the big drug companies developed a system to avoid that so they could keep making more money. The new legislation is aimed at ending that abuse and is expected to cut government spending by about $4 billion.

A study from 2018 estimated that the delays in gaining access to samples have delayed generic market entry for 47 medicines, at a cost of $13.4 billion in lost savings to the U.S. health-care system a year.

Supporters say the new legislation will lower the cost of medicine by bringing more generics to market and fight unfair practices by drug manufacturers.

Seems fighting about how to lower the cost of prescription drugs is non-partisan.

Last week we reported that not only are the Democrats and Republicans fighting over what legislation ...**Read More**

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Take Action: Sign our petition to expand Social Security!

We have a retirement income crisis that needs to be addressed by expanding our Social Security system.

Sign the PETITION NOW!

Programs that lower your costs if you have Medicare

Medicare only covers about half of a typical person's health care costs. So, **even with Medicare**, many people struggle to afford premiums, deductibles and other out-of-pockets health care costs. Some people qualify for Medicare, which fills most of the gaps in Medicare. But, if you do not qualify for **Medicaid,** there are other programs that lower your health care costs.

- Medicare Savings Programs. Depending on your income, Medicare Savings Programs, administered by Medicaid, help pay for Medicare premiums and coinsurance, even if you don't qualify for Medicaid. There are three programs, Qualified Medicare Beneficiary (QMB), Specified-Low Income Medicare Beneficiary (SLMB) and Qualified Individual (QI). Income and asset limits, and how they are counted, are listed below for 2018, but vary somewhat by state. You should apply through your local Medicaid office.
- **Qualified Medicare Beneficiary (QMB)**—100 percent of federal poverty level (FPL) + $20
- **Income limit monthly** depends upon where you live but is around
- $1,061 for individuals
- $1,430 for couples
- **Asset limit**
- Individuals: $7,730
- Couples: $11,600
- **Specified Low-income Medicare Beneficiary (SLMB)**—120 percent of FPL + $20
- **Income limit monthly** depends upon where you live but is around
- $1,260 for individuals
- $1,711 for couples
- **Asset limit**
- Individuals: $7,730
- Couples: $11,600
- **Qualifying Individual (QI)**—135 percent of FPL +$20
- **Income limit monthly** depends upon where you live but is around
- $1,428 for individuals
- $1,923 for couples
- **Asset limit**
- Individuals: $7,730
- Couples: $11,600
- No matter what state you live in, the first $20 of your income and the first $65 of your monthly wages are not counted as income. In addition, half of your monthly wages, after the first $65 is not counted, nor are food stamps. Some of your assets are also not counted, including your primary home, if you own it, your car, your wedding and engagement rings, a burial plot and $1,500 in burial funds, your life insurance with a cash value less than $1,500, and your furniture, household and personal items. Your bank accounts, stocks and bonds are counted.
- **Tip:** If your income is low but too high to qualify you for Medicaid, it is worth looking into whether you qualify for any of these programs. According to **MACPAC**, an independent agency that advises Congress on Medicaid policy, less than a half the people over 65 who qualify for the Qualified Medicare Beneficiary program (48%) are enrolled. And, an even smaller share of people over 65 who qualify for the Specified Low-Income Medicare Beneficiary program (28%) are enrolled. About one in seven people over 65 (15%) who qualify for the QI program are enrolled.

- **Extra Help with Medicare Part D prescription drug coverage:** You may qualify for Extra Help, a program administered by Medicaid, which pays for some or all of the cost of your drug coverage. The amount of help with cost-sharing depends on the level of your income and assets. In 2018, you may qualify if you have up to $18,735 in yearly income ($25,365 for a married couple) and up to $14,390 in assets ($28,720 for a married couple). With Extra Help your drug costs are no more than $3.40 for each generic/$8.50 for each brand-name covered drug. And, depending upon your income, you may pay only part of your Medicare drug plan premiums and deductibles. You get Extra Help automatically if you have Medicaid or a Medicare Savings Program or receive Supplemental Security Income benefits. You can **apply for Extra Help online here**. (Some states have **State Pharmaceutical Assistance Programs** that provide even more assistance.)
- **Federally Qualified Health Centers (FQHCs) and other programs run by the Human Resources and Services Administration: FQHCs** are located across the country and provide a wide range of services to underserved populations and areas on a sliding-feed scale. They might waive the Medicare deductible and coinsurance, depending upon your income.
- **Hill-Burton programs** offer **free or reduced care at Hill-Burton facilities** in 38 states. Hill-Burton does not cover services fully covered by Medicare or Medicaid. Eligibility depends on your family size and income.
- **Veterans' Administration:** If you are a vet, the **Veterans' Administration** (VA) offers low-cost services and prescription drugs directly. And, you can have VA coverage as well as Medicare.

