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White House warns stimulus package 'must' include Trump payroll tax cut proposal

The White House is insisting that Congress include a payroll tax cut as part of the next coronavirus stimulus package, potentially complicating talks with lawmakers by pushing a measure that President Trump has tried but failed to advance for almost a year.

As he has done since the beginning of this pandemic, President Trump wants to provide relief to hardworking Americans who have been impacted by this virus and one way of doing that is with a payroll tax holiday," White House spokesman Judd Deere said in a statement. "He's called on Congress to pass this before and he believes it must be part of any phase four package."

Trump's renewed push for a payroll tax holiday comes as Senate Majority Leader Mitch McConnell (R-Ky.) prepares to unveil legislation next week that he hopes will launch negotiations on the next major coronavirus bill.

Key Republican senators have been cool to the idea of a payroll tax cut in the past, partly because it only helps workers who are actually employed. Congress has rebuffed Trump's previous demands for a payroll tax cut for individuals, instead approving a round of checks to individual Americans as part of the $2 trillion Cares Act in March.

But now, as Congress and the administration prepare to write what will probably be the last major coronavirus spending bill before the November election, Trump is again demanding a payroll tax cut. He and some allies view the policy as an effective way to stimulate the economy and quickly give workers a boost.

"High-ranking White House officials have told me that we will not sign a phase four deal without a payroll tax cut," Stephen Moore, a White House economic adviser, said in an interview Thursday. "I have talked to several high-level people in the White House who said the president will not sign [the legislation] if it does not include a payroll tax cut."

It is unclear if McConnell will bend to Trump's demands and include a payroll tax cut in the legislation he intends to roll out next week. A McConnell spokesman declined to comment.

The payroll tax is the 7.65 percent tax that is taken out of workers' paychecks and goes to fund the Social Security and Medicare trust funds. President Barack Obama at one point temporarily reduced the tax, but Trump wants to eliminate it entirely for some period of time.

Lawmakers of both parties have been anticipating that the upcoming coronavirus bill will contain a new round of checks to individuals, something Trump has signaled public support for

But it's unclear whether the legislation could include a new round of stimulus checks and a payroll tax cut, especially because McConnell has been aiming to keep the overall price tag around $1 trillion — a figure Democrats say is much too low. In the past, lawmakers have compensated for lost payroll tax revenue by diverting other money from the Treasury Department to continue funding the Social Security and Medicare trust funds. The government's response to the pandemic so far, though, has already led to a giant budget deficit, and some lawmakers are starting to raise concerns that some of the tax cuts and spending increases might be misguided and lack desired impact.

House Speaker Nancy Pelosi (Calif.) and other Democrats have repeatedly voiced opposition to a payroll tax cut. ….**Read More**

Alliance testifies at House Hearing on Social Security and the COVID-19 Pandemic

Alliance President **Robert Roach, Jr.** delivered testimony to the House Ways and Means Social Security Subcommittee Friday, highlighting the needs of seniors and all those who depend on Social Security amid the pandemic.

President Roach noted that Social Security benefits are helping to keep our economy afloat as the nation deals with the COVID-19 crisis and recommended expanding the program. Since seniors spend many of their benefits on housing, food, and medicine, Social Security puts $1 trillion into the economy every year.

The pandemic has also created a new, serious Social Security issue for anyone who turns 60 in 2020. Called the "notch" issue, people born in 1960 will receive 5.9% percent lower benefits when they retire than people born in 1959 -- unless Congress takes action. In his testimony, he thanked Subcommittee Chairman **John Larson** (CT) for recognizing the issue and introducing legislation that addresses it

"The notch will have a harmful and permanent effect on these beneficiaries regardless of whether they worked, lost their job, or didn't work at all this year," said President Roach. "That's unfair to those workers. The pandemic reinforces the need to strengthen retirement security for all older Americans by fixing the notch, and expanding benefits."

President Roach also spoke about the participation of older Americans in the workforce.

Robert Roach, Jr
President, ARA

Nearly a quarter of retail employees are 55 or older and seven percent are over 65. Some have lost their jobs due to the coronavirus recession or are still on the job but risking their health.

"Strengthening and expanding Social Security is part of the solution to this crisis. We needed it before the pandemic, and we especially need it now," President Roach added.

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Millions of Americans Have Lost Health Insurance in Pandemic, New Study Finds

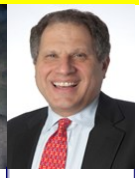
A new **study** from Families USA, a nonpartisan advocacy group, found that 5.4 million American workers lost their health insurance between February and May in the pandemic-driven recession.

More adults have become uninsured from job losses during this four-month period than have ever lost coverage in a single year. During the Great Recession 3.9 million adults lost coverage between 2008 and 2009.

The Kaiser Family Foundation reports that 27 million Americans are now uninsured, with more people lacking insurance than ever before.

Insuring the recently unemployed is a challenge because many people cannot afford the premiums for coverage through the Affordable Care Act (ACA) or COBRA, while others might not know they are eligible for Medicaid. People who have lost their insurance, on top of losing their income, could also face staggering medical bills if they become infected with COVID-19.

Joseph Peters, Jr. ARA Security-Treasurer



Rich Fiesta, Executive Director, ARA

Despite the need for action to insure those who have lost coverage, the Trump Administration continues to **challenge the ACA** in court.

"This is the worst economic downturn since World War II, larger by far than the Great Recession," said **Joseph Peters, Jr., Secretary Treasurer of the Alliance.** "President Trump's attempts to dismantle health care safety nets when they are needed most is disgraceful."

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A key part of the ACA is its protection for people with pre-existing conditions. Those provisions are especially significant for older Americans, since among those 55 to 64, **84 percent have at least one pre-existing condition.**

"While the Supreme Court is now unlikely to hear the case before Election Day, the lawsuit and the health care law will feature prominently in the November elections, as they should," said **Alliance Executive Director Richard Fiesta**. "All Americans have the right to affordable health care and need to keep their elected officials' records in mind when they go to vote."

Trump Administration's Sudden Shift on COVID Data Leaves States in the Lurch

Just as the number of people hospitalized for COVID-19 approaches new highs in some parts of the country, hospital data in Kansas and Missouri is suddenly incomplete or missing.

The Missouri Hospital Association reports that it no longer has access to the data it uses to guide state coronavirus mitigation efforts, and Kansas officials say their hospital data may be delayed.

The Trump administration this week directed hospitals to change how they report data to the federal government and how that data will be made available.

