

January 24, 2021 E-Newsletter

Biden's COVID-19 Relief Package Will Accelerate Vaccine Distribution

President-elect Biden laid out a **\$1.9 trillion COVID-19 aid plan** Thursday to improve vaccine distribution, provide direct payments to Americans and assist state and local governments. The wide-ranging package will address the important health and economic

crises Biden will confront once he is inaugurated on Wednesday, with a major focus on coronavirus testing and vaccine production and delivery as the pandemic surges.

The plan also enhances unemployment insurance and



Robert Roach, Jr.
 President, ARA

provides COBRA subsidies, an eviction moratorium, expanded paid leave and a much-needed Occupational Safety and Health

Administration emergency temporary standard for infectious disease.

"This plan will provide tremendous relief to retirees and active workers alike," said **Robert Roach, Jr.**, President of the Alliance. "Congress should pass it immediately."

Highest Earners Already Paid their Social Security Taxes for the Year

The cap on earnings subject to the Social Security payroll tax is \$142,800 in 2021, and 4,000 people who earn over \$10 million per year **paid their Social Security tax for the year** by January 4.

According to *Barrons*, **taxing**

earnings above \$400,000 would boost Social Security revenue by 7% in 2021 and would then increase revenue enough gradually to keep the Social Security Trust Fund solvent until 2040.



Joseph Peters, Jr.
 ARA Secretary-Treasurer

About 5.4% of workers earn more than the Social Security cap.

"Raising the Social Security earnings cap would go a long way toward eliminating elderly poverty in the

nation," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "It remains outrageous that workers earning hourly wages pay a much higher percentage of their income into Social Security than millionaires and billionaires."

Business groups applaud Biden's COVID-19 relief plan

President Joe Biden's \$1.9 trillion plan to provide economic relief during the coronavirus pandemic was largely welcomed by the business community that has been a loud advocate for further relief.

Biden's plan, which he announced Thursday, includes \$415 billion focused on fighting COVID-19, upwards of \$1 trillion on direct aid to individuals and families and another \$440 billion in aid to businesses.

The traditionally conservative-leaning U.S. Chamber of Commerce welcomed Biden's plan, noting the proposal's focus on vaccinations.

"We must defeat COVID before we can restore our economy and that requires turbocharging our vaccination efforts. We look forward to working with the new administration and Congress on

the details and in ensuring that any additional economic assistance is timely, targeted, and temporary," the pro-business lobbying group said in a statement.

The Chamber teamed up with the Bipartisan Policy Center to launch a coalition of nearly 150 trade groups on Thursday to push for an infrastructure package to pass Congress by the Fourth of July.

Biden stressed in his speech his commitment to infrastructure and said that in his first joint session of Congress next month he will lay out his plan to invest in infrastructure.

The travel industry also hailed Biden's emphasis on accelerating vaccine distribution, stating they believe it is key to getting travel back to normal.

"Further, we are encouraged



Roger Dow said in a statement.

Biden's plan also includes \$1,400 in direct payments to individuals, rounding out payments to \$2,000 when paired with the \$600 passed in the December relief package.

The retail industry supported that provision as a way to grow the economy.

"We support providing critical government assistance in the form of direct payments to families and individuals whose lives have been disrupted, further aid for small businesses across the country, and tools to keep businesses open and the economy growing," National Retail Federation CEO Matthew

Shay said in a statement. One business group, which represents the franchise industry, said Biden's plan to raise the minimum wage will be harmful. Biden's plan included increasing the minimum wage to at least \$15 an hour.

"Our goal is to ensure small businesses can continue to provide for their communities and their employees. However, a requirement to more than double some workers' wages will harm struggling businesses and likely slow the recovery," said Matt Haller, International Franchise Association senior vice president of government relations and public affairs. Haller added that small businesses and their employees would be better served by support from the Paycheck Protection Program and other loan programs...[Read More](#)

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CVS and Walgreens Under Fire for Slow Pace of Vaccination in Nursing Homes

The effort to vaccinate some of the country's most vulnerable residents against covid-19 has been slowed by a federal program that sends retail pharmacists into nursing homes — accompanied by layers of bureaucracy and logistical snafus.

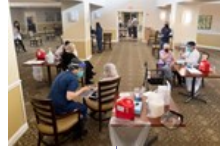
As of Thursday, **more than 4.7 million** doses of the Pfizer-BioNTech and Moderna covid vaccines had been allocated to the **federal pharmacy partnership**, which has deputized pharmacy teams from Walgreens and CVS to vaccinate nursing home residents and workers. Since the program started in some states on Dec. 21, however, they have administered about one-quarter of the doses, according to the Centers for Disease Control and Prevention.

Across the country, some

nursing home directors and health care officials say the partnership is actually hampering the vaccination process by imposing paperwork and cumbersome corporate policies on facilities that are thinly staffed and reeling from the devastating effects of the coronavirus. They argue that nursing homes are unique medical facilities that would be better served by medical workers who already understand how they operate.

Mississippi's state health officer, Dr. Thomas Dobbs, said the partnership "has been a fiasco."

The state has committed 90,000 vaccine doses to the effort, but the pharmacies had administered only 5% of those shots as of Thursday, Dobbs said. Pharmacy officials told



him they're having trouble finding enough people to staff the program.

Dobbs pointed to neighboring Alabama and Louisiana, which he says are vaccinating long-term care residents at four times the rate of Mississippi.

"We're getting a lot of angry people because it's going so slowly, and we're unhappy too," he said.

Many of the nursing homes that have successfully vaccinated willing residents and staff members are doing so without federal help.

For instance, Los Angeles Jewish Home, with roughly 1,650 staff members and 1,100 residents on four campuses, started vaccinating Dec. 30. By Jan. 11, the home's medical staff had administered its

1,640th dose. Even the facility's chief medical director, Noah Marco, helped vaccinate

The home is in Los Angeles County, which declined to participate in the CVS/Walgreens program. Instead, it has tasked nursing homes with administering vaccines themselves, and is using only Moderna's easier-to-handle product, which doesn't need to be stored at ultracold temperatures, like the Pfizer vaccine. (Both vaccines require two doses to offer full protection, spaced 21 to 28 days apart.)

