

July 11, 2021 E-Newsletter

New Report Details Patient Advocacy Groups' Reliance on Big Pharma Donations

An explosive new **report** by **Patients For Affordable Drugs** found that fifteen prominent patient advocacy groups, including groups that focus on specific diseases or conditions, have taken millions of dollars from drug corporations and pharmaceutical trade associations.

The report also found that

none of the 15 groups they examined supported allowing Medicare to negotiate lower drug prices. All but one failed to fully disclose the total funding they received from the pharmaceutical industry and 12 have pharmaceutical industry representatives on their boards.

The report authors said their research "raises serious

questions as to whether (the groups) are constrained from advocating for patients on issues that would hurt the profits of their industry funders."

"The pharmaceutical industry will go to any length to protect its profits and keep drug prices high," said **Richard Fiesta**, executive director of the Alliance. "It is no accident that

Americans pay the highest prices in the world for prescription drugs. Congress must put patients before profits, and allow Medicare to negotiate lower drug prices now. We can't wait any longer."



Rich Fiesta,
Executive
Director, ARA

Legislation Introduced to Enact President Biden's Caregiving Plan

Nearly 820,000 seniors and Americans with disabilities are currently on wait lists to receive the care they need at home, rather than in an institution. President **Biden** promised to take action on this problem during his campaign, and called for expanding home and community-based services in his **American Jobs Plan**.

Last week Sen. **Bob Casey** (PA), Chairman of the U.S. Senate Special Committee on Aging, Senate Finance Committee Chairman **Ron**

Wyden (OR) and Senate Majority Leader **Chuck Schumer** (NY), along with Chair of the Health, Education, Labor, and Pensions Committee **Patty Murray** (WA) and Senators **Tammy Duckworth** (IL), **Maggie Hassan** (NH) and **Sherrod Brown** (OH) introduced the **Better Care Better Jobs Act (S. 2210)**, which would make President Biden's plan a reality.

Reps. **Debbie Dingell** (MI), Chairman of the House Energy and Commerce Committee

Frank Pallone (NJ), **Jan Schakowsky** (IL) and **Doris Matsui** (CA) introduced the House companion bill. The legislation not only strengthens and expands access to quality home care services but also supports the caregiving workforce. States would receive additional Medicaid funding to expand their home and community-based services (HCBS) to more people. The legislation also provides funding to increase care workers' salaries.

"Whenever possible, older Americans should be able to get the care they need at home, rather than in an institution," said **Robert Roach, Jr.**, President of the Alliance. "But to do that we need qualified care workers who are paid a living wage for this difficult work. Congress needs to pass this bill and get it on President Biden's desk quickly."



Robert Roach, Jr.
President, ARA

U.S. House moves to expand protections for older workers

The U.S. House of Representatives voted Wednesday to restore protections against age discrimination that had been stripped by a 2009 Supreme Court decision.

The House passed nearly identical legislation last year but it died in the Republican-controlled Senate. With Democrats now in charge in that chamber, and two Senate Republicans on board to help shepherd it, this bill may stand a better chance. The vote was 247-178, with 29 Republicans joining all 218 Democrats in support of the bill. Cliff Bentz, the only

Republican representing Oregon in the House, voted against the bill. Jaime Herrera Beutler, a Republican representing Southwest Washington, voted in favor.

"My home state of Oregon has one of the most rapidly aging populations in the country, and I have heard from many workers, particularly those in the technology industry, who believe they have been dismissed or denied employment because of their age," Rep. Suzanne Bonamici, D-Beaverton, said in comments on the House floor Wednesday. Bonamici was

among those who introduced the legislation.

When workers file complaints, Bonamici said, "the burden of proof is very high and often results in uncertain outcomes."

Supporters of the **Protecting Older Workers Against Discrimination Act**, the bill that passed the House Wednesday, maintain that the 2009 Supreme Court decision set a higher standard for proving discrimination than Congress intended.

That ruling established that older workers must show that age was the decisive factor, and

not just a contributing factor, when suing for age discrimination. That's a different standard than required to show discrimination on the basis of sex, race or disability.

Backers say Wednesday's legislation would put older workers on the same footing as other protected classes. In the Senate, Democrats Bob Casey and Patrick Leahy, and Republicans Chuck Grassley and Susan Collins, are taking the lead in support of the bill.



Joseph Peters, Jr.

ADD
YOUR
NAME

Get The Message Out: SIGN THE GPO/WEP PETITION!!!!

VOTERS ARE RIGHT: IT'S TIME TO EXPAND MEDICARE

There's a huge gap between people who can access healthcare and people who cannot, be they uninsured or insured, though functionally uninsured, because of exorbitant out-of-pocket costs. People with Medicare are no exception; Congress needs to improve and expand Medicare.

Improving and expanding Medicare is both "popular and right," explain Congresswoman Pramila Jayapal and Senator Bernie Sanders in a [Data for Progress](#) op-ed. Congress should put a cap on out-of-pocket costs for everyone with Medicare. Only then will they have a meaningful choice between traditional Medicare and Medicare Advantage, which already has an out-of-pocket cap.

Congress also needs to lower the price of prescription drugs and add vision, hearing and

dental benefits to Medicare. The public strongly supports these improvements to Medicare. And, support runs across party lines. More than three in four Republicans (76 percent) support adding vision, hearing and dental benefits, according to a new Data for Progress poll.

The data show that adding these Medicare benefits will improve health outcomes. Lack of dental coverage promotes an array of chronic conditions. Lack of hearing and vision benefits also jeopardizes people's health.

The pandemic only underscores the need for lowering the age of Medicare eligibility to 60. Again, across party lines, a majority of the public favors lowering the age of Medicare eligibility to 60.

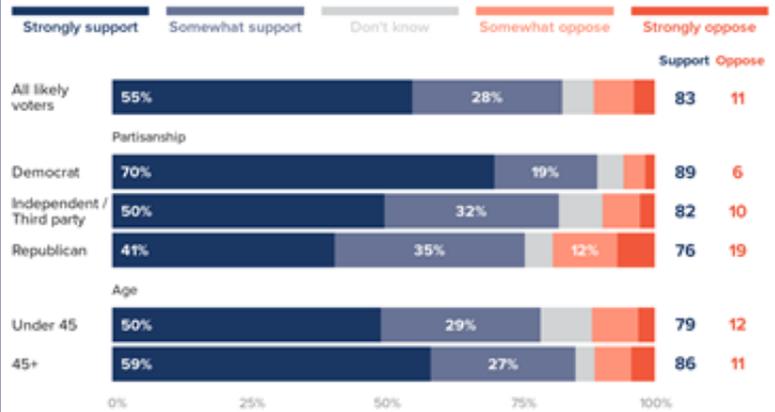
These improvements to Medicare are easily affordable. The simplest way to

pay for them is by lowering prescription drug costs, which continue to skyrocket. If we benchmark drug prices in the US to prices in other wealthy

countries, they will come down significantly and save hundreds of billions a year.