In an email, Missouri Hospital Association spokesperson **Dave Dillon** called the move "a major disruption."

"All evidence suggests that Missouri's numbers are headed in the wrong direction," Dillon said. "And, for now, we will have very limited situational awareness. That's all very bad news."

The absence of the data will make it harder for health and public officials, as well as the general public, to understand how the virus is spreading.

"It's hugely problematic," said **Dr. Karen Maddox**, a public health researcher at Washington University in St. Louis. "The only way that we know where things are going up and where things are going down and where we need to be putting resources and where we need to be planning is because of those data."

The White House instructed hospitals to report data to the Department of Health and Human Services through a new system created by a Pennsylvania-based company, TeleTracking, instead of to the Centers for Disease Control and Prevention.

The directive came as a surprise to hospitals, according to Kansas Hospital Association spokesperson **Cindy Samuelson**.

"From our perspective, these changes are big," Samuelson said. "We only found out Tuesday, and we had to update the data by Wednesday night — so, less than 48 hours."

The Missouri Hospital Association currently does not have access to the new HHS system, according to Dillon. He said the new system is also significantly different from the CDC system.

"The new datasets for reporting are not identical and in several cases are ill-defined," Dillon said. "That has complicated hospitals' efforts."

In the wake of the announcement, the Missouri Department of Health and Senior Services posted a notice on its website this week that the daily and weekly updates on hospitals, including the numbers of people hospitalized and the availability of standard hospital beds, ICU beds and ventilators, would be temporarily halted.

"Missouri Hospital Association (MHA) and the State of Missouri will be unable to access critical hospitalization data during the transition. While we are working to collect interim data, situational awareness will be limited," the **notice on the department's website says**.

Dillon said the hospital association hopes to have "within a few days or weeks" hospital and coronavirus data that had been available through the CDC.

"However, in the short term, we'll be very much in the dark," Dillon said.

The hospital association will create an alternative reporting system for hospitals, according to Dillon, and plans to continue producing weekly reports, despite the uncertainty about data.

The Missouri Department of Health and Senior Services did not respond to inquiries regarding the data.

Kansas health officials are still able to access hospital and coronavirus data through the CDC and TeleTracking, according to Kansas Department of Health and Environment spokesperson **Kristi Zears**.

However, Kansas Hospital Association spokesperson Samuelson said the Kansas hospital data may be delayed if it is incomplete.

"If we're not able to get a bulk of our members converted and uploading, I'm not sure we want to show it because then it will look like things have gotten a lot better," Samuelson said.

The most recent data shows that as of July 12, 875 Missourians were hospitalized with COVID-19, among the highest reported numbers since an early May peak of 984. Kansas' most recent data shows 1,393 people have been hospitalized with the disease.

The Trump administration said the reporting change was needed due to reporting delays and other problems with the CDC….**Read More**

Does Medicare cover wheelchairs and other mobility devices?

People who require a wheelchair or another mobility device may wonder whether Medicare pays for part or all of the cost.

Wheelchair coverage depends on a few factors, including whether the equipment is medically necessary.

Read on for more information about **Medicare** coverage for wheelchairs and other mobility devices.

Medicare Part B may cover one piece of durable medical equipment (DME) that addresses in-home mobility issues.

DME is medical equipment that helps people accomplish their day-to-day activities. In addition to wheelchairs and scooters, DME may include:

- walkers
- portable oxygen equipment
- hospital beds
- prosthetic devices that replace all or part of an internal organ
- prosthetics, such as artificial arms, legs, or eyes
- orthotics, including rigid or semi-rigid leg, arm, back, and neck braces
- medical supplies that a person uses along with their DME

A doctor may determine whether a person needs a manual wheelchair or a different mobility device based on their health status and everyday needs.

Manual wheelchairs and scooters

If a doctor determines that a manual wheelchair or scooter is medically necessary, they may create an order, certificate, or prescription.

The order usually mentions the following:

1. The person's health makes it difficult to move safely around the home, even with the assistance of a walker or cane.
2. The person's health makes it difficult for them to perform activities of daily living, such as dressing and bathing, in their home.
3. The person can safely use the manual wheelchair themselves or will always have someone to assist them.
4. The manual wheelchair can help with a specific medical condition or injury.
5. Whether the person had a face-to-face meeting with the prescribing doctor.

The meeting should occur no more than 6 months before the doctor writes the order.

Once the person has the order, they should take it to a Medicare -approved DME supplier.

Powered wheelchairs and scooters

If a manual wheelchair or scooter is not suitable for a person, they should schedule an appointment with their doctor for an in-person consultation.

If the doctor determines that an electric wheelchair or scooter is medically necessary, they may write an order, certificate, or prescription.

Usually, a doctor must request prior authorization for original Medicare to cover certain types of powered wheelchairs and scooters.

In addition to the requirements of a regular order, the doctor will also state that the person does not have the ability to use a manual wheelchair or other mobility device and, therefore, requires an electric one.

In this case, the in-person meeting with the doctor should occur no more than 45 days before they write the order.

The person's condition will determine a doctor's decision on whether they require a powered wheelchair, powered scooter, or other mobility device…..**Read More**

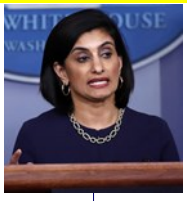
Inspector general: Medicare chief broke rules on her publicity contracts

HHS watchdog finds Seema Verma mishandled millions of dollars in federal contracts that ultimately benefited friends, former Trump officials.

A top Trump administration health official violated federal contracting rules by steering millions of taxpayer dollars in contracts that ultimately benefited GOP-aligned communications consultants, according to an **inspector general report released Thursday.**

The contracts, which were directed by Centers for Medicare and Medicaid Services chief Seema Verma, were only halted after a **POLITICO investigation** raised questions about their legality and the agency had paid out more than $5 million to the contractors.

The 70-page HHS inspector general report — the result of a 15-month audit — calls on HHS and CMS to take nine separate actions to address the "significant deficiencies" that it identified. Those actions include conducting a review of all the department's contracts, and making a closer examination of whether CMS overpaid several of its contractors.



The report paints a detailed portrait of Verma's use of federal contracts to install allies who managed high-priority projects and exercised broad authority within CMS, while circumventing the agency's career officials and funding projects that ethics experts have said wasted taxpayers' money.