By contrast, Mariner Health Central, which operates 20 nursing homes in California, is relying on the federal partnership for its homes outside of L.A. County. One of them won't be getting its first doses until next week.... **Read More**

Coronavirus: How to get the vaccine?

Now that the COVID-19 vaccine has been approved, if you're like me, you probably called your doctor and your friends to find out how you could ensure that the older Americans you love get the vaccine as soon as possible. Here's what I have learned:

There's not a lot of information available on how to get the vaccine. When it is available at a given location, it's a race to schedule a vaccine appointment, not fun and not fair to people who are not equipped to race. There's also a question of whether you're even eligible in your state.

Most states are making the vaccine available to people 65 and over. The problem is scheduling for people who are aging in place. If you're not up and ready to go online when appointments become available, you likely will lose out.

My 98-year old father's geriatrician told me that she did not know when the vaccine would be available to him. At the same time, she said she wanted him to have it as soon as possible. Even though he seemed safe at home, his

caregiver is out and about and a vector.

My dad got lucky. A couple of days later, the doctor sent all of her patients a link to a website on which we could schedule a vaccine appointment. Her office also called to schedule an appointment for my dad. But, don't count on your doctor's office calling you.

President Biden has said that 100 million vaccines will be administered in his first 100 days in office. Biden plans to increase vaccine supplies, get them out to the states and provide the states with the resources needed to administer them as swiftly as possible. It's a pretty straightforward plan that has not been in place during the Trump administration.

So, the good news is that while supplies are not what they need to be at the moment, if you're over 65, you should be able to get vaccinated in the next three months. The bad news is that, except at the Mayo Clinic, people with serious health conditions are likely to have the same access to the vaccine as everyone else their age. Here's



what Judith Graham of **Kaiser Health News** recommends you do:

- ◆ Call your doctor and hospital to see whether there is a way for you to register for the vaccine with them, once it is available.
- ◆ Check on local government health department websites for information about scheduling a vaccine in your state. Every state has a **covid-19 hotline**. You likely will need to be tenacious and patient. But, you might be able to get someone to schedule an appointment for you over the phone.
- ◆ Call your local pharmacy to see what it recommends. Some pharmacies are administering the vaccine on site.
- ◆ Call your state health insurance assistance program for free help signing up for the vaccine. If you can't get help from the SHIP directly, the SHIP might be able to refer you to an agency that can help.
- ◆ If you're a vet, call the

department of Veterans Affairs to see if you can get the vaccine through the VA.

- ◆ The silver lining of not being at the front of the line is that the vaccination process should be smoother than it has been. Lots of people who have been vaccinated already express worry about being exposed to COVID waiting to get the vaccine. Some sites have not done as good a job as one would like at ensuring social distancing and streamlining the process.
- ◆ Keep in mind that vaccine supplies likely will arrive in batches every several days. So, don't give up trying if you are not able to schedule an appointment or supplies run out in your area.
- ◆ And, when you do go to your appointment or go anywhere else where others are gathered, wear two masks, ideally one K95 or N95 mask. The new strains of the novel coronavirus appear to spread more easily. Cloth masks are better than nothing, but they don't provide as good protection as the K95 and N95 masks.

COVID-19 Vaccine Roll Out Now Targeting Healthcare Workers and Older Adults

The Department of Health and Human Services (HHS) announced this week that Americans age 65 and older, and those with medical conditions that put them at risk for severe disease from the novel coronavirus, should be prioritized for vaccination. The Secretary of HHS, Alex Azar, said that states with higher concentrations of older residents will now get more vaccine doses to advance this priority.

Each state is responsible for setting the criteria and order of priority for vaccine distribution, but HHS is encouraging states to expand eligibility criteria and establish designated vaccine sites, including retail pharmacies, where people can go to get vaccinated. The administration also announced that they will no longer be holding back second doses because they are confident about



later supply streams. This means that more doses are available to give to those getting their first round. The secretary also reiterated that states must use their allotment or doses will be redistributed to states that are more efficiently administering the vaccine to their residents. The best source for information about any particular state's plan and how to access a vaccine if you or a loved one is

in a high priority group is the state's health authority. Some people may also have received information from their health care provider about their plan for vaccine distribution. The COVID-19 vaccine is available to people with **Medicare at no cost**, regardless of whether they are enrolled in Original Medicare or a Medicare Advantage plan.

Will Biden quickly replace Social Security leadership?

Union heads are leading the fight to install **new leadership at the Social Security**

administration. They want Commissioner Andrew Saul and Deputy Commissioner David Black out on day one. How quickly will President Biden replace them?

The American Federation of Government Employees (AFGE) speaks for Social Security field office workers. The Association of Administrative Law Judges represents judges employed to make Social Security disability determinations. Neither the

Commissioner nor the Deputy Commissioner have any intention of either strengthening Social Security or supporting the reopening of its field offices post-pandemic.

Under the Trump administration, Social Security has granted disability benefits to **one hundred thousand fewer people** in the period between July and November 2020 than it did in that same period in 2019. It is estimated that, as a result, 230,000 individuals do not have access to SSI benefits, an average of



\$560 a month, or Medicaid. The Social Security Administration has also put into effect a group of policies that weaken the program. It has weakened the power of union workers. It closed its 1,200 field offices during the pandemic but did not let most employees work from home. And, the unions allege it is violating labor laws.

McIntosh, president of the Association of Administrative Law Judges, said agency leadership has repeatedly violated federal labor law

in dealings with her union.

Leadership has allowed salaried staff beholden to them, and not independent judges, make disability determinations. There is no apparent Covid-19 plan in place and no plan in place for getting the Social Security Field Offices open again and safe for workers and visitors.

Even though Saul and Black are political appointees, their term is not scheduled to end until 2025. However, President Biden has the right to fire them for cause.

New Report Examines Impact of Price Transparency on Health Care Costs

In a **new report**, the Kaiser Family Foundation (KFF) examines the potential impact of new transparency **rules** on consumer behavior and market pricing. The authors find that although increased transparency may not immediately reduce costs, it could inform future policymaking that does.

Generally, health insurers and providers negotiate prices for services and products. These negotiated prices have typically not been publicly available, so consumers often do not know how much they will be charged until after they receive care and the associated bills.

