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March 21, 2021 E-Newsletter

The American Rescue Plan is a Big Win for Seniors

The following is a statement from **Alex Lawson**, Executive Director of **Social Security Works**, on House passage of the American Rescue Plan:

“For the past year, older Americans have faced the most severe health consequences from the COVID-19 pandemic. Many seniors also faced economic consequences, including **retiring early** to protect themselves from the virus.

The American Rescue Plan provides desperately needed financial relief. The vast majority of seniors will receive a \$1,400 check, in addition to their regular Social Security benefits. Multi-

generational households will receive \$1,400 for every member of the household, including grandparents, parents, and children.

This legislation also addresses the pandemic directly by investing \$20 billion in a national vaccination program to get vaccines in arms quickly. This will save the lives of many seniors and make it possible to hug their children and grandchildren again.

During the pandemic, for-profit nursing homes have been the most dangerous places in America. They are **prioritizing**

SOCIAL SECURITY WORKS.

their profits over protecting workers and residents, resulting in **over 172,000 deaths**. Our long-

term care system is fundamentally broken. The American Rescue Plan takes an important step in the right direction by including over \$12 billion in funding for home and community-based services. This will allow more seniors and people with disabilities to live in their own homes instead of nursing homes.

Additionally, the American Rescue Plan saves the retirements of over 1.5 million Americans by strengthening

multi-employer pension plans. Democrats rejected Republican calls for benefit cuts and guaranteed that these retirees will receive the full pension benefits they’ve earned.

These are just a few of the provisions in this historic legislation, which will massively reduce poverty in America. We commend President Biden and Congressional Democrats for this bold first step, and look forward to working with them on future legislation to expand Social Security, improve Medicare, and lower drug prices.”

Legislation Targets Scams and Fraud Against Seniors

Seniors are often targeted for their money or identity, commonly with fraudsters asking seniors to send a payment through gift cards, by wire transfer, credit card, or other predatory schemes. Retailers, financial services providers, and wire transfer companies have undertaken efforts to do their part to stop their customers, including seniors, from being scammed.

Fraud is so prevalent that prevention is only part of the solution. One in 20 seniors in the U.S. is a target of fraud schemes. Yet, the National Adult Protective Services Association has found that only one in 44 seniors report that they are victims of a fraud scheme, suggesting seniors lack information on how to file a complaint.

A new fraud scheme designed to target seniors appears almost daily. In many cases, seniors have watched their entire life savings disappear in scams that

are specifically designed to target their assets.

Two new pieces of legislation in addition to H.R.1565 (see above) have been introduced to stop these kinds of scams.

The first is **H.R. 446**, the *Protecting Seniors from Emergency Scams Act*.

This legislation would require the Federal Trade Commission to update its website to include a searchable database of scams targeting seniors. It would have to work with media outlets and law enforcement to distribute the information. The FTC also would be required to send Congress a report with policy recommendations to prevent scams targeting older individuals, especially during national emergencies.

The second bill is **H.R. 1215**, which would establish an office within the Federal Trade Commission and an outside advisory group to prevent fraud



targeting seniors and to direct the Commission to include additional information in an annual report to Congress on fraud targeting seniors.

The Advisory Office would give seniors hope in recovering their assets. It would address the low reporting rates by directing the FTC to educate seniors, families, and caregivers about the process for contacting law enforcement after being targeted in a fraud scheme. It would direct FTC to help improve the nation’s fraud response efforts by reforming FTC’s complaint system as well as enhancing fraud surveillance through better coordination with law enforcement agencies.

The FTC Advisory Group would bring together relevant government agencies, consumer advocates, and industry representatives to collect and develop model educational materials for retailers, financial

institutions, and wire transfer companies to use in preventing scams on seniors. The FTC would coordinate efforts to educate the public and even the employees of key industries who often find themselves on the front lines of anti-scramming activities.

Also, new legislation, called the “National Senior Investor Initiative Act” or “Senior Security Act” (**H.R. 1565**), was introduced earlier this month with two Democrats and two Republicans as cosponsors.

