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RI ARA

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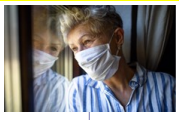
Trump's War on Health Care Has Made Pandemic Even More Threatening for Seniors

A new **report from Protect Our Care and the Alliance for Retired Americans** reveals that President **Trump's** ongoing sabotage of seniors' health care is especially dangerous amid the coronavirus pandemic, exacerbating the crisis. **Eighty percent of the more than 100,000 Americans who have died** from the virus have been over the age of 65.

On Thursday, Senator **Bob Casey** (PA), Alliance Executive Director **Richard Fiesta**, Wisconsin Alliance President **Gary Mitchell**, and Protect Our Care Chair **Leslie Dach** discussed with the media how Trump's war on health care is especially harmful to seniors facing the COVID-19 outbreak.

Senator Casey and other speakers on the call noted Trump's handling of the Affordable Care Act (ACA) before and during the pandemic as a factor in the magnitude of the crisis. The ACA's critical protections for people with pre-existing conditions are especially important now, given how quickly unemployment is rising and an increasing number of Americans without health insurance. At least **40 percent of adults ages 50-64**, or about 25 million people, have one or more pre-existing conditions.



Also, Trump's lawsuit to overturn the ACA puts annual wellness exams and preventive screenings, prescription drug discounts, and the closing of the prescription drug doughnut hole in jeopardy.

President Mitchell said, "Since President Trump was elected, the price of prescription drugs has continued to skyrocket and the drug corporations have become more powerful and profitable. He promised that he would lower them, but one in four Americans still report not taking a medicine their doctor prescribed due to the cost."

Mitchell added that the administration "won't even take the basic step of avoiding pandemic profiteering by requiring drug corporations to make any coronavirus drug or treatment developed with OUR taxpayer dollars affordable and available to all who need it."

Executive Director Fiesta said on the call that the president should have allowed the Department of Labor's Occupational Safety and Health Administration (OSHA) to complete its important work earlier on federal regulations requiring every hospital and nursing home to prepare for an airborne infectious disease pandemic like COVID-19. Had OSHA done so, these facilities and their workers would now have the respirators and personal protective equipment (PPE) needed to save lives and help prevent the spread of the disease to health care workers.

Rich Fiesta, Executive Director, ARA

"In just the last three months, COVID-19 has killed tens of thousands of older Americans. The President's botched response shows a callous indifference toward the lives of seniors," said Fiesta. "Rather than rallying the nation and marshaling the full resources of the federal government to fight this national emergency, he's even used the pandemic as a pretense to gut Social Security by eliminating its dedicated funding. What have America's seniors done to deserve this?"

Statement from the Alliance *for* Retired Americans about George Floyd

The following statement was issued by Robert Roach, Jr., President of the Alliance for Retired Americans, regarding the death of George Floyd while in police custody in Minneapolis and the national protests that have followed:

"The Alliance for Retired Americans shares the pain of the entire country after witnessing the video of George Floyd dying in handcuffs with a knee on his neck when he had said he could not breathe. Regrettably our horror did not end there.

"The violent events of the past week may have started in Minnesota, but the aftermath has now touched all Americans in every community -- including retirees.

"Older Americans are all too familiar with racism, having lived through the civil rights battles of the 1960's and then seen its ugly reappearance in our daily lives with every decade that followed.

"Older Americans have been touched personally - not just by the unnecessary tragic killing of another black man in police custody, but by the failure of our nation to come together in grief.

"The freedom to protest peacefully is enshrined in our Constitution, but the hatred, division, and rioting that came with it should never be a part of those protests.

"Terrence Floyd, George's brother, was right on the mark when he asked that the demonstrations for justice occur peacefully. To do anything else would be a distraction from the real issues confronting black America.

"Our condolences go out to the family and friends of George Floyd and anyone who has been touched by violence during the past week.

Robert Roach, Jr
President, ARA

"Having the building that is our headquarters set ablaze is a stark reminder that, as AFL-CIO President Richard Trumka said, 'the labor movement is not a building.'

"The 4.4 million members of the Alliance want seniors everywhere and all our fellow Americans to know that we share your grief, and with it, the hope for better days ahead.

For Seniors, COVID-19 Sets Off A Pandemic Of Despair

As states relax coronavirus restrictions, older adults are advised, in most cases, to keep sheltering in place. But for some, the burden of isolation and uncertainty is becoming hard to bear.

This "stay at home awhile longer" advice recognizes that older adults are more likely to become critically ill and die if infected with the virus. At highest risk are seniors with underlying medical conditions such as heart, lung or autoimmune diseases.

Yet after two months at home, many want to go out into the world again. It is discouraging for them to see people of other ages resume activities. They feel excluded. Still, they want to be safe.

"It's been really lonely," said Kathleen Koenen, 77, who moved to Atlanta in July after selling her house in South Carolina. She's living in a 16th-floor apartment while waiting to move into a senior housing community, which has had cases of COVID-19.

"I had thought that would be a new community for me, but everyone there is isolated," Koenen said. "Wherever we go, we're isolated in this situation. And the longer it goes on, the harder it becomes."

(Georgia residents age 65 and older are **required to shelter in place** through June 12, along with other vulnerable populations.)

Her daughter, Karestan Koenen, is a professor of psychiatric epidemiology at Harvard University's T.H. Chan School of Public Health. During a Facebook Live event this month, she said her mother had felt in March and April that "everyone was in [this crisis] together." But now, that sense of communality has disappeared.

Making it worse, some seniors fear that their lives may be seen as expendable in the rush to reopen the country.

"[Older adults] are wondering if their lives are going to end shortly for reasons out of their control," said Dr. Linda Fried, dean of the Mailman School of Public Health at Columbia University, in a **university publication**. "They're wondering if they'll be able to get the care they need. And most profoundly, they're wondering if they are going to be cast out of society. If their lives have value."

On the positive side, resilience is common in this age group. Virtually all older adults have known adversity and loss; many have a "this too shall pass" attitude. And **research confirms** that they tend to be adept at regulating their reactions to stressful life events — a useful skill in this pandemic. "If anything, I've seen a very strong will to live and acceptance of whatever one's fate might be," said Dr. Marc Agronin, a geriatric psychiatrist and vice president of behavioral health at Miami Jewish Health, a 20-acre campus with independent living, assisted living, nursing home care and other services.

Several times a week, psychologists, nurses and social workers are calling residents on the campus, doing brief mental health checks and referring anyone who needs help for follow-up attention. There's "a lot of loneliness," Agronin said, but many seniors are "already habituated to being alone or are doing OK with contact [only] from staff."

