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RI ARA

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Supreme Court Holds Off on Deciding Fate of Affordable Care Act

On Tuesday, the Supreme Court rejected the appeal by a coalition of states led by Democrats and the House of Representatives to consider the fate of the Affordable Care Act (ACA) immediately. That means the fate of the health care law is now unlikely to be resolved until after the November presidential election.

"The ruling prolongs the uncertainty of the future of the Affordable Care Act and threatens the millions of Americans who rely on it for coverage of their pre-existing conditions," said Alliance President Robert Roach, Jr.

Fifty-two million people with pre-existing conditions could lose the health coverage that they are guaranteed under the ACA. This is an especially serious problem for older Americans, given that 84 percent of those aged 55-64 have a pre-existing condition.

Last month, the 5th Circuit Court of Appeals struck down the individual mandate, making the future of the law uncertain. More than a dozen Republican-led states argued that the ACA is no longer constitutional without the individual mandate penalty that was removed in the 2017 Republican tax package. The next step is for the courts to decide how much of the ACA can exist without the mandate.

In refusing to quickly decide the fate of the ACA, the Supreme Court agrees with the Trump administration that there is no "emergency" surrounding the law. The Court has not ruled out taking up the case in the next term, which begins in October. Without the lawsuit hanging over their heads, Republicans face less pressure to put forward a replacement plan for the health care law in an election year.

Robert Roach, Jr
ARA President

10,000+ Retirees and Veterans: No Cuts to Social Security

Washington, DC - Alarmed by a Trump Administration proposal to make disabled Americans prove they remain disabled and eligible for continued disability benefits every six months, more than 10,300 veterans and retirees have vehemently told the Social Security Administration (SSA) they oppose the plan. The Alliance for Retired Americans and the Union Veterans Council of the AFL-CIO have joined forces to try to block this change because it will cut benefits to thousands of people who need them.

"This proposal is cruel and dangerous. If it is implemented, 2.6 million people with disabilities will have to overcome unnecessary obstacles just to keep the benefits they are due," said Richard Fiesta, Executive Director of the Alliance for Retired Americans. "Social Security disability benefits are earned over years of hard work -- just like retirement benefits. We should make it easier for people to claim the benefits they need and are eligible for, not harder."

"Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits are essential to millions, including 600,000 American veterans," said Will Attig, Executive Director of the Union Veterans Council, AFL-CIO. "Stability for our veterans suffering from PTSD and other military related disabilities is a crucial factor in successful transitions and long term care. It is outrageous to make people jump through hoops every few months to prove that they are still disabled."

Members of the Alliance for Retired Americans and the Union Veterans Council are urging the Administration to learn from history and reverse course. A similar plan was enacted during the Reagan Administration -- and hundreds of thousands of disabled Americans lost their benefits. The cuts were repealed after a public outcry, but not before thousands of people died.

"Cuts to SSDI are cuts to Social Security, plain and simple," said Fiesta. "The Administration has offered no justification for this policy and SSA needs to stop this before people die."

"The hundreds of thousands of veterans who need disability benefits served our country honorably," said Attig. "Implying that they are receiving something they have not earned is disgraceful, and we call on the Administration to reverse course before it is too late."

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Ask KFF: Josh Michaud Answers 3 Questions on the Coronavirus and U.S. Response

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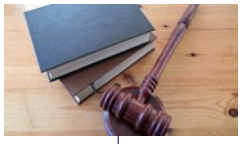
Supreme Court Declines to Fast-Track Latest Challenge to the Affordable Care Act

On Tuesday, the Supreme Court declined to fast-track the latest challenge to the Affordable Care Act (ACA). This decision not to expedite review comes after a federal appeals court **last month** agreed with a federal judge in Texas that the ACA's individual mandate is unconstitutional, but declined to say how much of the law should fall as a result. Instead, the appeals court sent the case back to the Texas court to reconsider that question—a process that could take months if not years.

In response, the coalition of Democratic-led states defending the health law asked the Supreme Court to hear the case this term, noting that prolonged uncertainty over the ACA's fate could damage the nation's health care system and put patients at risk. The U.S. House of Representatives, which is also defending the ACA in court, filed a similar petition asking for immediate Supreme Court review.



The Supreme Court typically prefers to let the lower court process play out before getting involved. However, some thought this case's high stakes could prompt the Court to intervene. It takes five justices to agree to hear a case on an expedited basis. Having not met that threshold, the case will now continue to work its way through the lower courts.

Initially brought several years ago by a group of Republican state attorneys general and governors, and currently **supported by the Trump administration**, the plaintiffs argue the ACA is unconstitutional because Congress reduced the individual mandate penalty to zero in the 2017 tax bill. Though this argument was **dismissed** by many legal scholars, the district court **found in favor** of the plaintiffs, and the Trump Administration **endorsed** this ruling.

Importantly, the ACA remains in place as the case proceeds and, without immediate Supreme Court review, a resolution is unlikely in advance of the 2020 elections. Both parties sought to make health care a campaign cornerstone in recent years, and this ongoing lawsuit means the ACA is likely to be in the public eye again this cycle.

Medicare Rights continues to be troubled by this effort to invalidate the ACA, and by the Trump administration's failure to defend the law in court. If the ACA were to fall, the impacts on older adults and people with disabilities would be devastating.

In particular, the health law's improvements to the Medicare program—including limiting costs, expanding coverage for preventative care, and closing the Part D donut hole—continue to be critical for beneficiary access and affordability, as well as the program's sustainability.

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** without affordable coverage. It would also mean the return of lifetime caps on coverage and of the overly punitive "age tax" for older people seeking to purchase insurance.

We strongly 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 from Medicare Rights about the ACA's coverage expansions and consumer protections.

Will 2021's Social Security COLA be Similar to This Year's Disappointing Raise?

But whether they actually will is a different story.

Each year, millions of **Social Security** recipients eagerly await news of a cost-of-living adjustment, or **COLA**. Introduced back in the 1970s, the purpose of automatic COLAs is to help seniors on Social Security maintain their buying power in the face of inflation.

But don't misunderstand the "automatic" component involved. Some years, seniors don't actually get a COLA, since raises are based on fluctuations in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W).

In a nutshell, when the cost of common goods and services increases, Social Security benefits typically go up. When that cost remains stagnant, benefits can stay the same or move upward only slightly (thankfully, they can't go down from one year to the next).