Voters Overwhelmingly Support Expanding Medicare to Cover Hearing, Vision, and Dental Care

Medicare is a government program that provides health insurance to Americans over the age of 65. Would you support or oppose expanding Medicare to provide dental, vision, and hearing benefits?



June 15-14, 2021 survey of 1,075 likely voters

DATA FOR PROGRESS

Beginning January 2022, HHS bans surprise bills from out-of-network providers

HHS has issued an [interim final rule](#) that bans surprise bills for patients who receive care from out-of-network providers at in-network hospitals. The rule applies to both emergency and non-emergency care, reports Joyce Frieden at [Medpage Today](#).

Many patients find that even when they are careful to see in-network doctors at in-network hospitals that they receive care from a range of out-of-network providers as well. Radiologists, anesthesiologists and emergency doctors are three types of specialists that often do not

provide in-network care. With this new HHS rule, patients will only pay the in-network copay for out-of-network services in in-network hospitals.

The HHS rule builds on Trump administration policy. It bans surprise medical bills as well as high charges from out-of-network providers for non-emergency care for which people have no advance notice. These are unexpected charges because they are either buried in the fine print from an insurer or are left out.

People who receive out-of-network services in non-



emergency situations need to have notice and give their consent. As it is, when patients are billed for out-of-network care, their out-of-pocket

payments generally do not count towards their deductible or their out-of-pocket cap.

The HHS interim final rule also forbids insurance companies from retroactively denying emergency room visits, reports Robert King for [Fierce Healthcare](#). In essence, insurers cannot second guess individuals as to whether they experienced an emergency after they receive

emergency services. Insurers must pay these claims.

HHS plans to issue a series of other interim final rules in the next several months. It will be requiring better price transparency for consumers as well as better tools for comparing provider charges. HHS Secretary Xavier Becerra wants these rules to be crystal clear and understood by all parties so that they actually work in practice and not simply in theory. Time will tell.

These surprise medical bill protections do not become effective until January 1, 2022.

New Bill Could Help Seniors Avoid Getting Cheated Out of Social Security Benefits

Millions of seniors today rely on [Social Security](#) to cover their living expenses. But there are many variables that go into determining what a given recipient's monthly benefit will look like.

One such factor is the age at which benefits are claimed. Seniors who wait until [full retirement age](#) (which is either 66, 67, or somewhere in between, depending on year of birth) to sign up for Social Security get their full monthly benefit without a reduction.

Meanwhile, those who sign up starting at [age 62](#) but before full retirement age get a reduced benefit, while those who delay their filings beyond full retirement age get a boosted benefit.

Another factor that goes into determining benefits is lifetime wages. Benefits are calculated by taking workers' earnings during their 35 most profitable years in the labor force, adjusting those numbers for inflation, and then applying a special formula.



As a general rule, the higher one's wages are, the higher one's Social Security benefit will be in retirement -- though that rule only applies to workers whose earnings don't exceed the annual Social Security [wage cap](#). But in some cases, Social Security recipients may be losing out on a higher monthly retirement benefit due to incorrect information being reported about their wage histories. Now, a new bill is trying to change that.

Introducing the Know Your

Social Security Act. Last week, the Know Your Social Security Act was introduced as a bipartisan proposal, and its goal is to make Social Security earnings statements more accessible to the public. Each year, the Social Security Administration (SSA) issues a statement summarizing workers' wages for the year. But it only mails those statements out to those who are 60 and older.

[..Read More](#)

Desperate for Home Care, Seniors Often Wait Months With Workers in Short Supply

For years, Louise Shackett has had trouble walking or standing for long periods, making it difficult for her to clean her house in southeastern Maine or do laundry. Shackett, 80, no longer drives, which makes it hard to get to the grocery store or doctor.

Her low income, though, qualifies her for a state program that pays for a personal aide 10 hours a week to help with chores and errands.

"It helps to keep me independent," she said.

But the visits have been inconsistent because of the high turnover and shortage of aides, sometimes leaving her without assistance for months at a time,

although a cousin does help look after her. "I should be getting the help that I need and am eligible for," said Shackett, who has not had an aide since late March.

The Maine home-based care program, which helps Shackett and more than 800 others in the state, has a waitlist 925 people long; those applicants sometimes lack help for months or years, according to officials in Maine, which has the country's oldest population. This leaves many people at an increased risk of falls or not getting medical care and other dangers.

The problem is simple: Here and in much of the rest of the



country there are too few workers. Yet, the solution is anything but easy.

Katie Smith Sloan, CEO of Leading Age, which represents nonprofit aging services providers, says the workforce shortage is a nationwide dilemma. "Millions of older adults are unable to access the affordable care and services that they so desperately need," she said at a recent press event. State and federal reimbursement rates to elder care agencies are inadequate to cover the cost of quality care and services or to pay a living wage to caregivers, she added.

President Joe Biden allotted \$400 billion in his infrastructure

plan to expand home and community-based long-term care services to help people remain in their homes and out of nursing homes. Republicans pushed back, noting that elder care didn't fit the traditional definition of infrastructure, which generally refers to physical projects such as bridges, roads and such, and the bipartisan deal reached last week among centrist senators dealt only with those traditional projects. But Democrats say they will insist on funding some of Biden's "human infrastructure" programs in another bill...[Read More](#)

States Step Up Push to Regulate Pharmacy Drug Brokers

Under pressure to rein in skyrocketing prescription drug costs, states are targeting companies that serve as conduits for drug manufacturers, health insurers and pharmacies.

More than **100 separate bills** regulating those companies, known as pharmacy benefit managers, have been introduced in 42 states this year, according to the National Academy for State Health Policy, which crafts model legislation on the topic. The flood of bills comes after a [U.S. Supreme Court ruling](#) late last year backed Arkansas' right to enforce rules on the

companies. At least **12 of the states** have adopted new oversight laws. But it's not yet clear how much money consumers will save immediately, if at all.

The companies are powerful, together administering medication plans for **more than 266 million** Americans. A handful of the companies, CVS Caremark, Express Scripts and OptumRX, **control the vast majority of the market** while also operating national pharmacy chains. PBMs say they use all that power to



negotiate lower prescription prices. But the inner workings of the deals — and how much of the savings the companies pocket — happen largely behind a curtain that lawmakers are trying to pull back.