According to a 2015 report, older Americans lose approximately \$36.5 billion each year to financial scams and abuse, and these numbers are increasing as technology makes it easier for scammers to target older Americans. A 2016 survey from the Investor Protection Trust found that almost 1-in-5 seniors, approximately 7 million Americans, have reported being victims of exploitation.

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CDC's 'Huge Mistake': Did Misguided Mask Advice Drive Up Covid Death Toll for Health Workers?

Since the start of the pandemic, the most terrifying task in health care was thought to be when a doctor put a breathing tube down the trachea of a critically ill covid patient.

Those performing such "aerosol-generating" procedures, often in an intensive care unit, got the best protective gear even if there wasn't enough to go around, per Centers for Disease Control and Prevention guidelines. And for anyone else working with covid patients, until a month ago, a surgical mask was considered sufficient.

A new wave of research now shows that several of those procedures were not the most hazardous. Recent studies have determined that a basic cough produces about 20 times more particles than intubation, a

procedure one doctor likened to the risk of being next to a **nuclear reactor**.

Other new studies show that patients with covid simply talking or breathing, even in a well-ventilated room, could make workers sick in the CDC-sanctioned surgical masks. The studies suggest that the highest overall risk of infection was among the front-line workers — many of them workers of color — who spent the most time with patients earlier in their illness and in sub-par protective gear, not those working in the covid ICU.

"The whole thing is upside down the way it is currently framed," said Dr. Michael Klompas, a Harvard Medical School associate professor who called aerosol-generating



procedures a "misnomer" in a **recent paper** in the Journal of the American Medical Association.

"It's a huge mistake," he said. The growing body of studies showing aerosol spread of covid-19 during choir practice, on a bus, in a restaurant and at gyms have caught the eye of the public and led to widespread interest in better masks and ventilation.

Yet the topic has been highly controversial within the health care industry. For over a year, international and U.S. nurse union leaders **have called** for health workers caring for possible or confirmed covid patients to have the highest level of protection, including N95 masks.

But a widespread group of experts have long insisted that

N95s be reserved for those performing aerosol-generating procedures and that it's safe for front-line workers to care for covid patients wearing less-protective surgical masks. Such skepticism about general aerosol exposure within the health care setting have driven CDC guidelines, supported by **national** and **California** hospital associations. The guidelines still say a worker would not be considered "**exposed**" to covid-19 after caring for a sick covid patient while wearing a surgical mask. Yet in recent months, Klompas and researchers in Israel have documented that workers using a surgical mask and face shield have caught covid during routine patient care....**Read More**

CMS boosts reimbursement for administering COVID-19 vaccinations

The Biden administration on Monday increased how much Medicare pays providers to administer **COVID-19 vaccinations** to encourage them to vaccinate more people, hire additional staff and do more patient outreach and education.

CMS boosted the average **payment** for **COVID-19** immunizations from \$28 to

\$40 for single-dose vaccines and \$45 to \$80 for two-dose vaccines. But the amount each provider receives varies depending on what type of entity carries out the immunization and where it's located, according to the agency. The changes take effect immediately.

The White House hopes the



changes will speed up vaccinations, especially in **hard-to-reach communities**, by making sure that providers have enough financial resources.

"This will make it easier for more healthcare providers to get out into communities and give more COVID shots to people in

need," White House coronavirus special adviser Andy Slavitt said during a press event. "People are not looking to be convinced by the government or by some other entity; they want to have conversations with people locally in their community, whether it's a doctor, their pharmacist, or other people that they trust..."**Read More**

Will Medicare cover telehealth appointments with my doctor?

Dear Marci,

My physician is offering telehealth appointments for patients who would prefer not to visit the office. I am interested, but will Medicare cover these telehealth appointments?

-Emi (Tucson, AZ)

Dear Emi,

In short—yes! Medicare is currently covering telehealth appointments with providers who accept Medicare. Let's discuss some of the details:

A telehealth service is a full visit with a provider using telephone or video technology that allows for both audio and video communication. **Usually**, Original Medicare only covers telehealth in limited situations:

◆ You live in a rural area and

travel from your home to a local medical facility to get telehealth services.

◆ You require telehealth services to treat behavioral health conditions, including substance use disorder. You have the option of accessing telehealth services from your home or from a medical facility.