Keep in mind that you may be eligible for Medicaid based on your income after paying for some health care costs. To contact your **state Medicaid office, click here.**

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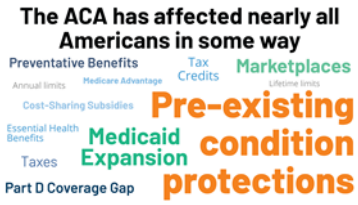
Potential Impact of Texas v. U.S. Decision on Key Provisions of the Affordable Care Act

On December 14, 2018, a federal trial court judge ruled that the entire Affordable Care Act (ACA) is invalid. While the trial court's ruling is likely not the last word on the ACA's validity, this brief considers the complex and far-reaching impact were the entire law ultimately held to be invalid.

The case – brought by a number of Republican state attorneys general (AGs) and other plaintiffs – centers on the argument that the law's individual mandate is unconstitutional after Congress zeroed out the penalty associated with it in the tax bill in late 2017. The plaintiffs argue that the rest of the ACA is not severable from the mandate and should therefore be invalidated. The Trump administration now agrees that the entire law should be overturned, but previously argued that only the ACA's pre-existing condition protections are inseparable from the mandate and should be overturned, while the rest of the law should stand. A number of Democratic state AGs are defending the ACA as interveners in the case, arguing in part that Congress intended to keep the ACA in place when it set the individual mandate penalty to zero while leaving the rest of the law intact. An appeal of the December 2018 lower court decision is currently before the U.S. Court of Appeals for the 5th Circuit. Pending a final decision on appeal, the Trump administration has continued to enforce the ACA.



The number of non-elderly Americans who are uninsured decreased by 19.1 million from 2010 to 2017 as the ACA went into effect. While the ACA's changes to the individual insurance market – including protections for people with pre-existing conditions, creation of insurance marketplaces, and premium subsidies for low and modest income people – have been the focus of much policy debate and media coverage, the law made other sweeping changes throughout the health care system that impact nearly all Americans. These include: the expansion of Medicaid eligibility for low-income adults; required coverage of preventive services with no cost sharing in private insurance, Medicare, and for those enrolled in the Medicaid expansion; phase-out of the "doughnut hole" gap in Medicare drug coverage; reductions in the growth of Medicare payments to health providers and insurers; new national initiatives to promote public health, quality of care, and delivery system reforms; and a variety of tax increases to finance these changes. These provisions could all be overturned if the judge's decision is upheld.

More than nine years after enactment, the ACA's changes to the nation's health system have become embedded and affect nearly everyone in some way. A court decision that invalidated the ACA, therefore, would also affect nearly everyone in at least some way. It would be a complex undertaking to try to disentangle it at this point. The following table summarizes the major provisions of the ACA, illustrating the breadth of its changes to the health care system and public attitudes towards those changes.

Additional Provisions

Beyond coverage-related provisions, the ACA made numerous other changes in federal law to safeguard individual civil rights, authorize new programs and agency activities, and finance new federal costs under the law. The Court ruling finding the ACA unconstitutional could also result in an end to these provisions….**Read More**

Electronic Health Records Creating A 'New Era' Of Health Care Fraud

.Derek Lewis was working as an electronic health records specialist for the nation's largest hospital chain when he heard about software defects that might even "kill a patient."

The doctors at Midwest (City) Regional Medical Center in Oklahoma worried that the software failed to track some drug prescriptions or dosages properly, posing a "huge safety concern," Lewis said. Lewis cited the alleged safety hazards in a whistleblower lawsuit that he and another former employee of Community Health Systems (CHS) filed against the Tennessee-based hospital chain in 2018.