The newly **finalized** rule seeks to change that by enabling consumers to estimate their costs and comparison shop prior to receiving a service. Most health plans and insurers in the individual and group markets will be required to provide cost-

sharing information to enrollees by 2024 and to publicly release negotiated rates for in-network providers, historical out-of-network allowed amounts and billed charges, and drug pricing information beginning in 2022. These changes are part of a larger effort from the Trump administration to increase transparency.

KFF notes that "proponents of price transparency initiatives **argue** that by making prices public, health systems will face pressure to lower prices to compete for consumers shopping for health services, and insurers will face greater pressure to negotiate discounts. While there is general agreement that patients should have access to information about what they will be charged for care, some experts disagree on whether the mechanism of



transparency is an effective tool to curb rising costs."

The rule's efficacy in helping consumers access lower-priced care or lead to lower pricing depends on a variety of factors, including how providers, purchasers, and payers respond, and the degree to which consumers can make informed choices based on price transparency data that may be confusing. Some may not even know it is available, and those who do may not be able to act on it, due to provider network restrictions or the unplanned nature of the needed care.

While it is unclear whether these transparency initiatives will lead to decreased prices or consumer savings, KFF notes that "greater transparency could shine a spotlight on the cost of health care generally in the U.S. and on specific providers or

communities where prices are especially high, helping to galvanize and inform future policy action."

Medicare Rights agrees with the need for greater pricing transparency. However, we caution against using it as a standalone strategy to lower health care and prescription drug prices. People with Medicare struggle to afford medications not because they are not smart shoppers, but because drug prices are astronomical. No amount of savvy comparison shopping can make a \$100,000 medication cost \$10. We look forward to working with the Biden administration and Congress to identify and advance systemic reforms that will meaningfully lower costs for individuals and programs.

Read the report. Price Transparency and Variation in U.S. Health Services.

CMS rule would make prior authorization easier for people in most federal programs, except Medicare Advantage

People in Medicare Advantage plans—the private health insurance plans that offer Medicare benefits—contend with multiple challenges to getting care, including restricted networks of doctors, high deductibles and copays, and prior authorization rules. **Healthcare Dive** reports that the Centers for Medicare and Medicaid Services just issued a rule that would make prior authorization easier for people with Medicaid, people in state health insurance plans and people in the CHIP program beginning January 2023. For some incomprehensible reason, the rule does not apply to people in Medicare Advantage.

As you might expect, the hospitals, doctors and patients generally like the proposed rule. It would standardize and speed up the approval process for the delivery of health care services and medicines, reducing the

burden on them. It would mean shorter delays in the delivery of care.

But, the providers do not understand why it does not include Medicare Advantage plans. Why shouldn't they be part of a CMS rule that standardizes data-sharing? They cover millions of people. Not having them included only complicates matters for providers and makes it harder for older adults and people with disabilities enrolled in Medicare Advantage to get care.

What's problematic about the new rule is that it gives health plans—except for health plans in the state health insurance exchanges—as long as seven days to make a decision about whether to authorize a standard procedure. Even when the procedure is urgent, the insurers have three full days.



Why should health insurers have so much power to delay care and jeopardize

people's health, even in an urgent situation? The American Hospital Association has asked that the timelines be changed to three days in non-urgent situations and 24 hours in urgent cases.

Health insurers, for their part, are not happy with the rule whatsoever. Prior authorization allows them to delay care. At times, it deters people from getting care altogether. Anytime that care is delayed or foregone, the insurers do not spend money and profit.

The new policy also requires insurers to let hospitals and doctors know why they are denying authorization. The insurers complain that the burden is all on them.

The health insurers don't have

much of an argument. They claim "distraction" from containing the pandemic. They also claim that the comment period is too short to enable them to comment appropriately. They say it violates the Administrative Procedures Act.

It's all hogwash, but that doesn't mean that the health insurers won't be able to wield their enormous power to undo the rule. The question is whether the health insurers are more powerful than the doctors, the hospitals and the patients. Most likely yes, since they have more resources.

The rule would force more electronic interoperability among providers and insurers. For all kinds of reasons, the improved ability to exchange data is important.

Am I eligible for a transition refill?

*Dear Marci,
I just realized my new Part D plan doesn't cover one of my prescriptions. I have an appointment with my doctor in a few weeks to discuss switching to a similar drug that is covered by my plan, but what should I do about my prescription until then? Am I eligible for a transition refill?*

-Ruth (Akron, OH)

Dear Ruth,

Yes, it sounds like you are likely eligible for a transition refill! Let's discuss why:

A transition refill, also known as a transition fill, is typically a one-time, 30-day supply of a drug that you were taking:

- ◆ Before switching to a different Part D plan (either stand-alone or through a Medicare Advantage Plan)
- ◆ Or, before your current plan changed its coverage at the start of a new calendar year.

Transition refills let you get temporary coverage for drugs that are not on your plan's formulary or that have certain **coverage restrictions** (such as prior authorization or step

therapy).

Transition refills are not for new prescriptions. You can only get transition fills for drugs you were already taking before switching plans or before your existing plan changed its coverage.

The following situations describe when you can get a transition refill if you do not live in a nursing home (there are different rules for transition refills for **those living in nursing homes**):

1. Your current plan is changing how it covers a Medicare-covered drug you have been taking.

- ◆ If your plan is taking your drug off its formulary or adding a coverage restriction for the next calendar year for reasons other than safety, the plan must either:
 - Help you switch to a similar drug that is on your plan's formulary before January 1
 - Or, help you file an exception request before January 1
 - Or, give you a 30-day transition fill within the



Dear Marci

first 90 days of the new calendar year along with a notice about the new coverage policy.

2. Your new plan does not cover a Medicare-covered drug you have been taking.

If a drug you have been taking is not on your new plan's formulary, this plan must give you a 30-day transition refill within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your **appeal rights**.

- ◆ If a drug you have been taking is on your new plan's formulary but with a coverage restriction, this plan must give you a 30-day transition refill free from any restriction within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your appeal rights.
- ◆ In both of the above cases, if a drug you have been taking is not on your new plan's formulary, be sure to see

whether there is a similar drug that is covered by your plan (check with your doctor about possible alternatives) and, if not, to file an exception request. (If your request is denied, you have the right to appeal.)

Note: If you file an exception request and your plan does not process it by the end of your 90-day transition refill period, your plan must provide additional temporary refills until the exception is completed.

