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4 changes coming to Social Security in 2020

If you're one of almost 69 million Americans who receive Social Security or Supplemental Security Income (SSI) benefits, you'll notice a small change in your monthly check this year.

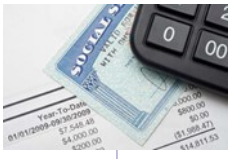
More than 63 million beneficiaries will receive a 1.6% cost-of-living adjustment (COLA) this month. The 8 million SSI beneficiaries received their COLA on Dec. 31, 2019.

Put another way: The average monthly benefit for all retired workers will rise from $1,479 to $1,503 this month. And the average monthly benefit for couples who both receive benefits will rise from $2,491 to $2,531.

That's one of many changes beneficiaries and would-be beneficiaries can expect in 2020. Here are some others:

1. Earnings subject toSocial Security tax

- The maximum amount of earnings subject to the Social Security tax will increase from $132,900 in 2019 to $137,700 in 2020. To be fair, this increase affects just 11.8 million of the 171 million workers who are covered under Social Security. But that increase, according to David Freitag, a financial planning consultant with MassMutual, could be a bit of a surprise for the 7% of workers who will have to pay about $298 more of their wages into Social Security in 2020 than in 2019.
- By way of background, workers must pay 6.2% of their earnings up to the taxable maximum amount into Social Security. And they must pay 1.45% of all their earnings into Medicare. Your employer matches, up to the taxable maximum, these percentages for a total of 15.3%. Self-employed workers, meanwhile, must pay 15.3% of their earnings in federal payroll taxes, otherwise known as FICA – the Federal Insurance Contributions Act tax.



- The only bit of good news about this increase? You and your employer won't have to pay a Social Security tax on earnings above the taxable maximum amount.

2. How work affects your benefits

- If you're working, receiving Social Security benefits, and you're younger than full retirement age, your earnings may reduce your benefit amount. (Full retirement age is the age at which you first become entitled to full or unreduced retirement benefits through Social Security.)
- In 2020, for instance, the Social Security Administration (SSA) will deduct $1 from benefits for each $2 earned over $18,240.
- The earnings limit for people turning 66 in 2020, however, will increase to $48,600 and the SSA will deduct $1 from benefits for each $3 earned over $48,600 until the month the worker turns age 66. FRA is 66 for people born between 1943 and 1954. Beginning with 1955, two months are added for every birth year until the full retirement age reaches 67 for people born in 1960 or later.
- One positive here: There's no limit on earnings for workers who are FRA or older for the entire year.

3. Social Security and taxes

- Slightly more than half of Americans (56%) pay taxes on their Social Security benefits, according to the SSA. And that percentage is likely to increase given that the income tax thresholds for Social Security aren't – by law - adjusted for inflation, according to Joseph Stenken, an advanced markets product consultant at Ameritas and author of "Social Security & Medicare Facts."
- For an individual whose combined income is between $25,000 and $34,000, up to 50% of their Social Security benefits may be taxable. For income in excess of $34,000, up to 85% of benefits may be taxable.
- And for those who file a joint return and whose combined income is between $32,000 and $44,000, up to 50% of benefits may be taxable. For income in excess of $44,000 up to 85% of benefits may be taxable.
- "These thresholds have not been adjusted by Congress since 1993, over 25 years ago," says Stenken. "More and more beneficiaries are going to be subject to income tax on their benefits."
- Adds Freitag: "The fact that Social Security income tax thresholds have not changed is really a 'covert tax' that is operating under the radar and can often be a big surprise to beneficiaries who are collecting benefits.".

4. The SECURE Act

- The SECURE Act, a bipartisan retirement bill that President Trump signed into law late last year, will also affect current and future beneficiaries in at least a couple ways, says Stenken.
- First, those who turn 70 ½ after 2019 may delay taking required minimum distributions or RMDs from their retirement accounts until they are 72. An RMD is, generally, the minimum amount that a retirement plan account owner must withdraw annually.
- And this could be a mixed bag for non-spouse designated beneficiaries. Such a beneficiary is defined as a living person for whom a life expectancy can be calculated and who isn't the spouse of the retirement account owner.
- Under the old law, non-spouse designated beneficiaries could take distributions over their lifetime. But now, for many retirement account owners who pass away in 2020 and beyond, beneficiaries will have only 10 years to empty the account.

Trump Confirms Social Security and Medicare Cuts Will Be On the Table at the "End of This Year"

Rich Fiesta

***The following statement was issued by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding President Trump's acknowledgment on CNBC that** he **would look to cut "entitlements" if re-elected**:*

"After a day of hobnobbing with billionaires in Davos, President Trump publicly revealed that cuts to earned Medicare and Social Security benefits will be on the table as soon as the end of this year. The cruel irony of this scene cannot be overstated.

"While Davos billionaires may not understand the importance of Social Security and Medicare, millions of Americans who rely on the health and retirement benefits they have earned through a lifetime of hard work do.

"Social Security and Medicare are vital for a secure retirement. Americans pay the highest prescription drug prices in the world. This burden and affording other basic necessities make it harder for retirees to make ends meet. Cutting Social Security and Medicare would be a cruel disaster.

"Social Security is the **only source of income** for 4 in 10 older Americans. For even more retirees, Social Security provides **90% of their income.** These modest earned retirement benefits average just **$1,461 per month** for a retired worker.

"Retirees need help, not a slap in the face. We should be working to expand Social Security and increasing benefits for current and future retirees. This can be accomplished by making the wealthiest Americans pay their fair share by lifting the arbitrary payroll tax cap.

"We can strengthen and expand Medicare by finally reining in high drug prices, which are the biggest driver of Medicare costs. H.R. 3, the

Lower Drug Costs Now Act passed by the House of Representatives last year, would save taxpayers billions of dollars, cap out of pocket drug spending at $2,000 per year for retirees and add hearing, dental and vision benefits to Medicare.

"The 4.4. million members of the Alliance for Retired Americans will make sure all retirees know what the president said today before they vote in November."