"CMS improperly administered the contracts and created improper employer-employee relationships between CMS and the contractors," the inspector general wrote, detailing how Verma leaned on her hand-picked consultants rather than hundreds of civil servants in her communications department. "CMS's administration of these contracts put the Government at increased risk for waste and abuse."

For instance, the report cites numerous examples across her first two years leading CMS of Verma personally directing contractors to craft her speeches and remarks, working with them to secure media appearances and even accompanying one for a "Girl's Night Out" networking event. While the inspector general uses pseudonyms to describe individual contractors, POLITICO has previously identified the individuals cited in the report.

Verma — a close ally of Vice President Mike Pence — has emerged as a key leader of the White House coronavirus task force, overseeing billions of dollars in emergency payments to doctors and hospitals, rolling out new rules affecting nursing homes and championing the use of telemedicine. She also runs the nation's largest health care safety-net programs — Medicare and Medicaid — in addition to overseeing Obamacare, as head of a trillion-dollar agency with sweeping regulatory authority over the U.S. health care system.

Verma has spent more than a year defending the contracts, testifying to Congress that they were "consistent" with previous communications arrangements and focused on promoting the agency, not her.

However, the inspector general concluded that Verma and her team "did not administer and manage the contracts in accordance with Federal requirements." The watchdog also faulted the health department for failing to adequately manage the contracts, which auditors linked to potential duplicate spending and other "questionable costs," such as a $150,000 payout for a canceled bus tour.

At other times, Verma's hand-picked contractors — including her former communications specialist, Marcus Barlow, who had worked as a spokesperson on behalf of Verma's consulting firm but had been blocked from taking a job at CMS — personally steered federal staff and policies in ways that appeared to flout contracting rules, according to the inspector general….**Read More**

Trump administration pushing to block new money for testing

Trump administration pushing to block new money for testing, tracing and CDC in upcoming coronavirus relief bill

The Trump administration is trying to block billions of dollars for states to conduct testing and contact tracing in the upcoming coronavirus relief bill, people involved in the talks said Saturday.

The administration is also trying to block billions of dollars that GOP senators want to allocate for the Centers for Disease Control and Prevention, and billions more for the Pentagon and State Department to address the pandemic at home and abroad, the people said.

The administration's posture has angered some GOP senators, the officials said, and some lawmakers are trying to push back and ensure that the money stays in the bill. The officials, who spoke on condition of anonymity to reveal confidential deliberations, cautioned that the talks were fluid and the numbers were in flux.

The negotiations center around a bill Senate Majority Leader Mitch McConnell (R-Ky.) is preparing to unveil this coming week as part of negotiations with Democrats on what will likely be the last major coronavirus relief bill before the November election.

Negotiations are expected to kick off with increased urgency because of the rapid growth of cases — and steady uptick in deaths — in the United States. The number of cases began falling in April but accelerated sharply after Memorial Day, shattering records in the past two weeks.

In late May, there were fewer than 20,000 new cases of coronavirus reported each day. On Friday, there were more than 76,000 new cases reported.

The two political parties are far apart on a number of contentious issues, such as unemployment insurance, but the conflict between Trump administration officials and Senate Republicans on money for testing and other priorities is creating a major complication even before bipartisan negotiations get under way. Some lawmakers are trying to reach a deal quickly, as enhanced unemployment benefits for millions of Americans are set to expire in less than two weeks….**Read More**

Boosting SNAP: 5 Reasons Why Households Need More

As policymakers consider additional relief to respond to COVID-19 and the deep economic downturn, boosting SNAP benefits must be part of measures to lessen hardship and help the economy recover.

The Families First Coronavirus Response Act of March **included** much-needed measures to temporarily increase SNAP benefits for many households and let state SNAP agencies temporarily modify procedures. These measures helped states quickly provide SNAP benefits, and without them, hardship likely would have risen even more than it has. But these temporary benefits didn't help everyone who needs them, and they aren't enough to help families afford food, given the challenges that COVID-19 and the downturn have presented.

Here are five reasons why the next relief package needs to include an **additional boost** in SNAP benefits:

Nevertheless, the economic crisis will likely continue for **months or even years** to come. Low-income households generally experience the harshest impacts of economic downturns, and it often takes longer for the benefits of the recovery to reach them. Extending SNAP relief as long as the economy remains weak will help families put food on the table while their income remains low.

Temporary "emergency allotments" didn't reach the poorest households. Families First included an important provision to let states give SNAP households temporary emergency allotments up to the maximum benefit that a SNAP household can receive. The Agriculture Department (USDA) **interpreted** the provision as allowing states to issue allotments to raise the benefits of all participating households to the maximum but *not* to give more to households already receiving the maximum.

That meant that households with very low incomes already receiving the maximum benefit wouldn't receive any additional benefits. As a result, the lowest-income households, which are about 40 percent of SNAP households and include at least 5 million children, were left out of these benefit increases.

Increasing the SNAP maximum benefit by 15 percent would give a substantial boost to all SNAP households, including those with the lowest incomes, which **already struggled** before the pandemic, are likely facing increased hardship now, and may have received little other support from relief packages. (For example, millions are **at risk** of missing out on the economic stimulus payments.)

States will stop providing emergency allotments before low-income households' need for higher benefits subsides. States can provide emergency allotments as long as both a federal- and state-declared public health emergency continues. The Secretary of Health and Human Services will likely extend the federal emergency through the summer, and many states will continue their emergency declarations while COVID-19 remains a serious public health threat.

Elevated food prices and income losses are reducing the reach of SNAP benefits. Given the widespread loss of income, low-income households now have a greater need for help to afford food. Rising food costs are also making it harder to afford food. Benefits were already too low for many households to afford food before the pandemic, evidence suggests, and, given reduced income and these elevated costs, many households will struggle to afford food without an increase in SNAP benefits.

Families are experiencing hardship that can have lasting impacts. Alarming numbers of households, particularly **households of color** and **lower-income** households, are having difficulty affording food, paying rent, and buying other necessities, evidence suggests. These hardships can set households back for decades and have long-term negative impacts on health and well-being, particularly for children and **young adults**. Most SNAP households combine their cash with SNAP to meet their monthly food needs. Additional SNAP benefits free up available cash, helping those households continue to afford other necessities. Boosting SNAP is a key step to reducing short-term hardship by lessening food insecurity, which can contribute to long-term harm.