Still, "if this goes on much longer," he said, "I think we'll start to see less engagement, more withdrawal, more isolation — a greater toll of disconnection."

Erin Cassidy-Eagle, a clinical associate professor of psychiatry at Stanford University, shares that concern.

From mid-March to mid-April, all her conversations with older patients revolved around several questions: "How do we keep from getting COVID-19? How am I going to get my needs met? What's going to happen to me?"

But more recently, Cassidy-Eagle said, "older adults have realized the course of being isolated is going to be much longer for them than for everyone else. And sadness, loneliness and some hopelessness have set in."

She tells of a woman in her 70s who moved into independent living in a continuing care community because she wanted to build a strong social network. Since March, activities and group dining have been canceled. The community's director recently announced that restrictions would remain until 2021.

"This woman had a tendency to be depressed, but she was doing OK," Cassidy-Eagle said. "Now she's incredibly depressed and she feels trapped."

Especially vulnerable during this pandemic are older adults who have suffered previous trauma. Dr. Gary Kennedy, director of the division of geriatric psychiatry at Montefiore Medical Center in New York City, has seen this happen to several patients, including a Holocaust survivor in her 90s.

This woman lives with her son, who got COVID-19. Then she did as well. "It's like going back to the terror of the [concentration] camp," Kennedy said, "an agonizing emotional flashback...**Read More**

Does Medicare cover hospice care?

This Medicare benefit began in **1982**. An estimated **49.7%** of the Medicare beneficiaries who passed away in 2016 used their hospice benefit, according to a 2018 study.

In this article, we cover the many aspects of hospice care under Medicare, including cost considerations and where a person can receive care.

What type of care does it cover?

Medicare covers a variety of services, equipment, and medications under an individual's hospice care benefit, including:

- dietary counseling
- doctor's services
- grief and loss counseling for the insured person and their family
- medical equipment and supplies
- nursing care
- physical therapy
- prescription medications
- respite care to provide a person's caregiver with rest for up to 5 days at a time
- medically necessary, short-term inpatient care for pain or symptom management

Hospice coverage can vary according to a person's unique situation. The key aspect of coverage is that hospice care represents a shift from curative to comfort oriented treatments. Once a person triggers their hospice benefit, Medicare may not pay for doctor's visits or medications that aim to treat the condition.

Who is eligible for hospice care?

Any person who is eligible for Medicare Part A can qualify for hospice benefits.

To receive Medicare Part A hospice care benefits, a person must meet the following criteria:

- A regular doctor and hospice doctor must certify that a person is terminally ill and is likely to live for less than 6 months.
- A person must accept palliative care to provide comfort instead of care that aims to cure or treat their illness.
- The insured person signs a statement indicating their desire to receive hospice care instead of other Medicare covered treatments for their condition.

Through Medicare, a person has a legal entitlement to a one-time hospice consultation with a hospice doctor or director to discuss hospice care. They do not need to choose hospice care, even if they agree to it at this meeting….**Read More**

Dear Marci, what is a Medicaid spend-down?

Dear Marci,
My mother has significant medical needs and has a hard time covering the costs of her care. I want to help her apply for Medicaid, but I think her monthly income might be higher than the income limit in her state. Is it possible that she could still qualify?
-Alfred (Omaha, NE)

Dear Alfred,

If your mother's income is above the Medicaid income guidelines in her state, her state may offer a spend-down for aged, blind, and disabled individuals who do not meet Medicaid income eligibility requirements. A spend-down would allow her to deduct certain medical expenses from her income so that she can qualify for **ABD Medicaid** benefits.

If she has medical expenses that significantly reduce her usable income, she can use them to qualify for Medicaid coverage. Below is a general guide to the Medicaid spend-down process. Contact your mother's local Medicaid office to learn if a spend-down program is available in her state, and the rules for applying.

Your mother's spend-down amount will be the difference between her income and the Medicaid eligibility limit, as determined by her state over a given length of time (one to six months). Some states require Medicaid beneficiaries to submit receipts or bills to Medicaid to show their monthly expenses. Other states may let beneficiaries pay a monthly premium directly to Medicaid for the amount that their income is over their state's Medicaid spend-down level. Spend-down income limits may be lower than the Medicaid income limits for people who do not have a spend-down.

Each period that your mother has enough medical expenses to meet her spend down, she will have Medicaid coverage. If she does not meet her spend-down amount for a certain period of time, she will not have Medicaid coverage for that time. She can still get Medicaid coverage later if she meets her spend-down amount during another period of the year.

Medicare **will pay first** for covered services, and Medicaid will pay second for qualifying costs, such as Medicare cost-sharing.

Your mother's state may require her to qualify and apply for spend-down for multiple periods in order to qualify for Medicaid inpatient hospital coverage.

States with spend-down programs may allow people to use the spend-down program to qualify for Medicaid coverage of their nursing facility stays or **home- and community-based waiver services**.

Note: If your mother's state does not have a spend-down program, it should have more generous Medicaid income guidelines for people who need nursing home care than for those who do not.

Your mother will automatically qualify for **Extra Help** the first month that she meets her Medicaid spend-down amount until the end of the calendar year (even if she does not meet her spend-down amount every period).

Trusts—such as Miller Trusts and Supplemental Needs Trusts or Special Needs Trusts—are available in some states to help people become Medicaid-eligible. Trusts allow people with disabilities and income or assets higher than Medicaid eligibility guidelines to place a portion of their income or assets into the trust, where it will not be counted. Rules about how these trusts work vary greatly by state. For more information, contact your mother's local Medicaid office or an elder law attorney.

Some states offer the Medicaid Buy-In program, which allows people who are under age 65 and have a disability to work (as little as one hour per month) and still receive Medicaid benefits.

The program is designed to help people with disabilities who would otherwise not be eligible for Medicaid health coverage because their income or assets are too high. If your mother qualifies, she may be able to receive Medicaid by paying a premium to buy in to the program. Financial eligibility guidelines vary by state. Check with your local Medicaid office for eligibility information.

If your mother decides to work and is receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), check with her local Medicaid office to see how much earned income she is allowed to have without losing those benefits.

-Marci

Is Medicare available at age 62?

A person becomes eligible for Medicare when they reach 65 years of age. Other insurance options are available for people who retire at the age of 62. Younger people can qualify if they meet specific requirements.