Trump Administration to Soon Issue Guidance on Medicaid Block Grants

The Trump administration plans to release guidance as soon as this month for granting states waivers to convert Medicaid funding to block grants, according to two people familiar with the matter, paving the way for a transformation of the 55-year-old program that is likely to reignite a partisan feud.

The impending release comes as a surprise after the Office of Management and Budget, which reviews regulatory actions, indicated in November that block-grant instructions had been withdrawn. Lawmakers and legal advisers speculated that the guidance may have been shelved or significantly delayed.

Approving state waivers to change Medicaid funding to block grants would be among the administration's most controversial moves to reshape Medicaid, a federal-state program that provides health coverage to one in five low-income Americans. Medicaid is the main source of long-term care coverage for Americans and is a guaranteed benefit, or entitlement, for eligible individuals.

Lawmakers in Tennessee, Alaska and Oklahoma have already expressed an interest in pursuing block grants. Supporters of block grants say the change would free states from federal requirements and give them more flexibility to try new ways to increase coverage and cut costs.

"Regrettably, the Trump administration is encouraging states to apply for these illegal waivers in its ongoing effort to fundamentally alter and weaken Medicaid's financing structure," Rep. Frank Pallone of New Jersey and Sen. Ron Wyden of Oregon, both Democrats, wrote in a Jan. 14 joint letter to the Health and Human Services inspector general.

Medicaid funding is open-ended, meaning the federal government matches state spending. If that funding is converted to a block grant, a state could get a limited, lump sum of federal money instead. Consumer groups and Democrats say that limitation means thousands of people could lose Medicaid coverage or be unable to enroll if states' costs rise or enrollment swells. They also say it is illegal to waive the federal funding under Medicaid, suggesting any federal approval of state waivers to change to a block grant could wind up in the courts.

Seema Verma, the administrator at the Centers for Medicare and Medicaid Services, has said in previous speeches that the instructions would protect beneficiaries and include outcome accountability.

Medicaid block grants have long been an ambition of conservatives. States that get block grants likely wouldn't have to adhere to certain federal eligibility requirements or specific health-benefit services, for example.

Democrats have said a Trump administration move to approve block grants would circumvent Congress**. A Republican push in 2017 to repeal the Affordable Care Act** largely failed because analysts said proposals to convert Medicaid to block grants or a per-capita cap would raise the number of uninsured.

Consumer groups are especially concerned that states that didn't expand Medicaid, like Tennessee, will get approval for block-grant funding. Those people on Medicaid are the state's poorest and include many children. Any block grant, critics say, means the start of a major erosion in the nation's safety net.

"The block grant will include vulnerable eligibility groups such as children and people with disabilities and requests unprecedented changes that could make it harder for patients to get the treatments and services that they need," according to a letter last month to HHS from 18 patient groups, including the American Lung Association and March of Dimes.

New Issue Brief Counters Harmful False Beliefs about Medicare Coverage for Skilled Care

.This week, the Center for Medicare Advocacy, a national nonprofit, released a **new issue brief** on an often-misunderstood aspect of coverage for people with chronic illness who need longer term care.

Titled **"The Jimmo v. Sebelius Settlement Agreement: An Issue Brief for Medicare Providers**," the brief explains **Jimmo v. Sebelius,** a nationwide class action lawsuit that was brought on behalf of individuals with chronic conditions who had been incorrectly denied Medicare coverage. In 2013, a U.S. District Court approved the settlement agreement, which required the Centers for Medicare & Medicaid Services (CMS) to confirm that Medicare coverage is determined by a beneficiary's need for skilled care, not their potential for improvement.

Prior to the settlement, many beneficiaries who needed care in settings like home health or nursing facilities found that their claims were denied on the basis that they were not improving. In addition, many providers thought that was the standard, and would refuse to provide care. The Center for Medicare Advocacy, along with Vermont Legal Aid, represented the plaintiffs and successfully argued that this interpretation of Medicare rules was incorrect and harmful. The court case, Jimmo v. Sebelius (Jimmo), ended in a settlement where the federal government confirmed that Medicare coverage is determined by a beneficiary's need for skilled care and does not rely on any potential for improvement. This applies to all Medicare beneficiaries throughout the country who are receiving care in home health, skilled nursing facilities, outpatient therapy, and inpatient rehabilitation hospitals and facilities. Today, the policy is clear: skilled care may be necessary to improve, maintain, or slow further deterioration of a patient's condition.

The Jimmo Settlement clarifies that beneficiaries are eligible for skilled care when they need it and not just when the care might result in improvement. However, providers, beneficiaries, and advocates still encounter problems on occasion where claims are errantly denied. Because of this, the issue brief is a valuable resource that can help stakeholders better understand the rules in order to ensure people with Medicare get the care they need.

Read the Center for Medicare Advocacy issue brief on Jimmo.

What The 2020s Have In Store For Aging Boomers

Within 10 years, all of the nation's 74 million baby boomers will be 65 or older. The most senior among them will be on the cusp of 85.

Even sooner, by 2025, the number of seniors (65 million) is expected to surpass that of children age 13 and under (58 million) for the first time, according to **Census Bureau projections.**

"In the history of the human species, there's never been a time like [this]," said Dr. Richard Hodes, director of the National Institute on Aging, referring to the changing balance between young people and old.

What lies ahead in the 2020s, as society copes with this unprecedented demographic shift?

I asked a dozen experts to identify important trends. Some responses were aspirational, reflecting what they'd like to see happen. Some were sobering, reflecting a harsh reality: Our nation isn't prepared for this vast demographic shift and its far-reaching consequences.

Here's what the experts said:

A crisis of care. Never have so many people lived so long, entering the furthest reaches of old age and becoming at risk of illness, frailty, disability, cognitive decline and the need for personal assistance.

Even if scientific advances prove extraordinary, "we are going to have to deal with the costs, workforce and service delivery arrangements for large numbers of elders living for at least a year or two with serious disabilities," said Dr. Joanne Lynn, a legislative aide on health and aging policy for Rep. Thomas Suozzi (D-N.Y.).