Boosting SNAP will help the economy recover faster. One lesson of the Great Recession of a decade ago was that policymakers erred by providing insufficient fiscal **stimulus** measures and ending them too early. SNAP benefits are effective stimulus because low-income households spend money quickly, which can in turn generate **more** economic activity. Boosting SNAP benefits — and maintaining that boost while the economy remains weak — will not only help households weather hardship, but also help the economy recover.

Millions of Seniors Live In Households with School-Age Children

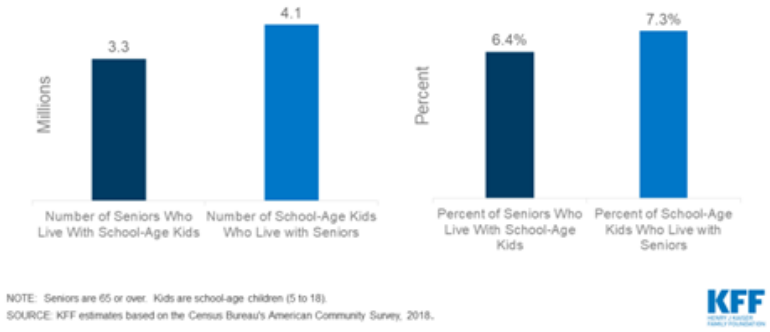
There are many factors that state and local officials, as well as individual schools or school systems, are likely to consider as they decide when and how to reopen in the upcoming school year. One set of issues involves the myriad of practical considerations needed to keep students, teachers and others who work at schools safe, particularly those who may be at higher risk of severe illness if they become infected with coronavirus. Doing so is challenging, however, given the concentration of students and teachers in relatively tight spaces, limited budgets to cover additional expenses for personal protective equipment (PPE) and physical space reconfiguration, along with the difficulty in enforcing social distancing and safe habits among school-age children. For these reasons, there is a concern that transmission will occur in schools, potentially placing students and teachers at risk. **Our prior analysis** shows one in four teachers are at-risk of becoming seriously ill if they contract COVID19. So far, the effects of opening schools in other **countries** has been mixed.

Another concern is that children may become infected at school and carry the virus back to their homes, potentially infecting others in their household. It is still **unclear** how frequently children transmit the virus to others. While **experts believe** children are not the main source of infection in communities, transmission from children does occur. Evidence so far indicates that children are at a lower risk of infection, present with milder symptoms, and are much less likely to die from the infection compared to older adults, but they still could present a risk to others in their household, especially in households with people at higher risk, such as older adults and others with pre-existing conditions. To better understand how big this group might be, we used data by state on family composition to analyze the number of older adults with at least one school-age child at home.

Our analysis finds about 6% of people age 65 or older, or about 3.3 million people, lived in a household with a school-age child (ages 5-18) in 2018 (Figure 1). Looking the other way, 4.1 million school-age children, about 7% of those between the ages of 5 and 18, live in a household with someone 65 or over.

While nearly half of older adults living with a school-age child are White, older people of color are significantly more likely to live with a school-age child compared to their White counterparts. Nearly one in five (19%) Asian and Native Hawaiian or Other Pacific Islander older adults live with a school-age child, as do 17% of Hispanic older adults, 13% of American Indian or Alaska Native older adults, and over one in ten (11%) Black older adults. In contrast, 4% of older White adults lives with a school-age child. **COVID19 already has** disproportionately affected people of color, and if schools become a source of infection, older people of color would be at increased risk of exposure through school- age children….Read More

Figure 1



Coronavirus: Blame corporate health insurers for our failure to contain it

Wendell Potter, a former health insurance executive at Cigna, knows first-hand how poorly corporate health insurers ensure that Americans get the care they need. They create all kinds of obstacles to care and coverage. In an interview with **Philadelphia Magazine**, Potter explains why corporate health insurers are to blame for our failure to contain the spread of the novel coronavirus.

Canada has a government-administered universal health care system and a lower death rate from Covid-19 than the US. In the US, we have more than 30 million people who are uninsured. We also have 80 million people who are underinsured; they have health insurance, but it is inadequate to enable them to get the care they need.

Millions of Americans are not willing to take the risk that they will be able to afford the care they receive when they go to the hospital or the doctor's office. As a result, many are not seeking treatment for COVID-19. In Canada, there are no out-of-pocket costs for this care.

The UK also has a system of government-administered universal care and a higher COVID-19 death rate than the US. That's because death rates are also a function of the overall age of the population, including the number of nursing home residents, and leadership.

The average out-of-pocket cost of COVID-19 treatment in the US is somewhere between $9,000 and $20,000 for people with insurance. We **ration care** based on the ability to pay. Other wealthy countries do not charge their residents for care at the point of service. They simply tax their residents on a sliding scale for their coverage.

We also tie health insurance to employment. As a result, most of the 43 million people who have lost their jobs as a result of the pandemic had to find new coverage. We now know that at least 5.4 million of them could not. Many **older adults are skipping needed care** for fear of contracting the virus if they go to the doctor or the hospital. Some are dying. Their deaths are preventable.

Federal law has no teeth when it comes to ensuring that people get needed care. The recently passed **CARES Act** requires that COVID-19 testing be free in most instances. But, the federal government is hard-pressed to enforce the law. And, **out-of-pocket costs** for COVID-19 tests are all over the map.

Meanwhile, health insurers are profiting nicely. United Healthcare earned **$5 billion in profits** in the first quarter of 2020, up 3 percent. Insurers are collecting premiums, but not paying out as many claims as usual people are not going to the doctor or hospital for checkups and elective procedures.

Congress is not likely to pass legislation that guarantees government-administered health care for all any time soon, even if a Democratic president is elected and we have a Democratic Congress. That said, Democratic voters **favor Medicare for All.** The tide is turning. Potter says that it is becoming more difficult for health insurers to stop federal reforms that diminish their power.

Coronavirus: Older workers might be forced to retire early

Older adults working in jobs that put them in close contact with others might be forced to retire early as a result of the coronavirus pandemic. Mark Miller reports for **The New York Times** on the pressures older workers are feeling and the financial risks they face if they retire early.

Some jobs put older workers in situations where the risks to their health from COVID-19 are high. And, there is no way for them to protect themselves. Experts say that working conditions will affect whether older adults continue working or retire early.

But, workers who retire early are likely to receive **lower Social Security benefits**. They will not pay in as long as they otherwise would or realize benefits from higher earnings, both of which increase the likelihood of higher benefits. They also might have to take Social Security early, which will mean they only get 75 percent of their full annual benefit.