Medicare is a federal **health insurance** plan for people in the United States who have reached the **age of 65**. It began in **1965**, with changes since then allowing more people to become eligible. In 2019, more than **60 million** people in the U.S. received Medicare.

In this article, we discuss age limits on Medicare, the exceptions that may allow people of other ages to qualify, and other health plan options.

What is Medicare?

Medicare is a federal insurance plan that covers people aged 65 or older. Part A covers hospital costs, while Part B covers medical costs. Part D provides coverage for outpatient prescription drugs. Part C, also called Medicare Advantage, covers a combination of benefits from parts A, B, and D.

Can a person get Medicare at age 62?

Currently, people must be 65 or older to be eligible for Medicare.

However, younger people may qualify if they meet certain conditions, including:

- receiving Social Security Disability Insurance (SSDI)
- having a specific illness, such as end stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS)
- becoming eligible through family relationships

A person can use the **Medicare Eligibility & Premium Calculator** as a first step in finding out whether they qualify for Medicare.

Eligibility by disability

People under 65 who have a disability and have received SSDI for at least 24 months can qualify for Medicare.

The enrollment is automatic after a person receives their 25th SSDI check.

When a person has a disability, their eligibility for SSDI depends on Social Security. When they qualify for SSDI, this may make them eligible for Medicare.

Eligibility due to specific illness

Younger people may qualify if they have ESRD or ALS.

End stage renal disease

If a person is living with ESRD, they may also **qualify** for Medicare before they reach 65. They must:

- have received a diagnosis of kidney failure
- be getting dialysis or have had a kidney transplant
- be eligible to get SSDI benefits

Amyotrophic lateral sclerosis

If a person has ALS and gets SSDI, there is no waiting period. Medicare begins automatically in the first month that their SSDI benefits start.

Eligibility through family relationship

An individual may qualify for Medicare before age 65 if a qualified person paid Medicare taxes for a certain period. The qualified person can be the person themselves or their parent or spouse.….**Read More**

New Plan to Lower Insulin Prices Is Too Little, Too Late

On Tuesday, President **Trump** announced a new plan that would allow some **Medicare recipients to pay less for insulin** starting next year. However, the lower insulin costs will not be available to retirees who have an employer-sponsored health plan, or anyone who does not qualify for Medicare.

The proposal will allow Medicare beneficiaries to choose a Part D drug plan or Medicare Advantage plan offering the insulin benefit for the 2021 plan year. People with those plans will pay a maximum of $35 a month for insulin, an estimated savings of $446 a year.

Medicare beneficiaries who are interested must make sure to pick a plan that provides this benefit during open enrollment season, which starts October 15. However, these "enhanced" Part D plans are expected to have higher monthly premiums. Analysts noted that the price of insulin will not be lower, rather the amount paid by the beneficiary and the insurer will shift.

"The price of insulin, a long-existing drug, should never have increased so much in the first place," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "We need to negotiate better prices for all drugs -- like House-passed H.R. 3 does. With over 40 million people across the country in need of affordable insulin, this proposal only helps some Medicare beneficiaries."

Joseph Peters, Jr.

Coronavirus is making it harder to get long-term care

The financial and emotional toll of caring for older adults has always been enormous. The novel coronavirus pandemic is making it still harder for caregivers attending to older adults living at home and, even more so, in nursing homes. Bob Herman reports for **Axios** on why long-term care has become an even bigger issue with COVID-19.

The data show that older adults are most at risk of becoming gravely ill or dying if they get the novel coronavirus. Many nursing homes and other long-term care facilities have been **hard-pressed to contain the spread of the virus**. The particular vulnerability of older adults if they get COVID-19 means added stress for them and the people who care for them.

The question becomes how to ensure older adults receive long-term care safely and affordably. Assisted living facilities and other group homes for older adults tend to cost a minimum of $4,000 a month. **Medicare** and private health insurance almost never covers their cost. Long-term care insurance will usually cover the cost, but it **tends to be a bad investment**.

Medicaid often covers the cost of nursing home coverage for people with low incomes and limited assets. In order for Medicaid to pay, people with more savings need to spend them. Depending upon the state you live in, your income may need to be very low. Also, many **nursing homes** are **not safe** and deliver poor quality care.

When choosing a nursing home, check out **Nursing Home Inspect**. Do not rely on Medicare's **Nursing Home Compare**; it's star-rating system is a farce. Kaiser Health News reports on how poorly many nursing homes do at **controlling the spread of infections**.

Increasingly, people opt for home care as a safer alternative. Over the last several years, more older adults are choosing to age in place, remaining in their homes and hiring home health aides or having friends and loved ones care for them.

But, aging in place can be enormously costly unless family or friend caregivers are able to help when needed. It also can be difficult to keep a paid caregiver. Wages tend to be low and turnover rates are high. And, in this time of COVID-19, having caregivers coming and going from the home of a loved one has its own set of risks.

If you are thinking of moving into an **assisted living facility** or other care facility, now is a hard time to consider your options. In person tours are limited at best. Virtual tours do not provide a 360 degree view of the facility. Unfortunately, it might still be several months before these facilities reopen.

KFF Health Tracking Poll - May 2020

Impact of Coronavirus on Personal Health,Economic and Food Security, and Medicaid

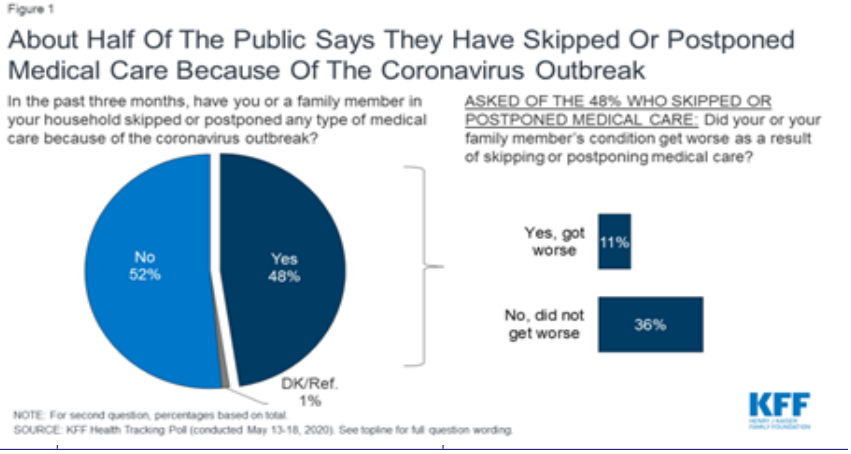
Amidst the coronavirus pandemic, Americans are deferring medical care. Nearly half of adults (48%) say they or someone in their household have postponed or skipped medical care due to the coronavirus outbreak. However, as stay-at-home restrictions ease, most (68% of those who delayed care, or 32% of all adults) expect to get the delayed care in the next three months.