The suit alleges that the company, which had $14 billion in annual **revenue** in 2018, obtained millions of dollars in federal subsidies fraudulently by covering up dangerous flaws in these systems at the Oklahoma hospital and more than 120 others it owned or operated at the time.

The whistleblowers also allege that Medhost, the Tennessee firm that developed the software, concealed defects during government-mandated reviews that were supposed to ensure safety.

Both CHS and Medhost have **denied** the allegations and moved to dismiss the suit. The motions are pending. Last month, Department of Justice lawyers wrote in court filings that they were still investigating the matter and had not yet decided whether to take over the case.

The lawsuit is one of dozens filed by whistleblowers, doctors and hospitals alleging that some electronic health records (EHR) software used in hospitals and medical offices has hidden flaws that may pose a danger to patients — and that a substantial chunk of the $38 billion in federal subsidies went to companies that deceived the government about the quality of their products, an ongoing Fortune-KHN investigation shows. The subsidies were designed to persuade hospitals and doctors' offices to install software that would track the medical history of every patient and share the information seamlessly with other health care providers.

But the software makers allegedly gamed the system, repeatedly. Three major EHR vendors have made multimillion-dollar settlement deals — totaling $357 million — over Justice Department investigations which include allegations that they rigged or otherwise gamed the government's certification test. At least two other companies are under investigation.

Beyond those cases, federal officials have paid hundreds of millions of dollars in subsidies to doctors and hospitals that could not show they were even qualified to receive them, according to federal officials. Nearly 28% of doctors and 5% of hospitals who attested to meeting government standards later failed audits. Federal officials told Fortune and KHN that they have clawed back $941 million in improper subsidies….**Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Love Museums, Theater? The Arts Might Extend Your Life

.If you're a senior who loves to take in the latest art exhibit or check out a new musical, it might do more than stimulate your senses: New research suggests it could lengthen your life.

Scientists found that among over 6,700 older adults they tracked, patrons of the arts had a markedly better survival rate over the next 14 years.

People who, at the outset, devoted time to cultural activities at least every few months were 31% less likely to die during the study period, versus those who never did

The findings do not prove the arts will extend your life. But they do add to evidence that "engaging in the arts can help promote good health," said lead researcher Daisy Fancourt, an associate professor at University College London, in the United Kingdom.

And you don't have to be the artist. According to Fancourt, a body of research suggests that "receptive" arts involvement can benefit physical, mental and emotional well-being.

Walking around a museum might not be a workout, but it does replace sedentary time on the couch. Being immersed in music, art, dance or theater can also provide mental stimulation, a balm for stress or depression, and a chance to socialize.

"Participating in the arts should not be something you do when everything else is OK in your life," said Dr. Nicola Gill, of Health Education England, part of the U.K. health service. "It should be something you do as part of everyday living. The richer your tapestry of life, the better able you are to survive and thrive."

Gill co-wrote an editorial accompanying the study published online Dec. 18 in the *BMJ*.

The findings were based on 6,710 U.K. adults who were, on average, 66 years old at the start. Over 3,000 said they attended arts events infrequently (once or twice a year), while 1,900 did so frequently (at least every few months).

Over the next 14 years, both groups had a lower death rate compared with people who were uninvolved in the arts. In that latter group, the death rate was 47%, versus 27% in the group that made time for the arts once or twice a year.

The lowest death rate was seen among people who frequently attended arts events -- at just under 19%, the findings showed.

Of course, there are many other differences among those groups of people, Fancourt said. Most obviously, older adults who are healthier and wealthier can more easily see concerts, plays and art exhibits.

So her team accounted for people's wealth, education level, marital status and whether they lived in urban or rural areas. And those factors did not account for the longevity edge.

Arts patrons did tend to score higher on tests of memory and thinking, have fewer disabilities, and be more physically and socially active in general.

Still, those differences explained only part of the arts-longevity link, the researchers said.

Does that mean there's something unique about the arts that promotes a longer (hopefully better) life? Not necessarily.

If you dislike museums, devoting time to them probably wouldn't benefit you, noted James Maddux, a senior scholar with the Center for the Advancement of Well-Being at George Mason University, in Fairfax, Va.