Experts caution we're not ready.

"The cost of long-term care [help in the home or care in assisted-living facilities or nursing homes] is unaffordable for most families," said Jean Accius, senior vice president of thought leadership at AARP. He cited data from the **Genworth Cost of Care Study**: While the median household income for older adults was just $43,696 in 2019, the annual median cost for a private room in a nursing home was $102,204; $48,612 for assisted living; and $35,880 for 30 hours of home care a week.

Workforce issues are a pressing concern. The need for health aides at home and in medical settings is soaring, even as low wages and poor working conditions discourage workers from applying for or staying in these jobs. By 2026, **7.8 million workers** of this kind will be required and hundreds of thousands of jobs may go unfilled.

"Boomers have smaller families and are more likely to enter old age single, so families cannot be expected to pick up the slack," said Karl Pillemer, a professor of human development at Cornell University. "We have only a few years to plan different ways of providing care for frail older people to avoid disastrous consequences."

Living better, longer. Could extending "healthspan," the time during which older adults are healthy and able to function independently, ease some of these pressures?

The World Health Organization calls this "healthy life expectancy" and publishes this information by country. Japan was the world's leader, with a healthy life expectancy at birth of 74.8 years in 2016, the most recent year for which data is available. In the U.S., healthy life expectancy was **68.5 years** out of a total average life expectancy of **78.7 years**.

Laura Carstensen, director of Stanford University's Center on Longevity, sees some cause for optimism. "Americans are beginning to exercise more" and eat more healthful diets, she said. And scientific studies published in recent years have shown that behavior and living environments can alter the trajectory of aging.

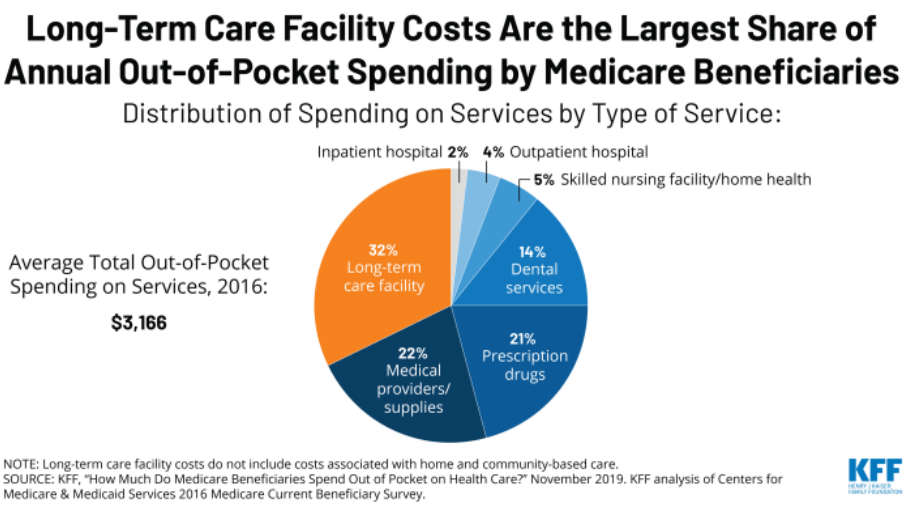
"With this recognition, conversations about aging societies and longer lives are shifting to the potential to improve quality of life throughout," Carstensen said.

Other trends are concerning. Notably, more than one-third of older adults are **obese**, while 28% are **physically inactive**, putting them at higher risk of physical impairments and chronic medical conditions.

Rather than concentrate on treating disease, "our focus should shift to health promotion and prevention, beginning in early life," said Dr. Sharon Inouye, a professor at Harvard Medical School ...**Read More**

How Much Do Medicare Beneficiaries Spend Out of Pocket on Health Care?

Many policymakers and presidential candidates are discussing proposals to build on Medicare in order to expand insurance coverage and reduce health care costs, and improve financial protections and lower out-of-pocket costs for people currently covered by Medicare. More than 60 million people ages 65 and older and younger people with long-term disabilities currently rely on Medicare to help cover their costs for health care services, including hospitalizations, physician visits, prescription drugs, and post-acute care. However, Medicare beneficiaries face out-of-pocket costs for their insurance premiums, cost sharing for Medicare-covered services, and costs for services that are not covered by Medicare, such as dental care and long-term services and supports. **...Read More**



Senior Internet Safety | The Basics

Although it's easy to get turned off from browsing the internet, it is undoubtedly one of the most powerful tools out there. You can access entire libraries of books, essentially every piece of music ever recorded, buy almost anything, and of course view an endless supply of adorable animal videos. Yet, such amazing access has its inherent dangers and for those less tech-savvy individuals, senior internet safety is a key priority in today's digital age.

Yes, it's true – we're in a digital age where everything has a touchscreen and is wirelessly communicating with some electronic cloud. Even for younger generations, gaining a perspective on the intricacies of the internet and its devices can be a feat of mental gymnastics. Every day we hear **more stories** about how hackers and other criminals are taking to the world wide web like hungry spiders fortunate enough to catch us unsuspecting flies.

Sites for Senior Internet Safety

Practicing good internet safety may seem like an overwhelming task at first, but it's necessary to maintaining personal cyber security. Like anything, there are some sources that are more reliable than others and being able to tell the difference is critical to avoiding fraud. There are a number of websites dedicated to **protecting against fraud** and online risks:

Fighting Back Against Identity Theft – Provided by the Federal Trade Commission, this site guides seniors through the process of detecting ID theft and defending yourself against it. Since a large portion **of identity theft** occurs online today, this resource is invaluable and very reliable.

Fraud.org – Here you can learn about the latest fraud topics and current issues regarding cyber safety. This site will allow you to report frauds and provides plenty of information on ways you can guard yourself against scam artists and other criminals.