Remember: All stand-alone Part D plans and Medicare Advantage Plans that offer drug coverage must provide transition fills in the above cases. When you use your transition fill, your plan must send you a written notice within three business days. The notice will tell you that the supply was temporary and that you should either change to a covered drug or file an exception request with the plan. Best of luck with your transition refill!

- Marci

What Will COVID-19 Look Like Years From Now?

The bad news? COVID-19 may be around for a long, long time. The good news? Even if it does, new research suggests it could very well end up being just another mild illness, bringing with it inconvenience and discomfort, but rarely hospitalization or death.

Why? The theory is rooted in the epidemiology patterns previously followed by four other coronaviruses. All have been in circulation for a very long time. In fact, they're endemic, which means that most people get infected and develop immunity during childhood that protects against serious illness (although not reinfection) as adults.

And that trajectory led a team of investigators to model what might ultimately happen in the future if most people were similarly exposed to the new coronavirus during childhood.

"In the vast majority of cases, the endemic human coronaviruses [HCoVs] cause nothing more than a common cold, [meaning an] upper respiratory tract infection," said study author Jennie Lavine, a postdoctoral researcher in the department of biology at Emory University in Atlanta. About 15% of adult common colds are believed to be attributable to HCoVs, she added.

"They sometimes lead to lower respiratory tract infections, particularly in very young children and the elderly," Lavine noted. Only in rare cases, among particularly vulnerable populations, do they trigger more serious illness.

"It seems likely that COVID-19 will end up playing out this way," she said. But exactly when that would happen is anyone's guess, she cautioned, with projections ranging anywhere from one to 10 years. And there's always a chance it might not unfold that way at all.

Lavine cited a number of factors that can affect future developments. One factor is how quickly the virus spreads in the near future. Another is how quickly the public gets vaccinated in the coming months. And it also remains to be seen how many infections and/or vaccinations will ultimately be needed to trigger strong and durable immunity.

Another issue is to what degree natural infections and/or vaccinations are able to block viral transmission altogether, versus how long either are able to block the serious illness that can develop following an infection.



The notion that the new coronavirus will indeed become endemic and mild is predicated on the basic assumption that the disease continues to play out relatively mildly -- or even asymptotically -- among most infected children and teens.

Still, "if infections in children become more severe than they are now," that would be a bad sign, Lavine warned. "We have no reason to suspect this will happen, but the long-term scenario would be much bleaker if they did."

Another concern? The virus could mutate in a way that undermines the development of widespread immunity.

"However, as long as viral evolution happens slowly enough that people are exposed to new variants while they still have some disease-blocking immunity from vaccination and/or exposure to previous variants, we expect the disease to remain mild," Lavine said.

But one thing is clear, she said: "We can influence the path to endemicity." How? One way is by keeping transmission rates as low as possible until vaccination is widespread, "to reduce deaths and prevent overwhelming hospital systems."

Another way is by getting vaccinated, "especially if you are at higher risk of severe disease. While it is likely that everyone will get infected with this virus at some point even after vaccination, the vaccine will very likely reduce your symptoms," she said.

That latter point was echoed by Dr. Sandro Cinti, a professor of internal medicine and infectious diseases with Michigan Medicine at the University of Michigan, in Ann Arbor.

"This is a modeling study," he said. "And it makes sense. But the timeline is five-to-10 years down the line. Yes, over time, this change in the manifestation of the disease could occur without any of the vaccine distribution we're deploying now. But, in the meantime, you could have millions of people dying. Unnecessarily," Cinti said.

"So people should not think that they don't need to get the vaccine," Cinti stressed. "Vaccines right now are extremely important. This is an academic article and an academic exercise. It's a bit of hope for the future to say that this isn't forever. But it's not a strategy. Vaccines are a strategy."

If a Nursing Home Resident Gets a COVID Shot, Can Their Families Visit Them Now?

People in nursing homes have been suffering in isolation during the coronavirus pandemic, with their institutions in constant lockdown to prevent potentially fatal outbreaks.

Now that they're some of the first in line to receive COVID-19 vaccinations, it would be natural for nursing home residents to expect that visits from friends and family will soon resume.

That might not happen, though.

Uneven vaccination rates and unknowns related to the vaccines could mean that folks in nursing homes will have to remain isolated for a while longer, experts said.

"It's going to be a while before

there are enough people immunized to really start to see a reduction in risk," said Dr. Chris Beyrer, a professor of public health and human rights with the Johns Hopkins Bloomberg School of Public Health, in Baltimore. "There's going to be this challenging period where we won't have enough vaccine and we won't have enough people immunized."

There's a reason for caution, and it's the same reason why nursing home residents and workers gained a place in the first wave of vaccinations.

People in long-term care facilities have accounted for 40% of all COVID-19 deaths in



the United States, even though they represent only 6% of overall infections, according to the U.S. Centers for Disease Control and Prevention.

In addition, nearly one in five nursing home residents who contract COVID-19 have died from the virus, a death rate much higher than that of the general population, according to the U.S. Centers for Medicare & Medicaid Services.

These assisted care facilities are full of people with conditions that put them at high risk of a life-threatening COVID-19 infection, Beyrer explained.

"And they're so crowded together, and it's indoors, and

this is an indoor virus," Beyrer added.

In a statement, the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) said they are "extremely optimistic this vaccine will expedite the reopening of our facilities to family members and loved ones. We hope to be able to discuss what next steps look like once the second dose of the vaccine is being widely delivered and administered to staff and residents across the country. Nonetheless, all of us are going to have to remain vigilant, even after the vaccine." ...[Read More](#)

How COVID-19 Affected Typical Retiree Costs in 2020 Seniors Need A Boost!

An eye - popping new list compiled by **The Senior Citizens League (TSCL)** indicates that, by late 2020, price increases for many of the expenditures of older Americans far outstripped the modest 1.3 percent cost of living adjustment (COLA) boost that Social Security recipients start receiving this month. “This list is a snapshot of how COVID-19 affected prices of certain items through the end of November 2020,” says Mary Johnson, a Social Security policy analyst for The Senior Citizens League. “There are surprising price aberrations that we haven’t seen before,” Johnson says. “Never in my wildest dreams would I have thought that toilet paper and disinfecting wipes could wind up on our annual list of fastest growing retiree costs,” Johnson says.