And, he said, there's nothing to say that people couldn't get similar benefits from other activities that get them out of the house and socializing -- whether that's seeing movies or sports, or taking a hike in the woods.

"I wouldn't want people to get the idea that these [arts] activities are the ones everyone should be doing," said Maddux, who was not involved in the study.

Instead, he sees the findings as more evidence that it's important to fill your life with meaningful activities.

A question the study leaves open is whether participation in the arts -- not only being an audience member -- is related to a longer life.

"Is it even better to take a painting class or dance lessons?" Maddux said. "That might enhance your experience of seeing exhibits or performances."

In addition, Fancourt's team noted, the study participants were surveyed at only one time point: It's not clear whether you would need to be a lifelong arts fan to see a longevity benefit -- or whether the same holds true for retirees who newly discover the theater.

FDA warns of breathing risks with popular nerve drugs

U.S. health regulators are warning that popular nervous system medications can cause dangerous breathing problems when combined with opioids and certain other drugs.

The Food and Drug Administration said Thursday it would add new warnings to packaging for Neurontin, Lyrica and generic versions, which are used to treat seizures, nerve pain, restless leg syndrome and other conditions.

The new labels will warn doctors against prescribing the drugs with other medications that can slow breathing, including opioid painkillers. The breathing risks also apply to elderly patients and those with existing lung problems.

The medications, known generically as gabapentin and pregabalin, are among the most prescribed in the U.S. Both physician prescribing and misuse have increased as doctors, hospitals and other health care providers have scaled back their use of opioids amid a national epidemic.

Poison control centers have reported increased calls involving the nerve drugs, which are often abused in combination with opioids, cocaine and marijuana. Neurontin and related generics have long been considered nonaddictive and are not tracked as closely by regulators.

While the nerve drugs are not FDA-approved for conventional muscle and joint pain, doctors frequently prescribe them for those uses and others, including treatment of migraines and psychiatric conditions.

The FDA also said it will require drugmakers to conduct new studies of the abuse risks of the drugs, especially in combination with opioids.

The agency said it received nearly 50 reports of breathing problems linked to gabapentin and pregabalin between 2012 and 2017, including 12 deaths. While drugmakers are required to report problems to the FDA, it's voluntary for doctors and patients.

Vitamin D Alone Doesn't Prevent Fractures, New Study Finds

Taking calcium and vitamin D might help older adults curb the risk of a bone fracture, but vitamin D alone does not do the job, a new research review concludes.

The analysis of 28 past studies found that older adults with higher blood levels of vitamin D were less likely to suffer a broken hip or other fracture over five to 15 years.

But the picture was different in studies that actually tested the effects of using vitamin D supplements: They found no evidence that vitamin D alone reduced older adults' risk of fractures.

In contrast, trials that tested a combination of calcium and vitamin D showed modest protective effects.

"Combined treatment with both calcium and vitamin D reduced the risk of hip fracture by one-sixth, and was more beneficial than taking standard doses of vitamin D alone," said senior researcher Dr. Robert Clarke, a professor of epidemiology and public health medicine at the University of Oxford in England.

The findings, published online Dec. 20 in *JAMA Network Open*, are not the final word on vitamin D and fractures. Some ongoing trials are testing high-dose vitamin D in people who are at increased risk of bone breaks.

But for now, there's no proof that it works, according to Clarke.

In the United States alone, about 54 million people have low bone mass or outright osteoporosis -- the brittle-bone disease that can lead to fractures, according to the National Osteoporosis Foundation (NOF). It's estimated that after age 50, half of women and one-quarter of men will break a bone due to osteoporosis.

Calcium is critical to building and maintaining strong bones, while vitamin D helps the body absorb calcium and supports the muscle function needed to avoid falls.

But when it comes to preventing fractures in people with osteoporosis, there's only so much that supplements can do, said the NOF's Beth Kitchin. She was not involved with the study.

"The expectation that vitamin D and calcium, alone, will prevent fractures is probably unrealistic," said Kitchin, who is also an assistant professor of nutrition sciences at the University of Alabama at Birmingham.