◆ You require telehealth services to diagnose, evaluate, or treat symptoms of acute stroke. You have the option of accessing telehealth services from your home or from a medical facility.

During the current public health emergency, however, Medicare has expanded coverage and access to telehealth.



Dear Marci

During the emergency period, Medicare covers

your hospital and doctors' office visits, behavioral health counseling, preventive health screenings, and other visits via telehealth in settings that include your home. Telehealth services can also be used for the face-to-face visits required for Medicare coverage of **home health care** and **hospice care**.

Standard **cost-sharing** may apply. For example, those with Original Medicare owe a \$203 Part B annual deductible and a 20% coinsurance for most medical services. If you have a Medicare Advantage Plan, you should contact your plan to learn about its costs and coverage rules.

Certain telehealth services can now be delivered using only audio, including:

- ◆ Counseling and therapy provided by an **opioid treatment program**
- ◆ **Behavioral health care services**
- ◆ Patient evaluation and management

If you have questions about technology requirements for telehealth services, you should ask your provider.

When deciding whether you would rather visit your physician in-person or via telehealth, know that both will be covered by Medicare, so long as the physician accepts Medicare.

-Marci

MedPAC Reiterates Position that MA Plans Cost More, Responds to Criticism

The longstanding position of the Medicare Payment Advisory Commission (MedPAC) is that Medicare spends more overall for enrollees in Medicare Advantage (MA) than the program would have spent for similar beneficiaries enrolled in traditional fee-for-service Medicare (Original Medicare). MedPAC has a statutory mandate to issue an annual report to Congress that examines all of Medicare's payment

policies, including an assessment of the MA program. They recently reiterated their position regarding MA and have garnered some pushback from the insurance industry.

In response to criticism, MedPAC said the primary focus must be the relative costs of covering a beneficiary in each of the programs and must account for varied health status (MA enrollees tend to be healthier



than those in original Medicare), geographic distribution, spending for hospice (Original Medicare covers all hospice care, even for MA enrollees) and graduate Medical Education (paying teaching hospitals), and differences in coding intensity (upcoding).

MedPAC is clear, however, that they are not implying that MA is inefficient. They simply highlight that "it is essential that

Medicare pay plans appropriately so that the Medicare program and taxpayers can share in the greater efficiency in care delivery associated with MA plans."

At Medicare Rights, we support MedPAC's efforts to underscore MA payment and incentives and urge both the Biden administration and Congress to pay close attention to overpayments that burden the system.

One Year In, Big Medicare Changes Continue to Help Combat COVID-19

The COVID-19 public health emergency (PHE) sparked a host of major changes to the Medicare program, including wider use and availability of telemedicine, greater access to medications, and flexibilities designed to decrease burdens and improve staffing for providers. Looking forward, there are still areas of need, both during and after the PHE, to ensure people with Medicare have access to the coverage and care they rely on to keep them safe and healthy.

The list of changes made to ease access to care via Medicare is **an extensive one**. An increase in the availability of telemedicine is perhaps the biggest change, as more providers are now able to offer more services virtually. This can include using audio-only technologies like simple telephone landlines. Especially for mental health and substance

use services, such as flexibilities have been a lifeline for millions of beneficiaries, allowing them to access care safely and privately. But the rise of telemedicine has also left some communities behind, as many older adults and people with disabilities do not have access to broadband or appropriate technologies in their homes, may struggle physically or cognitively to use such technologies, or may lack confidence in telemedicine's safety or efficacy. At Medicare Rights, we commend Medicare for making telemedicine more accessible for most beneficiaries, though **we urge a thoughtful consideration** of what flexibilities must be retained once the PHE ends.

During the PHE, Medicare Advantage plans are required to allow beneficiaries to receive



care at out-of-network locations and charge only in-network cost-sharing for such services

as well as waiving referral requirements. Drug plans must cover up to a 90-day supply of medications and cover prescriptions filled at out-of-network pharmacies. Other changes for Medicare Advantage and drug plans are optional, including waiving prior authorizations, allowing more mail order pharmacy access, adding benefits, and reducing costs.