Of course, if you work longer, you also might be able to save more money. And, you might be able to take advantage of health insurance that your employer helps pay for. Notwithstanding, there has been a **huge spike** in early retirement. And, that will probably worsen a **retirement crisis**.

Many older workers are giving up significant income by retiring early. According to the Kaiser Family Foundation, older workers earned **on average $49,100** in 2018. Yet, they could be putting themselves at grave risk of getting COVID-19 if they return to work. They are in a no-win situation.

The good news for some older workers is that they have been able to work remotely. According to the Center for Retirement Research, nearly half of them–47 percent–worked in jobs that could be done from home.

Still, the novel coronavirus pandemic is likely to impoverish many 50-60 today once they retire. Researchers at the New School find that 54 percent of these workers will be impoverished in retirement, up from 28 percent.

Older workers whose employers will let them work from home or return to work in safe environments or in phases are best off. But, employers have no obligation to do so and might fear liability if their older workers contract COVID-19. Congressional Republicans are on their side. Senate Republicans and their employer allies are working to enact legislation that would protect employers from liability if their employees contract COVID-19.

For COVID Tests, the Question of Who Pays Comes Down to Interpretation

In advance of an upcoming road trip with her elderly parents, Wendy Epstein's physician agreed it would be "prudent" for her and her kids to get tested for COVID-19.

Seeing the tests as a "medical need," the doctor said insurance would likely pay for them, with no out-of-pocket cost to Epstein. But her children's pediatrician said the test would count as a screening test — since the children were not showing symptoms — and she would probably have to foot the bill herself.

It made no sense. "That's two different responses for the exact same scenario," said Epstein, a health law professor at DePaul University in Chicago, who deferred the tests as she clarified the options.

Early on in the coronavirus pandemic — when scarce COVID testing was limited to those with serious symptoms or serious exposure — the government and insurers vowed that tests would be dispensed for free (with no copays, deductibles or other out-of-pocket expense) to ensure that those in need had ready access.

Now, those promises are being rolled back in ways that are creating turmoil for consumers, even as testing has become more plentiful and more people — like Epstein — are being advised to get them.

Late last month, the Trump administration issued **guidance** saying insurers had to waive patient costs only for "medically appropriate" tests "primarily intended for individualized diagnosis or treatment of COVID-19." It made clear that insurers do not have to fully waive cost sharing for screening tests, even when required for employees returning to work or for assisting in public health surveillance efforts.

Left unclear are situations like that faced by Epstein — and others who seek a test to clear a child for summer camp or day care. Public health officials have been unanimous in the opinion that widespread, readily available testing is crucial for getting businesses and schools open again, and society back on its feet.

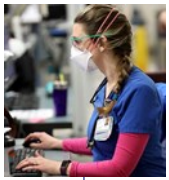
But who should bear the costs of that testing — or a share of them — is an unresolved question.

Who pays when all employees are required to have a negative COVID test in order to return to work? Or if a factory tests workers every two weeks? Or just because someone wants to know for their own peace of mind?...**Read More**

HHS unveils new public coronavirus data system

The Trump administration has restored public access to coronavirus data reported by hospitals to the federal government, after an outcry over missing data and controversy over a change in the agency that collects it.

The information is now being published on the Department of Health and Human Services's (HHS) site, HHS Protect, instead of the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network.



The change was necessary, officials said, because they believed the CDC's system was too slow, and wasn't able to keep up with the constantly changing information about the virus.

HHS Secretary Alex Azar echoed that complaint during a call with governors on Monday, according to a source familiar with the discussion, saying the existing CDC system was only providing data for half of the hospital systems around the country and could not be adapted quickly enough to respond to the pace of crisis.

The new system will collect more data from more hospitals. CDC's reporting system only collected data from about 3,000 of the country's roughly 6,200 hospitals, HHS officials said. The new system collects data from about 4,500 hospitals in only a few days. It took weeks under the CDC system, officials said.

"We're showing you a data set that is more robust and has more coverage than anything we have published, historically, before," HHS chief information officer Jose Arrieta told reporters Monday….**Read More**

Fauci's wife speaks out about criticism: 'They are making things up'

Christine Grady, wife of the country's leading infectious diseases expert, **Anthony Fauci**, spoke out this week about the criticism her husband has faced as he has in recent days drawn scrutiny from Trump administration officials over his public health recommendations.

In an interview with **InStyle** published on Wednesday, Grady — the head of the Department of Bioethics at the National Institutes of Health Clinical Center — discussed her husband's commitment to public health and said when "he gets criticized, it feels unfair to me because he is working so hard for the right reasons."

Pressed further by CBS Evening News anchor Norah O'Donnell about her comments, Grady said she it feels unfair to her that "people are looking for things to criticize — I mean, for anything."

"They are making things up. They are not putting into perspective the contribution that he is making," she continued.

Grady's remarks come as the White House has worked to put daylight between its office and an opinion piece written by White House trade adviser Peter Navarro on Tuesday that criticized Fauci, saying he was "wrong about everything I have interacted with him on."

In the op-ed, Navarro took aim at Fauci's credibility and pointed to past comments the health expert made about hydroxychloroquine and travel restrictions to China, though USA Today, which published the op-ed, **later said in an update** to the file that a number of Navarro's criticisms "were misleading or lacked context."

Alyssa Farah, the White House director of strategic communications, said in a statement on Wednesday that "the Peter Navarro op-ed didn't go through normal White House clearance processes and is the opinion of Peter alone."

"[**President Trump**] values the expertise of the medical professionals advising his Administration," she added.

Trump also knocked Navarro, who is just **one of a number of Trump administration officials** to come after Fauci in recent weeks for his public health advice, over the op-ed later on Wednesday, saying, "He made a statement representing himself."

"He shouldn't be doing that. No, I have a very good relationship with Anthony," he continued. During her interview with InStyle, O'Donnell pressed Grady about how she and Fauci deal with "criticism in the face of some very powerful people."

In response, Grady said, "I think you stay focused on what your job is."

"As Tony said before, as long as his perspective is still valued and he's making a difference, a contribution, then great," she said. "If that changes, then he'll have to change."

Grassley to Push Hard in the Senate for his Drug Pricing Bill

In the meantime, the chairman of the influential Senate Finance Committee Chuck Grassley (R-Iowa) will re-introduce a drug pricing package (S. 2543) he assembled with the ranking member of his committee, Ron Wyden (D-Ore.), and soon call on Senate leaders to allow debate on the measure, a Grassley spokesman announced last week.

