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RI ARA

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"Fighting for the future of our members."
"NOW, more than ever!!!"

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Drug prices steadily rise amid pandemic, data shows

From Rich Fiesta, Execurive Director, ARA

Earlier this month, I wrote to tell you about drug corporation Gilead Sciences. Remember that on July 1 their executives raised the price of Remdesivir by 30% -- of course it is one of the only drugs that helps COVID-19 patients.

To be honest I'm still appalled by this callous move to profit off the deadly coronavirus pandemic.

But our coalition has made some small progress -- there are now 2 bills pending in Congress (H.R. 7296 and H.R. 7288) to put a stop to this predatory and monopolistic drug corporation practice. A summary of the bills is below.

Taxpayers have invested billions of dollars to develop Remdesivir and other lifesaving drugs. Billions more are being invested to find a vaccine and more COVID-19 drugs now.

This is a national emergency. The American people and rich drug corporations should work together to defeat the coronavirus. Instead the pharmaceutical industry is trying to profiteer during this pandemic -- and Congress has done nothing to stop them.

It's clear that the pharmaceutical industry won't stop price-gouging on its own. We are making progress. These bills have gained support from BOTH parties. But they need to move faster. Make sure they know we're watching and the American people want COVID-19 drugs to be affordable to everyone who needs them.

Together H.R. 7296 and H.R. 7288 will:

- Prohibit drug corporations from price-gouging and using their monopoly power to set prices during a pandemic;

Rich Fiesta, Executive Director, ARA

- Ensure everyone has access to affordably priced COVID-19 drugs; and
- Allow Americans to track taxpayer investments in COVID-19 drug development

Click here to tell your U. S. representative to pass these bills now.

GPO/WEP Must Be Repealed NOW!!

The Government Pension Offset (GPO) reduces public employees' Social Security spousal or survivor benefits by two-thirds of their public pension, often eliminating it totally. The Windfall Elimination Provision (WEP)T reduces the earned Social Security benefits of an individual who worked a job during which they paid into Social Security, but also receives a public pension from a job not covered by Social Security.

The GPO affects people who work as federal, state, or local government employees, including educators, police officers, and firefighters, if the job is not covered by Social Security. The impact of GPO:

- *Normally at retirement a spouse of 10 years or more is eligible to receive a benefit in the amount equal to half the amount of a FICA contributor's Social Security retirement benefit. A spouse can choose to receive that amount or their own earned Social Security benefit. If that Social Security earner dies, the spouse can chose to be paid that earners entire benefit, rather than their own.*
- *If a GPO impacted spouse has earned their own retirement benefits from a public agency that does not contribute to Social Security, their right to their husband/wife's spousal or survivor benefits is reduced by an amount equal to two-thirds their public agency pension. This provision can eliminate all Spousal or Survivor benefits.*

The WEP affects people who worked in jobs not covered by Social Security and in jobs in which they earned Social Security benefits – such as educators who do not earn Social Security in the public schools, but who work part-time or during the summer in jobs covered by Social Security. The WEP also affects people who move from a job in which they earn Social Security to a job in which they do not pay into Social Security. The impact of WEP: *Retiree may lose an average of $8,000 annually of benefits they have earned.*

These Offsets MUST be Repealed.

For more than 30 years, these provisions, added to the Social Security Act in the 1980s, penalize people who have dedicated their lives to public service by taking away benefits they have EARNED. Nine out of ten public employees affected by the GPO lose their entire spousal benefit, even though their spouse paid Social Security taxes for many years. The WEP causes hard-working people to lose benefits they earned themselves. This loss of income forces some people into poverty.

This is a national problem – there are affected people in all states. The impact of the GPO and WEP is not just felt in those 15 states in which public employees are not covered by Social Security. Because people move from state to state after retirement, there are affected individuals everywhere. The number of people impacted across the country is growing every day as more and more people reach retirement age.

The Alliance for Retired Americans has brought together a coalition of organizations and individuals that support the repeal of the GPO and WEP immediately and urge all who are appalled by injustice to join the fight. The bills this Congressional Session are H.P. 141 and S. 521. They were introduced in January and February of 2019 respectively, and both have strong bipartisan support.

Help us to make the repeal of the GPO & WEP happen now by signing the GPO/WEP Petition below.

ADD YOUR NAME

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

Rhode Island Alliance *for* Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-480-8381
riarajap@hotmail.com • http://www.facebook.com/groups/354516807278/

A technical glitch threatens Social Security benefits! Congress must fix it

Conservatives are working to exploit a Social Security glitch caused by the economic crisis we are facing as a result of the coronavirus pandemic. Allies on Capitol Hill need a red alert to protect Social Security benefits. **Social Security Works** has launched an emergency campaign to ensure that Congress does not allow Social Security benefits to be cut.

You earn your Social Security benefits. They are based on your individual earnings, adjusted so that they are in line with the growth in economy-wide wages.

The way Social Security benefits are calculated is fair. Virtually all of the time, it works incredibly well. But our economy is collapsing as a result of the novel coronavirus pandemic. The unprecedented economic collapse resulting from the pandemic has uncovered a technical glitch.

If not corrected, the glitch will mean lower benefits for workers aged 60 this year (and their families) than those with the same earnings history but who had the good luck to celebrate their 60th birthdays last year. If it is not fixed, the Social Security benefits of more than four million workers and their families will be several thousand dollars lower simply because those workers were born in 1960, not 1959!

The cause is complicated but, fortunately, the solution is simple and straightforward. But Congress must act to fix it. Congress should fix the glitch as part of the next emergency legislation.

First the cause: Aggregate wage levels normally rise from year to year. Not surprisingly, in 1977, when Congress enacted the current benefit formula, it did not anticipate that there would ever be a drop in aggregate nationwide wages. Consequently, it did not write the benefit formula to address that possibility.

Congress must now address that understandable oversight.

Much as the Social Security cost of living adjustment (COLA) cannot lead to a reduction in Social Security benefits–even if inflation is negative, Social Security's indexing of earnings should also not lead to a reduction in benefits even if total wages in the US are declining. It's a simple fix that would ensure that people turning 60 this year do not have lower Social Security benefits than people who turned 60 last year, simply because they turned 60 in the year of the pandemic.

In fixing the glitch, though, Congress should do so carefully so the legislation does not reduce anyone's benefits.

Conservatives want to take advantage of this glitch as cover to cut benefits. The cuts could be technical, if the fix is not well-drafted, or technical *sounding*, though anything but. A longstanding goal of opponents of Social Security is to change the benefit formula in a way that would erode benefits–through something called price-indexing. Over time, with price-indexing, Social Security benefits would have no relationship to people's earnings history. Instead, they would get an extremely low, subsistence level benefit.