To help preserve bone mass and keep muscles strong, people need regular exercise, according to Kitchin. Exercise that makes the body move against gravity while staying upright -- like jogging, jumping rope or dancing -- can help maintain bone density. And exercise that builds muscle strength or improves balance can help lower the risk of falls.

Avoiding smoking and excessive drinking is also critical to preventing bone loss, according to the NOF.

Once osteoporosis is diagnosed, medications -- which either slow bone breakdown or boost bone formation -- may be necessary, Kitchin said. "Fall-proofing" your home is another important step. That means getting rid of tripping hazards inside and outside the house; installing grab bars in bathrooms; and keeping stairways well lit, among other measures.

Of the studies Clarke's team analyzed, 11 were observational. They followed older adults in the "real world," tracking fracture rates anywhere from five to 15 years. Overall, the higher a person's blood levels of vitamin D were at the outset, the lower the risk of fracture.

"But that doesn't prove cause and effect," Kitchin stressed. "High vitamin D levels can be a marker of something else."

Few foods contain vitamin D, she noted. Instead, the body synthesizes it when the skin is exposed to sunlight. So people with high vitamin D levels may spend a lot of time outdoors, for example.

The review also included 11 trials testing vitamin D alone, and six testing vitamin D and calcium. Study participants' average age ranged from 62 to 85, and they were followed for up to five years.

Overall, people given calcium and vitamin D had a 16% lower risk of hip fracture than those given placebos or no treatment. Their risk of any bone break was 6% lower.

So how do you know if you should take supplements? You could ask your doctor to measure your blood level of vitamin D, to detect any deficiency, Kitchin said. As for calcium, she added, "take a look at your diet."

If you're not eating much dairy, green vegetables and foods fortified with calcium, you might need a supplement.

According to the NOF, adults younger than 51 should strive for 1,000 mg of calcium a day; after that, the recommendation goes up to 1,200 mg. As for vitamin D, people younger than 50 should get 400 to 800 international units (IU) per day, while older adults need 800 to 1,000 IU.

The advice on vitamin D does vary, however, with some groups recommending more. According to the Institute of Medicine, the safe upper limit of vitamin D is 4,000 IU per day for most adults.

The things you should get rid of in your medicine cabinet

Tidying up your medicine cabinet is a great way to make space for new products and get rid of ones that are expired or no longer necessary. But which products should you toss in the bin? Click through the slide show above to find out.

Sunscreen that's been open for over a year • Expired mascara • Expired eye or ear drops • Expired prescription drugsA toothbrush that's over three or four months old • A tube of toothpaste that's over two years old • Expired lip balm • Expired moisturizer • Makeup brushes that are losing their bristles • Perfumes that are about two years old • A deodorant that's over three years old • Rubbing alcohol that's over three years old • Unlabeled drugs • Rusty nail clippers • Expired bandages • Mercury thermometers • Expired contact lenses • Expired contact lens solution • Petroleum jelly

Read More on each of the above

Aging research: Blood proteins show your age

How can you tell how old someone is? Of course, you could scan their driver's license or look for signs of facial wrinkles and gray hair. But, as researchers just found in a new study, you also could get pretty close to the answer by doing a blood test.

That may seem surprising. But in a recent study in *Nature Medicine*, an NIH-funded research team was able to gauge a person's age quite reliably by analyzing a blood sample for levels of a few hundred proteins. The results offer important new insights into what happens as we age. For example, the team suggests that the biological aging process isn't steady and appears to accelerate periodically — with the greatest bursts coming, on average, around ages 34, 60, and 78.

These findings indicate that it may be possible one day to devise a blood test to identify individuals who are aging faster biologically than others. Such folks might be at risk earlier in life for cardiovascular problems, Alzheimer's disease, osteoarthritis, and other age-related health issues.

What's more, this work raises hope for interventions that may slow down the "proteomic clock" and perhaps help to keep people biologically younger than their chronological age. Such a scenario might sound like pure fantasy, but this same group of researchers showed a few years ago that it's indeed possible to rejuvenate an older mouse **by infusing blood from a much younger mouse.**

Those and other earlier findings from the lab of Tony Wyss-Coray, Stanford School of Medicine, Palo Alto, CA, raised the tantalizing possibility that certain substances in young blood can revitalize the aging brain and other parts of the body. In search of additional clues in the new study, the Wyss-Coray team tracked how the protein composition of blood changes as people age.