Montana is one testing ground for whether more transparency leads to lower drug prices with a new law that places those businesses under state oversight. The legislature **unanimously** passed a measure in April that, beginning next year, requires pharmacy benefit managers to

get a state license and publicly report how much money they receive. It also dictates what information PBMs must provide to other companies amid negotiations.

"This was kind of the low-hanging fruit in terms of something where we thought we could get some meaningful policy out there," said [Troy Downing](#), Montana's Republican commissioner of securities and insurance. "At least turn the light on in that black box..."[Read More](#)

Government drug price-setting could save millions of lives and end diseases

In an opinion piece for [Stat](#), James Glassman, a former undersecretary of state for public diplomacy, overlooks the fact that proposals to base drug prices in the US on the prices other wealthy countries pay are the most likely way the US will have the money and interest to invest in research to end cancer and other deadly diseases. Glassman fails to consider that right now the pharmaceutical industry is price-gouging and targeting its research where it can maximize profits, not end diseases. Drugs don't end diseases if people can't afford them or if they are never developed.

Right now, every other wealthy nation sets drug prices. And, though it is not technically

legal, millions of Americans with means are able to take advantage of those prices through importation. The FDA has never prosecuted anyone for importing drugs for personal use. So long as the US does not set drug prices, Pharma will price-gouge and set the agenda as to where to invest in research.

Moreover, our government's failure to permit importation, let alone to import drug prices leads millions of Americans with limited assets to go without life-saving medicines. By not importing drug prices, Congress is permitting excessive pharmaceutical company profits at the cost of millions of American lives.



Setting drug prices at a level comparable to other wealthy countries makes market sense. That's the price Americans pay when they import drugs. It's a reasonable and quick way to level the international playing field on drug prices. And, it would generate hundreds of billions a year in savings.

If the US set prices at a level comparable to other wealthy countries or even to the Veterans Administration, it could help end cancer. Yes, Pharma innovates under the current system, as Glassman contends. But, Pharma only develops new drugs—often new versions of drugs currently available—to support its bottom line, not the

needs of people with health conditions that drug companies do not think they can profit from. If the drug companies don't see big dollar signs, their research goes in other directions.

Savings from US regulation of drug prices could be applied to a national drug innovation agenda that ensured research and development of drugs to treat untreated diseases, which might not be as profitable as drugs to treat other conditions, but that would save lives. Moreover, the US could direct development of medicines that cure diseases, an important differential, as Pharma tends to develop drugs that people take for a prolonged period, as another way to maximize profits.

Biden Administration Pushes Forward With Trump-Era Law on Surprise Medical Bills

In a rare show of bipartisanship on health care, the Biden Administration is advancing Trump-era consumer protections aimed at curbing sometimes devastating surprise medical bills.

It's an issue that seems to unite Americans of all political stripes: Bills that seemingly come out of nowhere after necessary medical treatments, and that can run anywhere from hundreds to tens of thousands of dollars.

According to the *Associated Press*, about 1 in every 5 emergency care visits and 1 in every 6 inpatient hospital admissions will result in a surprise bill. Many of them arise from care involving a high-demand -- but out-of-network -- physician or anesthesiologist who may stay out of insurance networks to maximize their incomes.

However, the Biden

Administration signaled on Thursday that it was pushing forward with legislation that began life in the Trump era.

The proposed protections, issued by four federal agencies, would more clearly outline charges to be expected during medical emergencies and offer protections to consumers for charges from out-of-network doctors working at an in-network facility.

"It's about getting good health care at a good price for all Americans -- it's a bipartisan effort," Health and Human Services Secretary Xavier Becerra told the *AP*. His department is working on the issue with the Treasury, the Labor Department and the federal government's personnel agency.

"You will no longer be stuck in the middle of a payments dispute because you were



blindsided by a charge you weren't expecting," Becerra said.

Included in the legislation:

Holding patients harmless for extra charges necessitated by emergency medical care. That holds true whether or not a patient is seen at an in-network facility, or if an out-of-network doctor treats them at an in-network facility.

Mandating that out-of-network service providers give patients 72 hours notice of what charges might be expected. Patients would then have to give their consent to the out-of-network care before being billed.

Barring air ambulance services from sending patients surprise bills for more than the in-network cost sharing amount.

The new protections are, under law, required to go into effect by Jan. 1. In the

meantime, many groups, including those advocating for patients, are poring over the new 400-page document.

"They are clearly pulling out the stops to get this implemented in a timely manner," Karen Pollitz, a health insurance expert with the nonpartisan Kaiser Family Foundation, told the *AP*. "We know this has been a problem that people put at the top of their list of worries."

Will the new system work in real life? Only time will tell, Pollitz said, noting that millions of surprise bills land in patient's mailboxes and email inboxes each year.

"Even if 90% of them are handled perfectly the first year, you could still have hundreds of thousands that go through to the patient," she said.

The Biden Administration is allowing 60 days of public comment on the new rules.

D.C. AG subpoenas Facebook in escalating probe of Covid-19 misinformation

Karl Racine is calling on Facebook to release by the end of next week an internal study it conducted looking into vaccine hesitancy among its users.

D.C. Attorney General Karl Racine has subpoenaed Facebook for records related to the platform's handling of coronavirus misinformation as part of a previously undisclosed investigation into whether the tech giant is violating consumer protection laws.

What he is demanding: Racine, a Democrat, is **calling on Facebook to release by the end of next week** an internal study it

conducted looking into vaccine hesitancy among its users, as **first revealed by news reports in March**.

The subpoena, filed June 21, also calls on Facebook to provide records identifying all groups, pages and accounts that have violated its policies against Covid-19 misinformation and documents detailing how many resources the tech giant has devoted to the cause.

"Facebook has said it's taking action to address the proliferation of COVID-19 vaccine misinformation on its site," Abbie McDonough,



director of communications for Racine, told POLITICO. "But then when pressed to show its work, Facebook refused.

AG Racine's investigation aims to make sure Facebook is truly taking all steps possible to minimize vaccine misinformation on its site and support public health."

In response to the subpoena, Facebook spokesperson Andy Stone said in a statement that the company has "removed more than 18 million pieces of content on Facebook and Instagram that violate our COVID-19 and vaccine misinformation policies,

and labeled more than 167 million pieces of COVID-19 content rated false by our network of fact checking partners."

Misinformation efforts under the microscope: Facebook and other tech companies have faced immense pressure from Democratic leaders in Washington to crack down more forcefully against misleading news about the pandemic, which they fear have contributed to widespread vaccine hesitancy and anti-masking sentiment...**Read More**

Caregiver Duties: Understanding the Differences Between Professional and Family Care

Are you looking for a list of caregiver duties because you're about to begin caring for a loved one? Or are you or a family member preparing to move into a senior living facility, prompting you to ask questions like "What is a caregiver?" and "What do caregivers do?" Well, in both professional and family-care settings, caregivers make a positive difference for seniors, frequently improving their

quality of life. They provide loving, compassionate care and, in return, they often report that the work is gratifying, rewarding, and fulfilling.