Congress also should not support President Trump's call to reduce or eliminate people's Social Security's payroll contributions. Those are dedicated funds that can only be used for Social Security. Eliminating them is a first step to cutting benefits, claiming, much like the defendant who murders his parents and ask for leniency as an orphan, that Social Security has insufficient revenue and so must be cut!

Social Security today has a reserve of $2.9 trillion. It has the money to pay people's earned benefits. Without Social Security, tens of millions of retirees and people with disabilities would be crushed by this pandemic.

This pandemic underscores the need for Congress to expand Social Security. Fortunately, expanding Social Security is profoundly wise policy. It is also what the American people overwhelmingly want.

Blame Donald Trump for the nursing home Covid-19 crisis

The very first COVID-19 outbreak in the US took place in a Kirkland, Washington nursing home more than four months ago, at the end of February. At least 37 people died.That first outbreak should have been the impetus for the Trump administration to launch a coordinated national response to the COVID-19 pandemic, centered around protecting nursing home residents and workers. Instead, they've focused on **protecting nursing home corporations from lawsuits.**

When the White House brings up the nursing home crisis at all, it's to seek to shift the **blame** to Democratic governors. Trump is desperate to deflect from the truth: Over 54,000 nursing home residents and workers are dead. Those deaths were preventable. Their deaths are Donald Trump's fault.

A new report from the Senate Aging Committee lays out the Trump administration failures that led to the nursing home crisis. Trump never had a plan to protect nursing home residents. In fact, the **actions his administration did take** put seniors and people with disabilities directly in the path of the deadly pandemic.

For months, as nursing home workers faced a devastating shortage of personal protective equipment (PPE) and tests, Trump refused to invoke the Defense Production Act. Nor did he leverage FEMA's response capabilities to target supplies to nursing homes.

An opaque and corrupt program, run by the president's inexperienced, unqualified son-in-law, tasked to deliver critically needed PPE not surprisingly **failed miserably** to help anybody, except perhaps **Trump's political donors**. FEMA continues to **deliver broken and unusable equipment** to nursing homes even as the unrelenting death toll in nursing homes grows.

Simply telling nursing homes to test workers and residents more often, as the administration has done, is meaningless. What's needed is an actual plan to procure additional tests and get them to the facilities that need them. This late in the pandemic, that plan is still missing.

In March and April, Congress allocated $175 billion in emergency funding for health care providers in the front lines of the pandemic. It was the Trump administration's responsibility to distribute that funding as quickly and efficiently as possible. But it took two months for the administration to distribute any of the funding to nursing homes—and then only a paltry $19.5 billion.

Nursing home workers are at the front lines of the crisis. Across the country, nursing homes have seen staffing shortages, forcing them to hire part timers who work in multiple facilities. Employees who remain are often forced to work while experiencing COVID-19 symptoms, further spreading the disease. This is exacerbated by the fact that even before COVID-19, **private equity barons had seized on the long term care industry** as a sector they could hollow out, carve up and destroy for profit.

We need to increase staffing levels by providing premium hazard pay. We must guarantee paid sick leave for all nursing home workers. Workers who need to quarantine should be provided with temporary housing so they don't infect their families….**Read More**

Hospital rates out of control with private health insurance

Hospital rates are out of control for people with private health insurance. Medicare, in sharp contrast to private health insurers, has the power to rein in provider rates, even when hospitals have monopoly power. Consequently, private insurers today pay hospitals much higher rates than Medicare and health care costs are unsustainable.

On average, it costs **more than $2,500 a day** to stay overnight in the hospital. Prices keep going up, and **more people are choosing not to get care**. Congress needs to rein in hospital rates to ensure all Americans access to care and soon. The higher these rates go, the **more people will forego needed care** and the harder it will be to rein in hospital rates.

Higher hospital rates mean higher expenses–more staff, higher salaries, more investments. So, if Congress decides to step in to control these rates–though it has no plans to do so as of yet–reducing rates could mean layoffs and other stressors on health care providers.

To date, hospitals have gambled on generating the revenues they need for fancy equipment and high executive salaries from private health insurers. For some time they did well. Now, it looks as if they made a **bad calculation**.

The novel coronavirus has cut into hospital revenues significantly. Even before the novel coronavirus pandemic, many **hospitals–particularly rural hospitals–were closing down** and now many more hospitals are folding. If the hospitals operated on **global budgets**, with government guaranteed annual income, the future of hospitals would be far more secure.

How do private insurer rates compare with Medicare rates today? **Kaiser Family Foundation** looked at 19 studies.

Because private health insurers and providers are able to claim their data as proprietary, there is no national data on private health insurer rates to analyze and compare with Medicare rates. Researchers have studied some private insurer rates and compared them to Medicare rates. The data available is what analysts have been able to access, generally without being able to disclose specifically the rates particular providers are charging particular insurers.

KFF's key findings:

- ♦ Overall, private insurers pay nearly 50 percent more than Medicare for physician services.
- ♦ Private insurers pay more than two and a half times Medicare rates for outpatient hospital services (264 percent) and nearly twice as much as Medicare (189 percent) for inpatient hospital services.
- ♦ Private insurers pay about twice Medicare (199 percent) for hospital services overall.

Allowing hospitals and doctors to keep raising rates is hurting Americans, keeping them from affording health insurance and from getting needed care. If Congress stepped in and negotiated lower hospital and doctor rates for everyone, many providers would claim they could not manage. But, right now, they have less incentive to operate efficiently than they would if their rates came down.

Hospital rates make no sense. Within a community and throughout the country, **hospital rates vary wildly**. Market power influences rates significantly. Bigger hospitals might operate more efficiently than smaller hospitals, but they also generally command higher rates from private health insurers than smaller hospitals. They have more market power. In areas where private insurers have greater market power, they are able to negotiate lower rates.

Hospitals with strong market power today deploy it to command high prices from private health insurers because they can. Their goal is to maximize revenues. Their rates for private health insurers are not high because of Medicare rates. They would seek the highest possible rates regardless of what Medicare paid them.

Kaiser Family Foundation explains that "much of the literature suggests that providers negotiate prices with private insurers irrespective of Medicare rates, and that providers with substantial market power are best positioned to command high prices, allowing them to evade financial pressure to become more efficient."

Hospitals that operate efficiently **manage with Medicare rates**. MedPAC, the independent agency that provides Congress with policy advice on Medicare, believes that hospitals that claim they lose money on Medicare could do a better job of containing costs.