Nearly Half Of Adults Say They Or A Family Member Have Deferred Medical Care Due To The Coronavirus Outbreak

The recent stay-at-home orders instituted by most states to help curb the spread of coronavirus impacted most industries, including the health care sector. Many hospitals and medical care providers closed for non-emergency services and many patients with non-emergency conditions postponed or cancelled appointments.**1 2** The latest KFF Health Tracking Poll finds that nearly half of adults (48%) say they or someone in their household have postponed or skipped medical care due to the coronavirus outbreak, including a higher share of women than men (54% vs. 42%). Notably, 11% of adults overall say their or their family member's condition got worse as a result of postponing or skipping medical care due to coronavirus.

Among those who say they or a family member have postponed or delayed medical care because of coronavirus, almost all say they will eventually get the care that has been postponed, including 68% (32% of adults overall) who expect to get the care within the next 3 months.

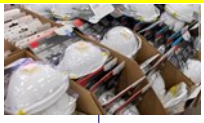
….**Read More**



Federal agencies turn to untested suppliers for big PPE contracts

Facing a supply crunch for sorely needed medical equipment like masks and gowns, the federal government has turned to a long list of untested suppliers -- some of which have failed to deliver.

Nearly one out of every five Covid-19-related federal contracts for $1 million or more went to companies that had never won a contract with the federal government before the crisis broke out, according to a CNN analysis of procurement data. While some of the first-time contractors have substantial experience in the Personal Protective Equipment industry, others are small firms with no record of producing or procuring medical equipment, CNN found.



The vendors who've won multi-million dollar deals range from a California firm whose previous products include a vodka bottle with an LED screen, to an Ohio tampon manufacturer that has shifted part of its production line from menstrual products to face masks, to a company registered by a former Trump administration deputy White House chief of staff less than two weeks before it was awarded its first contract.

Already, some have failed to deliver: two of the seven largest contracts given to companies that were new to federal contracting have been canceled after the suppliers didn't deliver promised respirator masks. And questions remain about the quality of equipment delivered by other vendors, including the company formed by former Trump administration aide Zachary Fuentes.

While federal agencies generally don't pay in advance before supplies are delivered, having to cancel a contract and find a new, more reliable supplier can delay desperately needed goods, experts say….**Read More**

How Trump is threatening the health and well-being of Social Security beneficiaries

Though the coronavirus pandemic is most deadly to older adults and people with disabilities, Donald Trump is pushing states to open up, despite the danger to them. In addition to their physical security, he is also endangering their economic well-being.

The **Coronavirus Aid, Relief, and Economic Security (CARES) Act** provided emergency one-time $1,200 payments to adults with incomes of $75,000 (phased out for those with higher incomes) and $500 for each of their dependent children under age 17. Underreported are the needless obstacles blocking the way of people receiving Social Security benefits, primarily older adults and people with disabilities, from receiving those emergency payments.

People receiving Social Security benefits should have been the first to get these payments, and should have gotten them automatically. After all, the federal government already pays monthly Social Security benefits to nearly 65 million older adults, people with disabilities, survivors, and their dependent children. The government already has bank or debit card information, the ages of the children, and, indeed, everything else needed to pay those benefits automatically and quickly.

But, instead, the Trump Administration at first required those of them who had not filed a tax return in 2019 or 2018 to submit information on a special web site before they could get a check. So, those who did not have enough income to file taxes – which is millions of them – were required to go online to collect their check. Only after **tremendous pressure** did it reverse course.

Then, the Trump administration put up a similar roadblock for the four million young people receiving Social Security payments as dependents. It had all the information needed to provide them with the $500. Instead, it gave their parents a day and a half to complete online information in order to receive the money. If they were not aware they needed to do so–and, of course, most were not–they will not see this money until 2021. And they will only get their money in 2021, if they file in 2021.

Delaying emergency payments makes no sense. And, it is more than likely that millions will never file and so will never get the payments that Congress promised them.

The Trump administration also withheld the $1,200 payment from people who began receiving Social Security payments in 2020 and who had not filed tax returns for 2019 or 2018. Again, the government has all the information it needs to pay them these emergency monies, but it will not do so unless they file online. (At least, they were not given a deadline of less than 48 hours, a deadline that has now passed.)

Of course, most people receiving Social Security benefits are **low-income, many living in poverty**. Many also live in rural communities without internet access. And, many do not have computers or the ability to access online portals. Many have low literacy levels and are barely managing, often socially isolated and living alone through this pandemic. Even if they have family or friends who could help them file, they are most in need of sheltering in place and staying apart from those who might be contagious – which, of course, is everyone.

The people to whom the Trump administration is refusing to provide full automatic payments are at major health risk. They desperately need the stimulus payments they are due.

Ironically, the stimulus payments are going automatically and swiftly to people in better financial and physical shape, who have filed tax returns. Indeed, in their rush to get automatic payments to them, the administration has paid benefits to those who don't qualify because their incomes have risen. The Trump administration has even paid benefits automatically to people who filed tax returns but have since died. But, sending the full amount automatically to all Social Security beneficiaries? That is where the line was drawn.

Perhaps even more threatening, Donald Trump is attempting a sneak attack to undermine Social Security. Trump is obsessed with so-called **payroll tax cuts**, which is code for cuts to the dedicated Social Security contributions that fund Social Security. Even if he replaces the contributions with borrowed money, he will be playing a long game. Just like the proverbial child who murders his parents and pleads for leniency because he is an orphan, Trump and his allies in Congress are running up huge deficits, starving Social Security of dedicated revenue, so that they will likely claim, down the road, that Social Security must be cut to tame the deficit.

Trump has gone so far as to claim he will veto further relief legislation if it doesn't include these damaging cuts to Social Security's dedicated revenue. To be clear, cuts to payroll contributions are far less helpful to families in need during this pandemic than the **$2,000 monthly payments Democrats are proposing.**

People who are unemployed will see nothing from the cut to Social Security contributions. People with lower incomes who still have jobs would see only a few hundred dollars more a month. And all of us will be poorer down the road, if the sneaky attack on our Social Security earned benefits succeeds.