Professional and family caregivers are essential to the fabric of society. According to the **U.S. Department of Health and Human Services**, in 2014, there were more than 46 million seniors aged 65 and older in



America. By 2060, the number of seniors could reach almost 100 million. That means caregivers are more important than ever. And it may surprise you to learn that unpaid family caregivers actually play a larger role in senior care than professional caregivers.

Check out the following sections to uncover essential

information about caregivers and their roles and responsibilities:

- ◆ **Facts about caregivers in America**
- ◆ **Professional, non-medical caregiver duties**
- ◆ **Professional, medical caregiver responsibilities**
- ◆ **Family caregiver duties**
- ◆ **Helpful tips for family caregivers**

House Committees to Investigate New Alzheimer's Drug Approval

The U.S. Food and Drug Administration's controversial approval of a new Alzheimer's drug, along with its high price, is now being investigated by two House committees.

"We have serious concerns about the steep price of Biogen's new Alzheimer's drug Aduhelm and the process that led to its approval despite questions about the drug's clinical benefit," House Democrats Carolyn Maloney and Frank Pallone Jr. said in statement from the Committee on Oversight and Reform and the Committee on Energy and Commerce, *CNN* reported.

"We strongly support innovative treatments to help the millions of Americans who

suffer from Alzheimer's disease, but Aduhelm's approval and its \$56,000 annual price tag will have broader implications for seniors, providers and taxpayers that warrant close examination," the statement read.

Although an FDA advisory committee concluded there wasn't enough evidence to support the effectiveness of the Biogen drug Aduhelm (aducanumab), the agency went ahead and approved the drug earlier this month, *CNN* reported.

Three of the advisory committee members resigned after the FDA approved the drug. Dr. Aaron Kesselheim, a Harvard Medical School professor and



Brigham and Women's Hospital physician, was one of them.

In his resignation letter, he called it "the worst drug approval in US history."

On the *CBS* show "This Morning," Kesselheim said the drug has "important side effects," such as brain swelling and bleeding, headache, falls, diarrhea, confusion, delirium and disorientation, *CNN* reported.

Most of the reviewers at the FDA who assessed the company's submissions for aducanumab did recommend approval, *CNN* reported.

"Alzheimer's disease is a serious condition and aducanumab, unlike other approved therapies, is targeted at

an underlying, fundamental and defining pathophysiological feature of the disease, with the potential to alter the inescapable and relentless progression of this disease," the reviewers said.

The drug is infused once every four weeks. The wholesale cost is about \$4,312 per infusion.

Aduhelm is designed to clear Alzheimer's-associated deposits of amyloid beta from the brain. Biogen claims that treatment in the early stages of the disease could help prevent it from getting worse.

"We will of course cooperate with any inquiry we may receive from these committees," the company told *CNN*.

Vaccines door-to-door: Immunization push goes granular as delta variant looms

President Joe Biden on Tuesday pleaded with Americans to get vaccinated against COVID-19 as the White House signaled a shift toward grassroots tactics to reach those who have yet to get a shot.

Biden, who just days earlier hosted more than a thousand people at the White House for an outdoor Independence Day gathering, cautioned against getting overconfident in the fight against the coronavirus pandemic as the delta variant contributes to rising case counts in less vaccinated parts of the country.

"Our fight against this virus is not over," Biden said in prepared remarks delivered from the

White House. "Right now, as I speak to you, millions of Americans are still unvaccinated and unprotected. And because of that, their communities are at risk. Their friends are at risk, the people that they care about are at risk. This is an even bigger concern because of the delta variant."

The president laid out a series of steps his administration is taking to make the vaccine more accessible, with a focus on getting the shot to young people in particular. The White House coronavirus response team is planning to direct more vaccines to doctors' offices and



pediatricians so that individuals, specifically those ages 12-18, can have access to the shots.

Biden also highlighted door-to-door, community level outreach and mobile vaccination clinics as ways to bring the vaccine to more Americans this summer.

In addition, the White House is deploying federal "surge response teams" to help local officials mitigate the spread of the fast-moving delta variant areas of the country with low vaccination rates.

The White House expects 160 million Americans to be fully vaccinated by the end of the week, with Biden on Tuesday

declaring that the virus "is on the run" and highlighting the "hard fought progress" against the pandemic. Still, the rate of vaccinations has slowed in recent weeks and officials have acknowledged it will take a concerted effort to reach Americans who have yet to get the shot.

The U.S. narrowly missed Biden's July 4 goal of having 70 percent of U.S. adults receive at least one dose of a COVID-19 vaccine. As of Monday, 67 percent of had received at least one dose.... [Read More](#)

It's time to stop overpaying Medicare Advantage plans

This article was originally posted on the [Health Justice Monitor](#). It shows that many Medicare Advantage plans are engaged in "risk-adjustment" gaming—reporting that their members are in worse health and needing more health care services than in fact is the case. Consequently, the federal government is overpaying Medicare Advantage plans, and Medicare Advantage plans are draining the Medicare Trust Fund, driving up Part B premiums and costing taxpayers lots of money. Short of closing them down, the federal government would be well

advised to pay them for the services they deliver, on a cost-plus basis, with a global cap.

[Medicare Advantage Chart Reviews Are Associated With Billions in Additional Payments for Some Plans Medical Care February, 2021](#)
By David J. Meyers and Amal Trivedi.

From the Abstract:
Background: In the Medicare Advantage (MA) program, private plans receive capitated payments that are adjusted based on their enrollees' number and type of clinical conditions. Plans



have the ability to review charts to identify additional conditions that are not present in claims data, thereby increasing risk-adjusted payments...

Results: Chart reviews were associated with a \$2.3 billion increase in payments to plans, a 3.7% increase in Medicare spending to MA plans. Just 10% of plans accounted for 42% of the \$2.3 billion in additional spending attributed to chart review. Among these plans, the relative increase in risk score from chart review was 17.2%. For-profit plans engaged in chart

reviews substantially more frequently than nonprofit plans.

It's long been known that Medicare Advantage (MA) plans selectively recruit low-cost Medicare enrollees and evict the expensively-ill, such as those who require nursing home care. As a result, Medicare pays MA plans 4% more than it would cost to care for their patients in the traditional Medicare program.

After 40 years of unsuccessful attempts to rein-in MA plans' profit-driven efforts to cheat the taxpayers, it's time to end the MA program and return to fully public Medicare.