The Better Business Bureau – You've probably recognized their symbol on some of your favorite websites. Through the BBB, you can search a business, URL, phone number, or other key information about businesses both online and brick and mortar. This can be a great resource to help avoid internet fraud, especially for those who do most of their shopping online.

CNET – Again for those who shop online frequently, reading reviews for products on CNET can help you make an informed decision before committing to a large purchase. There are endless supplies of counterfeit devices, products, and services on the internet, so it he ps to do your research ahead of time. Remember if it's too good to be true, it probably is.

Senior Internet Safety Techniques

Besides these online resources, there are several other ways you can protect yourself against the worst cyber criminals out there. Although these aspects of senior internet safety may seem small, when combined with an awareness of which sites you can trust there's no limit to your successful surfing of the net.

- **Create strong passwords** – Most websites requiring passwords will have small gauges for how strong your password is. This usually involves at least 12 characters, a number, and a unique symbol like a question mark.
- **Don't give out personal information** – Unless you've verified who you're communicating with, never give out personal information unless it is via a secured form or page. Keep this in mind when writing to friends in emails or on instant messengers.
- **Never open email attachments from random contacts** – If you ever receive an email from a contact you've never heard of before containing an attachment, DO NOT open it. Many times these attachments can contain malware or other viruses that can steal your information and take over your computer.
- **Consider malware software to identify viruses** – There is a range of malware and other anti-virus programs available to prevent malignant programs from entering your computer. **Here is a short list** of some of the most highly rated software to consider.
- **Don't give out too much information in your username** – When creating usernames for any account, avoid providing details like your birthday, full name, or other things that hacker might use to determine your identity. It may be easier to remember, but it's not worth the risk.
- **Think about who else has your information** – Since the internet is so connected, you'll need to be aware of who else in your contacts has your information. Although you may be a senior internet safety maven at this point, others may still struggle with exposing themselves to security risks. You don't want your identity to be collateral damage for someone else's mistakes!

What is a transition refill?

Dear Marci,
A drug that I need to take is not on my Part D prescription drug plan's formulary. My friend told me that my plan might need to provide me with a transition refill of this prescription. What does this mean?
-Ezra (Portland, OR)

Dear Ezra,

A **transition refill**, also known as a transition fill, is 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 fills 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 fills 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, 2020
  * Or, give you a 30-day transition fill within the 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 five 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.

-Marci

Kaiser Family Foundation Examines How Communities are Affected by Lack of Medicaid Expansion

A **new brief** from the Kaiser Family Foundation (KFF) examines how state decisions to forego the Affordable Care Act's (ACA) Medicaid expansion have impacted Americans' access to coverage.

The ACA expanded Medicaid eligibility to adults with incomes at or below 138% of the federal poverty level (FPL) ($17,236 for an individual in 2019). Importantly, this expansion was intended to create a pathway to coverage for low-income adults across the country and was designed as a complement to the health law's Marketplace subsidies, which help people with moderate incomes purchase coverage.

However, a 2012 Supreme Court ruling made the Medicaid expansion optional for states and, to date, 14 states have not yet expanded their programs. The consequences of this inaction are significant. Medicaid eligibility for adults in non-expansion states is extremely low: the median income limit is just 40% of the FPL, or $8,532 for a family of three in 2019. As a result, 2.3 million low-income Americans are uninsured because their income is too high to qualify for their state's Medicaid program, but too low to qualify for Marketplace subsidies, and they cannot afford coverage on their own.

KFF estimates that if these holdout states were to adopt the expansion, more than 4.8 million Americans would gain access to Medicaid. This includes those in the Medicaid-Marketplace "coverage gap," as well as another 2.1 million uninsured adults with incomes between 100 and 138% of the FPL. Though many in this cohort are currently eligible for Marketplace subsidies, Medicaid would likely provide them with more comprehensive benefits at a lower cost.

The ACA's Medicaid expansion works to provide an affordable coverage option for people with limited incomes who lack access to other insurance. In the 37 states that have expanded Medicaid, the uninsured rate has **dropped significantly**, while in non-expansion states, millions remain **without affordable coverage**. These disparities are only widening**. From 2017 to 2018,** non-expansion states saw a significant increase in their uninsured rate, while expansion states did not.

The positive effects of the ACA's Medicaid expansion are **well documented**. Overall, these findings consistently link expanded programs with improvements in access and coverage for individuals and with economic benefits for states and providers. Importantly, there is no deadline for states to expand Medicaid eligibility. Medicare Rights continues to urge all states to thoughtfully implement this option in ways that strengthen enrollee health and financial security.

Read the report.

Government-Funded Day Care Helps Keep Seniors Out Of Nursing Homes And Hospitals

SAN MARCOS, Calif. — Two mornings a week, a van arrives at the Escondido, Calif., home of Mario Perez and takes him to a new senior center in this northern San Diego County town, where he eats a hot lunch, plays cards and gets physical therapy to help restore the balance he lost after breaking both legs in a fall.

If he wants, he can shower, get his hair cut or have his teeth cleaned. Those twice-weekly visits are the highlights of the week for Perez, a 65-year-old retired mechanic who has diabetes and is legally blind.

"The people here are very human, very nice," he said. "I'm gonna' ask for three days a week."

The nonprofit Gary and Mary West PACE center, which opened in September, is California's newest addition to a system of care for frail and infirm seniors known as the **Program of All-Inclusive Care for the Elderly**.

The services provided by PACE, a national program primarily funded by Medicaid and Medicare, are intended to keep people 55 and older who need nursing home levels of care at home as long as possible and out of the hospital.

The program is more important than ever as baby boomers age, its proponents say.

"The rapidly growing senior population in California and across the country will put enormous strain on our current fragmented, and often inefficient, health care delivery system," said Tim Lash, president of Gary and Mary West PACE. California officials consider PACE an integral part of the state's strategy to upgrade care for aging residents.

The **National PACE Association** said **data it collected for 2019** shows seniors enrolled in PACE cost states 13% less on average than the cost of caring for them through other Medicaid-funded services, including nursing homes.