The far greater worry, however, is a sharp increase in almost every source of quality protein — including meat, poultry, and even canned tuna. “With many meat price increases in the double digits, we are highly concerned that older households may not be getting adequate supplies of protein in their diets,” Johnson says. “This was a nationwide problem prior to the pandemic, and the problem has been exacerbated by shortages and disruptions during the pandemic,” she points out.

While appliances and used vehicles are generally only purchased occasionally, 2020 was not a good time to be shopping for a new washing machine or used car. Appliances increased by an astonishing 17.2 percent and used vehicles rose by 10.9 percent. Johnson points out that, this time a year ago, the price increases of used vehicle prices were negative, at minus 12 percent. However, manufacturers of appliances as well as new cars and trucks shut down production lines at the start of the pandemic. While plants have slowly re-opened, supply chain disruptions and social distancing requirements have slowed production recovery. That’s led to long waiting lists for appliances, and the demand for used vehicles shot up.

Even more surprising is what isn’t showing up on the list — medical costs. The cost of medical care services still increased 2.5 times faster than the COLA, rising by 3.2 percent. That’s nothing new. In many years medical costs have increased more rapidly than in



2020. Emergency coronavirus legislation last spring restricted what providers could charge for many COVID-19 related services, and large numbers of patients and their doctors postponed non-urgent care.

When food and other important costs rise faster than the Social Security COLA, that means that retirees aren’t able to purchase as much with their benefits. This can lead to older consumers going without essentials. Research by Johnson has found that Social Security benefits have lost 30% of buying power since 2000. “We

encourage everyone to consider who you may know that might need help with food costs,” Johnson says “Perhaps you can drop off a few groceries (including protein sources such as meat, chicken, eggs, milk or canned beans), or share your next batch of home - made soups, chili, or stews with others you know,” Johnson adds. “Mercifully, this list of prices will likely change in time, especially as we get COVID-19 under control and people return to work,” Johnson says.

Dirty Dozen Fastest Growing Retiree Costs of 2020

Expenditure	% Increase	Times Higher Than 1.3% COLA
Major appliances	17.2%	13.2
Beef roasts	11.3%	8.7
Used cars and trucks	10.9%	8.4
Pork chops	9.9%	7.6
Household paper products	7.7%	5.9
Health insurance	7.5%	5.8
Care of elderly at home	7.3%	5.6
Poultry	7%	5.4
Tomatoes	6.5%	5.0
Canned tuna	6%	4.6
Milk	5.5%	4.2
Household cleaning products	5.2%	4.0

31 Good Jobs for Older People: How to Make Money, Stay Active, and Thrive at Work as a Senior

Believe it or not, plenty of jobs for older people are available. And yes, you can work after retirement—for all kinds of good reasons. For example, maybe you want to earn extra money, help others, meet new people, or explore a career you've always dreamed about but never had the chance to really try out before. Or maybe you've heard that, as you grow older, having a job can provide a surprising number of benefits for your physical and mental health.

The fact is, many of today's seniors are redefining what it means to be retired—by

continuing to work. They're discovering that their options for making money are as diverse as their many possible reasons for being part of the workforce. And, of course, there's much more to choose from than just full-time employment. For instance, some seniors start businesses after retirement. Others find part-time jobs.

For seniors over 65, this fact often remains a strong motivating factor: Working past your retirement age can make a big difference when it comes to



funding your future elderly years.

This article lists multiple jobs for senior citizens based on various kinds of motivations. (For example, are you looking for a full-time job as someone over 60 who needs to pay bills after a layoff? Are you researching part-time jobs for a 55-year-old woman in your circle of friends who wants some extra spending money? Regardless of your specific motive, you'll find plenty of ideas here.) Plus, you'll learn how having a job can help you stay happy and healthy. And you'll explore useful tips on

finding a good job and getting hired as an older person.

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- ◆ [31 good jobs for older people based on different motivations](#)
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I've Already Had COVID-19, Do I Need the Vaccine?

Folks who've gotten through a COVID-19 infection might naturally question whether they need to get a coronavirus vaccination when their turn comes.

Experts say they really need the shot anyway, because even after having COVID they might be vulnerable to reinfection.

"We're encouraging people if they meet the other criteria to get immunized because we don't know how long either natural immunity or vaccine immunity lasts," said Dr. Chris Beyrer, a professor of public health and human rights at Johns Hopkins Bloomberg School of Public Health in Baltimore.

All previously known coronaviruses are notorious for promoting short-lived immunity in humans, he said.

"Unfortunately, with other coronaviruses typically the immunity you have -- like if you

get a common cold coronavirus -- usually only lasts about a year and a half to two years and then you're vulnerable again," Beyrer said.

This is because the body uses a relatively simple strategy to fight off common cold coronaviruses, and this strategy does not appear to make a lasting impression on immune system memory, said Dr. Greg Poland, director of the Vaccine Research Group at the Mayo Clinic in Rochester, Minn.

As such, he said there's a chance people who had asymptomatic or mild cases of COVID-19 did not build up any lasting immunity.

"Particularly for people who have milder cases, it may be that they don't have immunity for very long," Beyrer said. "So we still think it's a good idea to get immunized."

Some small studies have raised



hopes that COVID does indeed create a lasting impression on our immune systems.

Australian researchers have found stable levels of virus-specific immune memory cells in the blood of COVID-19 patients as much as eight months post-infection, according to findings published in the journal *Science Immunology* in December. Twenty-five COVID patients were involved in the study, including nine with severe or moderate disease that required hospitalization.

Those memory cells theoretically would help organize a defense against any future COVID infections, said Dr. William Schaffner, a professor of infectious disease at Vanderbilt Medical Center in Nashville, Tenn.

"Because of the biology of the persistence of these memory

cells, it anticipates that we will have rather durable immunity," Schaffner said. "It can't tell us for exactly how long, but it does conform with the observation that documented second infections have been to this point really quite rare."

Until we know more, however, health experts are urging folks who have had COVID to take the cautious approach and get the vaccine.

"We know it's safe because a number of people who had COVID were in both the Pfizer and Moderna trials, and in the AstraZeneca trial," Beyrer said. "There isn't a concern on that front."

The tens of thousands of participants in those trials will be tracked for two years to see how long their immunity lasts, he noted.