Nearly 26,000 COVID deaths in nursing homes spur inspections

Nearly 26,000 nursing home residents have died from COVID-19, the government reported Monday, as federal officials demanded states carry out more inspections and vowed higher fines for facilities with poor infection control.

The partial numbers released by the Centers for Medicare and Medicaid Services and the Centers for Disease Control and Prevention are certain to go higher, as only about 80% of nursing homes have reported. Also, the federal data does not include assisted living facilities, which some states count in their coronavirus totals.

Monday's report will add to the national soul-searching about the disproportionately high toll of the virus in nursing homes. It's also likely to set off finger-pointing among federal agencies, state authorities and the industry over who is responsible for making things better. More than 60,000 people in nursing homes got sick as the coronavirus spread rapidly among frail residents.

Medicare and Medicaid Administrator Seema Verma told reporters that hand-washing continues to be a challenge in some nursing homes and that many states — who are charged with determining compliance with federal standards— must double down on inspections. "There is no substitute for boots on the ground," Verma said.

Her agency noted wide disparities among states in the percentage of homes they have inspected for infection controls since the outbreak accelerated in early March. West Virginia, for example, inspected 11% of its homes, while Colorado inspected 100%. The agency said failure to complete inspections could result in states seeing reduced COVID-19 relief funding.

The numbers showed a sobering toll among nursing home staffers, with more than 34,400 getting sick and nearly 450 dying from the coronavirus.

"This data, and anecdotal reports across the country, clearly show that nursing homes have been devastated by the virus," wrote Verma and CDC Director Robert Redfield to governors.

Verma said 1 in 4 facilities had at least one COVID-19 case, and 1 in 5 reported at least one death. Nursing homes rated at 1 or 2 stars in the government's 5-star rating system fared worse. About 12,500 of some 15,400 nursing homes had reported as of May 24….**Read More**

Study highlights paid caregiving gaps and needs for community-dwelling adults with dementia

Home health aides, personal care attendants, and other paid caregivers can augment support from family caregivers to help people with dementia live safely at home and in the community. But a recent NIA-funded study showed that only one in four community-dwelling individuals with dementia received paid care, underscoring the need to make it more accessible.

The growing movement to care for people with dementia outside of the nursing home setting means more hands-on care delivered in the community. Researchers used data from the 2015 National Health and Aging Trends Study (NHATS), an NIA-funded nationally representative study of Medicare recipients 65 years and older, to identify 899 community-dwelling individuals with dementia, characterize paid caregiving among this group, and identify factors associated with receiving paid care. The findings were published in the *Journal of the American Geriatrics Society.*

Researchers found that only a quarter of people with dementia and about half of those with advanced dementia living in the community received paid care. Even with paid care, family caregivers provided more than half of reported care hours. Men, the unmarried, those with Medicaid, and those requiring more help with daily activities had the highest likelihood of receiving paid care. People in the middle-income range were less likely to receive paid care.

The results highlight that receiving paid care is not only associated with functional need but also financial resources and Medicaid. The authors noted that lower rates of paid caregiving among middle-income individuals suggest that the middle class may face unique challenges, as they do not qualify for Medicaid-funded home care or have the means to pay significant caregiving costs out of pocket.

The authors noted some limitations of their analysis. For example, paid care may also be associated with factors that were not assessed, like caregiver characteristics and behavioral symptoms associated with dementia.

Overall, the study highlights the need for new ways of making paid caregiving more accessible throughout the income spectrum to support family caregivers and respect the preferences of people with dementia to remain living in the community. Future research may examine the range of paid and family caregiving arrangements and how they change over time to meet the basic needs of individuals with dementia, as well as additional factors that may impact paid care, like the fear of loss of independence or introducing unfamiliar caregivers and the expectation that care come from family alone.

New report on housing needs for an aging population

The U.S. Census Bureau recently released a report that addressed the growing need for aging-accessible features in the home. The report, **Old Housing, New Needs: Are U.S. Homes Ready for an Aging Population?,** was supported in part by NIA. Data from the 2011 American Housing Survey was used to provide estimates of housing units with aging-accessible features, such as handrails or grab bars in the bathroom, a wheelchair-accessible kitchen, a bathroom and bedroom on the first floor, and a step-free entryway into the home. The report also mapped out geographical differences in the prevalence of homes with these features.

The report found that only 10% of all U.S. homes, or about 11 million housing units, were aging-ready, based on the 2011 data. The criteria for determining an aging-ready home included: a step-free entryway, a bedroom and full bathroom on the first floor and at least one bathroom-accessibility feature. Of the 28.5 million households with someone age 65 or older, 28% reported difficulty using some aspect of the home. Analyzing all households with an adult age 65 or older, those with an older adult who had difficulty using a home feature were more likely to have a female resident, to be one-person households, to live in or near poverty, and to live in a rented housing unit.

The report emphasized that the demand for homes with aging-accessible features will rise as the size of the aging population grows. It also noted the importance of considering how the functional layout and design of homes may affect older people's ability to live safely, comfortably, and independently.

10 Common Expenses That Have Skyrocketed for Seniors

If you're a Social Security recipient, you likely have seen small increases in your monthly payment through annual **cost-of-living adjustments**. But those increases are barely keeping pace with inflation.

The price tags have increased on many of the things seniors buy. The result? Social Security payments have lost 30% of their buying power since 2000, according to **a recent study** from the Senior Citizens League.

"To put it in perspective," study author Mary Johnson said in a statement, "for every $100 worth of groceries a retiree could afford in 2000, they can only buy $70 worth today."

Retiree dollars have to stretch further and further these days. Following is a look at some typical expenses for seniors that have skyrocketed over the past couple of decades, according to the study — and some tips on how to help keep costs low.

It's not the usual blah, blah, blah. Click here to sign up for our free newsletter.

1. Prescription drugs

The average out-of-pocket cost of prescription drugs jumped from $1,102 a year in 2000 to $3,875.76 this year, a 252% increase, according to the Senior Citizens League analysis.

Different types of drugs increase in price for different reasons, according to a 2019 study published in "Health Affairs." As we report in **"Brace to Pay More for These 26 Prescriptions in 2020**":

"Price increases for generic and specialty drugs are driven primarily by new product entry — meaning the price hikes can be attributed primarily to new drugs coming on the market — the study found. However, price increases for brand-name drugs are driven primarily by inflation of the prices of existing drugs."

For tips on lowering your prescription costs, check out Money Talks News' **latest stories on the topic.**

2. Medicare Part B deductible

Medicare Part B covers services such as doctor visits and preventive care. But the cost of the standard Medicare Part B premium has more than tripled in the past two decades, rising from $45.50 a month to $144.60 a month, an increase of 218%.