Perez, like 90% of PACE enrollees nationwide, is a recipient of both Medicaid and Medicare. He's part of a population that typically has low income and multiple chronic conditions.

PACE participants who do not receive government medical benefits can pay out of their own pockets. At Gary and Mary West, the tab ranges from $7,000 to $10,000 a month, depending on the level of care.

Nationally, 50,000 enrollees participate in PACE programs at over 260 centers in 31 states. In California, PACE serves **nearly 9,000** vulnerable seniors at 47 locations.

PACE programs nationally offer all services covered by Medicare and Medicaid, and **staff members include** nurses, primary care doctors, social workers, dietitians, drivers and personal care attendants, as well as physical, occupational and recreational therapists. PACE enrollees commonly have conditions such as vascular disease, diabetes, congestive heart failure, depression and bipolar disorder.

About two-thirds of PACE participants have some degree of cognitive impairment. The Gary and Mary West center is no exception, which is why it has alarms on all the doors. If participants become agitated, they are led to the "tranquility room," a softly lit space with an ocean soundtrack and a recliner.

….**Read More**

Medicare Platform To Improve Medicare For All Beneficiaries, Now And In The Furure

Medicare matters.

Medicare is important to millions right now, and is being discussed as a basis for universal health care.

But before that can happen, we need to improve and protect the Medicare program we have. We need to keep it whole and working for all present and future beneficiaries.

Today, 59 million older people and people with disabilities have health care because of Medicare. **Most Americans say Medicare works well**. But it can be even better.

Consumer Protections and Quality Coverage for All Medicare Beneficiaries (Including Parity Between Traditional Medicare and Medicare Advantage)

- ♦ Cap out-of-pocket costs in traditional Medicare
- ♦ Require Medigap plans to be available to all individuals in traditional Medicare, regardless of pre-existing conditions and age ("Guarantee Issue" and "Community Rating")
- ♦ Ensure all benefits in Medicare Advantage are also available in traditional Medicare
- ♦ For example, include all MA "supplemental benefits," waiver of 3-day prior hospital stay requirement for SNF coverage, coverage for home health aides, coordinated care
- ♦ Simplify enrollment in traditional Medicare, Part D and Medigap, and ease transitions from other insurances to Medicare
- ♦ Improve consumer protections in Medicare Advantage
- ♦ Standardize benefit packages
- ♦ Strengthen network adequacy requirements
- ♦ Strengthen plan oversight
- ♦ Strengthen marketing

protections

- ♦ Ensure parity between mental health and physical health coverage
- ♦ Ensure the Medicare appeals system is cost-effective, accessible and fair

Reduce Ongoing Barriers to Care

- ♦ Eliminate the harm of hospital "Observation Status"
- ♦ Home Health – Ensure access to coverage is actually available for all beneficiaries who meet coverage criteria, ensure access to legally authorized home health aides, resolve conflicts between payment models and coverage laws
- ♦ *Jimmo* Implementation – Ensure beneficiaries with longer-term, chronic, and/or debilitating conditions have full access to skilled nursing, therapy and related care needed to maintain their conditions or slow decline

Improve Traditional Medicare

- ♦ Add oral health, audiology, vision coverage
- ♦ Restructure Medicare to make it comprehensive, simpler and affordable
- ♦ Increase Low-Income Protections in the Medicare Savings Program (at least on par with ACA subsidies)
- ♦ Long-term Care – Add coverage over time. For now, make incremental improvements (For example, repeal homebound requirement for home health coverage, repeal requirement that individual need skilled care and be homebound to qualify for home health aide coverage, repeal requirement that DME generally be needed in the home)

We need to improve Medicare, not cut it. Let's renew it, strengthen it and then expand it for generations to come.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

10 Early Signs of Alzheimer's Every Adult Should Know

Why early detection matters

With grim prognoses and very limited treatments for **Alzheimer's disease**, early detection may not seem particularly advantageous. But that may be changing. One area of Alzheimer's research involves treating people who exhibit early signs of Alzheimer's with drugs that may decrease the production of amyloid beta (proteins that bunch together to form damaging plaques in the brain). Experts believe that people begin to develop amyloid plaques in their brains at least 10 years before they develop any obvious Alzheimer's symptoms.

Reisa Sperling, MD, director of the Center for Alzheimer Research and Treatment at Brigham and Women's Hospital in Boston, is leading a clinical trial called the **A4 study**, which evaluates patients with evidence of Alzheimer's damage in the brain but who still have normal thinking and memory function. "When a person already has a lot of memory trouble, they already have significant neuron loss," says Dr. Sperling. "We need to find and treat people much earlier." The study, which originally launched in 2014, was extended and tweaked in 2017. For the newly modified version, researchers are testing an increased dosage of solanezumab, the antibody that targets the accumulation of amyloid in the brain, to see whether it can slow down **Alzheimer's symptoms** before they become more apparent….

Click through the slide show for the following 10 early signs of Alzheimer's disease.

Your waist size may be more important than weight for multiple heart attack risk

Heart attack survivors who carry extra weight around their belly are at greater risk of another heart attack, new research has found, another reason why measuring your waist may be more important than stepping on the scale.

It's been known for a while that having a pot belly, even if you are slim elsewhere, increases the odds of having a first heart attack, but the **latest study**, which published Monday in the European Journal of Preventative Cardiology, is the first time researchers have found a link between belly fat and the risk of a subsequent heart attack or stroke.

The link was particularly strong in men, researchers said.

"Abdominal obesity not only increases your risk for a first heart attack or stroke, but also the risk for recurrent events after the first misfortune," said Dr. Hanieh Mohammadi of the Karolinska Institute in Stockholm, in a news release.

"Maintaining a healthy waist circumference is important for preventing future heart attacks and strokes regardless of how many drugs you may be taking or how healthy your blood tests are."

The study tracked more than 22,000 Swedish patients after their first heart attack and looked at the link between their waist circumference and events caused by clogged arteries like fatal and non-fatal heart attacks and stroke. Patients were followed for nearly four years, with 1,232 men (7.3%) and 469 women (7.9%) experiencing a heart attack or stroke.