The federal government could ensure the financial viability of hospitals with **Medicare for all**. Hospitals would be assured annual revenues through global budgets. And, they would save **a huge amount in administrative expenses**, largely from not engaging in hundreds of negotiations with private health insurers. Most important, health care spending would fall and everyone in the US would be guaranteed access to the health care they need.

Administration's COVID-19 Rules Expand Access to Care for Some but Questions Remain

On **June 1** and **again this week**, the Medicare Rights Center submitted comments in response to two rules from the Trump administration that made changes to Medicare policy and coverage during the COVID-19 public health emergency. Many of these changes are welcome temporary solutions, including certain telemedicine flexibilities. Other changes are more concerning, as they relax provider oversight rather than increase beneficiary access. We urge the administration to rigorously monitor any flexibilities and to reestablish oversight as soon as possible to ensure that people with Medicare have access to the care they need during and after the pandemic.

Allowing people with Medicare to access diagnostic and treatment services remotely is very important, especially given their high risk of infection and serious illness from COVID-19. The first rule allows Medicare to pay for more telehealth services, including emergency department visits; initial nursing facility and discharge visits; and home visits. The second rule makes even more services available remotely. Together, these changes give providers more incentives to deliver services through remote means and beneficiaries the opportunity to receive care safely in their homes.

In addition, the rules allow more types of technology to be used for telehealth visits, including smartphones and tablets, easing beneficiary and provider access to remote care. This relaxation of the rules does not come without its dangers. Devices like smartphones may put private information at risk, as the associated software may not meet the rigorous medical privacy standards that are typically in place.

Even with these changes, access problems remain. Some people with Medicare may not have the technology they need for video appointments or may lack a good enough internet connection to make video usable. **...Read More**

Grim projection: 200,000 dead by Election Day

Recent surge in infections and Trump policies prompt a serious reassessment by forecasters, who now see no end in sight for coronavirus crisis.

As the United States surpasses 3 million coronavirus infections, forecasters are updating their models to account for the recent resurgence and reaching a grim consensus: the next few months are going to be bad.

The national death toll is now expected eclipse 200,000 by Election Day, according to the latest models.

It's a clear signal that, six months into the worst public health crisis in a century, the coronavirus pandemic remains as disruptive as ever. The disease has tested American leaders' patience and political will, and outlasted efforts to contain it — swamping any hopes of a summer lull and leaving the nation's top public health experts resigned to several more months of crushing outbreaks.

"I am despairing for the future," said David Eisenman, the director of the UCLA Center for Public Health and Disasters. "I don't see anything happening to indicate that [the future] will be much better."

It took just four weeks for the U.S. to jump from 2 million coronavirus infections to the 3 million mark. Most forecasters now say that, as case counts accelerate at a record pace, it will likely take even less time to surpass 4 million.

The dubious milestone comes a week after President Donald Trump again said coronavirus would **just disappear** and on the day that he threatened to cut federal funding to states that don't fully reopen schools in a matter of weeks.

During Wednesday's briefing with the White House coronavirus task force, Vice President Mike Pence acknowledged the severe spikes across the South and West but nevertheless offered an optimistic view of the weeks to come.

"We are encouraged that the average fatality rate continues to be low and steady," he said, adding that he saw evidence that the resurgence is beginning to crest. "We believe the takeaway from this for every American, particularly in those states that are impacted, is keep doing what you're doing."

While the mortality rate has decreased since April as testing has improved and older Americans are more likely to remain cautious, Pence's outlook runs counter to the growing ranks of health researchers and scientists who have charted the pandemic's progression across the U.S. for months, and concluded that the nation's attempts to rein in the virus have fallen well short of what was needed to secure any significant and lasting progress.

Christopher Murray, director of the University of Washington's Institute for Health Metrics and Evaluation, on Tuesday predicted more than 208,000 people could be dead from the virus by November. The IHME model, favored by the White House, has generally offered rosier forecasts than most, but Murray now is factoring in a greater reluctance to impose new restrictions and increased transmissions from having schools and universities reopen in the fall.

"Many states are expected to experience significant increases in cases and deaths in September and October," he said of his modeling….**Read More**

Adding To COVID Stress, Families Of Health Workers Fight For Denied Workers' Comp Benefits

James "Mike" Anderson was a hospital employee in suburban Philadelphia with a low-profile though critical job: changing air filters in COVID patients' rooms.

By late March, new COVID cases in Bucks County, Pennsylvania, had ramped up to as many as **90 per day**. At the hospital, Anderson handled air filters and other surfaces that might have been contaminated with the deadly virus, also known to hang in the air.

In early April, Anderson, 51, came down with what he thought was a cold, according to his family's lawyer, David Stern. On April 13 Anderson was rushed to the hospital, where he died of acute respiratory distress syndrome from COVID-19, according to the county coroner. He left behind a wife and two children, ages 5 and 9.

Anderson was exposed to the virus at work, the lawyer contends, making his family eligible for workers' compensation death benefits paid by his employer's insurer.

"His family deserves to have that income replaced," Stern said. "Their husband and father certainly can't be."

Mike Anderson

But in a June 16 response to Stern's death benefits claim, St. Mary Medical Center denied all allegations.

As the COVID toll climbs, sick workers and families of the dead face another daunting burden: fighting for benefits from workers' compensation systems that, in some states, are stacked against them.

In interviews with lawyers and families across the nation, KHN found that health care workers — including nurses' aides, physician assistants and maintenance workers — have faced denials or long-shot odds of getting benefits paid. In some cases, those benefits amount to an ambulance bill. In others, they would provide lifetime salary replacement for a spouse.

Legal experts say that in some states COVID-19 falls into a long-standing category of diseases like a cold or the flu — conditions not covered by workers' compensation — with no plans to change that. Other states force workers to prove they caught the virus at work, rather than from a family member or in the community.

"We are asking people to risk their lives every single day — not just doctors, nurses and first responders, but also nurses' aides and grocery store clerks," said Laurie Pohutsky, a Democratic Michigan lawmaker who proposed a bill to help essential workers get coverage more easily. "These people are heroes, but we have to actually back those words up with actions."

In at least 16 states and Puerto Rico, officials have passed measures to make it easier for workers infected with the coronavirus to qualify for benefits for lost wages, hospital bills or death. Similar bills are pending in other states, but some face opposition from business groups over costs.

Many of the proposed actions would turn the tables on the status quo, forcing employers to prove workers did not catch the virus at work. Bills vary in the scope of workers they cover. Some protect all who left home to work during stay-at-home orders. Others are limited to first responders and health care workers. Some would cover only workers who get sick during states of emergency, while others would cover a longer period.