The standard Part B premium applies to individuals who earn up to $87,000 and married couples who earn up to $174,000 and file a joint federal tax return. Seniors with higher incomes pay higher Part B premiums — currently, anywhere from $202.40 to $491.60 per month, depending on their income.

3. Homeowners insurance

The average annual cost of homeowners insurance across the U.S. has increased from $508 in 2000 to $1,389.90 this year — or 174%, according to the Senior Citizens League study.

For help bringing down this expense, check out "**8 Ways to Slash the Cost of Homeowners Insurance.**"

4. Home heating

Living in a colder climate can cost you more than the price of a pair of good boots. The average cost of heating oil has increased from $1.15 a gallon in 2000 to $3.12 now, an increase of 172%.

Factors like the stock market, weather, supply and demand, and even the global political climate can all change the price of oil overnight.

To learn how to lower your costs, read "**19 Cheap or Free Ways to Cut Your Winter Energy Bills**."

5. Potatoes

The average cost of a 10-pound sack of gold potatoes rose from $2.98 in 2000 to $7.98 in 2020, an increase of 168%.

6. Veterinarian services

As much as **32% of pet owners** are age 55 or older, and **research shows** a furry friend can keep you healthier, happier and less stressed. But pet owners are now spending $272.90 a year on vet bills, up 150% from $109.30 in 2000.

Preventive care can **help keep those vet bills down**. Remember to brush your pet's teeth, schedule regular check-ups, and discuss flea and tick prevention medicine with your vet.

7. Medigap premiums

Medigap plans are supplemental health insurance coverage available to seniors with Original Medicare, also known as traditional Medicare. It covers some costs like deductibles, copayments and coinsurance that Original Medicare does not cover.

But **thanks to** the rising costs of health care, along with an increased life expectancy, the average monthly Medigap premium increased from $119 two decades ago to $295.64 today, or 148%.

8. Total medical costs

Medicare **doesn't cover everything**, so retirees often have to reach into their pockets for some expenses. The average annual cost of total medical care for older Americans, not including health insurance premiums, rose from $6,140 in 2000 to more than $14,100 this year, or about 130%.

For ways to save, check out "5 **Ways Anyone Can Save on Out-of-Pocket Health Care Costs**."

9. Real estate taxes

Plenty of retirees prefer "aging in place" over moving to an assisted living facility. But real estate taxes, which are typically based on the value of a home, can be trouble.

Rising real estate values have **partly contributed** to higher real estate taxes, jumping from $690 in 2000 to $1,579.06 this year, on average. That's an increase of 129%.

Many local governments offer property tax breaks for seniors, so head to your city or county government's website for details. Money Talks News founder Stacy Johnson also details other ways to lower your property taxes in "**Can I Freeze My Property Taxes**?"

10. Oranges

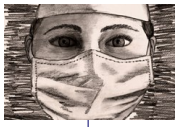
Research shows citrus fruits help keep your brain sharp and body healthy. But the sweet-treat supply chain has suffered, thanks in part to a disease called **citrus greening**.

From 2000 to 2020, the average price of oranges increased from 61 cents a pound to $1.34, or 120%.

These days, a different disease might influence prices: The fruit's immune-boosting powers have led to **a surge in demand** amid the coronavirus pandemic. In fact, the price of oranges and tangerines jumped by 5.6% between March and April of this year, as we report in "**Prices of These 17 Groceries Are Soaring**."

Lost on the Front Lines

America's health care workers are dying. In some states, medical staff account for as many as 20% of known coronavirus cases. They tend to patients in hospitals, treating them, serving them food and cleaning their rooms. Others at risk work in nursing homes or are employed as home health aides.



Some of them do not survive the encounter. Many hospitals are overwhelmed and some workers lack protective equipment or suffer from underlying health conditions that make them vulnerable to the highly infectious virus.

Many cases are shrouded in secrecy. "Lost on the Frontline" is a collaboration between The Guardian and Kaiser Health News that **aims to document** the lives of health care workers in the U.S. who die of COVID-19, and to understand why so many are falling victim to the pandemic.

These are some of the first tragic cases.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

How to tell if you have a cold and what you can do to recover faster

The common cold affects millions of Americans each year. It can strike at any time, but most people get sick during the winter and spring.

There are over 200 viruses that can cause the common cold including coronaviruses and rhinoviruses. These viruses target the upper respiratory tract and trigger symptoms like cough, sore throat, runny nose, and sneezing.

A cold will usually resolve on its own without a doctor's visit. There's no vaccine against the viruses that cause the common cold, but there are steps you can take to speed up the recovery process and prevent future illness.

However, it's important to make sure you have a cold and not something else, first. In this article we discuss the following:

Symptoms

Symptoms will crop up 1-3 days after exposure. Then, the first several days of symptoms are often the most severe. You'll likely experience a mix of the following:

- Body Aches
- **Congestion**
- **Coughing**
- **Headaches**
- **Loss of smell and taste**
- **Runny nose**
- **Sneezing**
- **Sore throat**

Diagnosis

The common cold can feel much like other viral infections including the flu and COVID-19. That's because all of these illnesses affect the upper respiratory tract.

However, there are some ways to determine if what you have **is a cold or allergies** or something else.

Check your symptoms

The fastest way to diagnose your illness is to check out your symptoms. For example, fever is a common symptom for the flu and COVID-19 but not for a cold. See the list of distinguishing symptoms below:

…..**Read More**

COVID-19 compared to other common conditions

SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Loss of smell and taste	Sometimes	Common	Common	Common
Shortness of breath	Sometimes	×	×	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches, muscle pains	Sometimes	Mild	Common	×
Sore Throat	Sometimes	Common	Sometimes	×
Fatigue	Sometimes	Sometimes	Common	Sometimes
Chills, repeated shaking	Sometimes	Rare	Common	×
Diarrhea, vomiting	Rare	×	Sometimes*	×
Swollen toes	Rare	×	×	×
Runny nose	Rare	Common	Sometimes	Common
Sneezing	×	Common	Sometimes	Common

*Sometimes for children

Sources: CDC, WHO, American College of Allergy, Asthma and Immunology

INSIDER

How to read your blood pressure and understand what it means for you

- Bood pressure readings are a measurement of two numbers: systolic and diastolic.
- These two numbers can tell you if your blood pressure is low, normal, elevated, high, or if you're having a hypertensive crisis (very high).
- Here's how to read your blood pressure measurements and understand what it means for you.
- This article **was medically reviewed by John Osborne**, MD, PhD, and the Director of Cardiology for Dallas-based State of the Heart Cardiology.
- This story is a part of Insider's guide to **High Blood Pressure**.
- **High blood pressure** is known as the "silent killer" because it usually doesn't come with symptoms, and it can be dangerous if left untreated.