Seniors on Social Security saw a 1.6% COLA going into 2020, and many **weren't happy about it**. That's largely because that raise was only slightly more than half of 2019's 2.8% COLA.

The fact that monthly Medicare Part B premiums jumped from $135.50 in 2019 to $144.60 in 2020 only added insult to injury. Most seniors stood to receive a $24 raise thanks to 2020's meager COLA. With **Medicare's premium hikes**, those paying for Part B lost over one-third of that measly $24.

In light of 2020's disappointing COLA, many seniors are hoping for a more generous boost in benefits for 2021. But, unfortunately, early estimates from the nonpartisan Senior Citizens League point to a 1.5% COLA for the upcoming year. That's a notch lower than what seniors received in 2020, and it's certainly not the news Social Security beneficiaries want to hear.

Don't get worked up over next year's COLA just yet

Of course, the key thing to keep in mind is that today's COLA estimates are just that -- estimates. It's way too early in the year to get an accurate assessment of what seniors' next COLA will look like, and it's important to note that in early 2019, the Senior Citizens League estimated no COLA at all for 2020, when, in fact, it came in at 1.6%.

The Social Security Administration won't be announcing next year's COLA until October, and between now and then, a host of new projections might emerge. Still, seniors who are dependent on Social Security shouldn't bank too heavily on a raise for 2021 -- not only because that 1.5% estimate could change for the worse, but also because COLAs themselves generally aren't life-changing.

The average senior today collects $1,503 a month in benefits, so a 1.5% COLA translates into an extra $22.55, or $270.60 per year. But if Medicare premiums go up a lot, much of that raise will be wiped out. Thus, those who are heavily reliant on Social Security and already struggling financially should take steps to improve their financial picture by making strategic choices -- cutting back on expenses, downsizing their homes, or **relocating** to less expensive corners of the country.

Engaging in part-time work is another key step for cash-strapped seniors. Generating job-related earnings is a far more effective means of boosting retirement income than sitting back and awaiting a COLA -- a COLA that may, once again, prove disappointing…..**Read More**

Kaiser Family Foundation Compares Proposals Intended to Lower Prescription Drug Costs

The KFF charts highlight three recent legislative packages in the U.S. House and Senate and the approaches each would take to lower Medicare drug prices. Among the examined strategies are efforts to allow Medicare to negotiate drug prices, restructure Medicare Part D, and limit unreasonable drug price hikes. In addition, the charts show where one proposal, H.R. 3, the House-passed bill, would reinvest in the Medicare program, making needed improvements and expanding benefits for older adults and people with disabilities.

Year after year, on the Medicare Rights Center's National Consumer Helpline, we hear from beneficiaries who are unable to afford their prescriptions. In our most recent **report on Medicare Trends and Recommendations**, we noted that around 20% of Medicare Rights' callers in 2017 expressed frustration about being unable to afford their medicines and other care. This is not surprising, given that half of all people with Medicare live on incomes below $26,200—and one quarter have incomes below $15,250. Also in 2017, there were 281,185 visits to a **Medicare Interactive resource** that describes Medicaid, a program that many people with Medicare, including numerous Medicare Rights clients, turn to for help affording care.

Medicare Rights supports efforts to contain high and rising drug costs that do not impede beneficiary access to care, and the KFF charts provide a useful reference for what legislators are currently considering. Even without major changes to drug pricing, more can be done to increase access to Medicare low-income assistance programs such as the Extra Help drug subsidy (also called the Low-Income Subsidy, or LIS) and **reform the Part D appeals process** to make it easier for people to obtain needed prescriptions. We look forward to continuing to work with policymakers and stakeholders to advance these important reforms.

See the KFF charts.

McConnell Still Refuses To Bring Lower Prescription Bill Up For Vote

Legislation to lower the cost of prescription drugs remains one of TSCL's top priorities. Although the House of Representatives has passed a bill to accomplish that priority, Senate Majority Leader Mitch McConnell (R-KY) continues to refuse to bring the bill up for consideration.

As we have previously written, there is a bill that has passed out of the Senate Finance Committee called the Grassley-Wyden bill but Senator McConnell also refuses to bring that bill to the floor for consideration. The Grassley-Wyden bill is co-sponsored by Senate Finance Committee Chairman Chuck Grassley (R-IA) and the top Democrat on the Finance Committee, Ron Wyden (D-OR).

Normally it would seem logical that a bi-partisan bill would have a very good chance of passing in the Senate, but these are not normal times. In fact, four of the five Republican Senators whose offices we visited this week, and who are on the Finance Committee, voted against their own chairman's bill. The five Senate offices we met with were Scott (SC), Thune (SD), Toomey (PA), Alexander (TN), and Burr (NC). We picked these Senators because all are members of at least one of the committees that any bill to lower drug costs would have to go through.

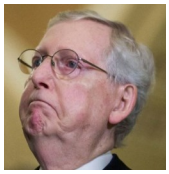
By way of a quick explanation, except for special circumstances, any legislation that goes through Congress has to start in the committee of jurisdiction, meaning the committee that deals with legislation pertaining to a specific subject. In the case of prescription drug legislation, those committees are Finance, Health, Education, Labor and Pensions, and Appropriations. That's one of the reasons passing this legislation is so complicated.

One of our purposes in visiting with those offices was to find out why they do not support the bill and to see if there is any hope that some compromise to the bill could be reached. The main reason they do not support the Grassley-Wyden bill is because it has a provision that they believe would, in essence, result in government price-setting of drug prices and would be a first step toward a one-payer (meaning government) health care system. Each office mentioned other bills that they might support but there is not one bill that the Republican majority is currently in favor of and that might have a chance to pass. It was also stated that because this is an election year there is a very short timeline for action to be taken.

As opposed to previous years, the Senate leaders want any legislation they have to pass out of the way by the end of May. That means any bill has to pass the Senate, then the Senate and House would have to negotiate and reach agreement on one bill before it could be sent to the President for his signature.

To complicate it even more, because of the particular rules of the Senate regarding a filibuster, a bill that is controversial in any way must have 60 votes in order to pass. And with Republicans so divided about drug pricing legislation, the path to final passage is wrought with obstacles. The one possible way to pass something is by attaching drug pricing legislation to a bill dealing with surprise medical billing. That would not happen until late in the spring if it happens at all.