Most patients — 78% of men and 90% of women — had abdominal obesity, defined as a waist circumference of 94 cm (37.6 inches) or above for men, and 80 cm (32 inches) or above for women.

The study found that belly fat was associated with heart attacks and stroke independent of other risk factors like smoking, diabetes, hypertension, body mass index and prevention treatments. The researchers stressed that waist circumference was a more important marker than overall obesity and advised doctors to measure their patient's waists to identify those at risk.

However, they said that the link was stronger and more linear in men, who made up nearly three-fourths of the patients included in the study, than women.

In women, Mohammadi said the relationship was "U-shaped" rather than linear, meaning that the mid-range waist measurement, rather than the narrowest, was least risky. What's more, the mid-range waist measurement was in the range traditionally recognized as at risk for abdominal obesity: more than 80 cm wide.

The reason for this could be down to the type of fat that tends to hang out on men's and women's bellies. Mohammadi said some studies have suggested that men may have more visceral fat that goes deep inside your body and wraps around your vital organs.

This fat can be turned into cholesterol that can start collecting along and hardening your arteries, perhaps ultimately leading to a heart attack or stroke.

"In women it is thought that a greater portion of the abdominal fat is constituted by subcutaneous fat which is relatively harmless," she said.

However, the lower numbers of women included in the study meant the findings had less "statistical power" and more research was needed to draw definite conclusions, Mohammadi said.

The risk of cardiovascular disease like heart attacks or strokes is considered to be higher in those with a waist measurement of above 94 cm in men and above 80 cm in women, according to the World Health Organization. The risk is thought to be substantially increased in men with a waist wider than 102 cm and 88 cm in women.

The authors said that belly fat was best tackled by a healthy diet and regular exercise. Earlier studies have shown that regular moderate cardio, like walking for at least 30 minutes a day, can help fight a widening waistline. Strength training with weights may also help but spot exercises like sit-ups that can tighten abs won't touch visceral fat.

13 Surprising Stroke Symptoms Everyone Needs to Know

Of course, you know that **a stroke is a very serious, often fatal, medical event.** But are you aware of just how prevalent the condition (which is the result of an interruption in blood flow to **either side of the brain**) is among Americans? And do you know the **warning signs of a stroke** to keep an eye out for? According to the **Centers for Disease Control and Prevention** (CDC), strokes kill approximately 140,000 Americans annually, making it the fifth leading cause of death in the United States.

And one of the best ways to avoid becoming a statistic is knowing the early warning signs.

Keep reading to learn the common subtle **stroke symptoms** to watch out for—because that knowledge is one of the first steps toward prevention. And for more subtle signs of serious heart-related problems,

These Are the Heart Attack Warning Signs Hiding in Plain Sight.

Millennials Most Likely to Skip Flu Shot

Millennials are less likely to have had a flu shot this season and are more likely than other American adults to agree with some false anti-vaccination information, according to a new nationwide survey.

The results also showed that nearly one-third of adults polled don't plan to get a flu shot and many underestimate how deadly flu can be.

The American Academy of Family Physicians (AAFP)-commissioned survey of U.S. adults aged 25 to 73 found that 51% haven't had a flu shot this season, and 32% don't plan to get one.

When asked a series of factual questions about the flu, 82% answered at least one wrong, and 28% got all of them wrong.

"It is very alarming to see how people are being influenced by the anti-vax movement," Dr. Alexa Mieses, a family physician in Durham, N.C., said in an AAFP news release.

Millennials -- the nation's largest demographic group, ages 24 to 39 -- were least likely to have had a flu shot this season (55%), according to the survey. Of those, 33% don't plan to get one.

Misinformation about vaccinations may be a factor. About 61% of millennials who are familiar with the anti-vaccination movement said they agreed with some of its beliefs. That's more than the 52% rate for all adults and far higher than among baby boomers (42%).

Millennials were much more likely to say they don't have time to get vaccinated (25%) than Generation X (12%) and baby boomers (6%). Millennials were also nearly twice as likely as older generations to forget to get the shot.

The survey also showed millennials are the least informed about flu facts, with 86% of them getting at least one question wrong and 31% getting all of them wrong.

In addition, the results showed that black Americans who are familiar with the anti-vaccination movement were most likely to say they agree with its beliefs (61%). But only 45% of black Americans said they were familiar with it, compared with 55% of adults overall; 53% of Asian Americans; and 59% of Hispanic Americans.

"Whether they are young adults or African Americans, we need to make sure that these communities are educated about the importance of vaccines and that they understand the source of the rhetoric they're hearing," Mieses said. "It's clear they are being influenced by myths and misinformation, and it's critical that the facts reach them, too."

Parents are also highly likely to be affected by misinformation, the survey showed.

Nearly three out of five parents surveyed said their child had missed a flu shot at least once, often due to vaccine misinformation or misunderstandings: 21% said they didn't want their child to get sick from the shot, 13% didn't think kids need it and 10% didn't consider flu serious.

This flu season, the United States has had 4,800 flu-related deaths so far, including 32 children, according to the U.S. Centers for Disease Control and Prevention. Last season, an estimated 116 children died from the flu.

Officials said last week that it's too soon to say whether this year's flu vaccine is effective against the strains that are circulating. But experts added that people still have time to get the shot.

"It's concerning to see that parents are misinformed, thinking the flu shot can give their children the flu or that they don't need it," Mieses said, adding that many simply don't consider a flu shot as important as other vaccines.

"We need to make sure they understand the seriousness of the flu so they can protect and immunize their children and themselves," she added.

Signs of Dementia: 8 Tips For Talking to Your Older Parents

Mom was always scatterbrained, but she's been acting different lately. She isn't just leaving her car keys in the fridge or searching the house for the eyeglasses that were on her head the whole time. Her lapses are moving into less cute territory, like needing help remembering her grandchildren. You suspect she's exhibiting early signs of dementia. Alzheimer's, maybe.