The only way to know your blood pressure and keep track of your heart health is through accurate readings and frequent measurements.

Here's what you need to know about your blood pressure reading and what it means for you.

Blood pressure readings

Blood pressure is the force of blood pushing against the arteries in your body. It is measured by two numbers:

- **Systolic pressure** (top number). The pressure exerted against your artery walls when your heart beats.
- **Diastolic pressure** (bottom number). The pressure exerted against your artery walls when your heart rests, in between beats.

Blood pressure is measured in millimeters of mercury (mm Hg). To determine whether someone has high blood pressure, known medically as **hypertension**, doctors classify blood pressure readings into different categories.

Normal blood pressure

Normal blood pressure is considered:

- **Systolic:** Lower than 120 mm Hg
- **Diastolic**: Lower than 80 mm Hg

If you have a blood pressure reading around this number, it generally means your heart is healthy. However, even if you have normal blood pressure, certain **factors can increase your risk of developing hypertension** over time.

...**Read More**

Know your blood pressure readings

BLOOD PRESSURE	SYSTOLIC mm HG (top number)		DIASTOLIC mm HG (bottom number)
Normal	<120	AND	<80
Elevated	120–129	AND	<80
High blood pressure (Stage 1 hypertension)	130–139	OR	80–89
High blood pressure (Stage 2 hypertension)	>140	OR	>90
Hypertensive crisis (Seek medical attention)	>180	AND/ OR	>120

Source: American Heart Association

INSIDER

Moving Beyond the New Normal: Adjusting to Life With Lupus

The COVID-19 pandemic presents new hurdles for two women dealing with lupus.

LUPUS IS AN AUTOIMMUNE disease that affects mainly women, and while treatments exists to manage symptoms, there is no cure. In 2014, two women who were diagnosed with lupus spoke candidly with U.S. News about the difficulty of adjusting to their "new normal" after they were diagnosed. They described painful flares, frightening medical emergencies and jarring ups and downs while adjusting to a condition that spilled over into every aspect of their lives.

Now, six years later, U.S. News catches back up with both women. They have come to terms with lupus and are thriving despite facing ongoing challenges – including the latest curveball from the coronavirus pandemic.

For Janice Wolfe-Easley, 64, of Springfield, Virginia, life before lupus was a swirl of activities – exercise, sailing, volleyball on the beach with her husband and 60-mile breast cancer walks. For more than three decades she taught physical education to children with disabilities, but had to retire early because the pain from her disease prevented her from keeping up with the kids.

When Wolfe-Easley first spoke with U.S. News, she was nearly five years into her lupus diagnosis and still struggling. Any of her daily plans could be upset by the disease, she said. Some days, for instance, she would shower and blow-dry her hair for a night out, but then fatigue would take over and she'd climb into bed instead. Other days, she stayed in her pajamas. She was frequently in pain.

Wolfe-Easley made efforts to adjust. For instance, she would take a nap during the day to make sure she could attend a dinner she'd organized for her lupus support group through the Lupus Foundation of America. "You don't know what's going to do you in," she explained.

In her earlier interview, Wolfe-Easley described lupus as an isolating disease, because many of its effects such as pain and fatigue are invisible to people around the person who's affected. Now, she has some tips to share with family, friends and co-workers who know someone with a chronic illness:

- Show understanding – everyone's illness is different.
- Educate yourself about the illness.
- Ask the individual with the diagnosis how it affects his or her day-to-day life.
- Stay connected and in touch.

Six years ago, Wolfe-Easley teared up when expressing hope that the disease could be cured: "It would be nice to say one day that I used to have lupus."

However, a lupus expert says a single cure that works for everyone may not be possible. "There will be no one cure for lupus, as all are patients are different," says Dr. Gary Gilkeson, a former chairman of the Lupus Foundation of America Medical-Scientific Advisory Council. "We are likely to have effective treatments that work very well in some patients and for some symptoms. The goal is for lupus to be a disease that – if not cured – can be controlled to a point that it is more an inconvenience than an albatross."

Today, Wolfe-Easley says, "I'm doing well. Through the help of support group members and my doctors, I have learned the importance of pacing myself and listening to my body."

Lupus symptoms persist, however. "Pain is still a symptom I deal with on a regular basis," Wolfe-Easley says. "I have fibromyalgia secondary to my lupus diagnosis. My pain-management regimen – depending on the day – includes exercise, rest, relaxing baths and medication as needed." Fatigue continues, as well. "I just never know when I will run out of gas and be done with whatever I'm doing."

Wolfe-Easley is on the same medication regimen she's been on for about a decade. However, the coronavirus pandemic is disrupting access to **hydroxychloroquine**, an essential drug for Wolfe-Easley and many others with lupus….**Read More**

A Patient's Guide to Heart Arrhythmias

Know the basics on symptoms, diagnosis and treatment to help you deal with this condition.

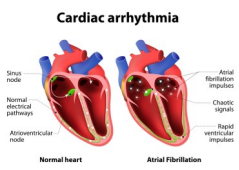
An arrhythmia is an irregular heartbeat – a heart rate that's faster or slower than normal, or with extra or skipped beats. You may have irregular heartbeats that are just normal variants and pose no risk.

However, some arrhythmias increase the risk of cardiovascular conditions such as stroke or heart failure. A minority of arrhythmias are life-threatening if undetected or untreated.

Arrhythmia patients at the highest risk sometimes require heart implant devices. However, most types of arrhythmia can be managed with medications or catheter procedures. With proper treatment and routine precautions, you can lead a normal life.

What Is an Arrhythmia?

Heart arrhythmias are usually grouped in two ways. The first is by heartbeat frequency. A slow heart rate is called a bradyarrhythmia. In general, a heart rate under 60 beats per minute is considered slow. A fast heart rate is called a tachyarrhythmia – in general, above 100 beats per minutes.



Arrhythmias can also be classified by the location in the heart where they originate. Supraventricular arrhythmias occur in the upper heart chambers, or atria, or in other cardiac structures.

Atrial fibrillation is one of the most common arrhythmias. Up to 6 million people in the U.S. have AFib, according to the Centers for Disease Control and Prevention. Older adults face higher risk: About 9% of all people 65 and older have AFib, whereas about 2% of adults under 65 are affected.