Although we didn't hear what we had hoped to hear during our visits, at least we know where things stand and what must be done if anything is to be passed regarding lowering drug prices. TSCL will continue pressing Members of Congress to get drug price legislation passed but we will need the help of every TSCL supporter to get on the phone or send an email to your Senators and let them know you want something done this year. You can contact your Members office through our website at www.SeniorsLeague.org, or call toll free (the call will be paid for by The Senior Citizens League) at 844-455-0045.



Our next issue of interest this week is Surprise Billing. Surprise billing does not affect seniors on Medicare as much as it affects seniors under age 65 who still have health insurance through their employer or who are paying for their own health insurance. Surprise billing usually refers to expensive, unexpected medical bills that patients receive from hospitals and doctors' offices even when they have health insurance that they expect will cover the majority of treatments cost. Congress has been getting an earful from voters who are very upset about this situation and there seemed to be a fair amount of optimism that legislation dealing with surprise billing may be able to pass. If it does, there could be an effort to attach legislation dealing with drug prices to that bill.

House Speaker Nancy Pelosi announced earlier this month that the House will soon take up surprise billing legislation. TSCL waits with anticipation on legislation to end surprise billing practices as it is something we support and want to see stopped at the hospital doors.

Medicare Reminder, Part D Prescription Help

If you are enrolled in Part D and having trouble affording your prescriptions or finding plans that will cover your drugs, there are several ways you may be able to fill the gaps in your coverage:

Apply for Extra Help. This federal program helps pay for some to most of the out-of-pocket
costs of Medicare prescription d rug coverage.

Check for State Pharmaceutical Assistance Programs (SPAPs) in your state. These programs help residents pay for prescription drugs. Each program works differently, and not all states have SPAPs.

Keep your retiree drug coverage. Talk to you or your spouse's former employer to find out if your retiree drug coverage will fill gaps in Medicare's prescription drug benefit.

1.**Buy an enhanced Part D plan.** Enhanced plans charge higher monthly premiums than basic plans but typically offer a wider range of benefits. For instance, these plans may not have a deductible, may provide extra coverage during the donut hole, and may have a broader formulary. Some of these plans may also cover excluded drugs. Keep in mind that benefits vary by plan.

Join a Medicare Advantage Plan that offers drug coverage with lower out-of-pocket costs. Medicare HMOs, PPOs, and other private health plans may offer drug coverage that lowers your up-front costs (such as the deductible). However, you will need to look at more than just the plan's drug coverage: Also make sure the plan covers your preferred doctors and hospitals at a cost you can afford.

Keep in mind that after reaching **catastrophic coverage**, costs for your covered drugs will drop significantly.

Trump's Latest Health Care Challenge: Gaining Voters' Trust

Far more Americans disapprove of President Donald Trump's handling of several high-profile health care issues than give him positive marks, underscoring the challenge the president faces in claiming health care as a political asset in his reelection bid.

The findings, from the latest **Kaiser Family Foundation Health Tracking Poll**, released Thursday, found Trump's approval ratings on various health care topics — including how he has handled the cost of prescription drugs and protecting people with preexisting conditions — lag behind those on his overall job performance. (Kaiser Health News is an editorially independent program of the foundation.)

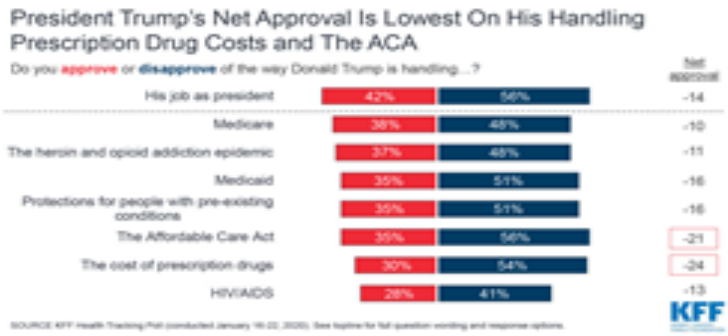
Overall, 54% of adults disapprove of Trump's handling of prescription drug costs, an area that he has repeatedly pledged to address and that federal officials see as crucial to his reelection pitch. In contrast, 3 in 10 said they approve.

At the same time, 35% of Americans approved of Trump's handling of preexisting conditions and the Affordable Care Act.

The president's overall job approval rating clocked in at 42%. He has repeatedly vowed to improve health care and lower prescription drug prices.

Trump has often misleadingly spoken about his record on preexisting conditions, one of the most popular pieces of the ACA. "I was the person who saved Pre-Existing Conditions in your healthcare," he tweeted earlier this month, a claim that was **widely debunked** by fact-checkers.

Democrats' focus on protections for preexisting conditions and other health issues helped propel the party's successes in the 2018 midterm congressional elections. Some of the Democratic presidential contenders, especially former New York Mayor Michael Bloomberg, have hit Trump hard on his health policies….**Read More**



Republican's TRUST Act is designed to gut Social Security and Medicare

Alex Lawson writes for **The Hill** about Senator Mitt Romney's ongoing quest to gut Social Security. In October 2019, Romney introduced the TRUST Act, which would create a secret fast track for cutting Medicare and Social Security benefits. It's a bill that flies in the face of the needs of Americans, the overwhelming majority of whom support **strengthening Social Security**.

The **TRUST Act** is designed to enable Congress to quickly starve Medicare and Social Security of funds, weakening these programs. Romney's vision for shoring up Social Security for future generations is to reduce people's benefits. You might call it the DISTRUST Romney Act.

The TRUST Act would appoint "bi-partisan" commissions to look at Medicare and Social Security Trust funds and recommend actions to Congress on how to "simplify" them. Romney and other co-sponsors would like to make changes to them in ways that would cut benefits.

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

In sharp contrast, the **Social Security 2100 Act** would increase Social Security benefits while strengthening the program for future generations. It provides greater benefits to the most low-income people receiving benefits. And, we can easily afford it.

To promote equity in the Social Security program, it lifts the cap on Social Security contributions so that wealthy Americans pay their fair share. Right now, wealthy Americans only contribute to Social Security on the first $137,700 of their income.

A few conservative Democrats in the Senate are co-sponsoring the TRUST Act, including Joe Manchin (D-WV), Doug Jones (D-AL), and Kyrsten Sinema (D-AZ), But, all in, it has only 12 sponsors. The Social Security 2100 Act has 209 sponsors in the U.S. House of Representatives.