These moves have helped solidify access to care for Medicare beneficiaries, but gaps remain. One of the primary ones is simply connecting people to the Medicare coverage they are eligible for. Early in the PHE, some enrollment flexibilities allowed people to enroll in and

change their Medicare coverage, but these flexibilities have lapsed **despite strong advocacy from Medicare Rights and 49 other state and national organizations urging reinstatement**. Ensuring people have access to care is vital, especially during a pandemic, and we will continue to urge Congress and the Biden administration to close this important gap.

The Biden administration has hinted that the PHE will not end any time soon, but we urge the agencies to consider carefully which of these flexibilities above should be continued once the pandemic ends. Data and research should be used to extend those policies that are working well for beneficiaries, and to sunset those that are doing more harm than good.

What Stock Market Run?

Despite the stock market hitting record highs, new survey from The Senior Citizens League shows retirees' accounts haven't fully benefitted from the run-up

Despite the stock market reaching record highs, an alarming number of retirees say their retirement account balances had not yet recovered to pre-pandemic levels by the end of 2020.

Nearly half—48% of retirees with retirement accounts—said their accounts have not recovered to pre-pandemic levels, according to a new

survey by The Senior Citizens League (TSCLE), which admitted to being somewhat perplexed by the survey findings.

"While the U.S. stock market ended 2020 at an all-time high, the retirement savings held by many retired adults do not appear to have benefited from the run up," said Mary Johnson, Social Security and Medicare policy analyst for The Senior Citizens League. "There's no doubt about it, the Coronavirus-caused recession is forcing many older adults to rethink retirement plans."



The survey, which was conducted from mid-January to mid-February of this year, asked the following question: "How has the coronavirus-caused recession affected the value of your retirement savings as of December 31, 2020?"

While 18% of survey participants reported that they had no retirement savings at all, 48% of those with retirement savings reported that the value of those accounts was still down on December 31, 2020, from the ending value on December 31, 2019. About half of those (23%)

said their retirement savings were down between 10-25% while 14% said they were still down by more than 25%. Thirty-one percent reported that their savings had recovered to about the same value as at the end of 2019.

Only 21% reported that their savings had increased by December 31, 2020. Of this group, only 9% said their savings had increased by more than 10% (The S&P 500 stock index finished the year up by more than 16%)... **Read More**

The deadly consequences of out-of-pocket drug costs

A new paper in **NBER** looks at the deadly consequences of out-of-pocket costs in the Medicare Part D prescription drug program. As you might expect, deductibles and copays keep people from filling their prescriptions. What you might not expect is that when costs rise on one prescription, people sometimes stop filling all of their prescriptions.

Most people have little ability to rank order the value of their different prescriptions or to prioritize one prescription over another when they cannot afford them all. So, instead, they make random decisions about which

ones to stop taking or decide to stop taking all of them. In short, while cost-sharing might reduce overuse of medicines, it also can lead to poor health outcomes and premature deaths.

The researchers found that a \$10.40 increase in a drug's cost leads more than one in five people to stop filling their prescriptions altogether. It also increases the likelihood of people dying.

When out-of-pocket costs rise, people stop taking statins and antihypertensives which can extend their lives significantly.



And, people who are most at risk for a heart attack or stroke are likely to reduce their use of these drugs even

more than people who are at lower risk. Socioeconomic status apparently has little bearing on people's behavior.

Most interesting and disturbing, the researchers find that, when drug prices increase, nearly one in five additional people opt not to fill any prescriptions. This reaction apparently holds whether they take one additional medicine or multiple additional medicines. Moreover, the risks of not taking

medicines apparently have no bearing on people's behavior.

The researchers only looked at the effects of drug costs on patient mortality not on morbidity. They conclude that "patient cost-sharing introduces large and deadly distortions into the cost-benefit calculus. Payers should evaluate the merits of these policies in light of their impact on health, not just on health care costs."

If we value people's lives and well-being, it's time to do away with rationing care based on ability to pay. It's time for Medicare for all.

Get older, cope better

Benedict Carey reports some good news for older adults in the **New York Times**. Our emotional well-being improves as we grow older. And, the novel coronavirus pandemic confirms this scientific finding.