"Atrial fibrillation is a chaotic, irregular beating of the heart," says Dr. Bruce Koplan, a cardiovascular medicine specialist at **Brigham and Women's Hospital** in Boston. "The chamber of the heart that is fibrillating is basically quivering and not beating in any kind of organized manner."

Ventricular arrhythmias occur in the lower heart chambers, or ventricles. Ventricular tachycardia is a rapid, regular heartbeat that prevents the ventricles from fully contracting. Ventricular fibrillation is an extremely rapid, chaotic heart rhythm – and a **medical emergency.**

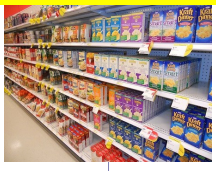
Heartbeat Basics

"The heart is a muscle and it's a muscular pump," says Dr. Joseph H. Levine, director of the Arrhythmia & Pacemaker Center at St. Francis Hospital in Long Island, New York. "Like any mechanical pump, electrical signals turn it on and off. In the heart, the electrical signals are built into the heart muscle itself. Every heart cell has the ability to have electrical activity that tells the individual cell to contract. The overall electrical system in the heart allows the contractions to be synchronous and organized."

The natural pacemaker of the heart is the sinus node, which leads into the right atrium. The main electrical "wiring" of the heart is the atrioventricular node between the atria and ventricles….**Read More**

The Shocking Ingredients Manufacturers are Sneaking Into Your Food

Your favorite food or beverage may contain a new ingredient during coronavirus—and you may never be able to find out what it is. Due to supply chain issues caused by COVID-19, the FDA announced a **new policy** that permits food manufacturers to make ingredient substitutions at their discretion. This guidance allows **manufacturers to either add or remove ingredients from their product formulations without having to declare it on the label, which means you won't know exactly what you're eating**.



Just like how grocery stores experienced a **meat shortage** after animal processing plants had to shut down, food manufacturers have also been struggling to source the ingredients they use in their products due to supply chain disruptions. In non-pandemic times, if a manufacturer isn't able to source a specific ingredient listed on the food's label, it would have to create a new label for that batch with the relevant ingredients, which could extend production time significantly. Because the FDA understands the extent to which the ingredient supply chain has been disrupted due to COVID-19, they passed this policy to afford manufacturers the flexibility to make minor ingredient changes. Without this new guidance, your favorite products might not have been able to sit on store **shelves**.

While it may sound disconcerting that you won't know exactly what you're eating when you purchase your favorite snack, rest assured that the FDA has strict guidelines for what manufacturers can and cannot substitute. For example, the new ingredient cannot cause any adverse health effects (such as food allergens or gluten), it has to be less than 2 percent or less by weight of the finished food, and the substitution cannot have a significant impact on the nutrition facts.

To give you a better idea of what this looks like, the FDA listed specific examples. One example would be omitting green peppers from a vegetable quiche that contains multiple vegetables….**Read More**

Which foods boost collagen production?

Collagen is the most abundant structural protein within the body.

A structural protein contains tightly-packed molecules that provide structure to various tissues in the body. Examples of such tissues include skin, bone, tendons, and ligaments.

As a person ages, their body produces less **collagen**. This can lead to issues such as wrinkles, sagging skin, and stiff joints.

Some foods contain proteins and nutrients that the body needs to produce collagen. These proteins and nutrients are also available as collagen supplements.

This article looks at the roles of collagen in the body and outlines the best foods to boost collagen production. We also list the various collagen supplements available.

What is collagen?

According to an older review, collagen makes up **one-third** of the total protein in a person's body. Collagen forms connective fibers, which give structure and support to numerous tissues and organs within the body, including:

the skin

- blood vessels
- **bones** and **teeth**
- ligaments and cartilage
- internal organs

Collagen and elastin are important structural components of the skin. They help to maintain the skin's smoothness and elasticity. As a person ages, these proteins decline. This is one of the reasons a person's skin starts to become looser and **wrinkle** with age. Besides maintaining youthful-looking skin, people also need collagen for the following:

- healing **bruises**
- repairing broken or **fractured bones**
- maintaining a healthy digestive tract

Different types

There are many different types of collagen, but the most common types in the body are:

- **Type I:** This forms the connective tissues of the skin, bones, teeth, tendons, and ligaments.
- **Type II:** Cartilage mainly contains this type of collagen.
- **Type III:** This gives strength and shape to organs, skin, muscles, and blood vessels.
- **Type IV:** This a major component of the membranes that separate a person's body tissues….**Read More**

Mayo Clinic Q And A: How to reverse prediabetes

DEAR MAYO CLINIC: I'm a 36-year-old man recently diagnosed with prediabetes. Is there a way to reverse this, or am I destined to eventually get diabetes? My health care provider says I've likely been in the prediabetes stage for a year or more.

ANSWER: There are steps you can take to slow the progression of prediabetes to Type 2 diabetes. You may even be able to stop or reverse it. That's important because once Type 2 diabetes develops, the disease can lead to complications that can cause serious, long-term health problems.

Diabetes occurs when the level of sugar in the blood is too high. That happens because of a problem with the hormone insulin, which is made in the pancreas. When you eat, the pancreas releases insulin into the bloodstream. This allows sugar to enter your cells, lowering the amount of sugar in your blood.

In Type 2 diabetes, the pancreas does not make enough insulin, and the body can't use insulin as well as it should. That means sugar cannot move into the cells, and it builds up in the blood. Prediabetes is a condition in which blood sugar is higher than normal, but it's not high enough to be considered Type 2 diabetes. People who have prediabetes are at high risk to develop Type 2 diabetes.

As in your case, a person's blood sugar can be at a prediabetes level for quite some time. Although it doesn't carry all the risks of the full disease, prediabetes isn't harmless. The damage diabetes can do to your body may start in the prediabetes stage, particularly complications that affect the blood vessels, heart and kidneys.

The good news is that there are ways to reverse this condition. Certain lifestyle changes can lower your blood sugar level and decrease your risk of developing diabetes.

One key is getting to and maintaining a healthy weight. The root cause of Type 2 diabetes is not completely clear, but being overweight plays a role. In people who are overweight, the body may need two to three times more insulin than it would at a healthy weight. When the pancreas tries to produce that much additional insulin, it can be pushed beyond its capacity, and insulin-producing cells start to die. That worsens the situation because the pancreas then has even fewer cells with which to make insulin….**Read More**