Dear Marci: Who should I contact with Medicare issues?

Dear Marci,
I'm never sure where to start if I have questions or problems with my Medicare coverage. Who should I contact about these Medicare issues?

-Juanita (Bar Harbor, ME)

Dear Juanita,

This is a great question. When we are confused or concerned, who do we reach out to? Knowing where to start and which people to contact can help you more quickly and easily clarify confusions, solve problems, and stay informed. Let's discuss a few important groups that can help, and when to contact each.

First, contacting **Medicare** can help with many issues that arise. You can learn about coverage rules, ask questions about your **Medicare Summary Notice (MSN)**, or check the status of your Part A or B claims. You can also contact Medicare to find forms for **filing a Medicare appeal** or to let someone speak with Medicare on your behalf. Medicare assists you in comparing costs and coverage of

Medicare Advantage Plans, Part D plans, and Medigaps in your area. Medicare staff can even help you enroll in a plan or find health care providers and suppliers in your area that participate in Medicare. You should also contact Medicare to request a replacement Medicare card.

To contact Medicare, you can either call 1-800-MEDICARE or go to www.medicare.gov. On its website, Medicare has some helpful tools to learn about plans and providers:

Plan Finder (to compare Medicare Advantage or Part D plans in your area)

- ◆ **Physician Compare**
- ◆ **Home Health Care Compare**
- ◆ **Durable Medical Equipment Cost Compare**

Sometimes you may want to contact the **Social Security Administration (SSA)**. You can call SSA at 800-772-1213. It may be helpful to contact SSA about enrollment-related topics, such as to enroll in



Dear Marci

Medicare Part A and B or to correct issues with your

Medicare Part A and B effective dates. You can also contact Medicare to **appeal a higher premium** (called **IRMAA**) or to find the application for **Extra Help**. You should additionally contact SSA to report a change of address or phone number.

If you have concerns about the quality of medical care you have received, you should contact your **Beneficiary and Family Centered Care—Quality Improvement Organization (BFCC-QIO)**. You can find your BFCC-QIO by visiting www.qioprogram.org/ **contact**. A staff member can help you access and complete the quality-of-care complaint form. Examples of quality of care complaints may be if you received unnecessary or inappropriate surgery or treatment, or if you experienced prescription drug errors.

Now, who should you contact if you think you're experiencing

not just a coverage issue, but perhaps **Medicare fraud**, errors, or abuse? Call your local **Senior Medicare Patrol (SMP)**. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect and report health care fraud, errors, and abuse. You can find your SMP by calling 877-808-2468 or visiting www.smpresource.org.

Finally, if you need more assistance and individualized counseling, you can reach out to your local **State Health Insurance Assistance Program (SHIP)**. Trained staff there can provide unbiased, knowledgeable counseling on your Medicare coverage. To contact your SHIP, visit www.shiphelp.org or call 877-839-2675.

I hope this can help you better understand who to contact and when! Feel free to keep this saved for the next time you feel confused with your Medicare or you experience any problems.

-Marci

Companion Care for Seniors: Essential Info About Services and Jobs

We all need to engage with other people in order to maintain our well-being, but that gets increasingly challenging as we get older. Companion care enriches the lives of seniors by providing them with regular opportunities to socialize and get assistance with basic household tasks.

Companion care for the elderly is about providing emotional support to older adults who are generally healthy but need a little extra help to remain independent

or stay connected with people. Seniors benefit from having someone to talk to and share experiences with on a regular basis. Companions can also offer valuable household help that enables older adults to remain in their own homes as they age.

Did you know that **being socially active** can be good for an older adult's health? **Evidence suggests** that there is a strong connection between social interaction and seniors' well-



being. In fact, the **Blue Zones** considers social connectedness to be one of the key principles that can promote health and longevity.

This article outlines the multifaceted role of senior companions and explains the typical costs involved in implementing such services. It also includes a detailed step-by-step process for finding and hiring a companion for your loved one. And if you're

interested in *becoming* a senior companion, be sure to check out the section on how to find elderly companion jobs.

Contents

- ◆ **What is a senior care companion?**
- ◆ **What do senior companion services cost?**
- ◆ **How to hire a companion caregiver**
- ◆ **How to find elderly companion jobs**

Don't trust a hospital's advertisements

Most people do not realize how important it is to take time **choosing a hospital**; sadly, good information about quality and safety is hard to come by, and rankings tend to be misleading. Hospitals that advertise are no better than hospitals that do not advertise, writes John Gever for **MedPage Today**. But, their ads generate more business for them, while driving up the cost of care.

Quality measures show no meaningful difference between hospitals that promote themselves and those that do not. They have similar death rates, similar readmission rates, and similar consumer satisfaction rates, says Chima Ndumele, MPH, PhD, of Yale School of Medicine. The hospitals that advertise are simply likely to be in better financial shape.



The advertising does not help people make a better choice of hospitals. Rather, it leads them to frequent the hospitals

with excess resources and could be hurting community hospitals and safety net hospitals with far fewer resources. Those hospitals tend to treat more patients who are low-income and at risk.

It's hard to believe that there could ever be a truly

competitive health care market that helps people make smart hospital choices. But, ads are certainly not a solution to getting people better hospital care.

Profit motive among hospitals and group practices poses huge risk to patients

Most Cases of Dementia in U.S. Seniors Go Undiagnosed

Most Americans with dementia are undiagnosed, which shows how important it is to screen and assess seniors for the disease, researchers say.

Their new analysis of data from a nationwide survey of about 6 million Americans aged 65 and older revealed that 91% of people with cognitive impairment consistent with dementia did not have a formal medical diagnosis of dementia or Alzheimer's disease.

When other people (generally, family members) responded to the survey, the rate fell to around 75%, which is still significant, said study co-author Sheria Robinson-Lane. She is a gerontologist at the University of Michigan School of Nursing, in Ann Arbor.

Rates of non-diagnosis varied

by race, gender and education. For example, Black seniors had a higher rate (93%) than other racial groups, according to the report published June 29 in the *Journal of Alzheimer's Disease*.

"There is a large disparity in dementia-related treatment and diagnosis among Black older adults, who are often diagnosed much later in the disease trajectory compared to other racial and ethnic groups," Robinson-Lane said in a university news release.

Men (99.7%) were more likely to report no diagnosis than women (90.2%), and those who didn't graduate high school had a higher estimated rate (93.5%) than those with at least a high school education (91%), the



findings showed. Higher education is often associated with greater wealth and more access to resources that affect both dementia risk and disease progression, Robinson-Lane noted.

There's also evidence that education level may affect results on thinking and memory ("cognitive") tests.