Congress Considers Bill to Address Medicare Late Penalties, Coverage Gap

Current enrollment rules can leave late enrollees liable for doc visits Medicare usually covers

Some 10,000 Americans turn 65 every day and become eligible for Medicare, but enrollment mistakes can subject them to a lifetime of late penalties, as well as a months-long coverage gap.

Legislation that would fix these problems was one of the bills discussed at a hearing held by the House Energy & Commerce Health Subcommittee 2 weeks ago. Although the panel focused on how the bipartisan **Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act** impacts Medicare patients, it also affects their physician

Under the **current enrollment system**, beneficiaries who don't sign up for Medicare's Part B outpatient coverage when they're first eligible -- and don't qualify for an exception -- can join only in January through March. Coverage begins the following July. While they're waiting for coverage to kick in, most cannot purchase other health insurance. As a result, the rules delay Medicare coverage for thousands of people a year, according to **Congressional Budget Office estimates.**

Some may mistakenly assume they can skip Part B because they have, for example, retiree coverage or a COBRA policy from a former employer or one purchased through the Affordable Care Act's marketplaces. But in many cases, once an insurer discovers that a beneficiary should have been covered under Part B, the plan can require a provider to refund payments received after the patient became Medicare eligible, said Fred Riccardi, president of the Medicare Rights Center, a consumer advocacy group.

"Then the patient could be on the hook for the services provided, and we've seen that happen," Riccardi said, after testifying before the subcommittee.

The legislation would revise these rules for the first time in 5 decades. It would require the Centers for Medicare & Medicaid Services and the Social Security Administration to notify people before their 65th birthday about their Medicare eligibility. Currently, the federal government only contacts people receiving Social Security benefits when it's time to join Medicare.

It would also move the January-through-March enrollment window to the fall, to coincide with the enrollment period for drug coverage and Medicare Advantage. And it would eliminate the July effective date. Better-informed beneficiaries would also be able to avoid the permanent penalties applied when they delay signing up for Part B for 12 or more months after they become Medicare eligible. In 2018, about 760,000 people were paying a late penalty tacked onto their monthly Part B premium, increasing their costs an average of nearly 30%, according to the Congressional Research Service.

The American Medical Association says it is concerned about access and coverage for Medicare beneficiaries who do not have Part B coverage, as is the legislation's sponsor, California Democrat Raul Ruiz, MD, who is also an emergency medicine physician.

"Too often, seniors don't know when to enroll in Medicare Part B, and their late enrollment leads to higher out-of-pocket costs," Ruiz said last week. "That's why I introduced the BENES Act, which would help ensure that seniors can keep seeing their doctors by eliminating gaps in coverage, strengthening the notification process for enrollment, and aligning the open enrollment timeline with other parts of Medicare."

The legislation, first introduced in 2016, is **supported by 95 disparate organizations**, including the AFL-CIO and other unions, health insurance companies, AARP, and patient advocacy and provider groups.

Questions about Part B enrollment are the most frequent reason Medicare beneficiaries call the center's **national helpline**, Riccardi told the committee. If they don't qualify for one of Medicare's limited financial assistance or exception criteria, the center encourages them to ask their providers to reduce or waive the bill. That's a decision physicians may be reluctant to make.

Rep. Michael Burgess, MD (R-Texas), the subcommittee's ranking member, called the bill "well-intentioned," yet he has some reservations: "We want our health system working better for individuals but we also know from the Congressional Budget Office that this bill comes at a significant cost," he said during the hearing.

"About 3% of new enrollees would receive Medicare benefits sooner than under current law," **CBO reported** last September. "These additional months of Medicare coverage would increase direct spending by $375 million over the 2019-2029 period."

Half of health care spending goes to doctors and hospitals

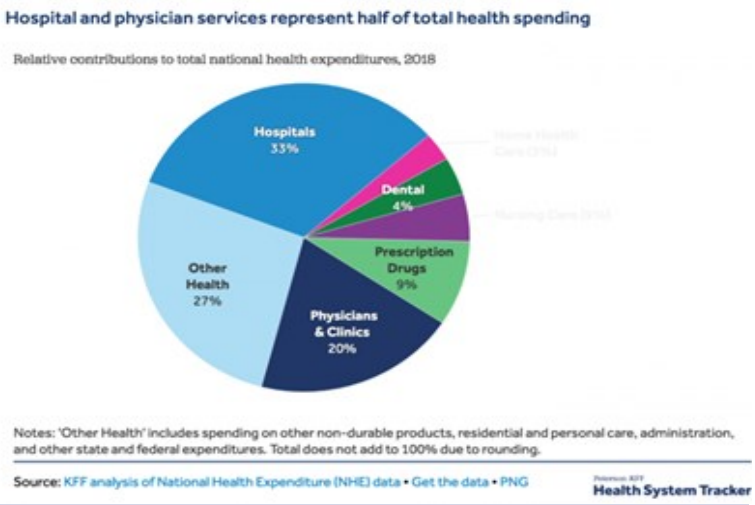
A recent **Peterson-KFF health tracking report** shows that spending on hospitals and doctors has been increasing faster than inflation. Today, half of health care spending goes to doctors and hospitals.

In 2018, about one-third of overall health care spending went to hospitals. Another 20 percent of spending went to physicians and health clinics. And, another nine percent of spending went for prescription drugs. The rate of increase in health care spending for doctors, hospitals and prescription drugs has slowed down some recently.

Over the last nearly 50 years, spending on health care has grown significantly. In 1970, we spent $74.6 billion (6.9 percent of GDP) on health care. Thirty years later, total health spending was $1.4 trillion. In 2018, health care spending more than doubled to $3.6 trillion (17.7 percent of GDP.)

Per person spending on health care in the US was 31 times higher in 2018 than in 1970. It grew from $355 a person to $11,172. In 2018 dollars, per person spending grew six times from $1,832 in 1970 to $11,172.

Not surprisingly, out-of-pocket health care costs also have grown considerably since 1970. They totaled an average of $119 in 1970 ($613 in 2018 dollars) and $1,150 in 2018. These costs do not include premium costs.



Why Won't Congress Ease Medicare Enrollment For Those Not Yet Taking Social Security?