To find those clues, they isolated plasma from more than 4,200 healthy individuals between ages 18 and 95. The researchers then used data from more than half of the participants to assemble a "proteomic clock" of aging. Within certain limits, the clock could accurately predict the chronological age of the study's remaining 1,446 participants. The best predictions relied on just 373 of the clock's almost 3,000 proteins.

As further validation, the clock also reliably predicted the correct chronological age of four groups of people not in the study. Interestingly, it was possible to make a decent age prediction based on just nine of the clock's most informative proteins.

The findings show that telltale proteomic changes arise with age, and they likely have important and as-yet unknown health implications. After all, those proteins found circulating in the bloodstream come not just from blood cells but also from cells throughout the body. Intriguingly, the researchers report that people who appeared biologically younger than their actual chronological age based on their blood proteins also performed better on cognitive and physical tests.

Most of us view aging as a gradual, linear process. However, the protein evidence suggests that, biologically, aging follows a more complex pattern. Some proteins did gradually tick up or down over time in an almost linear fashion. But the levels of many other proteins rose or fell more markedly over time. For instance, one neural protein in the blood stayed constant until around age 60, when its levels spiked. Why that is so remains to be determined.

As noted, the researchers found evidence that the aging process includes a series of three bursts. Wyss-Coray said he found it especially interesting that the first burst happens in early mid-life, around age 34, well before common signs of aging and its associated health problems would manifest.

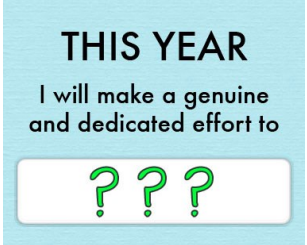
It's also well known that men and women age differently, and this study adds to that evidence. About two-thirds of the proteins that changed with age also differed between the sexes. However, because the effect of aging on the most important proteins of the clock is much stronger than the differences in gender, the proteomic clock still could accurately predict the ages in all people.

Overall, the findings show that protein substances in blood can serve as a useful measure of a person's chronological and biological age and — together with Wyss-Coray's earlier studies — that substances in blood may play an active role in the aging process. Wyss-Coray reports that his team continues to dig deeper into its data, hoping to learn more about the origins of particular proteins in the bloodstream, what they mean for our health, and how to potentially turn back the proteomic clock.

15 Top Health Mistakes We All Make in January

New Year's resolutions for your health

It's that time of year again when people tend to reassess their lives and habits and decide to **make a change**. Most often, these New Year's resolutions are about health and wellness: In a 2015 Nielsen survey, **staying fit** and healthy came in at No. 1 on the list of popular resolutions, with losing weight at No. 2. In 2017, research by YouGov, a U.K.-based marketing research firm, "**eating healthier**" made up over a third of resolutions, with "exercising more" another third. Not surprisingly, it isn't making the resolutions that is so difficult—it's keeping them. But in case you think resolutions aren't worth it, some research shows they're not totally unachievable: A 2018 YouGov survey found that of the people who made **resolutions,** the majority mostly or completely kept them.



So what can you do to make sure your health resolutions fall into the success category? We asked experts in health and behavior what pitfalls you should avoid, and how to set **New Year's resolutions that will make next year your happiest yet**. First, instead of resolutions, think of them as goals. "Considerable research shows that goal-setting is an important component to behavior change," says **William T. Riley**, PhD, director of the NIH Office of Behavioral and Social Sciences Research, and NIH associate director of Behavioral and Social Sciences Research. Here's how to do that without making these common New Year's health mistakes.

Click through the slide show to learn more.

Millions sickened as holiday flu picks up across the U.S.

The flu continues to spread across the U.S., with elevated activity in nearly every state. On Friday, the **Centers for Disease Control and Prevention** reported widespread flu in 30 states — mostly on the West Coast, along the southern border, and in the Mid-Atlantic states.

The CDC estimates there have been at least 3.7 million flu cases so far this season, 32,000 of which required hospitalization. Nearly 2,000 people have died, including 19 children.