Robinson-Lane said the findings are particularly relevant now because people with dementia have higher risk for COVID-19 hospitalization and death. COVID-19 also causes long-lasting neurological impacts in some people, perhaps increasing their dementia risk.

Dementia screening isn't a routine part of annual well visits for older adults, she noted.

"Now more than ever, these routine screenings and assessments are really critical," Robinson-Lane said. "I think it's particularly important to have some baseline information available to providers of patients over 65."

Co-author Ryan McGrath, an assistant professor of health, nutrition and exercise sciences at North Dakota State University in Fargo, said evaluating seniors' thinking skills is important.

"We recommend that health care providers screen for low cognitive functioning during routine health assessments when possible," McGrath said. "A telemedicine option may reduce clinic time and expand reach."

What to know about Sundowner's syndrome

Sundowner's syndrome can affect a person with dementia. The person may experience increasing episodes of confusion, agitation, and activity as night approaches.

The agitation and personality changes that occur with sundowner's syndrome can cause anxiety and pose other challenges for the individual and their caregiver. Sundowner's syndrome has links to **dementia**, which is a condition that affects memory, personality, and the ability to reason. It is also known

as sundown syndrome or sundowning.

Some lifestyle strategies and medications can help manage the symptoms and enhance the person's ability to sleep. Treatment aims to ensure the person does not experience fear or accidentally injure themselves.

In this article, find out what sundowning involves and get some tips on managing it.

Older research from 2011 suggests symptoms of sundowner's syndrome **typically**



occur Trusted Source late in the afternoon, in the evening, and at night.

They include changes in behavior and thinking, such as:

- ◆ **confusion**, including about where they are and who other people are
- ◆ reduced attention levels
- ◆ agitation and restlessness
- ◆ **anxiety**
- ◆ pacing and wandering
- ◆ disorientation
- ◆ shouting
- ◆ sleep disturbances

- ◆ paranoia and suspiciousness
- ◆ auditory and visual hallucinations
- ◆ mood changes
- ◆ being unusually demanding

Sundowner's syndrome will usually occur alongside some form of dementia, such as **Alzheimer's disease**. But not everyone with Alzheimer's disease or dementia will have sundowner's syndrome.

Some 2011 **research** suggests sundowner's syndrome may speed up the mental decline of a person with Alzheimer's disease ... **Read More**

Rare 'Breakthrough' COVID Infections in Vaccinated Are Milder: Study

Folks who suffer a rare "breakthrough" coronavirus infection after getting the Pfizer or Moderna vaccine will not get as sick and, importantly, are much less likely to pass the coronavirus on to others, a new study shows.

It's very unlikely that a person will become infected with COVID-19 after getting one of the messenger RNA (mRNA) vaccines, which provided 91% effective protection among the vaccinated people included in

this study.

But those who got COVID-19 despite their vaccination wound up having milder symptoms over a shorter period of time compared to those who weren't inoculated, researchers reported July 1 in the *New England Journal of Medicine*.

Vaccinated people who caught COVID-19 also had a 40% lower viral load during their infection, compared with unvaccinated people.



"If you were at least partially vaccinated, you had less virus in you for a shorter period of time than those that hadn't been vaccinated, which means that they would be less likely to be passing the virus on to anyone else," said researcher Dr. Jefferey Burgess, associate dean for research at the University of Arizona's College of Public Health, in Tucson.

According to Dr. Amesh Adalja, a senior scholar with the

Johns Hopkins Center for Health Security, in Baltimore, the findings "should give people a lot of confidence about COVID-19 vaccines. When the very rare breakthrough infections occur they are really not clinically meaningful, as the severity and infectiousness is greatly attenuated — even in not fully vaccinated individuals." ... **Read More**

Women With Heart Failure From Breast Cancer Treatment May Fare Better Than Previously Thought

Women who develop heart failure following certain breast cancer treatments are generally healthier and have a better prognosis than those with heart failure from other causes, a new study finds.

Two widely used treatments for breast cancer are known to harm the heart. A class of chemotherapy drugs called anthracyclines interferes with cancer cells' DNA and ability to multiply. The monoclonal antibody trastuzumab blocks the protein that allows HER2-positive breast cancer to spread aggressively. It often is prescribed with chemotherapy. Roughly 1 in 5 breast cancer cases are HER2-positive.

Many doctors and patients assume heart failure after breast cancer treatment is like any

other case, without looking closely at the nature of the disease, said Dr. Husam Abdel-Qadir, a cardiologist at Women's College Hospital at the University of Toronto.

"There was an unspoken assumption that this is just like heart failure from other causes, such as after a heart attack, in which the prognosis can be quite bad – even though we did not have any data for it," he said. "So, we tried to fill that gap."

The researchers analyzed data between 2007 and 2017 of people in Ontario, Canada, where universal health care is available to all residents. They compared two groups of women with heart failure. Those who had been treated for early-stage breast cancer were less likely to



have other health problems, such as atrial fibrillation, high blood pressure or diabetes, compared to a control group without a history of cancer.

Also, the women treated for breast cancer were less likely than those without it to be hospitalized or visit the emergency room for their heart failure over an eight-year period.

The type of cancer medication women received mattered. The rate of visiting or being admitted to the hospital for women taking anthracyclines was about the same as the control group. But the rate for women taking trastuzumab with or without anthracyclines was lower. (Unlike women taking only anthracyclines, those taking trastuzumab are required to have

an echocardiogram every three months to look for signs of heart problems, which may partly account for the lower incidence of heart failure requiring hospital care in this group.)

Women in the cancer group also were less likely to die of cardiovascular causes during a median follow-up of three and a half years – 2.2% died from cardiovascular disease compared to 5.1% in the control group.

The findings appeared Wednesday in the American Heart Association journal *Circulation: Heart Failure*.

Dr. Susan Faye Dent, a medical oncologist at Duke Cancer Center in Durham, North Carolina, said the risk of developing heart failure from anthracyclines or trastuzumab is fairly low overall....[Read More](#)

Cost a Barrier to Cervical Cancer Screening for Many U.S. Women

Many women in the United States aren't screened for cervical cancer because they can't afford it, a new study finds.

Screening helps reduce cervical cancer cases and deaths, but disparities in screening rates exist based on income, insurance status, race and ethnicity.

"Low-income women need greater access to insurance coverage options, Medicaid eligibility, or free screening programs so they can undergo

regular cervical cancer screening without perceived financial barriers to care," said

Dr. Susan Kornstein, editor of the *Journal of Women's Health*, which published the findings in its June issue.

Only about 64% of uninsured women, 78% of those with government insurance and 75% of low-income women have been screened in accordance with national guidelines,



according to the study. Of women between 25 and 64 years of age who were not up to date on cervical cancer screening, 72% cited cost as a barrier.