An early glimpse of data shows that health care workers and first responders, two groups hit hard by the virus, make up the majority of those seeking benefits. Data from the Centers for Disease Control and Prevention **shows that** more than 95,000 health care workers have been infected, a figure the agency acknowledges is an undercount. KHN and The Guardian U.S. have identified more than 700 who have died and **told the story** of 139 of them….**Read More**

How Many Teachers Are at Risk of Serious Illness If Infected with Coronavirus?

As the nation continues to struggle to contain the spread of coronavirus, there is considerable debate about when and how to reopen schools. Education is primarily a state and local concern, and although they have received mixed guidance from federal officials, the decisions over reopening will be made at the state and local level.

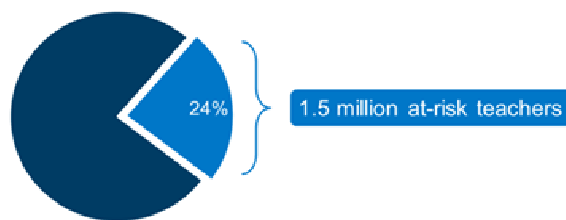
One of the myriad of issues these officials will face will be how to keep school employees safe at work, particularly those who are at increased risk of serious illness if they become infected with coronavirus. The Centers for Disease Control have identified a number of factors that put individuals at increased risk of serious illness if infected; these include several health conditions, including having diabetes, chronic obstructive pulmonary disease (COPD), heart disease, moderate or severe asthma, having a body mass index (BMI) of greater than 40, or having a compromised immune system, which for example, may occur during cancer treatment. Being age 65 and older also is considered to be a risk factor. In a **previous study**, we reported that almost one in four workers are at higher risk of severe illness if they were to become infected. While children are at less risk for serious illness from coronavirus than adults and often have mild or no symptoms when infected, the teachers and other adult staff in schools face higher risk. We used a similar approach to look at teachers and other instructors, and we find that one in four teachers (24%, or about 1.47 million people), have a condition that puts them at higher risk of serious illness from coronavirus (**Figure**). This percentage is the same as the one we found for workers overall; the challenge for school systems and for teachers in particular is the sheer volume of traffic and tight quarters in many school environments, which may make social distancing a significant challenge in many settings. For higher-risk teachers, failure to achieve safe working conditions could have very serious results.

Nearly 1.5 Million Teachers (One in Four) are at Greater Risk of Serious Illness if Infected with Coronavirus

Given the difficulty of maintaining social distancing in a crowded school environment, these at-risk teachers may be reluctant to return to their schools until infection rates fall to much lower levels. At the same time, teaching is not a particularly high-paying profession, so many teachers may feel economically compelled to return to their schools if they reopen, even if those teachers do not feel safe. How state and local officials balance the desire to reopen schools and other facilities with the need to assure the safety of students, parents, and school personnel will have significant health and economic consequences for both people and the communities they live in. Assuring the safety of teachers and others at higher risk of serious illness from coronavirus is a crucial part of the calculation around reopening….**Read More**

Nearly 1.5 Million Teachers (One in Four) are at Greater Risk of Serious Illness if Infected with Coronavirus

Share of teachers at greater risk of serious illness if infected with coronavirus



Source: KFF analysis of 2018 National Health Interview Survey.

KFF

Azar Says Federal Law Had Preexisting Conditions Covered Before ACA. Not So Much

"First off, it's in statute already in HIPAA that preexisting conditions are covered."

One of the most popular features of the Affordable Care Act is its guarantee of insurance coverage — at no greater cost — for people with preexisting health conditions.

Thus, even as the Trump administration **argues before the Supreme Court** that the entire Affordable Care Act should be declared invalid, the president and his administration officials maintain that regardless of what happens to the ACA, they will protect people who have had health problems in the past.

Speaking to a "virtual health summit" sponsored by the political newspaper The Hill, Health and Human Services Secretary Alex Azar answered a question about the case, Texas v. Azar, by pointing out "it's in statute already in HIPAA that preexisting conditions are covered," implying that if the ACA were declared unconstitutional, those protections would remain in place for everyone.

Umm … not so much.

When we checked with HHS for more information about Azar's comment, a spokesperson reiterated the secretary's statement, adding that Azar was "clear that the story on preexisting conditions doesn't end with HIPAA" and that affordability is a critical component.

So we investigated.

A Little About HIPAA

The Health Insurance Portability and Accountability Act, a law we have examined before, was passed by a Republican-led Congress and signed by Democratic President Bill Clinton in 1996. It is best known for safeguarding **medical privacy** and patient access to medical records, even though the privacy provisions were added toward the end of congressional deliberations.

HIPAA's original purpose was to end what was known as "job lock," a situation in which people with preexisting conditions were reluctant to leave jobs with health insurance even for other positions with health insurance for fear their conditions would not be covered or they would be subject to long waiting periods for coverage. Both scenarios were common at the time.

HIPAA addressed that problem — as long as people maintained "continuous" coverage, defined as having health insurance for at least 12 months without a break of more than 63 days. People who met that requirement could not have waiting periods or denials of coverage imposed upon their own or a family member's preexisting condition. HIPAA included protections for people with coverage in the small-group insurance market, which primarily comprises small businesses, by requiring insurers who sold policies in that market to sell to all small groups, regardless of health status, and to cover every eligible member of the groups — again, regardless of health status.

But HIPAA was not designed to comprehensively address the problem of people with preexisting conditions getting and keeping affordable health insurance.

For starters, the protections were only for people who already had job-based insurance, to make it easier for them to move to other job-based insurance. It did nothing for those in the individual insurance market who needed to purchase their own coverage — such as self-employed people and those working for companies that did not offer health insurance.…**Read More**

Bipartisan Group of Former CMS Administrators Sign Letter of Support for the BENES Act

Today, the Medicare Rights Center sent congressional leaders a **letter of support** for the BENES Act (**S. 1280/H.R. 2477**) signed by 10 former Centers for Medicare & Medicaid Services (previously the Health Care Financing Administration) Administrators—a group made up of Republicans and Democrats.

Reintroduced last year, the bipartisan, bicameral **BENES Act** is urgently needed to modernize and simplify the Medicare Part B enrollment process. Currently, far too many people make honest mistakes when trying to understand and navigate this confusing system. The consequences of such missteps are significant—including late enrollment penalties, higher out-of-pocket health care costs, gaps in coverage, and barriers to accessing needed services.