Four antiviral medications are available, including Tamiflu and Xofluza. All have been shown to be effective against 99 percent of flu viruses tested.

Most people getting sick are infected with a strain called B/Victoria, which usually doesn't pop up until the end of flu season. Those viruses tend to strike children and young adults more often, but anyone can be affected. In general, B strains are less likely than A strains to cause severe infections. There's also evidence now that A strains are increasing.

New research offers insight into why some flu strains affect certain age groups more severely. It depends, in part, on what strain of the flu a person first caught as a child.

Researchers analyzed health records from flu cases over time, and found the body's immune system "remembers" its first bout with the virus, building a lasting and strong defense against it. The phenomenon is called "immunological imprinting."

The problem is, the body only remembers how to fight off that particular viral strain of the flu. That means the immune system's defenses aren't as strong against other strains.

"In other words, if you were a child and had your first bout of flu in 1955, when the H1N1 but not H3N2 virus was circulating, an infection with H3N2 was much more likely to land you in the hospital than an infection with H1N1 last year, when both strains were circulating," study author Michael Worobey **said in a statement**. Worobey heads the department of ecology and evolutionary biology at the University of Arizona.

"Our immune system seems to be locked into fighting just one half of flu genetic diversity," Worobey said. "We need to find ways of breaking that."

The study was published Thursday in **PLoS Pathogens.**

Infectious disease experts say now is the time to get a flu shot if you haven't already. The vaccine is supported and encouraged by every major medical group for everyone over the age of six months.

Meanwhile, if you do have the flu, you're unlikely to catch a cold at the time, according to a recent study published in the **Proceedings of the National Academy of Sciences**. Like a viral fight club, the two have difficulty co-existing in the same person's respiratory tract.

British researchers tested more than 44,000 samples of respiratory viruses taken from patients over nine years. They found that when a person had the flu, specifically an influenza A strain, they were much less likely to be infected with a rhinovirus, which causes the common cold.

The researchers theorize that flu and cold viruses compete for the resources needed to get someone sick. During flu season, influenza tends to win.

To beat the odds of getting any virus this winter, experts recommend the flu shot, covering your mouth and nose when coughing and sneezing, staying home when you're sick, and proper hand-washing with soap and water.

What are important safety measures for the elderly?

General safety measures both at home, and away from home, are encouraged and recommended to elderly patients and their family members. Falls and injuries, **confusion,** adherence to medical instructions, and future health and financial planning are among the concerns pertinent to elderly care.

Simple home safety recommendations for seniors include:

Using canes or walkers and shower seats for fall **prevention** if unsteady on **feet**

- Utilizing assist devices such as walkers, wheelchairs, scooters to promote safe mobility and independence if difficulty getting around
- Replacing hard wood floors with carpeting for injury reduction in case of a fall (avoid throw rugs on hard wood floors or potentially slick surfaces)
- Using hearing aids, wearing glasses, and installing good lighting to diminish effects of hearing and visual problems
- Managing medications by taking advantage of pill boxes when keeping track of medications become burdensome
- Hiring caregivers or accepting assistance from family members if activities of daily living become difficult
- Scheduling routine sleep and wake times to improve sleep quality and day time efficiency
- Subscribing to medical alert systems and programming emergency phone number into cell phones for easy access in cases of emergency
- Planning regular social activities to improve social interactions
- Driving with care and recognizing when it may be safer to stop driving

Preparing a properly executed advance healthcare directive, **living will**, and trust to outline decisions and preferences in preparation for the time a person may become incapable of making sound decisions

Another noteworthy concern for the elderly is the subject of medications. With the rise in availability of various medications, naturally a growing list of drugs is offered to the elderly due to their high prevalence of medical conditions. As a consequence, interactions between these drugs and their individual side effects become increasingly more likely. The best approach to address these concerns is a discussion and periodic medication review with the treating physicians or the primary care doctor. If the elderly patient or their **caregiver** keep up-to-date records of **allergies**, medications, diseases, medical and surgical history, and advance directives readily available; the patient will have a better experience if they need emergent care or hospitalization. This is especially true if they arrive at a hospital where the patient's doctors do not practice, or if they have need of medical care while "on vacation" or "traveling."