The most commonly reported barriers were screening appointment costs (71%) and follow-up/future treatment costs (44%), a team led by Jennifer Smith of the University of North Carolina at Chapel Hill reported.

"Most notably, this study

illustrates the importance of the availability and awareness of health insurance and other financial resources to reduce perceived financial barriers to screening," the study authors said in a news release.

"Insurance status heavily influences the actual out-of-pocket costs incurred from the cervical cancer screening appointment and labs, which may influence perceived cost burden and barriers."

Smoking Harms the Brain, Raises Dementia Risk – But Not If You Quit

Everyone knows smoking is bad for the heart and lungs. But the damage it does to the brain often gets less attention than it should – from smokers and health care providers alike.

Researchers say that comes at a steep cost.

"We know that smoking harms every organ of the human body," said Adrienne Johnson, an assistant scientist at the University of Wisconsin Center for Tobacco Research and Intervention in Madison. "The brain is no exception."

Smokers are at significantly higher risk for dementia and

dementia-related death. The World Health Organization estimated in 2014 that 14% of dementia cases

worldwide may be caused by smoking. Overall, current smokers are 30% more likely to develop dementia and 40% more likely to develop Alzheimer's disease, according to a 2015 analysis of 37 different studies published in the journal *PLOS ONE*. And the more a person smokes, the higher the risk: For every 20 cigarettes per day, the analysis showed dementia risk climbs 34%.



Smoking also increases the risk for stroke. Black people, who have a higher stroke risk than white people, face double the stroke risk if they smoke.

On the flip side, studies show quitting smoking can help erase the higher risk for brain harm. Quitting smoking is one of seven lifestyle changes, known as Life's Simple 7, that research has shown improves heart and brain health.

Quitting at any time helps. But the earlier you quit, the better, said Jennifer Deal, an assistant

professor of epidemiology at Johns Hopkins University's Bloomberg School of Public Health in Baltimore. Deal led a study that found smokers' increased risk for dementia decreased over time when they quit, eventually reaching a point after nine years when it was no higher than those who never smoked.

"The message coming out of our research is that earlier is better," Deal said. "Quitting in midlife is better than later in life. But quitting at any time is beneficial."...[Read More](#)

Delicious & Deadly: Southern U.S. Diet Tied to Higher Odds for Sudden Death

Planning on a celebration with a traditional Southern-style spread of fried chicken, pork rinds, buttermilk biscuits and sweet tea?

Don't make it an everyday habit.

These staples of a regional diet heavy in fried foods, fats and sugary drinks may boost your odds for sudden cardiac death, a new study warns.

The good news: You might be able to lower that risk by sticking to the Mediterranean diet, an eating regimen rich in vegetables, fruits, fish, whole grains and legumes, and low in

meat and dairy.

"Diet is a modifiable risk factor — it is something you can do something about," said lead author James Shikany. He is associate director for research in the division of preventive medicine at the University of Alabama at Birmingham. "So switching as much as possible to more of a Mediterranean-style diet may be beneficial to prevent sudden cardiac death, and for cardiovascular health in general."

The new study doesn't prove a Southern-style diet causes an increase in sudden cardiac death,



he noted, only that it is linked with an increased risk.

"We do the analyses as rigorously as possible, but you can never say for sure that's what was responsible. But we're as sure as we can be in an observational setting," Shikany said.

His team collected data on more than 21,000 participants in a study of regional and racial differences in causes of stroke. When the study began, participants had no underlying heart disease.

The researchers examined the

link between participants' diet and their risk of a sudden loss of heart function, which can be fatal within minutes. Most sudden cardiac deaths are caused by abnormal heart rhythms called arrhythmias.

After an average of nearly 10 years of follow-up, more than 400 sudden cardiac deaths had occurred among the study participants.

And those who most regularly ate a Southern-style diet had a 46% higher risk of sudden cardiac death compared with Americans who did so the least, the study found. ...[Read More](#)

Gap in Breast Cancer Survival for Black, White Patients Shrinks, But Not by Enough

Racial disparities in breast cancer survival have narrowed in recent years, but Black women with the disease still have double the death rate of white women.

That's according to a study that tracked breast cancer trends in Florida between 1990 and 2015. Overall, deaths from the disease declined among Black, Hispanic and white women alike — with the improvement being greater among minority women.

Over time, the result was a shrinking racial disparity. In fact, the gap between white women and Hispanic women disappeared in recent years.

Unfortunately, the study found, the death rate among Black women remained almost twice as high.

"We should celebrate the progress that's been made, but

there's still a lot of work to do," said lead researcher Robert Hines, an associate professor at the University of Central Florida College of Medicine, in Orlando.

Simply being a Black person, he said, should not be a risk factor for breast cancer death.

Why are Black women still facing a poorer breast cancer prognosis?

Hines said the study points to some key factors: Black women tend to be diagnosed at a later stage, and they are less likely than white women to receive surgery, radiation or hormone therapy.

Those factors — along with poverty, lack of insurance and the aggressiveness of the cancer — seemed to explain much of



the death-rate disparity between Black women and white women, the study found.

The racial gap in U.S. breast cancer death rates has long been recognized, and there have been efforts to address it. Those efforts can partly explain the improvement over time, according to Dr. Ahmedin Jemal, a senior vice president at the American Cancer Society, in Atlanta.

"For example, the National Breast and Cervical Cancer Early Detection Program, supported by the Centers for Disease Prevention and Control, contributed to an increase in mammography use in Black women," said Jemal, who studies cancer disparities.

And in 2000, he added,

Congress passed a law to ensure that low-income women diagnosed through that program could receive treatment through their state Medicaid program.

But, Jemal said, lack of insurance remains a barrier for Black women.

"The gap still remains largely because Black women are more likely to be uninsured and underinsured," he said. "They are less likely to receive timely and standard of care compared to white women."

And while Medicaid coverage exists, programs vary from state to state in who qualifies and what is covered. So obstacles accessing Medicaid could also be an ongoing factor, according to Jemal ...[Read More](#)

Can You Eat Your Way to Fewer Migraines?

Eating lots of fatty fish and cutting out polyunsaturated fats may reduce the frequency and intensity of migraines, a new study suggests.

Omega-3 fatty acids from fish like tuna, salmon, bluefish and mackerel may help manage migraine, especially in tandem with eliminating omega-6 fatty acids from vegetable oils, the researchers found.

"It's moderate evidence that diet changes can decrease headache, but for me, it's that we're just beginning to understand the role of diet and pain, and that likely needs to be

looked at and other chronic pain conditions, other nutrients and so forth," said lead researcher Dr. Christopher Ramsden. He is a clinical investigator at the U.S. National Institute on Aging, in Baltimore.