You don't think this lightly. And, like most people, you have no idea how to talk about it. University of Pennsylvania Perelman School of Medicine Professor and Penn Memory Center co-director Jason Karlawish says that because there's "high-octane stigma" surrounding Alzheimer's disease, it's difficult for families to address dementia when they suspect it.

"Once there's stigma surrounding the disease, it limits people's desire to find out if there's a problem and if they might have it or even just talk about it," Karlawish, one of the world's foremost authorities on dementia, said. Proof: In a recent Alzheimer's Association survey, nearly three quarters of Americans said it would be challenging to discuss this issue with a loved one.

While you don't want to talk about possible dementia symptoms, most people's parents would want to know if you've noticed them. The Alzheimer's Association survey mentioned above found that about nine in 10 Americans would want someone to tell them if they displayed signs of cognitive decline. Moreover, as Ruth Drew, director of information and support services at the Alzheimer's Association noted, the earlier you address dementia, the better the possible outcomes will be.

"It's understandable that many families are reluctant to express their concerns and initiate a conversation, but there are good reasons to do so," Drew said. "Early detection and diagnosis puts individuals and families in the best position to navigate a devastating disease. Avoiding the conversation and letting problems progress is the worst thing you can do."

The conversation is never going to be easy, but these tips from Alzheimer's and Dementia experts can make it less daunting.

Click on this link to learn more about each of the below eight tips.

- **Lead With Dignity and Respect**
- **Be Ready to Retreat and Regroup**
- **Talk About it early**
- **Talk About it often**
- **Start Small**
- **Be in the Room When They Talk to a Doctor**
- **Remember The Person You're Talking to**
- **Ask the Experts (Including Your Parent)**

Study sets blood pressure target for people over 80

Lowering an older person's systolic blood pressure to 120 mmHg or lower reduces the risk of heart disease, but increases the chance of kidney changes.

Lowering an older person's systolic blood pressure to 120 mmHg or lower reduces the risk of heart disease, but increases the chance of kidney changes.

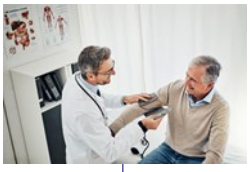
Share on PinterestOlder adults may need different guidelines for maintaining healthy blood pressure, new research suggests.

In the United States, **over half** of the people aged 60 and over have **high blood pressure**, or **hypertension,** and maintaining one's **blood pressure** at healthy levels can be crucial.

The American College of Cardiology and American Heart Association (ACC/AHA) guidelines recommend a systolic blood pressure of no higher than **130 milligrams of mercury (mmHg)** for those over 65.

However, by the time many people reach 85 years old, they have developed health issues. The U.S. Department of Commerce estimate that by 2050**, 10%** of adults in the U.S. will be 85 or older. A team of researchers has now completed an exploration of blood pressure recommendations for these individuals.

Their study appears in the ***Journal of the American Geriatrics Society***.



Using the SPRINT study for new guidelines

The study's findings come from a randomized trial of 1,167 participants.

Researchers gathered information from the Systolic Blood Pressure Intervention Trial (SPRINT). They included data from individuals who had experienced **strokes**, **heart attacks**, changes in kidney function, cognitive impairment, quality of life reduction, or who had died.

About 27% of them had a history of heart disease. The majority had three or more chronic health conditions.

The mean age of the participants was 84, with about 3% older than 90. More than half of those included were regularly taking five or more medications.

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The average baseline systolic blood pressure of the participants was approximately 142 mmHg. The researchers randomly divided the participants into two equal groups, with one group receiving assistance in getting their systolic readings below 140 mmHg. The researchers sought to determine if a more aggressive control of high blood pressure would benefit people's health, lower their risk of heart disease events, cognitive decline, or death, or increase health risks in any way.

The scientists were also interested in seeing if cognitive or physical impairments would affect the benefits of any lower systolic measurement.

To these ends, the second group received what researchers considered "intensive" treatment to bring their systolic reading down below 120 mmHg.

What the study found

The group who had achieved systolic levels of 120 mmHg or less did see a lowered risk of heart disease events, and a lower likelihood of mild cognitive impairment.

The development of **dementia** was about the same in both groups.

People in the 120 mmHg group also saw an increased incidence of non-major, but still significant, changes to their kidney function, including hospitalizations for kidney damage. However, most people recovered.

The researchers were also concerned about the potential for falls due to very low blood pressure. Falls often lead to complications in the elderly that can be fatal. However, results showed that this level of blood pressure did not increase a person's chances of falling.

The researchers also looked at the benefits of intensive blood pressure control according to each participant's level of cognitive function at the start of the trial.

Those with stronger cognitive function to begin with experienced a greater reduction in the risk of heart disease and death.

Although those with impaired function did not gain as much benefit, there was no indication that the lower systolic level increased their risk of heart disease or death.

A mixed result

The complexities of healthcare in older adults often involve the acceptance of risk, with doctors and patients seeking a benefit vs. risk balance to determine the best course of treatment.

This study identifies a situation in which reducing the chance of heart disease or impaired cognitive function may well outweigh the increased risk of changes to kidney function.

Hypertension
Cardiovascular / Cardiology
Seniors / Aging

Public Health Information

Public health is a branch of medicine that's dedicated to the overall goal of improving the health of communities. It typically focuses on three aspects of community health: the promotion of healthy lifestyles, research into preventing disease and injury and educational initiatives to achieve both of these goals. The overall purpose of public health in general is to focus on preventing disease.

The Role of Public Health

Work done in the field of public health has had a significant impact on the lives of Americans and others around the globe. Vaccination programs have significantly reduced and even eliminated a number of communicable diseases in the United States and elsewhere. Infant and child death rates have also dropped significantly thanks to public health efforts.