For Many Seniors, Whether They Get a COVID-19 Vaccine May Depend on Their Families

Seniors are relying on family networks to get their hands on a coronavirus vaccine.

WHEN SHE SAW THE LINES of cars on the TV, Dana Chadwell knew getting her parents vaccinated in her county wasn't an option.

It was late December and COVID-19 vaccination distribution had finally begun for priority groups, including the elderly and health care providers. Chadwell, a 46-year-old Chattanooga, Kentucky, resident, wanted to get her parents, both in their mid-to-late 70s with significant health conditions, quickly vaccinated. But in **Hamilton County** where she and her parents live, people were lining up for hours to wait in their cars for vaccines, and, in some cases, discovering there were no doses left. There was no way her parents could wait hours and hours in line, she thought, especially if their efforts were fruitless.

So, she turned to social media, spending all day talking to other local residents about where they'd gone to get vaccinated, and scouring the social media pages of community centers, large churches, fire departments and health departments in her area for news on how many doses were available. Some days she would hear rumors about dose availability in adjoining counties and would call health departments to ask. It was intense, tiring work.

"Vaccination dominated my life for a couple of weeks," she says.

As seniors begin to get offered COVID-19 vaccines, some families are finding that the burden of getting one into the arm of an elderly loved one is falling entirely on them. On Tuesday, Health and Human Services Secretary Alex Azar announced that states should expand their vaccination



programs to more of their 65+ populations, moving past initial guidance that urged prioritizing health care providers and long-term care facilities first and aligning more with the incoming Biden administration's vaccination plan.

But beyond simply prioritizing these groups, there's been no nationwide response specifically targeted at creating access for seniors, and state-by-state programs vary with much of the vaccination distribution happening on a county-level.

Kathleen Cameron, senior director of the Center for Healthy Aging at the National Council on Aging, says her advice to people is to go directly to their local health departments to ask where to get vaccinated. She recognizes, however, that puts a burden on seniors, as well as their friends and families."

That's great for older adults who do have access to the

internet and they're tech savvy and they can do that but there are so many older adults who are living alone, they're homebound and we really worry about those folks who probably need the vaccine more than anyone else," Cameron says. Some community organizations, including aging councils, may be offering assistance programs, such as in a North Carolina county, where a local aging **organization** is providing transportation for seniors.

Some Medicare programs, which enroll people over the age of 65, as well as Medicaid, which enrolls low-income populations, do offer transportation programs, including for flu shot appointments. But as Denny Chan, senior staff attorney for Justice in Aging, points out: Even before COVID-19, these transportation programs weren't robust or well-coordinated.

...**Read More**

5 Reasons to Wear a Mask Even After You're Vaccinated

As an emergency physician, Dr. Eugenia South was in the first group of people to receive a covid vaccine. She received her second dose last week — even before President-elect Joe Biden.

Yet South said she's in no rush to throw away her face mask.

"I honestly don't think I'll ever go without a mask at work again," said South, faculty director of the Urban Health Lab at the University of Pennsylvania in Philadelphia. "I

don't think I'll ever feel safe doing that."

And although covid vaccines are highly effective, South plans to continue wearing her mask outside the hospital as well.

Health experts say there are good reasons to follow her example.

"Masks and social distancing will need to continue into the foreseeable future — until we have some level of herd immunity," said Dr. Preeti



Malani, chief health officer at the University of Michigan. "Masks and distancing are here to stay."

Malani and other health experts explained five reasons Americans should hold on to their masks:

1. **No vaccine is 100% effective.**
2. **Vaccines don't provide immediate protection.**
3. **Covid vaccines may not prevent you from spreading**

the virus.

4. **Masks protect people with compromised immune systems.**
5. **Masks protect against any strain of the coronavirus, in spite of genetic mutations.**

The best hope for ending the pandemic isn't to choose between masks, physical distancing and vaccines, Offit said, but to combine them. "The three approaches work best as a team," he said. **Read More on each of the five reason.**

AHA News: What Heart and Stroke Patients Should Know About COVID-19 Vaccines

Experts have a simple answer for heart and stroke patients questioning whether they need a COVID-19 vaccination. That answer: yes.

"People with all kinds of cardiovascular risk factors and disease should definitely get vaccinated to protect themselves and their families from COVID-19," said Dr. Mitchell Elkind, a professor of neurology and epidemiology at NewYork-Presbyterian Hospital/Columbia University Irving Medical Center in New York City.

The Food and Drug Administration-approved vaccines pose no special problems for such patients, said Elkind, who also is president of the American Heart Association. The AHA issued a statement Friday calling for people with cardiovascular risk factors, heart disease or a history of heart attack or stroke to get vaccinated "as soon as possible." Getting vaccinated is especially important for them, Elkind said, because people with such underlying conditions have a higher chance of developing complications from COVID-19, the disease caused by the coronavirus.

"People with heart disease or stroke — or for that matter, risk factors for heart disease and stroke — are at much greater risk from the virus than they are from the vaccine," he said.

The vaccines have side effects, but Elkind called the risk of a complication exceedingly small.

"The most likely thing that will occur is a sore arm," he said. "I can tell you, I got the vaccine, the first dose of the Moderna vaccine. And my arm hurt for a few days, like somebody had punched me there. But I was still able to use my arm and lift it, and that was it."

People shouldn't be surprised if they hear about other temporary side effects, said Orly Vardeny, associate professor of medicine at the Minneapolis VA Health Care System and University of Minnesota. The FDA's approval of the Pfizer-BioNTech vaccine, for example, listed pain at the injection site, tiredness, headache, muscle pain, chills, joint pain and fever as common reactions.

Vardeny, who has done extensive research on flu vaccines, said such reactions are a sign the body is developing an immune response, "and that's a good thing. That's what we want to happen in order for our bodies to make antibodies that will prevent us from getting sick if we encounter the virus again."

The vaccines currently approved for use in the U.S. do not have a live virus, so that reduces concerns for heart disease patients or others with weakened immune systems, Vardeny said.

The vaccines also could be safely administered to people on blood-thinning medications, Elkind said. "The needle is small. To avoid bruising, people



on blood thinners should press firmly for a minute or so, just like after getting blood drawn."