The BENES Act would help prevent these costly errors. It would fill long-standing gaps in outreach and education by directing the federal government to notify individuals approaching Medicare eligibility about basic enrollment rules. It would also update enrollment periods and timelines to eliminate breaks in coverage. Together, these changes would improve the health and financial well-being of current and future Medicare beneficiaries.

In addition to the former agency officials, the BENES Act enjoys widespread bipartisan support in Congress as well. It is led by Senators Todd Young (R-IN) and Bob Casey (D-PA) and by Representatives Raul Ruiz (D-CA), Gus Bilirakis (R-FL), Brad Schneider (D-IL), and Jackie Walorski (R-IN). A number of their colleagues have also endorsed the bill. In the **Senate,** the bill is sponsored by six Republicans and six Democrats, and in the **House**, it is sponsored by seven Republicans and 11 Democrats.

It is also championed by a diverse array of **stakeholders**, including consumer advocates, health insurers, unions, and service providers.

The BENES Act was approved by the full Committee on Ways & Means last **June** and by the Energy & Commerce Health Subcommittee in **March**. Earlier this year, Medicare Rights president Fred Riccardi **testified** to the merits of the bill, urging its swift enactment.

Medicare Rights continues to strongly back the BENES Act and to push for its immediate passage. We applaud the former Administrators—as well as the bill's sponsors and stakeholders—for their thoughtful support of the BENES Act's commonsense reforms. We look forward to continuing to work together to ensure that all people with Medicare have timely access to affordable, high-quality coverage and care.

Delayed use of Defense Production Act leads to ongoing shortages of protective gear

Nearly four months after **invoking a 1950s-era law** in order to compel businesses to manufacture equipment for the fight against the coronavirus, the Trump administration has made only sparing use of its authorities, leaving front-line workers in dire need of supplies like masks, gowns and gloves amid the **recent surge in cases**.

The Department of Health and Human Services listed 19 companies that have received contracts under the Defense Production Act to produce emergency supplies, including 600 million N95 respirators and face masks. But experts say it's not enough and that the effort started far too late.

Only about half the masks ordered will be delivered by the end of this year.

While large health systems and hospitals have been able to build up their inventories of equipment through preexisting contracts, smaller physicians' offices and assisted living communities have had trouble getting what they need.

As **states have reopened** and schools and businesses scramble to obtain their own protective gear, demand is likely to continue to outpace supply.

It's a problem that experts say could've been avoided. A former Defense Department official told CNN the administration lost months by not acting aggressively enough with the DPA early on, making it impossible to keep up with demand.

"I think a much more aggressive and early use of the Defense Production Act in probably the February time frame would have saved a lot of the heartaches we are seeing right now with respect to PPE shortages across the country," said Kelly Magsamen, a former Pentagon official who served as the National Security Council's senior director for strategic planning during the Obama administration.

In addition to giving out more contracts, Magsamen says, the government could've more aggressively used other mechanisms within the DPA, such as tax breaks or loan guarantees, to further incentivize companies to accelerate their production.

"The fact that there wasn't an organized top-down federal response early and quickly enough, I think, has put us in a position where essentially everybody is playing catch-up, including the Trump administration," said Magsamen.

White House Trade Adviser Peter Navarro defended the administration's strategy. "We have not hesitated to use the Defense Production Act when necessary," he said. "One of the beauties of using the Defense Production Act when necessary is that it has reduced the need to actually have to invoke it because we get voluntary contribution."

The Federal Emergency Management Agency and HHS have ordered and delivered millions of pieces of PPE, including more than 102 million N95 masks and more than 139 million gloves. FEMA also helped expedite the shipment of supplies from overseas through its "Project Airbridge' effort. The agency **ended the initiative** but left the door open to restarting it if necessary. But combined, the equipment brought in through various initiatives falls short in the face of an unprecedented demand for key products around the world.

The White House has been reluctant to take too active a role in managing supply production and distribution, putting the onus on states instead. President Donald Trump claims states have all they need -- a point Vice President Mike Pence echoed during a coronavirus briefing last week. Pence also said the administration will be issuing renewed guidance on the preservation and reuse of personal protective equipment.

It's all done little to inspire confidence among those on the front lines.

Fragile and overtaxed'

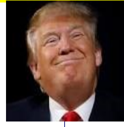
Multiple health care organizations with hospitals in or near current hot spots, including Jackson Health System in Miami, Houston Methodist and Arizona-based Valleywise Health, told CNN they currently have sufficient equipment to protect their workforces. But others have warned of more dire situations….**Read More**

'Live with it' is the new GOP response to COVID — but no, we can't do that

"Live with it." This is the **new Republican campaign strategy** to divert attention from the COVID-19 crisis. And, it is dangerous.

In reality, no viral infection should be considered harmless. This includes the "mild" SARS-CoV-2 infections. People under 50, and especially the 20-29-year-old group, are **driving the present surge**. Many are of the opinion that an infection will be mild - and that COVID-19 is a problem only for the elderly. But this opinion ignores the possibility of unknown effects that may endure or manifest later in life. They risk uncontrolled spread to family members and those with underlying conditions that may result in serious disease. And the reality is that there is increased serious disease and death occurring among the young and healthy as more young people are infected.

Younger patients make up a **growing percentage of total coronavirus hospitalizations**, as high as 35 percent in recent weeks. Even children under 10, who seem to be more protected from infection and severe disease, have suffered **multisystem inflammatory syndrome** or MIS-C. MIS-C is a condition where multiple organs become inflamed, poses a serious risk and can be deadly. The threat of infection by SARS-CoV-2 should be taken seriously by every age group.



Some, like Sen. Rand Paul (R-Ky.), argue that it is **good that infections are surging in the younger population** because it will develop herd immunity in a population that will survive the disease. Let's consider the dynamics of this idea.

Epidemiologically it is estimated that to attain herd immunity greater than 66 percent of the population must have been infected. In the process, long-term immunity to SARS-CoV-2 infection must develop; the caveat is that we do not yet know if the mild disease will elicit long-term immunity. **Studies from Spain**, which was hard hit by the pandemic, estimate that only 3-5 percent of the population tested developed SARS-CoV-2 antibodies, indicating that 95-97 percent of the population remains susceptible to infection. Likewise, the CDC has suggested that **92-95 percent of the U.S. population remains susceptible to SARS-CoV-2**. In other words, the U.S. has a very long way to go to get the needed 66 percent serum-positive population for herd immunity.

The U.S. population is 327 million; 66 percent of that is 215.6 million. If we estimate 3 years to attain herd immunity by natural spread and infection, then there must be an average of 197,000 new cases PER DAY. Assuming a 0.3 percent death rate, then there are 590 deaths per day or 646,000 over the three-year period.