You are turning 65. But— like 40 percent of other 65-year-olds— you have not yet claimed your Social Security benefits. For many older adults, that choice makes good financial sense. Except for one problem: You may find yourself getting hit with big penalties for failing to enroll in Medicare. Why? Because you probably didn't know you had to.

Congress could easily fix this. But for some reason, it hasn't. And it helps explain why in 2018, about 760,000 seniors, or 1.4 percent of older adults, were needlessly paying penalties for waiting too long to sign up for Medicare Part B. Most didn't enroll on time because the government never told them they had to, or how to do it. Those who claim Social Security benefits get notice. Those who don't, don't.

This week, a House committee **held a hearing** on a way to fix the problem. A bipartisan bill called the **Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act** would go a long way in that direction. Except it has been awaiting congressional action for years

Back in the day.

There are several layers to the problem. Here is a nice explanation from Fred Riccardi, president of the Medicare Rights Center.

To start, Congress years ago decoupled the eligibility age for Medicare (generally 65) from **the full benefit age for Social Security**— now 66 and scheduled to rise to 67 for those born in 1960 or later. Besides, Americans are working and living longer, and thus many are deferring their Social Security benefits.

Back in the day, it all worked relatively seamlessly. You claimed Social Security benefits as you approached your 65th birthday and got a notice from the government that it was time to enroll in Medicare. You signed up, your Part B premiums were deducted from your Social Security benefits, and life went on.

Now, the world of retirement has changed. But the enrollment system for Medicare still presumes that people sign up for Medicare and Social Security at the same time, even though 4 in 10 no longer do.

Unless you are paying close attention, you probably don't know that if you fail to enroll in Part B (as well as Part D drug benefits) at age 65, you must pay a penalty of 10 percent for each year you defer. Wait two years, and you owe a 20 percent premium penalty, and so on. (You should enroll in Medicare Part A at age 65 as well, but there is no premium penalty for failing to do so since you pay no premiums for this hospital insurance).

Losing insurance

Here's another problem: If you miss your initial sign-up period, you have to wait until the next open enrollment window. And that can leave you with no insurance for months.

Then, there are all the complexities that come with combining insurance.

Generally, if you still are working and getting health insurance through your employer, you can defer Part B enrollment without paying that penalty. But, if you have COBRA or retiree health coverage from your work, it may be designed as secondary payer to Medicare. And if you don't have Medicare, you effectively may have no insurance coverage at all.

The point is, it is all very complicated. If you are getting Social Security, you get a notice and a **Welcome to Medicare** handbook explaining it all, and reminding you about what you need to do. If you are not claiming Social Security benefits you get…silence.

This is not a new problem and lawmakers have known about it for years. I **wrote about it in 2015**. And again in 2017. And Congress has yet to enact an easy fix. So, here we go again.

Closing coverage gaps

The BENES Act would require the federal government to notify people about their Medicare rights and responsibilities starting at age 60, as part of their annual Social Security statement.

It also would eliminate coverage gaps as people transition from commercial insurance to Medicare, and at least begin the process of coordinating enrollment periods for Part B, Part D, and Part C Medicare Advantage managed care plans.

As the age of full Social Security benefit eligibility continues to get delayed and more older adults keep working, it increasingly will be important to better tie Medicare enrollment with turning 65, rather than linking it to claiming Social Security benefits. Enrolling in Medicare **still will be far too complicated**. But by passing BENES, Congress could address some easily-fixable, and completely unnecessary challenges. What are lawmakers waiting for?

Trump erodes water protections: 6 things to know

The Trump administration on Thursday signed its long-promised regulation to remove millions of miles of streams and roughly half the country's wetlands from federal protection, the largest rollback of the Clean Water Act since the modern law was passed in 1972.

The move delivers a major win for the agriculture, homebuilding, mining, and oil and gas industries, which have for decades sought to shrink the scope of the water law that requires them to obtain permits to discharge pollution into waterways or fill in wetlands, and imposes fines for oil spills into protected waterways.

Those industries had fiercely fought an Obama-era regulation that cemented broad protections for headwater streams, which are at the beginning of the river network, as well as certain wetlands. President Donald Trump, whose golf courses and other businesses had fought with regulators over Clean Water Act permits, has lambasted that rule as "disastrous" and his administration repealed it last year.

Here are six things to know about the new regulation, known as the Navigable Waters Protection Rule:

1) It goes beyond overturning Obama to erase protections that have been in place for decades

2) It drew complaints from EPA's own advisers

3) Half the country's wetlands could lose protection

4) Dry, Western states will see the biggest impact

5) Après WOTUS, the deluge of lawsuits

6) Expect confusion on the ground

Click here to read more on these six effect the Clean Water Act.

Legalization of marijuana without safeguards creates large public health risks

Medical marijuana is now legal in 33 states and Washington D.C. Recreational marijuana is legal in 11 states and Washington D.C. And more than 37 million Americans use marijuana. Without safeguards, marijuana legalization creates large public health risks, writes Rosalie Liccardo Pacula for **Stat News**.

States benefit significantly from legalizing marijuana by way of increased tax revenue. And, legalizing marijuana creates more jobs. Americans who use marijuana, in turn, don't have to fear criminal prosecution in their states.

But, there are also considerable risks for Americans. Marijuana can be harmful. Like **vitamin supplements**, most marijuana products are unregulated, so drug safety is a serious issue.

The Food and Drug Administration does not ensure their safety, unless they are prescribed. In fact the federal government still considers possession and use of marijuana products a crime.

States are left to oversee the safety of marijuana products. And, for the most part, they have neither the skills nor the resources to do so, even if they have the will. Lack of oversight can present serious problems.

Already, four states have recalled marijuana products found to be unsafe. They contained dangerous pesticides. We don't know how many other marijuana products are unsafe.

People using marijuana legally in their states are increasingly ending up in hospital emergency rooms. Their ER visits have doubled. They may experience uncontrolled vomiting or acute psychosis. And, some develop vaping-related lung injuries, such as burns from butane hash oil.

Americans need greater protections in states where marijuana use is legal. One way to protect Americans from overuse of marijuana products would be for states to establish non-competitive markets, permitting the sale of marijuana only from government or non-profit agencies, rather than for-profit businesses.

States could then better guarantee the safety of marijuana products. States could control their marketing and promotion, reducing their overuse. Today, businesses selling marijuana products are focused on driving revenue and not on public health or safety.

States could also set stiff financial penalties on producers, dispensaries and companies that provide inaccurate information to people about marijuana products.