The data show that people who are 50 and older fare better than younger people on a range of emotions. Older people are more positive, regardless of wealth or education. What's the reason?

Some might think that older people experience less stress

than younger people because they have learned to accept life and all its quirks.

Others might think that older people have figured out a way to dodge the negative stuff, at least mentally. Scientists tested the emotions of 1,000 adults in the context of the novel coronavirus.

Here's what they found. The threats of getting COVID-19 and dying from COVID-19 were far greater for older adults than for



younger adults. But, older adults and younger adults reported the same stress levels in response to COVID-

19. Older people, in fact, reported less distress than younger people.

To be sure, people over 50 tend to have different daily routines than people under 50. They tend to have older children who are better able to fend for themselves. Older people also generally have more resources,

making it easier for them to get help and to cope with COVID-19 and other stressors. In addition, older people are generally not as focused on self-improvement as younger people, spending their days doing things they enjoy rather than on taking risks or being challenged.

In short, older people face fewer disruptions in the face of a pandemic than younger people. One result appears to be that older people experience less stress.

Medicare spent \$1.7 billion on brand-name drugs though generics were available

In yet another example of private health insurers driving up Medicare spending, a **new report in JAMA** shows that in 2017 **Medicare Part**

D prescription drug insurers spent nearly \$1.7 billion on brand-name drugs even though generic alternatives were available. The cost to people with Medicare was millions of dollars more out of pocket.

The JAMA study found that Medicare would have saved almost \$1 billion if Part D insurers had simply paid for generics rather than brand-name medicines prescribed. To be clear, it is sometimes not advised for people with certain conditions to switch from a brand-name drug to a generic version of the drug. Moreover, not everyone reacts well to generic substitutes. But, in most cases, **generic**

drugs have the same treatment effect as brand-name drugs.

More specifically, Medicare would have saved \$977 million in 2017 if doctors had prescribed generics instead of all of the brand-name medicines they prescribed. And if Medicare patients had sought generics instead of brand-name drugs, Medicare Part D would have saved another \$673 million. In total, people with Medicare spent an additional \$270 million out of pocket on brand-name drugs that they could have saved had they taken the generic substitutes.

The study authors looked at Medicare Part D data for 2017, covering 169 million prescriptions. They found that three in ten brand-name drug prescriptions filled were at the



request of doctors or patients. Of note, every state in the nation has a law in place encouraging pharmacies to dispense generic drugs.

According to one of the study's authors, physicians can prescribe brand-name drugs whenever they please, even when generic substitutes are available. They are not penalized in any way for so doing. In fact, many drug companies reward physicians in a variety of ways when they prescribe brand-name drugs.

In addition, **pharmaceutical companies** can and do handsomely reward the middlemen who distribute brand-name drugs—Pharmacy Benefit Managers—and put them on insurance company formularies. Insurers also often benefit. As a result, insurers are inclined to

cover brand-name drugs, sometimes even more so than generic substitutes.

Something's got to give. An increasing number of Americans cannot afford their prescriptions and end up not filling them. When insurers cover brand-name drugs rather than a generic substitute, it drives up costs for everyone in Medicare and taxpayers. In 2019, Medicare spent nearly \$100 billion on prescription drugs under Medicare Part D alone. (Medicare Part D covers drugs purchased at the pharmacy. Medicare Part B covers drugs administered by a doctor, such as chemotherapy drugs.)

Medicare for All would bring down drug costs for everyone. Short of that, Congress could simply import drug prices from abroad.

New Guidelines Mean Nursing Home Residents Can Hug Their Families Again

After nearly a year of painful isolation, the U.S. government said Wednesday that vaccinated nursing home residents can hug their loved ones again and enjoy more indoor visits.

The new guidance, issued by the U.S. Centers for Medicare and Medicaid Services (CMS), comes after coronavirus cases and deaths among nursing home residents have plummeted in recent weeks as the country's vaccination rollout accelerated.

"Now that millions of vaccines have been administered to nursing home residents and staff, and the number of COVID cases in nursing homes has dropped significantly, CMS is updating its visitation guidance to bring more families together

safely," Dr. Lee Fleisher, chief medical officer at the CMS, said in a statement.