In rare cases, the COVID-19 vaccine can cause a severe allergic reaction, which is why people should be monitored for 15 to 30 minutes after the injection. And as the vaccine is administered to millions of people, other rare issues might be reported, Vardeny said. "I think we'll learn a lot more about the tolerability and potential reactions as the vaccine gets rolled out."

Some questions can't be answered yet.

Trials in children, for example, are ongoing, which is why the vaccines have not been approved for them. And data is limited on adults who have congenital heart conditions.

It may take time before everyone has access to a COVID-19 vaccine. But people can protect themselves now by getting a flu shot, Elkind and Vardeny emphasized. The flu vaccine doesn't protect against COVID-19, but it does reduce the chance of developing symptoms that might be confused with it and hinder a diagnosis. A flu shot also offers protection against heart-related complications of the flu.

But timing matters. Interim guidance from the Centers for Disease Control and Prevention's panel on immunization practices says a flu vaccine shouldn't be given at the same time as one for

COVID-19. "There should be a 14-day separation," Vardeny said.

Misinformation abounds about vaccines, which makes it essential for people to seek trustworthy sources for facts. The best authority will be a primary care provider, cardiologist, pharmacist or other medical professional, Vardeny said. "They're going to have accurate and up-to-date information, and they're going to be able to steer you in the direction of information that's truthful."

The CDC also regularly updates its information on vaccines.

Elkind said he's often asked whether the COVID-19 vaccines are safe, given how quickly they were developed. It's a particular concern in the Black community, he said, where there's a "tragic and inappropriate" history with medical experiments.

The COVID-19 vaccines might have arrived within a year of the pandemic's start, he said, but research into the underlying technology had been going on for more than a decade. So people should see it as a positive that a vaccine arrived with such speed.

"And again, thousands of people have been vaccinated already, with no evidence of any significant unexpected side effects so far," Elkind said. "I think that's good news for all of us."

COVID Pandemic Shortened U.S. Life Expectancy by More Than a Year

The COVID-19 pandemic significantly shortened life expectancy in the United States, especially among Black people and Hispanics, a new study says.

With more than 336,000 COVID-19 deaths nationwide last year, researchers decided to examine the pandemic's impact on life expectancy.

The projection: Due to pandemic deaths, life expectancy at birth for Americans will shrink by 1.13 years, to 77.48 years.

That's the largest single-year decline in at least 40 years, resulting in the lowest estimated life expectancy since 2003, according to the authors.

Their findings revealed significant racial differences that underscore the pandemic's heavy toll on racial and ethnic minority groups.

The study projects a 0.68-year

decline in life expectancy for white Americans to 77.84 years, compared to a 2.1-year decline for Black people, to 72.78 years, and a 3.05-year drop among Hispanics to 78.77 years.

"The COVID-19 pandemic's disproportionate effect on the life expectancy of Black and Latino Americans likely has to do with their greater exposure through their workplace or extended family contacts, in addition to receiving poorer health care, leading to more infections and worse outcomes," study author Theresa Andrasfay said in a news release from the University of Southern California. She is a postdoctoral fellow in gerontology at the university.

The researchers project the gap between Black Americans and



white Americans to widen from 3.6 years to more than 5 years.

That's more proof that minorities are especially hard hit by the pandemic, according to the findings, published Jan. 14 in the journal *Proceedings of the National Academy of Sciences*.

"The bigger reductions in life expectancy for the Black and Latino populations result in part from a disproportionate number of deaths at younger ages for these groups," said study co-author Noreen Goldman, a professor of demography and public affairs at Princeton University.

"These findings underscore the need for protective behaviors and programs to reduce potential viral exposure among younger individuals who may not perceive themselves to be at high

risk," Goldman added in the release.

Life expectancy is an important indicator of a population's health and helps assess the impact of COVID-19 on survival, according to the researchers. The 1918 influenza pandemic shortened life expectancy by 7 to 12 years, they noted.

"While the arrival of effective vaccines is hopeful, the U.S. is currently experiencing more daily COVID-19 deaths than at any other point in the pandemic," Andrasfay said. "Because of that, and because we expect there will be long-term health and economic effects that may result in worse mortality for many years to come, we expect there will be lingering effects on life expectancy in 2021."

Fried Food a Big Factor in Heart Disease, Stroke

Delicious but deadly: Eating fried food is tied to an increased risk of heart disease and stroke, a new study suggests.

The risk rises with each additional 4-ounce serving per week, a research team in China found.

For the study, the investigators analyzed 19 previously published studies. They combined data from 17 studies, involving more than 560,000 people with nearly 37,000 major cardiovascular events, such as heart attack or

stroke.

The researchers also used data from six studies, involving more than 750,000 participants and nearly 86,000 deaths over an average of 10 years.

The study findings showed that compared with those who ate the lowest amount of fried food per week, those who ate the most had a 28% greater risk of major cardiovascular events, a 22% higher risk of heart disease and a 37% higher risk of heart failure.



These risks substantially increased by 3%, 2% and 12%, respectively, with each additional 4-ounce weekly serving, according to Pei Qin, of Shenzhen University Health Science Center, in Guangdong, China, and colleagues.

The report was published online Jan. 19 in the journal *Heart*.

How fried foods might increase the development of cardiovascular disease isn't clear, but several explanations

are possible, the study authors noted in a journal news release.

Fried foods contain harmful trans fatty acids from the hydrogenated vegetable oils often used to cook them, and frying also increases the production of chemical byproducts involved in an inflammatory response. In addition, foods high in salt, such as fried chicken and French fries, are often served with sugar-sweetened drinks, particularly in fast-food restaurants, the researchers said.

Dementia may cause problems with money management years before diagnosis

People with Alzheimer's disease and related dementias may start having trouble managing their finances several years before their diagnosis, according to new research supported by NIA. Published online in *JAMA Internal Medicine*, the study is the first large-scale analysis of people's ability to manage their money before and after a dementia diagnosis.

Common symptoms of dementia, including memory and cognitive limitations, can lead people with dementia to have trouble handling money and paying bills, so repeated

financial mistakes can be an early sign of the disease. The new study, led by scientists at Johns Hopkins University, linked Medicare claims data to credit card payments and credit reports to examine dementia-related money problems. The researchers analyzed information from 1999 to 2018 on more than 81,000 Medicare beneficiaries, about a third of whom were diagnosed with dementia within this period. All study participants were at least 65 years old and lived alone. The researchers studied the number of missed credit card



payments and credit scores for seven years before and four years after a dementia diagnosis and compared this information against data from people without dementia.