The senator wants his measure included in the next coronavirus legislation and plans to move ahead "with or without Democrats," his spokesman said.

The Covid-19 pandemic has both heightened the urgency of reining in pharmaceutical costs yet also made it harder for lawmakers to act. Drug makers say limiting their profits could hamper efforts to create a vaccine against the virus, but medicines to treat it come with significant price tags. Gilead Sciences, Inc., set the price for its widely used Remdesivir at $2,340 for a five-day treatment.

Chuck Grassley

Gathering support for the legislation, which would cap drug costs for Medicare beneficiaries and force drug manufacturers to provide Medicare inflation rebates, has been an uphill battle for Grassley over the past year.

He gradually gained backing from more of his fellow Republicans in the Senate, often persuading them one-by-one to make shows of support since last summer. Democrats in the Senate were essential to getting the legislation even out of the Finance Committee, which approved it with the support of 13 Democrats and six Republicans in July 2019.

Grassley has previously said he needs at least 25 Republican co-sponsors to get his bill to the floor and sees backing from the White House as important in getting more votes. About a dozen Republicans other than Grassley have so far publicly expressed support for the legislation.

The Grassley-Wyden package would create a rebate system in Medicare Part B and Part D beginning in 2022 for brand-name drugs and biological products with prices that increase faster than inflation. Conservative groups and some Senate Republicans have opposed the rebate system for Part D, the prescription drug benefit program, but not for Part B, the outpatient services program.

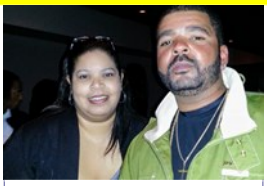
Essential and in Danger: Coronavirus Sickens, Even Kills Public Health Workers

As a veteran public health worker, Chantee Mack knew the coronavirus could kill. She already faced health challenges and didn't want to take any chances during the pandemic. So she asked — twice — for permission to work from home.

She was deemed essential and told no.

Eight weeks later, she was dead.

Mack, a 44-year-old disease intervention specialist, lost her life this spring after COVID-19 struck the **Prince George's County Health Department** in the Maryland suburbs of Washington, D.C. The coronavirus infected at least 20 department employees, some of whom had attended a staff meeting where they sat close together, union leaders said.



Chantee Mack (left), a 44-year-old disease intervention specialist for Maryland's Prince George's County, died in May after contracting COVID-19.

The spread of COVID-19 underscores the stark dangers facing the nation's public health army — the very people charged with leading the pandemic response. "We're the ones called to the fire to do this during an emergency. We are essential. People don't look at us as first responders, but we are," said Mack's co-worker Rhonda Wallace, leader of a local branch of the American Federation of State, County and Municipal Employees who, like other union members, stressed she wasn't speaking for the health department.

Such outbreaks are a grim threat facing overburdened and underfunded health departments across the nation. An **ongoing Associated Press-KHN investigation** found that public health spending per person fell 16% from 2010 to 2018 nationally when adjusted for inflation — and 17% in Maryland….**Read More**

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HealthLink Wellness "Taking Control"

Many Older Americans Face Ageism Every Day, Survey Finds

Age-based job demotions, forced retirements and other overt examples of age discrimination can be harmful to older adults.

But what about more subtle forms of ageism -- like jokes about "senior moments," or assuming an older person can't use technology, or the constant barrage of anti-wrinkle ads in the media?

A new poll finds that most older adults encounter at least one form of this "everyday ageism" in their day-to-day lives and that more frequent encounters may affect their health and well-being.

"We can't necessarily confirm that everyday ageism is causing health problems, but the fact that we found strong and consistent relationships suggests that there is something there," said Julie Ober Allen, who helped conduct the poll and analyze the results. She's a postdoctoral research fellow at the University of Michigan Institute for Social Research, in Ann Arbor.

For the survey, pollsters asked more than 2,000 U.S. adults, aged 50 to 80, about their exposure to ageist messages, ageism in their interpersonal interactions and personally held beliefs about aging and older people.

More than eight out of 10 said they experienced one or more forms of everyday ageism. Among them: comments about their ability to hear, see or understand, and assumptions that they need help with tasks they can do on their own.

Sixty-five percent of respondents reported exposure to ageist messages in materials they watch or read that portray aging as unattractive, undesirable or worthy of ridicule.

Almost half said they encountered ageism in their daily interactions -- for example, other people's assumptions that they can't use technology or have a poor memory.

And one-third responded to the questions in ways that suggested they personally have negative beliefs about aging, according to the poll's sponsors.

"They think that being lonely is an inherent part of aging, and that depression and worry are unavoidable and just a natural part of aging when research actually shows that they're not," Allen said.

But ageism may take a toll, the poll suggests. Older adults who said they experienced three or more forms of everyday ageism had poorer physical and mental health than others: 34% rated their overall physical health excellent or very good versus 49% who reported fewer brushes with ageism. And 71% had a chronic condition (such as diabetes or heart disease) versus 60% of those who experienced fewer forms of ageism, the poll found.

"So those who are experiencing a lot more everyday ageism and age-based discrimination, their health may actually be declining faster than those who experienced less," Allen said.

But the results do not prove that everyday ageism causes health problems, only that there's a link. And Allen said that link may exist because many health conditions can be induced or aggravated by stress.

"We believe that it's the cumulative impact of these 'microaggressions' because they happen over and over again, and start to serve as a source of stress in individuals' lives," she said. "In addition to mental health problems, conditions like diabetes and cardiovascular disease tend to be really closely linked to chronic stress."

But the poll offered good news, too: The results suggest most older adults have a positive attitude about growing old.

Nearly nine out of 10 said they were more comfortable being themselves, and 80% said they have a strong sense of purpose.

A full two-thirds said life after age 50 is better than they expected.

And a positive attitude about aging seems to protect against health issues, previous studies have shown.

Dr. Becca Levy is a psychologist and epidemiologist at Yale University in New Haven, Conn., who reviewed the findings.

Levy said other research has found similar evidence that negative beliefs about aging can provoke stress and be harmful to health, while positive beliefs can benefit both.

"Older individuals who've taken in more positive age beliefs tend to have a longer life span than those who've taken in more negative age beliefs," Levy said.

Allen suggested that raising awareness about the health risks of everyday ageism and the health benefits of thinking positively about aging can help shift the cultural narratives about growing old.