Ramsden doesn't think that changing one's diet is a magic bullet to ending migraine or other chronic pain, however.

"I don't think this is ever going to be the be-all-end-all, but I think it might end up being one tool that can be combined with medications and other



treatments to improve people's lives who are in chronic pain," Ramsden said.

Dr. Noah Rosen, director of Northwell Health's Headache Center in Great Neck, N.Y., found hope in the findings.

"It is encouraging to see more evidence based on the effect diet can have on migraine," Rosen said after reviewing the results. Other studies have suggested that diets high in omega-3 may be beneficial for pain syndromes, and this study extends that to chronic migraine. Research has suggested that

including omega-3 in one's diet as opposed to taking supplements, is important, and this study supports that more natural approach, he said.

"It would be nice to see if this could be sustained, if weight loss may play a role, and if there are some people who may have stronger responses to dietary modification," Rosen said.

For the study, Ramsden and his colleagues collected data on 182 people with frequent migraines....[Read More](#)

Could Losing Your Wisdom Teeth Enhance Your Sense of Taste?

Having your wisdom teeth yanked could have one culinary up side: Heightening your sense of taste.

So claims a new study that challenges previous research on the issue.

"Prior studies have only pointed to adverse effects on taste after extraction, and it has been generally believed that those effects dissipate over time," said study senior author Richard Doty. He is director of the Smell and Taste Center at the University of Pennsylvania, in Philadelphia.

"This new study shows us that taste function can actually slightly improve between the

time patients have surgery and up to 20 years later," Doty said in a Penn Medicine

news release. "It's a surprising but fascinating finding that deserves further investigation to better understand why it's enhanced and what it may mean clinically."

For the study, the investigators analyzed data from 1,255 people who were evaluated at the smell and taste center over 20 years. Of those, 891 had undergone wisdom tooth extraction and 364 had not.

The participants were tested on their ability to detect sweet, salty, sour or bitter tastes. For all



four tastes, the wisdom tooth extraction group outperformed the control group,

according to the study published recently in the journal *Chemical Senses*.

People who've had wisdom teeth extracted typically have an average 3% to 10% long-term improvement in their ability to taste, the researchers concluded.

There are two possible explanations, the study authors suggested.

Wisdom tooth extraction may damage nerves that control taste buds in the front of the mouth, which releases restrictions on nerves that control taste buds in

the back of the mouth, boosting whole-mouth sensitivity.

The second possibility is that nerve damage from wisdom tooth extraction may cause taste hypersensitivity, according to the report.

"Further studies are needed to determine the mechanism or mechanisms behind the extraction-related improvement in taste function," Doty said. "The effects are subtle, but may provide insight into how long-term improvement in neural function can result from altering the environment in which nerves propagate."

Too Little Sunlight, Vitamin D May Raise Colon Cancer Risk

New research finds that countries with more cloudy days tend to have higher colon cancer rates. Lower levels of vitamin D, the "sunshine vitamin," may be to blame.

So, boosting your vitamin D levels through exposure to sunlight could help reduce your risk of colon cancer, according to researchers at the University of California, San Diego.

"Differences in UVB [ultraviolet-B] light accounted for a large amount of the variation we saw in colorectal cancer rates, especially for people over age 45," said study co-author Raphael Cuomo. His team published its findings July 4

in the journal *BMC Public Health*.

Cuomo stressed the the data cant prove cause-and-effect and is "still preliminary." But "it may be that older individuals, in particular, may reduce their risk of colorectal cancer by correcting deficiencies in vitamin D," Cuomo said in a journal news release.

Human skin manufactures vitamin D naturally upon contact with sunlight, and having an insufficient level of the nutrient has been tied to higher risk for a number of health issues.

What about colon cancer? To find out, the San Diego team tracked data from 186 countries



to assess possible associations between local exposures to UVB light from the sun and colon cancer risk.

They found a significant association between lower UVB exposure and higher rates of the cancer among people ages 0 to over 75. After accounting for factors such as skin pigmentation, life expectancy and smoking, the association between lower UVB and risk of colorectal cancer remained significant for those older than 45, Cuomo's group said.

They noted that other factors that may affect UVB exposure and vitamin D levels -- such as

use of vitamin D supplements, the clothing people wear and even air pollution -- weren't included in the study.

Dr. Elena Ivanina, a gastroenterologist at Lenox Hill Hospital in New York City, called the findings "provocative." She wasn't involved in the research.

"It is difficult to draw any steadfast conclusions from this study, but it certainly raises a thought-provoking consideration of the role that vitamin D plays in colorectal cancer formation," Ivanina said. She said it might add a bit more impetus for anyone already "contemplating a move to a sunnier climate."

Fibromyalgia

For nearly 20 years, social worker Susan Mason suffered from mysterious and debilitating muscle pain throughout most of her body. Time and time again, doctors told Mason that she just had the flu, or that she was depressed and the aches would eventually go away on their own. But they never did. "It just hurt too badly for me to believe there wasn't something wrong," Mason says.

Finally, during a period of intense pain, Mason called a university hospital in West Virginia to make an appointment with a rheumatologist, a medical specialist who treats arthritis and certain autoimmune disorders.

Although there were no appointments available for months, the nurse who answered the phone that day mentioned one word that would change Mason's life: fibromyalgia.

Shortly thereafter, a doctor diagnosed Mason with fibromyalgia syndrome, or FMS. The diagnosis brought peace of mind to the recently retired West Virginia resident by giving her some concrete knowledge of what she was dealing with. She also learned that, while fibromyalgia has no known cure, many people who have it benefit greatly from treatment.

An estimated 2 to 4 percent of



American adults -- most of them women -- are thought to suffer from fibromyalgia, according

to the American College of Rheumatology. Fibromyalgia is a chronic disorder characterized by widespread pain in the muscles and soft tissues surrounding joints, which is often accompanied by fatigue and sleep disturbances. Twenty years ago, the condition was virtually unheard of. Today, doctors are making a push to better diagnose, understand, and treat the condition.

What are the symptoms?

Pain is the main symptom. Although fibromyalgia may

leave you feeling achy all over, you're most likely to feel sharper pain where muscles attach to joints or in soft tissue areas called trigger points. Places that may be especially painful include the elbow, forearm, hip, knee, shoulder, neck, jaw, and back. The condition causes pain in the body's fibrous ligaments, tendons, and muscles. Fatigue and difficulty sleeping are other common symptoms. Research in sleep labs has shown that people with fibromyalgia don't get enough deep sleep, and their sleep is frequently interrupted...[Read More](#)