Given the cost involved, it's unlikely that states will step in to ensure accurate labeling of marijuana products or that they are tested for safety, though states should. (States don't generally do testing for vitamin supplements, even though **several have been found to be unsafe**.) States might, however, prevent the sale of high potency waxes and oils.

States could also require that marijuana dispensaries have someone on staff who can advise people accurately about products. New York, Connecticut and Minnesota require this.

Social Security COLA Lags Behind Fed's Inflation Target

By Peter Reagan

Since 1975, the Social Security Administration (SSA) has provided automatic Cost-of-Living Adjustments (COLAs), which increase Social Security benefit payouts. For 2020, the adjustment officially ended up at 1.6%.

According to the SSA, this adjustment is "enacted by legislation that ties COLAs to the annual increase in the Consumer Price Index (CPI-W). The change means that inflation no longer drains value from Social Security benefits."

It's nice to think the SSA is doing what it can to help recipients maintain their buying power, especially retirees who rely on payments for most or all of their retirement.

The monthly benefit increase for 2020 is shown in the chart below, taken from the official COLA fact sheet.

That's $24 extra per month for retired workers, which isn't much. Unfortunately, **next year may not be any better…**

According to an article at CNBC, "Early estimates from The Senior Citizens League, a nonpartisan senior group, point to a possible 1.5% COLA increase for 2021."

But keep in mind, there hasn't been an automatic increase every year:

That is because the COLA is equal to the percentage increase in the CPI-W. If there is no increase, then the COLA is zero. Social Security checks did not go up in 2010, 2011 and 2016.

This means that this early estimate of 1.5% COLA for 2021 may not pan out, since it depends on economic conditions.

But even if any COLA estimate is correct, would it be much help?

The main enemies of any cost-of-living adjustment is inflation. As you read above, the inflation method the SSA uses to calculate its COLA is known as **"CPI-W."**

Right now, that inflation rate is officially 2.3%, which is up quite a bit from 1.7% in September 2019.

And this increase is intentional, as Federal Reserve Chairman Powell stated last year that he was "launching a new rule that would let inflation run above its 2% target to make up for lost inflation."

It appears that the Fed will allow inflation to "run hot" toward a new target of **2.5%-3.0%** into early 2020. (Of course, this could set a dangerous precedent.)

Allowing inflation to "run hot" could devastate the value of Social Security recipient payments, as it could eat up any COLA rather quickly, in the form of skyrocketing food and energy prices.

That's if you take the "official" inflation rate at face value. But some estimate that "real" inflation is much higher...

According to methodology that was used to calculate inflation in the 1990s, "real" inflation is **closer to 6%**. If that's accurate, that means any COLA offered by the SSA would not even maintain retirees current spending levels. In fact, they'd be losing more than 4% of their purchasing power annually.

The SSA does not have the funding to "play catch up," either now or in the future. In fact, it's more likely they will cut benefit payments in the future rather than raise them.

Don't Wait For Their Retirement 'Miracle' to Materialize

Price inflation, official or otherwise, will continue to pose challenges to the ability to retire on Social Security and savings alone.

Worse, no matter what the official COLA for 2021 turns out to be, odds are it will not be nearly enough to keep pace with inflation.

It's foolhardy to wait for a financial miracle from the SSA. Much better to examine your retirement portfolio and consider adding precious metals, such as gold and silver.

They can both act as hedges against inflation. When food and energy prices begin to soar, you'll want an asset that can help you maintain the lifestyle you've worked so hard for.

Peter Reagan is a financial market strategist at Birch Gold Group.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Senior Fall Prevention

Falls among seniors are incredibly common, and can cause serious injuries. According to the Centers for Disease Control and Prevention (CDC), some 2.5 million adults aged 65 and older in the United States are treated for fall injuries every year. Each year, three million older adults go to the ER for injuries due to falls.

And in a 2015 Caring.com survey of 2,000 adults, the more than 500 respondents with a parent or

alls can have serious consequences for the elderly. They can cause injuries such as broken wrists, arms, ankles, or hips, and are a leading cause of head trauma. At least 300,000 older adults go to the hospital each year for hip fractures – most of which are due to falling, according to the CDC, and the majority of which will not health well if at all. In 2015, falls cost more than $50 billion, most of which is paid out through Medicare and Medicaid.

Even if your aging parent falls with no injury, they (and you) may become more afraid of falls – which can lead to a decrease in necessary activities such as walking, exercising, and going out with friends and family. This decrease in activity can actually lead to muscle weakness – and increase fall risk.

To help you protect your elderly loved ones from these effects, we've put together a helpful guide to help you understand how and why older adults fall, how to prevent falls and what to do after a fall.

- Causes of Falls Among Elderly Adults
- Common Consequences of Falls
- Lifestyle Changes That Can Help Prevent Falls
- Home Safety Measures for Fall Prevention
- Medical Alert Systems and How They Can Help After a Fall

What to Do in the Event of a Fall

Causes of Falls Among Elderly Adults

Risk factors for falling include:

- Weakness, especially in the lower body
- Loss of bone mass that can weaken bones
- A lack of vitamin D
- Challenges walking and balancing
- Using medications that affect balance or may cause dizziness
- Difficulty seeing clearly
- Difficulty seeing at night
- Painful feet or shoes
- Neuropathy in the feet
- Blood pressure dropping as an older adult moves from sitting to standing
- Dementia
- Hazards around the home, including broken steps, broken or missing handrails, lack of lighting, and tripping hazards
- Alcohol consumption

Many people have a combination of these risk factors which can lead to falling.

Common Consequences of Falls

When older adults fall, they and their loved ones may be surprised by the severity of the consequences. Falls that once might only have left a bruise and wounded pride can lead to serious injury, fractured or broken bones, or brain injury in your aging loved one. Consequences of falling include:

- Scrapes, sores, and other wounds
- Fractured bones
- Broken bones
- Head injury
- Fear of future falls

Unfortunately, injury from a fall can lead to a cascade of events which reduce an older adults independence. The majority of hip fractures in older adults do not heal, according to the American Academy of Orthopaedic Surgeons, and can lead to a move to a residential facility. Prevention of falls, and thorough care after a fall, can help aging loved ones maintain their independence longer.