But according to Dr. Paul Mulhausen, chief medical director at Iowa Total Care in West Des Moines, promoting a positive outlook doesn't mean eliminating the realities of aging from the conversation.

"So much energy is spent on remaining youthful, and I think it's a distraction," said Mulhausen, who was not involved in the poll. "I think the mistake we make is we frame staying healthy as we get older as remaining young."

The poll was conducted in December, before the coronavirus pandemic introduced new health risks for older adults.

Allen said that policymakers need to put ageism on their radar, and recognize how it may be affecting their response to the COVID-19 pandemic.

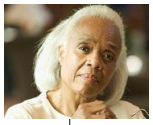
The poll was a joint effort of the University of Michigan's Institute for Healthcare Policy and Innovation, AARP and Michigan Medicine. It has a margin of error of plus or minus 1 to 2 percentage points.

What Is Lewy Body Dementia?

Who Is Affected by Lewy Body Dementia?

Lewy body dementia affects more than 1 million individuals in the United States. Lewy body dementia typically begins at age 50 or older, although sometimes younger people have it. LBD appears to affect slightly more men than women.

Lewy body dementia (LBD) is a disease associated with abnormal deposits of a protein called alpha-synuclein in the brain. These deposits, called Lewy bodies, affect chemicals in the brain whose changes, in turn, can lead to problems with thinking, movement, behavior, and mood. Lewy body dementia is one of the most common causes of **dementia.**



Diagnosing LBD can be challenging. Early Lewy body dementia symptoms are often confused with similar symptoms found in other brain diseases like Alzheimer's or in psychiatric disorders like schizophrenia. Also, Lewy body dementia can occur alone or along with other brain disorders

There are **two diagnoses of LBD**—*dementia with Lewy bodies* (DLB) and *Parkinson's disease dementia*. The earliest signs differ but reflect the same biological changes in the brain. Over time, people with dementia with Lewy bodies or Parkinson's disease dementia may develop similar symptoms

Read more in the links below

- **What are Lewy Bodies?**
- **What are the Causes of Lewy Body Dementia?**
- **What are Lewy Body Dementia Signs and Symptoms?**
- **Types of Lewy Body Dementia**
- **Treatment and Care for Lewy Body Dementia**
- **Lewy Body Dementia Research**

Under 50 and Had a Heart Attack? Quit Smoking, and You'll Live Longer

If you're a smoker under 50 and you suffer a heart attack, new research suggests kicking the habit may be the best thing you can do to still be around years later.

"These results are definitive: among young people who have had a heart attack, quitting smoking is associated with a substantial benefit," said corresponding author Dr. Ron Blankstein, from the division of cardiovascular medicine at Brigham and Women's Hospital in Boston.

"In cardiology, we are always looking for ways to reduce the risk of cardiovascular events, be it in the form of new medications or other interventions," he said in a hospital news release.

"Our findings show the dramatic magnitude of the effect that quitting smoking can have for young adults," he added. "But, unfortunately, we also found that most young patients kept on smoking after their heart attack, reinforcing that there is a major opportunity for improvement."

In the study, the researchers analyzed data on 2,072 patients who survived a heart attack before age 50 and were treated at Brigham and Women's Hospital and Massachusetts General Hospital between January 2000 and April 2016.

Of those patients, 1,088 were smokers at the time of their heart attack. Data on smoking status one year after their heart attack was available for many of the patients and showed that 343 patients (38%) had quit smoking and 567 (62%) still smoked. Both groups were comparable in terms of age and race.

Over the next 10 years, 75 of the persistent smokers (13%) died, compared to 14 (4%) of those who had quit within a year of their first heart attack. Of the persistent smokers, 30 died of a heart attack or other cardiovascular event compared to six of those who quit smoking.

The study was published online recently in *JAMA Network Open* journal.

The "findings reinforce the critical importance of smoking cessation, especially among those who experience a heart attack at a young age," Blankstein said. "Looking at the trajectories of young patients who quit smoking versus those who don't paints a clear picture of the magnitude of risk compared to the benefit of smoking cessation."

Hot Weather Safety for Older Adults

Too much heat is not safe for anyone. It is even riskier if you are older or have health problems. It is important to get relief from the heat quickly. If not, you might begin to feel confused or faint**. Your heart** could become stressed and stop beating.

Being hot for too long can be a problem. It can cause several illnesses, all grouped under the name *hyperthermia* (hy-per-THER-mee-uh):

Heat syncope is a sudden dizziness that can happen when you are active in hot weather. If you take a heart medication called a beta blocker or are not used to hot weather, you are even more likely to feel faint. Rest in a cool place, put your legs up, and **drink water** to make the dizzy feeling go away.

Heat cramps are the painful tightening of muscles in your stomach, arms, or legs. Cramps can result from hard work or exercise. Though your body temperature and pulse usually stay normal during heat cramps, your skin may feel moist and cool. Find a way to cool your body down. Rest in the shade or in a cool building. Drink plenty of fluids, but not those with **alcohol** or caffeine.

Heat edema is a swelling in your ankles and feet when you get hot. Put your legs up to help reduce swelling. If that doesn't work fairly quickly, **check with your doctor.**

Heat exhaustion is a warning that your body can no longer keep itself cool. You might feel thirsty, dizzy, weak, uncoordinated, and nauseated. You may sweat a lot. Your body temperature may stay normal, but your skin may feel cold and clammy. Some people with heat exhaustion have a rapid pulse. Rest in a cool place and get plenty of fluids. If you don't feel better soon, get medical care. Be careful—heat exhaustion can progress to heat stroke.

A Senior Watch

During hot weather, think about making daily visits to older relatives and neighbors. Remind them to drink lots of water or juice, as long as their doctor hasn't recommended otherwise because of a pre-existing condition. If there is a heat wave, offer to help them go someplace cool, such as air-conditioned malls, libraries, or senior centers.

Learn more in the below links

- **Heat Stroke—A Medical Emergency**
- **Who Is at Risk?**
- **How Can I Lower My Risk?**
- **What Should I Remember?**

As People Age, They Share Fewer Memories With Others: Study

The older people get, the less likely they are to share memories, researchers say.

And when they do reminisce, older folks don't offer as much detail as younger adults do, new study findings show.

Over four days, University of Arizona researchers used a smartphone app to record random bits of conversations as 102 mentally healthy 65- to 90-year-olds went about their daily lives.

Thirty-second snippets were recorded every six to 18 minutes. Participants didn't know when they were being recorded.

The recordings were analyzed in order to determine how often participants shared stories about their life experiences.