Sometime within this period a vaccine, or an effective anti-viral drug, is likely to become available. However, until this disease can be controlled by rational methods, it is essential to do all that we can to stop the unfettered spread of SARS-CoV-2 thereby reducing the damage to life, long-term health, society, and the economy.

If we can be made numb to daily tallies of 197,000 new cases and 590 deaths, then we have lost our humanity. If we believe that 99 percent of infections are harmless and become numb to the damage COVID-19 is doing to our families, communities, and society, then we have lost our humanity. It is not too late to mitigate this crisis by the simple rules that are so often stated: face coverings, social distancing, hand washing, stay out of uncontrolled crowds and stay home. This does not mean lockdown, it means using caution and common sense in our new reality.

Our humanity, our society, and our democracy demand that we do not "live with it."

The FDA just updated its list of hand sanitizers

The Food and Drug Administration updated its list of hand sanitizer containing the dangerous chemical methanol, adding five formulas made in Mexico and bringing the total to 59 products.

According to the FDA, methanol has been reported to cause blindness, hospitalization, and even death when absorbed through the skin or ingested.

"Methanol is not an acceptable active ingredient for hand sanitizer and must not be used due to its toxic effects," the **FDA wrote in a report** on its website. "FDA's investigation of methanol in certain hand sanitizers is ongoing

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The Food and Drug Administration updated its growing list of hand sanitizers to avoid on Friday, adding five products based in Mexico that contain the dangerous chemical methanol.

The list now includes a total of 59 products that have been recalled after further investigation found that they claimed to use ethanol — also known as ethyl alcohol, a common hand sanitizer ingredient — but instead were using methanol, a toxic ingredient used in antifreeze and fuel. According to the FDA, methanol has been reported to cause blindness, hospitalization, and even death when absorbed through the skin or ingested.

"Methanol is not an acceptable active ingredient for hand sanitizers and must not be used due to its toxic effects," the **FDA wrote in a report** on its website. "FDA's investigation of methanol in certain hand sanitizers is ongoing. The agency will provide additional information as it becomes available."

The FDA warns that consumers who have been exposed to methanol seek immediate treatment for potential reversal of toxic effects" and recommends that to prioritize washing their hands for 20 seconds using soap and water. When using hand sanitizer, the FDA says to adhere to CDC guidelines that call for alcohol-based formulas that contain at least 60% ethanol.

Should the Medicare Eligibility Age Be Lowered?

How do older Americans feel about proposals to lower the Medicare eligibility age? A recent TSCL survey found little support for "Medicare for All." Just 17% of survey participants said they support the idea of lowering the Medicare age to cover everyone. On the other hand, a majority of those taking the survey — 49% — said they support allowing adults age 55-64 to have the *option* to enroll in Medicare. Twenty five percent were opposed to this proposal and another 25% were undecided.

With major financial challenges facing the Medicare Trust Fund in the near future, TSCL plans to work with Members of Congress to find solutions that improve program financing without exposing older Americans to higher premiums, deductibles, and out-of-pocket costs.

We want to hear how you have been impacted by the coronavirus and rising costs! **Send your comments** and if you haven't already done so please take **TSCL's Survey of Senior Costs https://seniorsleague.org/2020-senior-cost-survey**.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

What is airborne transmission?

The World Health Organization has expanded its **coronavirus guidance** to include the possibility in certain circumstances of airborne transmission, in which the virus could be spread through tiny droplets that linger in the air.

The update came Thursday after an open letter signed by more than 200 scientists pressed the agency this week to acknowledge the potential role that tiny droplets, or aerosols, play in **airborne transmissions** among people in crowded, indoor settings for prolonged periods of time.

"There have been reported outbreaks of **COVID-19 in some closed settings**, such as restaurants, nightclubs, places of worship or places of work where people may be shouting, talking, or singing," the WHO said in its updated review of the evidence. "In these outbreaks, aerosol transmission, particularly in these indoor locations where there are crowded and **inadequately ventilated spaces** where infected persons spend long periods of time with others, cannot be ruled out."

The agency said more research is "urgently needed to investigate such instances and assess their significance for transmission of COVID-19."

The WHO's expanded guidance on airborne transmission is notable, but experts maintain that aerosols are likely to be just a small part of how the coronavirus spreads and that close contact with an infected person is still the most common source of transmission.

"You can put all these definitions in place, but we've always been concerned about spread when people are in small spaces, indoors, for long periods of time," said Cindy Prins, an epidemiologist at the University of Florida in Gainesville.

For respiratory illnesses like COVID-19, the disease caused by the coronavirus, the medical community focuses on two primary ways that the **virus can spread**: airborne transmission and what's known as droplet transmission.

With droplet transmission, it's thought that virus-filled particles can be ejected from the mouth or the nose when a person speaks, coughs or sneezes. The droplets can be flung through the air — up to 6 feet from the infected person — but then drop to the ground or onto other surfaces fairly quickly if they don't come into contact with other people nearby.

Airborne transmission, on the other hand, occurs when tiny aerosol particles are expelled by talking, sneezing or coughing but then remain suspended in the air. The minuscule particles can also travel away from an infected person by floating on air currents.

Measles, chickenpox and tuberculosis are other diseases that can spread through airborne transmission.

When asked about airborne spread of coronavirus, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases said, "There's no solid evidence that that type of transmission is occurring."

But he added, "We can't rule it out completely."

While airborne and droplet transmission are different, they aren't mutually exclusive, said Dr. Isaac Bogoch, an infectious diseases physician who is an associate professor of medicine at the University of Toronto.

"We often think about these clinical definitions as silos, but that's not entirely accurate," Bogoch said. "There's a spectrum — from droplets all the way to airborne. When we think about COVID-19, there may be some airborne transmission, but it's safe to say that the majority of transmission falls toward the droplet side of the spectrum."

Bogoch pointed to hospital protocols as a key indicator that airborne transmissions are likely to be rare. When treating coronavirus patients, most hospitals have been adhering to infection control guidelines tailored to droplet transmission, rather than the more stringent procedures to protect against airborne infections.

If COVID-19 was truly airborne, Bogoch said, infection rates among health care workers would have skyrocketed.

"Our **personal protective equipment** — our masks, gowns, gloves and eye protection — are chosen for droplet precautions, and the vast majority of the time when we have access to these things and we use them correctly, we're not getting this infection," he said.

Dr. Carlos del Rio, executive associate dean of the Emory University School of Medicine in Atlanta, said that aerosol transmission is likely to be a risk in certain conditions but that the WHO's updates don't represent a drastic departure from what was already known.