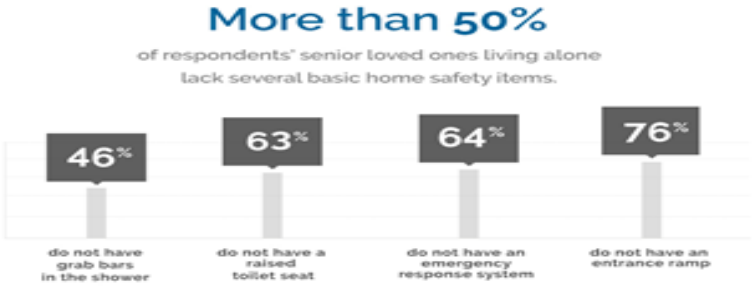
Fear of a fall can lead to a separate set of challenges. Once your aging parent becomes afraid of a fall, she may avoid many situations that seem dangerous. She may cut back on exercise, socializing, or leaving the house. Although these actions may seem like the safest choices, they can make your loved one weaker so that a fall becomes even more dangerous.

Lifestyle Changes That Can Help Prevent Falls

1. Staying Physically Active
Your aging loved one should be engaged in regular, daily exercise that is appropriate for their physical condition. Exercise helps to build muscle strength and can improve flexibility. Aim for a mix of aerobic activity, such as walking, and weight-bearing activities, to keep muscles conditioned. Learn more about chair-based activities, water-based activities, and group fitness activities that not only strengthen the body but keep individuals socially connected.
2. Maintaining a Healthy Weight
Many older adults find their appetite decreasing, and they become underweight. Losing too much weight puts their bones at risk.
3. Quitting Smoking
Smoking cigarettes is correlated with losing bone mass more rapidly. Encourage your aging parent to protect their bones strong by giving up cigarettes.
4. Eating for Healthy Bones
Make sure your loved one is eating a healthy, varied diet and getting plenty of vitamin D and calcium. Talk to his doctor about whether he needs supplements to bolster bone health.
5. Staying Hydrated
Dehydration can make older adults weak and dizzy. Provide plenty of fluids in beverages, soups, fruits, and treats such as popsicles.
6. Limiting Alcohol
As people age, alcohol can have an even greater impact on blood alcohol levels than in the past. Research shows that the more alcohol older adults drink, the greater their risk for hip fractures. Drink minimally if at all, and make sure your aging parent is in a safe situation where she will not be at risk for falling.
7. Getting Enough Sleep
Your aging relative's sleep needs change with age, but sleep deprivation always increases risk of falling. If your loved one is having difficulty getting the sleep he needs, talk to your doctor.

….**Read More**

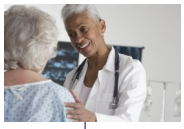
$35,000 is the average hospital cost for a fall injury. Medicare typically only covers about 78% of that, according to the CDC.



Take advantage of Medicare's annual wellness visit

Take advantage of Medicare's annual wellness visit. During this visit, Medicare covers a series of **preventive care** services to detect health risks. If you'd like, you can also discuss **end-of-life wishes** with your doctor. It should help you and the people you love stay healthy and out of the hospital.

The annual wellness visit is different from a physical in that it is intended for the doctor to understand your medical history and current health risks. The doctor will check your weight, vision and blood pressure. And, your doctor will do a screening for **depression** as well as for cognitive impairment, check to make sure you've had all necessary vaccines and other **preventive care services**, and speak with you about your **safety at home**. The doctor will assess your ability to bathe, feed and dress yourself.



If appropriate, the doctor might recommend **nutrition counseling**, **smoking cessation counseling**, **weight-loss counseling**, all of which Medicare covers.

Medicare does not cover an annual physical. So, if you would like the Medicare wellness visit, be sure to ask specifically for it to **avoid being surprised by a bill** for services Medicare does not cover.

To ensure that you have no out-of-pocket costs:

- If you are enrolled in traditional Medicare, the visit is covered in full so long as you see a doctor who takes assignment
- If you are enrolled in a Medicare Advantage plan, the visit is covered in full so long as you see an in-network doctor

But, keep in mind that if you ask the doctor to treat a specific condition during your visit, the doctor can charge separately for that care.

'Magic mushroom' drug reduces anxiety and depression in cancer patients for five years

In fact, cancer patients who were given psilocybin reported reductions in anxiety, depression, hopelessness, demoralization, and death anxiety more than four years after receiving the dose in combination with psychotherapy.

"Our findings strongly suggest that psilocybin therapy is a promising means of improving the emotional, psychological, and spiritual well-being of patients with life-threatening cancer," said Dr. Stephen Ross, associate professor of psychiatry in the Department of Psychiatry at NYU Langone Health.

The findings build on improvements first reported by the team in 2016, in which 29 patients with cancer-related anxiety and depression were given either a single dose of psilocybin or a vitamin placebo called niacin. Seven weeks later, they were given the opposite. This was in combination with nine psychotherapy sessions.

By 6½ months, after all patients had received psilocybin, about 60% to 80% showed clinically significant reductions in depression, anxiety and existential distress and and improved attitudes toward death.

Fifteen of the original participants were then followed up 3.2 and 4.5 years later and showed sustained long-term improvements, with more than 70% of them further attributing "positive life change's to the therapy experience, rating it among 'the most personally meaningful and spiritually significant experiences of their lives," according to the study published Tuesday in the Journal of Psychopharmacology.

"This approach has the potential to produce a paradigm shift in the psychological and existential care of patients with cancer, especially those with terminal illness," Ross said in a statement.

Ross believes an alternative means of treating anxiety and depression among cancer patients is urgently needed, stating that a third of people diagnosed with cancer will developing anxiety, depression and other forms of distress.

Though his team does not fully understand how psilocybin has such effects on the mind, they previously suggested it could be because our brains have a level of neuroplasticity -- the ability to adapt and change with various experiences.

"These results may shed light on how the positive effects of a single dose of psilocybin persist for so long," said Gabby Agin-Liebes, lead investigator and lead author of the long-term follow-up study, and co-author of the 2016 parent study. "The drug seems to facilitate a deep, meaningful experience that stays with a person and can fundamentally change his or her mindset and outlook."...**Read More**

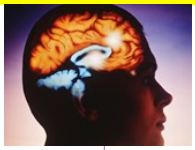
Does Size Matter? Volume of Brain Area Not Always Tied to Memory, Thinking

When it comes to parts of your brain, bigger isn't necessarily better.