"We found that the older individuals in our study shared fewer memories," said Aubrey Wank, a graduate student in psychology who led the study.

"Additionally, we found that the level of detail also decreased with older age as people were describing these memories," she added in a university news release.

The study was recently published in the journal *Frontiers in Human Neuroscience*. Previous lab research has also found that memory sharing declines with age.

According to senior study author Matthew Grilli, an assistant professor of psychology, "This study really gives us one of the first glimpses of people sharing these memories in their day-to-day life."

Grilli said it's important for people to recall and share memories, because it can help them find meaning, connect with others, and guide planning and decision-making.

It's not clear why older people share fewer memories, but it may be due to age-related changes in the brain, the researchers suggested.

"There are a number of regions in the brain that seem to play an important role in how often we think about our personal past or future," Grilli said. "These brain areas tend to show change with older age, and the idea is that because of these changes, older adults might reflect less on their personal past and future when they're talking with other people."

Researchers Zero in on Alzheimer's Disease Risk Factors

MONDAY, July 20, 2020 (HealthDay News) -- Ten risk factors may affect your risk of developing Alzheimer's disease, a new Chinese study suggests.

Focusing on these factors could help doctors develop guidelines for preventing Alzheimer's, researchers say. The risk factors include mental activity, obesity in late life, depression, diabetes and high blood pressure.

The need is urgent: Alzheimer's is the most common form of dementia in older people. More than 5 million Americans 65 and older have the disease and the number is expected to nearly triple by 2050, according to the Alzheimer's Association.

For this study, researchers reviewed nearly 400 studies in search of ways to prevent it. Dr. Jin-Tai Yu, professor of neurology at Fudan University in Shanghai, led the search.

His team proposed 21 prevention strategies that doctors could use in their practice. Nearly two-thirds of them target risk factors such as high blood pressure and cholesterol and lifestyle.

Researchers said 10 suggestions are supported by strong evidence. They include getting as much education as possible in early life; taking part in mentally stimulating activities, such as reading; and avoiding diabetes, stress, depression, head trauma and high blood pressure in midlife.

Nine other suggestions had less evidence to support them. They included getting regular exercise and good quality sleep, maintaining a healthy body weight and good heart health in later life, not smoking and getting vitamin C in the diet.

Two interventions were not recommended -- estrogen replacement therapy and acetylcholinesterase inhibitors, drugs that increase communication between nerve cells.

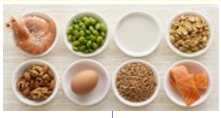
Though these suggestions may make sense, researchers said following them doesn't guarantee they will prevent Alzheimer's.

"This study provides an advanced and contemporary survey of the evidence, suggesting that more high-quality observational prospective studies and randomized controlled trials are urgently needed to strengthen the evidence base for uncovering more promising approaches to preventing Alzheimer's disease," they wrote.

Pandemic-Inspired Food Labeling Raises Alarms for Those With Food Allergies

As the mother of a child with food allergies, Heather Sapp was well versed in reading labels and calling manufacturers to verify ingredients. For years, she kept her daughter's diet free of the peanuts and tree nuts that could kill her.

But when a bite of lemon-ginger hummus three years ago sent Sapp herself into life-threatening anaphylactic shock, her dependence on labeling accuracy became more complicated. Testing determined that Sapp, now 43, had developed adult-onset anaphylactic allergies to chickpeas, sesame and cilantro. More recently, Sapp, who lives in Phoenix, had an anaphylactic reaction to parsley.



None of Sapp's allergens are among those the Food and Drug Administration requires to be individually listed on food labels. Parsley and cilantro regularly are included under "spices" or "natural flavors." Like many Americans with food allergies, Sapp reads ingredient labels closely, often following up with a phone call to verify ingredients, and had developed a list of manufacturers and products she considered safe.

However, Sapp was stunned when in late May the FDA released, with no warning, new temporary guidelines allowing manufacturers facing supply chain shortages amid the COVID-19 pandemic to make ingredient substitutions without changing food labels.

"How can we trust that anything is going to be safe at this point?" Sapp asked. "Even if you don't have an allergy, people want to know what's in their food."

While FDA spokesperson Peter Cassell declined to address specific concerns from consumers with food allergies, he said the new guidelines were developed in conjunction with other federal agencies as one of several temporary measures related to the COVID-19 pandemic. Manufacturers are required to make ingredient substitutions public....**Read More**

Disease-Carrying Mosquitoes Fly Free as Health Departments Focus on Coronavirus

Bug spray, swollen welts, citronella. It's mosquito season.

And in a normal year, the health department serving Ohio's Delaware County would be setting out more than 90 mosquito traps a week — black tubs of stagnant water with nets designed to ensnare the little buggers.

But this year, because of COVID-19, the mosquitoes will fly free.

The coronavirus has pulled the staffers away, so they haven't set a single trap yet this year, according to Dustin Kent, the program manager of the residential services unit. Even if workers had the time, the state lab that typically tests the insects for viruses that infect humans isn't able to take the samples because it also is too busy with COVID-19.

That means the surrounding community, just north of Columbus, Ohio, has to wait until potentially deadly mosquito-borne illnesses such as that caused by the West Nile virus sicken humans to find out if the insects are carrying disease.

"It's frustrating knowing that we can do a more preventative approach," Kent said. "But we're stuck reacting."

In Washtenaw County, Michigan, mosquito samples aren't being collected because the health department didn't have the staff or ability to hire and train summer interns who would typically perform the work. In Houston, a COVID-19 hot spot, a third of mosquito control staffers are working the COVID call center, stocking warehouses and preparing coronavirus testing materials. And across Florida, public health officials couldn't test chicken blood for exposure to mosquito-borne viruses — chickens get bitten by the insects, too, so that can serve as a warning — at the overwhelmed state lab until mid-June, a task that normally begins in the spring.

Monitoring and killing mosquitoes is a key public health task used to curb the spread of deadly disease. In recent years, top mosquito-borne illnesses have killed some 200 people annually in the U.S. But that relatively low toll is due in part to the efforts of public health departments to keep the spread at bay, unlike in other countries where hundreds of thousands are sickened and die each year.

"Mosquitoes are the biggest nuisance and pest on this planet. Hands down," said Ary Faraji, president of the American Mosquito Control Association, a nonprofit that supports public agencies dedicated to mosquito control. "They are responsible for more deaths than any other organism on this planet, including humans."....**Read More**