Current Public Health Initiatives

Public health programs and initiatives often stem from efforts by federal, state and local governments, though a number of private companies are also active in the public health arena. In the United States, the primary organization involved with public health is the U.S. Centers for Disease Control and Prevention. The U.S. Department of Health and Human Services also has a program called Healthy People 2020, which outlines a number of 10-year objectives for improving the health of Americans. Some of the goals of this program are to promote longer lives and less disease for all, as well as to eliminate some of the disparities in access to health care and good health information among people of different classes and income levels.

Public Health Professionals

A variety of professional careers fall under the umbrella of public health, including researchers, environmental scientists, educators and analysts. Most public health professionals work for government agencies, for nonprofit groups or in the private sector for companies like insurance corporations.

SOURCES: U.S. Centers for Disease Control and Prevention; U.S. Department of Health and Human Services; Association of Schools of Public Health.

....Read More on Public Health Topics In The News

Many older U.S. adults don't get needed cardiac rehab after a heart attack

Only about one in four patients on Medicare receive cardiac rehabilitation recommended to help them recover from events like a heart attack or coronary bypass surgery, a U.S. study suggests.

Among those who do go to cardiac rehab, most don't complete enough sessions to get the maximum benefit, the study also found.

"Every cardiac rehabilitation session that a patient doesn't use is a missed opportunity for them to improve their health," said lead study author Matthew Ritchey of the U.S. Centers for Disease Control and Prevention in Atlanta.

A full course of cardiac rehabilitation consists of 36 one-hour sessions that include team-based, supervised exercise training, education and skills development for heart-healthy living, including counseling on diet and how to manage stress, Ritchey said by email. Participants can also benefit from having a community of people around them who are working toward similar recovery goals and struggling with similar issues, he said.

"Participation in a cardiac rehabilitation program has been shown to reduce the risk of death from any cause and from heart disease-related causes, as well as decrease hospital readmissions and improve functional status, quality of life, and mood," Ritchey added.

For the study, researchers examined data on 366,103 people who had heart attacks and other cardiac events that should be followed by rehab for optimal outcomes. All had coverage through Medicare to help pay for cardiac rehab.

Overall, just 89,327 people, or about 24%, went to any cardiac rehab at all.

Among those who did go to rehab, participants completed about 25 sessions, on average. Only 27% had at least the 36 sessions recommended for optimal benefits, researchers report in Circulation: Cardiovascular Quality Outcomes.

Women were 9% less likely to go to cardiac rehab than men, the study found.

Compared with white patients, black patients were 30% less likely to get cardiac rehab, while Hispanic patients were 37% less likely and Asian patients were 20% less likely.

The sickest patients also appeared least likely to get rehab. Compared to people with no more than two chronic health problems, individuals with at least seven different medical issues were 35% less likely to go to cardiac rehab.

Cardiac rehab also became less likely with advancing age. Compared to people ages 65 to 74, those ages 75 to 84 were 7% less likely to go to cardiac rehab and individuals 85 and older were 43% less likely to go.

The study wasn't designed to prove whether or how any specific factors cause patients to miss out on cardiac rehab.

One limitation of the analysis is that researchers relied on data used for medical billing, and they lacked detailed medical information on individual patients. Researchers also didn't know whether patients received referrals for cardiac rehab, making it unclear how many people missed out on it because they were not told to go.

"Cardiac rehab remains underutilized despite its unequivocal salubrious benefits," said Dr. Hani Jneid, director of Interventional Cardiology at the Michael E. DeBakey VA Medical Center and Baylor College of Medicine in Houston.

"We need additional work to identify the barriers to implementation and more education of patients and healthcare providers," Jneid, who wasn't involved in the study, said by email. "A comprehensive cardiac rehab is best to complement an exercise-based regime, and if institutional rehab is not feasible, home-based rehab should also be considered."

Further evidence that controlling high blood pressure can reduce dementia, Alzheimer's risk

Treating high blood pressure with medication not only improves older adults' cardiovascular health, but also can reduce their risk of dementia and Alzheimer's disease, according to a thorough examination of long-term data from four countries.

A global team of scientists cross-referenced data from six large, longitudinal studies that tracked the health of over 31,000 adults over age 55 across several years of follow-up. They found that treating high blood pressure — no matter with which type of antihypertensive drug — reduced dementia risk by 12% and the risk of developing Alzheimer's disease by 16%. The findings, coordinated by investigators in the Laboratory of Epidemiology and Population Science of the NIA Intramural Research Program, were published in *Lancet Neurology*.

This comprehensive look extends the evidence from the recent **SPRINT MIND trial** that showed lowering blood pressure levels reduced the risk for a combination of dementia and mild cognitive impairment. The scientists teamed up to analyze data from six comprehensive, community-based health studies conducted between 1987 and 2008 in the United States, France, Iceland and the Netherlands. They examined all five major types of blood pressure medications — ACE inhibitors, angiotensin II receptor blockers, beta-blockers, calcium channel blockers and diuretics — and found that the type of medication did not make a difference.

Participant data was divided into two groups — 15,537 people with high blood pressure and 15,553 people with normal blood pressure. In all, 1,741 diagnoses of Alzheimer's disease and 3,728 cases of other dementias developed over time. People who controlled their blood pressure with medicine were found to have the same risk for developing dementia as individuals with normal blood pressure who did not require medication.

The investigators were pleased to work with a deeper data pool than previous studies, allowing them to look at specific medication types used to keep blood pressure at safe levels. The expanded study also gave them much longer-term follow-up data, which were helpful to observe the gradual onset of dementia and Alzheimer's symptoms. The large group of people studied also factored in additional health conditions common to older adults, giving them a clearer picture of the multiple issues that come with aging that are typically seen by general physicians.

Still to be investigated is how long-term changes in blood pressure impacts dementia risk, and further research with more detailed information is needed on specific antihypertensive medications.

Together with the SPRINT MIND trial, this latest data adds to the evidence base that treating and reducing high blood pressure can also help reduce the risk of dementia. The researchers hope their findings add urgency to the need for better hypertension awareness among the rapidly growing global population of older adults, many of whom are at risk for developing high blood pressure or already have it but are not managing it properly.