"If I'm in a crowded room with a bunch of infected people, there's bound to be aerosol transmission there, but if I'm in a big room or I'm outside and someone is walking nearby, I'm not too worried about aerosols," he said.

Prins said the updated information should reinforce recommendations from public health officials that are already in place, such as practicing social distancing and avoiding congested indoor spaces.

And regardless of whether it's mandated, people should wear masks in public, del Rio said.

"Everyone should wear a mask," he said. "We have to get it across to people that this is not an option."

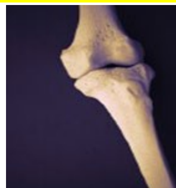
BONE AND JOINT INFORMATION

Types of Bone, Joint and Tendon Problems

A joint problem that can affect almost any part of the body is arthritis, a disease that specifically targets the joints and tendons, causing pain, stiffness and inflammation. The most common type is osteoarthritis, which is usually caused by aging, injuries or general wear and tear, but arthritis can stem from other causes as well.

When the tendon specifically is injured, it's often called tendinitis. With tendinitis, the tendon stretches past the point of comfort, and pain ensues. This can occur in the knee, shoulder or elsewhere in the body.

Bone fractures are another problem that can occur almost anywhere in the body. More commonly known as a broken bone, the fracture can be partial or total and the result of injury or overuse.



Of course, there are also many problems that are specific to certain bones and joints in the body. Chondromalacia, for example, refers to the softening of the cartilage in the knee cap. Dislocations occur more often in the shoulder joint than elsewhere in the body. And the back presents all kinds of unique issues at the joints between discs, such as sciatica or a bulging disc.

Treatment

Treatments for bone, joint and tendon problems vary widely, but mild problems may involve physical therapy, applications of cold and hot pads and over-the-counter pain relievers. The most extreme conditions or injuries may require surgery to correct.

For more information on Bone And Joint Topics In The News…..**Click Here**

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Mental Health and Substance Use State Fact Sheets

The coronavirus pandemic and resulting economic downturn have taken a toll on **mental health** for many people, with **over 30%** of adults in the U.S. now reporting symptoms consistent with an anxiety and/or depressive disorder. KFF **polling** during the pandemic has consistently found large shares of the public saying that worry and stress related to the coronavirus have had a negative effect on their mental health. This is coming at a time when mental health resources were already strained, and people with mental health diagnoses often face barriers to care.

In this national summary and in the accompanying fact sheets, we examine national and state-level data on mental health both before and during the coronavirus pandemic. We find that mental health outcomes, access, and coverage vary substantially from state to state. For example, in 2017-2018, the share of adults with **any mental illness** ranged from 16.1% in New Jersey to 25.3% in Utah. In 2018, age-adjusted **suicide rates** ranged from 7.4 per 100,000 in the District of Columbia to 25.0 per 100,000 in New Mexico. Below, we highlight more findings from the national analysis. In the accompanying state reports, we present detailed state-level data for all fifty states and the District of Columbia.

Key Findings

The state-level facts sheets explore the prevalence of mental illness and substance use and related deaths, and access, affordability, and costs of care. Key findings include:

Mental health issues have increased during the COVID-19 pandemic. Average weekly data for June 2020 found that 36.5% of adults in the U.S. reported symptoms of anxiety or depressive disorder, up from 11.0% in 2019.

- The states with the highest percentage of adults reporting symptoms of anxiety or depressive disorder are Louisiana (42.9%), Florida (41.5%), Oregon (41.3%), Nevada (39.1%), and Oklahoma (39.0%).
- The states with the lowest percentage of adults reporting symptoms of anxiety or depressive disorder are Wisconsin (27.2%), Minnesota (30.5%), Nebraska (30.6%), North Dakota (30.9%), and South Dakota (31.0%).

Suicide is one of the top ten causes of death in the U.S. and has increased in almost every state over time. In 2018, the age-adjusted suicide rate was 14.2 per 100,000.

- States with the highest suicide rates are New Mexico (25.0 per 100,000), Montana (24.9 per 100,000), Wyoming (24.8 per 100,000), Alaska (24.4 per 100,000), and Idaho (23.9 per 100,000).
- States with the lowest suicide rates are the District of Columbia (7.4 per 100,000), New Jersey (8.3 per 100,000), New York (8.3 per 100,000), Rhode Island (9.6 per 100,000), and Massachusetts (9.9 per 100,000).

Deaths due to drug overdose have increased nearly fourfold from 1999 to 2018. In the U.S. overall, the 2018 age-adjusted death rate for all drug overdoses was 20.7 per 100,000….**Read More and view data map**

5 foods to avoid for arthritis

Some people find that making changes to their diet improves their arthritis symptoms. This may involve avoiding inflammatory foods, such as saturated fat and sugar. It may also involve avoiding foods that are high in purines.

In this article, we look at five types of food a person with arthritis may benefit from avoiding, as well as foods that may help.

Types of arthritis

There are several types of arthritis, all of which cause pain, swelling, and stiffness in the joints. The most common form of arthritis is osteoarthritis. Other forms include:

- **rheumatoid arthritis (RA)**
- **psoriatic arthritis**
- **juvenile idiopathic arthritis**
- **gout**
- **lupus**
- **ankylosing spondylitis**

According to the Centers for Disease Control and Prevention (CDC), **23%** of adults in the United States have a form of arthritis.

Can diet help arthritis?

What a person eats can help: **….Read More**

Fear of Covid-19 should not keep you from getting needed care

For the last four months, in-person medical appointments that were not urgent have been cancelled or postponed. Older adults have missed routine checkups and preventive screenings; they have delayed elective surgeries. Rachel Nania reports for **AARP** on how fear of COVID-19 keeps older adults from getting needed care.

Over the last few months, many older adults have not received medical services and treatments that they needed. Depending upon your health status and where you live, it might be time to schedule them.

To be sure, people with compromised health and people who live in areas where novel coronavirus cases are rising might still need to rely on **telehealth** for their care. This is particularly true if their conditions can be managed remotely.

However, many people have delayed emergency care, according to experts, and emergency care should not be delayed. Emergency room visits were down 42 percent in the first couple of months of the pandemic. Close to one in three Americans did not get care for fear of COVID-19 infection.

AARP advises that anyone who is having difficulty breathing or experiencing chest or upper abdominal pain should get care right away. So should people who become dizzy or weak or confused. Anyone who takes a bad fall should also get treatment quickly.