The study found that people who had dementia had more missed credit card payments as early as six years before their diagnosis and were more likely to have lower-than-average credit scores two-and-a-half years before their diagnosis. After diagnosis, people with dementia had even more missed payments and lower credit scores than people without

dementia, and this trend continued for at least three-and-a-half years after diagnosis. Results also showed that among people with dementia, those who had lower levels of education had increases in missed payments seven years before diagnosis, while people who had higher education levels had increases in missed payments only two-and-a-half years before diagnosis. This difference confirms previous findings suggesting that people with higher education levels can have less severe dementia symptoms... [Read More](#)

What Happened to the Flu This Year?

The United States has far fewer flu cases than normal, and experts say it's probably due to measures people are taking to protect themselves from COVID-19.

Flu season usually peaks between December and February. Influenza typically causes about 45 million illnesses, 810,000 hospitalizations and 61,000 deaths in the United States each year, according to the U.S. Centers for Disease Control and Prevention.

But so far this flu season, there have been just 925 reported cases of the flu nationwide.

"Though caused by a different virus from the one that causes COVID-19, the flu is also a

respiratory viral disease, so everything we are doing to slow transmission of COVID-19, such as wearing face masks, frequent hand-washing and physical distancing, should also reduce transmission of flu," Eili Klein said in a Johns Hopkins news release. He is an associate professor of emergency medicine at university's School of Medicine.

Other factors likely contributing to fewer flu cases include more people getting a flu shot; many schools and businesses meeting virtually instead of in-person; and fewer people traveling.

"We commonly see flu spread



in communities, schools, businesses and through travel each year, so these changes are likely keeping the flu away," said Dr. Lisa

Maragakakis, senior director of infection prevention for the Johns Hopkins Health System.

But a less severe flu season this year could increase severity next year.

"Because of the current restrictions and precautions everyone is taking this season, far fewer people will be infected or exposed to the flu virus, and therefore won't become immune to certain strains of the virus," Klein said. "So the number of people who may have more

severe infections next year is likely to be greater because immunity will be lower."

Despite the low flu numbers this season, you should still take steps to protect yourself, including getting a flu shot.

"The flu vaccine takes about two weeks for antibodies to develop and begin protecting you from the illness, so getting the flu vaccine any time through mid-April will still be helpful in preventing the flu," Maragakakis said.

However, she noted that 14 days must elapse between getting the COVID-19 shot and any other vaccinations, including the flu vaccine.

New Hope Against Diseases Marked by Progressive Scarring of Lung Tissue

An inhaled medication might make every day physical activity a bit easier for patients with serious scarring of the lungs, a new clinical trial finds.

The study, published online Jan. 13 in the *New England Journal of Medicine*, involved patients with high blood pressure in the lungs caused by interstitial lung disease (ILD).

ILD is a broad term for progressive scarring of the tissue surrounding the lungs' air sacs and blood vessels. It can have a range of causes, from smoking, to occupational exposure to toxins like asbestos, as well as autoimmune diseases like rheumatoid arthritis. Sometimes,

no cause can be found.

A potential, and serious, complication of that scarring is pulmonary hypertension, in which the vessels that supply blood to the lungs become hard and narrow.

Once pulmonary hypertension arises, patients can become so short of breath they have difficulty walking, and often need to use more supplemental oxygen. The complication may also shorten their lives.

Right now, no medication is approved specifically for pulmonary hypertension caused by ILD, said Dr. Steven Nathan, senior researcher on the new



trial. He's director of the Advanced Lung Disease and Lung Transplant Program at Inova Fairfax Hospital in Falls Church, Va.

There are, however, drugs for another form of pulmonary hypertension, known as pulmonary arterial hypertension. Those medications are vasodilators, which means they help blood vessels in the lungs relax and widen.

And Nathan's team found that one of them -- an inhaled medication called Tyvaso (treprostinil) -- improved exercise capacity in patients with ILD.

Over 16 weeks, patients

randomly assigned to use the drug were able to improve their performance on a six-minute treadmill walk.

Beyond that, their lung disease remained more stable. About 23% showed a worsening, compared to 33% of patients randomly assigned to take a placebo (an inactive inhaled solution).

The trial is the first to "unequivocally" show benefits of vasodilator medication for patients with pulmonary hypertension caused by ILD, according to Nathan....[Read More](#)

Vision Problems? Here's a Guide to Which Specialist Is Right for You

If you're having eye problems, you may not know which type of specialist to consult.

Here's some help from experts who explain the roles of an optometrist, ophthalmologist, pediatric ophthalmologist, orthoptist and optician.

Optometrists provide comprehensive eye care, including evaluations for glasses and contact lenses and common eye diseases.

"They play a role in monitoring chronic conditions such as cataracts, glaucoma, macular degeneration and diabetes," Dr. Danielle Natale, an optometrist at the Krieger Eye

Institute in Baltimore, said in an institute news release. They can also treat acute eye problems such as pink eye or sties.

Ophthalmologists are physicians who have completed four years of medical school and four years of residency training. They diagnose and treat eye diseases and prescribe eyeglasses and contact lenses, and they also perform eye surgery.

A pediatric ophthalmologist is specially trained to examine and treat children of all ages and abilities -- especially those who are unable or too young to read the letters on an eye chart.



"To make the environment more child-friendly,

ophthalmologists will often play games with the patients or show them movies during their exam," said pediatric ophthalmologist Dr. Samantha Feldman, who also practices at the Krieger Eye Institute.

Orthoptists aren't common, with only about 400 in the United States. They aren't doctors, according to the American Association of Certified Orthoptists. But orthoptists are uniquely skilled in diagnosis and assist physicians in providing surgical and nonsurgical

treatment for eye disorders, with an emphasis on binocular vision and eye movements.

They typically help with conditions such as strabismus, amblyopia, and double vision. Treatments they help administer include patching therapy, prisms and convergence exercises. They help evaluate patients of all ages, but most often children.

Opticians, who also are not doctors, don't treat or diagnose eye conditions. They design and fit eyeglass lenses and frames for patients according to prescriptions from ophthalmologists and optometrists.