Experts long believed that a bigger hippocampus meant better memory. But new research finds that the size of this seahorse-shaped structure deep in the brain doesn't always predict learning and memory abilities.

Researchers looked at more than 330 older adults in Germany and found that a larger hippocampus is only an advantage in people who also have more white-matter circuitry intact to link the hippocampus to the rest of the brain.

"Our findings highlight the need to measure not just the size of the hippocampus but also how well it's connected to the rest of the brain when we look for physical markers of memory decline in older adults," said study lead author Andrew Bender. He's an assistant professor of epidemiology and biostatistics in Michigan State University's College of Human Medicine.



It's normal for the hippocampus to shrink as we age, but this loss is greater in people with mildly impaired thinking or Alzheimer's disease.

The researchers said this study could help lead to earlier diagnosis of such age-related memory disorders.

Mental decline in some older adults whose brain scans show a larger hippocampus could be missed if doctors don't also consider their white-matter connectivity, researchers explained.

"Our findings reinforce a growing perspective that studying age-related changes in learning and memory from a systems perspective appears far more informative in understanding different patterns of brain and cognitive declines than focusing on any single brain region," Bender said in a university news release.

His team will continue to track study participants.

"By following people over time," Bender said, "we can see if there is actually change in older adults' brain structure and whether that is linked with observable declines in learning and memory."

The study was recently published online in the journal *Cerebral Cortex*.

What causes high blood pressure and how to know if you have hypertension

- The main causes of high blood pressure are lack of exercise, a high-sodium diet, smoking cigarettes, and obesity.
- A strong family history can increase the risk of high blood pressure, and people over 60 years old, African-Americans, and men are also more likely to have high blood pressure.

High blood pressure, or hypertension, is a common condition. According to the Centers for Disease Control and Prevention, about one in three American adults have high blood pressure, and more than half don't have it under control.

There are two types of hypertension - primary and secondary - and they each have different causes. Here's what you need to know about the biggest risk factors.

What causes high blood pressure

High blood pressure, or hypertension, occurs when the force of the blood against your artery walls is too high, and can **potentially lead** to heart disease, heart attack, or stroke.

Primary hypertension tends to develop as you age and there is no one identifiable cause, says Sanjiv Patel, MD, a cardiologist with MemorialCare Heart & Vascular Institute at Orange Coast Medical Center.

Secondary hypertension, on the other hand, is caused by other factors, such as adrenal gland tumors or kidney problems, like **renal artery stenosis** - a condition that narrows arteries resulting in less blood flow to the kidneys.

Because secondary hypertension is the result of an underlying cause, it can be treated by addressing that cause, Patel says, while primary hypertension has no cure - but can be controlled with lifestyle changes or medication.

Lifestyle factors often cause primary hypertension, Patel says. Some of the biggest risk factors include:

- **Smoking cigarettes.** Smoking can cause your blood pressure to temporarily increase and **damage your arteries**, increasing your **risk of heart disease**.
- **Lack of exercise.** Regular physical activity strengthens your heart, helping it **pump blood more effectively**. Less physical activity can contribute to a higher heart rate, putting more strain on your arteries and increasing blood pressure.
- **Obesity.** Excess weight puts a strain on your circulatory system, and research shows it can **contribute to hypertension.**
- **Diet - particularly consuming too much sodium.** Salt causes your body to retain fluid, which can increase blood pressure. The **American Heart Association recommends** consuming no more than 2,300 milligrams of sodium per day.
- **Stress.** Stress can cause your blood pressure to **temporarily spike**, and can also contribute to other behaviors that increase blood pressure, like poor diet and tobacco use.

How to know if you have high blood pressure

Hypertension can cause headaches, blurred vision and shortness of breath, but you may not experience many symptoms until the condition is very severe, Patel says.

However, certain people have a higher risk of hypertension. For example, older people - especially **over the age of 60** - are more likely to have high blood pressure because blood vessels gradually **lose flexibility** as we age.

Here are some other physical and hereditary **risk factors**:

- **Family history.** If you have a close family member who has high blood pressure before the age of 60, you are **two times more likely** to develop it. This doesn't necessarily mean you will have high blood pressure, but it does increase your chances, particularly if combined with other risk factors like lack of physical activity and a poor diet, Patel says.
- **Gender**. Men younger than 65 years old have consistently higher levels of hypertension when compared with women of the same age group, according to several studies. **Research has also shown** that even in their twenties, 27% of men had high blood pressure, while only 12% of women did.

Regular blood pressure checks at your doctor's office or at home with a **home blood pressure monitor** can be crucial to identifying hypertension. If you think you're at risk of hypertension based on these factors, you should contact your doctor to discuss treatment options.

9 Questions You Should Be Asking Your Pharmacist—But Aren't

People often seem to care more about whether their fast-food order is mixed up than whether they get the wrong prescription medication, according to pharmacist **Matthew Grissinger**, RPh, FISMP, FASCP. They just want to get in and out fast, and never have any questions.

"People aren't asking questions as it is, that itself has to change," says Grissinger, the director of error reporting programs at the Institute for Safe Medication Practices (ISMP), a non-profit devoted to preventing medication errors.

But by asking questions—starting in the prescriber's office—people can help prevent rare but potentially deadly medication errors, and make sure they're using their medication in the safest and most effective way. In fact, the ISMP calls patients "the last line of defense in preventing medication errors." (Here are **10 medication mistakes** that could hurt your health.)

If pharmacy staffers seem like they're too busy to answer questions, that should be a big red flag, says **Michael T. Rupp**, PhD, FAPhA, a professor of pharmacy at Midwestern University in Glendale, Arizona. "Find a pharmacy that is well-organized, well-managed, and is adequately staffed for the volume of prescriptions it does," Dr. Rupp says. "It should run like a well-oiled machine and staff should never appear frazzled, frantic, or fatigued. Even a competent and conscientious pharmacist is challenged to provide quality care in a flawed practice setting."

1. **May I speak with the pharmacist?**
2. **Why am I taking the medication?**
3. **How should I take the medication?**
4. **Should I avoid certain foods, or alcohol, while on this medication?**
5. **What should I do if I forget to take the medication?**
6. **What should I monitor to make sure my treatment works?**
7. **How long will I need to use the medication?**
8. **How should I store the medication?**
9. **What should I monitor to make sure my treatment works?**

….Read More on each of these questions