In addition, older adults need to make sure they get the vaccines they need, in particular, the **flu vaccine**, the **pneumococcal vaccine** and the **shingles vaccine**. These vaccines are important for lowering people's risk of needing hospitalization. Often, your local pharmacy or walk-in clinic can provide you with these vaccines.

AARP also says that you should talk to your doctor about getting **preventive care services**, such as colonoscopies and cervical cancer screenings, and treatment that will improve your quality of life, such as a hip or knee replacement. And, if you have breast or bowel changes or serious exhaustion, call your doctor as soon as possible.

Finally, people with certain chronic conditions should not put off seeing the doctor for too long. People with **high blood pressure** and people on blood thinners should routinely have their blood drawn to determine their medication levels. People with congestive heart failure and people with chronic kidney disease should see their doctors to protect themselves against developing a more serious condition. Talk to your geriatrician or primary care doctor about scheduling these appointments.

What My Anxiety Tells Me When It Speaks

Anxiety is a tricky thing. It can appear out of nowhere, for no reason. It can change the direction of our entire day, week or even year. It can debilitate us. It can tell us **lie after lie**. Anxiety speaks loud sometimes, and other times it is like a soft whisper — constantly there. Knowing where the anxiety ends and where you begin is frustrating. Sometimes every decision is driven by the voice of anxiety, like one by one your **anxiety** runs your life.

Here are some things anxiety tells me.

"You are not good enough."

My anxiety is like the opposite of a cheerleader sitting on the sideline of my life. It constantly reminds me I am not good enough. It tells me I'll never accomplish my goals; why even start them? It makes me anxious to do anything I might fail at. It raises its voice at me when I want to start something new. It gives me an overall feeling I'll never amount to anything.

"You left (fill in the blank) on."

This constantly irritates me. Especially at night. I will know I never turned the oven on today, but as I am trying to sleep, I get this overwhelming panic I forgot to turn the oven off. So, I get up. I check the oven, and sure enough it is off. Twenty minutes later I am doing the same thing. Over and over again all night long.

"All your friends hate you."

I am in a constant battle between thinking I said something horribly offensive and reassuring myself they wouldn't be my friends if they didn't like me. My anxiety tells me I will only push people away. Or that they are only my friends because they feel bad for me. Often times this keeps me at bay with becoming friends with people. I am constantly worrying if I said something or did something to upset them. One unreturned text message and I have created an entire story in my head on why they hate me.

"You are unlovable."

This one stings. Feeling unlovable goes along with feeling people hate you. **My constant state of hypervigilance** can be a lot for someone to handle. When I neurotically check to make sure I turned something off, locked something or did something in the right order, I fear I am too exhausting for someone to ever love. Even when people tell me they love me, my anxiety kicks back with, *they are lying*. It makes me feel hopeless and lost.

"You won't have enough money."

My anxiety makes me worry I'll never make it to the end of the month. Even though I do every time. It makes me worry I won't have enough money to ever buy a car or buy a house someday. It makes me feel stuck in a pattern of worrying about my future. My anxiety tells me to worry already about the student loan debt I'll have to start paying in two years. It makes me worry about what if my car broke down and I needed repairs. It projects worry to circumstances that may or may not ever happen.

"You are dying."

I live in a constant state that says I am dying. It tells me I have some horrible disease that I am dying from. Also, my panic attacks make me feel like this is it. I am done. I am going to die right now. They make me feel like it is all over.

"You are a failure."

No matter how many successes I have. My anxiety will always tell me I am a failure. It will bring up that one paper I wrote in seventh grade. Or the one project that was a bust five years ago. It will keep me from pursuing my dreams and keep me in a constant state of worry. It will tell me I've always been a failure and I will always be one.

"People are staring at you."

I can't go outside to get my mail, I can't go on a walk, I can't go into a store, without the feeling that people are staring at me and judging me.

My anxiety tells me I am being watched. I find it difficult to be in public without feeling like people are judging every move I am making. It gets worse, then they are whispering about me.

My anxiety tells me it is not safe to be outside in public.

"You worry too much."

Ironic, huh? My anxiety makes me worry about my anxiety. It tells me I worry too much and that I need to stop worrying. It makes me think I am going "crazy." It tells me I am out of control. It isn't lying though. I do worry too much, but it makes my anxiety even worse worrying about how much I worry.

Large study links gum disease with dementia

The mouth is home to about 700 species of bacteria, including those that can cause periodontal (gum) disease. A recent analysis led by NIA scientists suggests that bacteria that cause gum disease are also associated with the development of Alzheimer's disease and related dementias, especially vascular dementia. The results were reported in the *Journal of Alzheimer's Disease.*

Gum disease results from infection of the oral tissues holding teeth in place. Bleeding gums, loose teeth, and even tooth loss are the main effects of this disease. Bacteria and the inflammatory molecules they make can travel from infections in the mouth through the bloodstream to the brain. Previous lab studies have suggested that this is one mechanism influencing the cascade of events that leads to dementia, but large studies with people have not been conducted to confirm this relationship.

The NIA Intramural Research Program team used nationally representative, publicly available data from the **National Health and Nutrition Examination Survey** (NHANES), a large population study performed by the CDC's **National Center for Health Statistics**. The team examined whether gum disease and infections with oral bacteria were linked to dementia diagnoses and deaths using restricted data linkages with Medicare records and the National Death Index. The team compared different age groups at baseline, with up to 26 years of follow-up, for more than 6,000 participants.

The NHANES participants had received a dental exam for signs of gum disease. In addition, the participants received blood tests for antibodies against causative bacteria. The team analyzed antibodies against 19 oral bacteria for an association with the diagnosis of Alzheimer's, diagnosis of any kind of dementia, and death from Alzheimer's. Of these 19, *Porphyromonas gingivalis* is the most common culprit of gum disease. In fact, a recent study suggests that **plaques of beta-amyloid protein**, a major hallmark of Alzheimer's disease, may be produced as a response to this infection.

The analysis revealed that older adults with signs of gum disease and mouth infections at baseline were more likely to develop Alzheimer's during the study period. Among those 65 years or older, both Alzheimer's diagnoses and deaths were associated with antibodies against the oral bacterium *P. gingivalis,* which can cluster with other bacteria such as *Campylobacter rectus* and *Prevotella melaninogenica* to further increase those risks.

A long-term follow-up for this study is needed because the findings suggest that oral infection preceded the diagnosis of dementia. After all, having dementia makes it more likely that an individual will not be able to brush and floss effectively, which increases the likelihood of such infections and gum disease. In any case, it is important to keep in mind that population studies can show association but not causality. The authors emphasize that clinical trials are needed to test whether treating infections with *P. gingivalis* can reduce the development or symptoms of dementia.