Nursing homes have borne the brunt of the pandemic's pain, representing about 1% of the U.S. population but accounting for 1 in 3 deaths, according to the COVID Tracking Project.

But coronavirus hasn't been the only thing this vulnerable population has suffered through: Loneliness and isolation have contributed to physical and mental declines, officials say.

"There is no substitute for physical contact, such as the warm embrace between a resident and their loved one," the CMS stated in its new guidance, "Therefore, if the



resident is fully vaccinated, they can choose to have close contact [including touch] with their visitor while wearing a well-fitting face mask and performing hand hygiene before and after."

The CMS also said that maintaining 6 feet of separation is still the safest policy, and outdoor visits are preferable even when residents and visitors have been vaccinated.

"All of us feel enormous relief that we are at this next juncture and feel confident that reopening visitation can be achieved safely, given all we have learned during the pandemic," Terry Fulmer, president of the John A.

Hartford Foundation, which works to improve care for older adults, told the *Associated Press*. "A great deal more has been learned about infection control, and families and facilities are ready."

Under the new guidance, homes in counties with high rates of COVID-19 can still have indoor visits, provided they take precautions. When an outbreak occurs at a facility, it doesn't have to go on lockdown for 14 days. Visits can still happen as long as the outbreak is isolated to an area or unit of the facility. Compassionate care visits should be allowed at all times, the guidance said, even if there's an outbreak or a resident is unvaccinated....[Read More](#)

Justices call off arguments over Medicaid work requirements

The Supreme Court said Thursday it has called off upcoming arguments over a Trump administration plan to remake Medicaid by **requiring recipients to work**, agreeing to a request from the Biden administration.

The court had been scheduled to take up the issue on March 29. But the Biden administration already has decided preliminarily that **work requirements do not fit** with Medicaid's goal of providing

health care to lower-income people.

It's the fifth time since **the November presidential election** that the change in administrations has led the court to dismiss or delay cases it had already agreed to hear.

Other cases involved Trump administration immigration policies and a fight over unreleased portions of grand jury documents from **special counsel Robert Mueller's**



investigation of Russian interference in the 2016 elections.

The high court had in December agreed to review lower-court decisions involving Arkansas and New Hampshire that found that the Trump administration's support for work requirements went beyond what's allowed by law. Arkansas had opposed the Biden administration's request that the cases be dropped.

Medicaid is a \$600 billion federal-state program that covers about 70 million people, from pregnant women and newborns to disabled people and nursing home residents. Under the Obama-era Affordable Care Act, states gained the option of expanding the program to many low-income adults previously ineligible. More than 12 million people have gained coverage as a result.

Older consumers have major concerns when it comes to seeking emergency medical care

A new poll conducted by researchers from the University of Michigan has discovered the top reasons why many older consumers may put off going to the emergency room. According to the findings, older adults are primarily worried about long wait times, fear of contracting **COVID-19**, being admitted into the hospital, and **health care costs**.

"Delaying emergency care can be dangerous, particularly for older adults who are at higher risk of complications and long-term health problems by putting off their treatment," **said** researcher Alison Bryant, PhD. "These

findings come at a critical time as coronavirus cases and deaths continue rising across the country, making individuals more reluctant to go to the emergency room."

Older consumers' concerns

For the study, the researchers analyzed survey responses from more than 2,000 older consumers between the ages of 50 and 80 who participated in the National Poll on Healthy Aging. They learned that the biggest deterrent for older people when thinking of going to the emergency room is long wait times, with more than 90 percent of the participants



saying they take that into consideration.

Concerns related to COVID-19 were the second biggest factor, as more than 85 percent of participants were worried about contracting the virus while in the ER. Other recent studies have discovered that the pandemic has made many consumers fearful of going to the **emergency room**; however, experts explained that timely care -- especially for older consumers -- is key to identifying the best treatment options and giving patients the best chance for recovery.

The survey also revealed that more than 70 percent of

participants left the emergency room instead of being admitted to the hospital; more than 60 percent preferred to seek out medical advice from their primary care physicians instead of going to the emergency room.

"Access to appointments, or timely advice, is critical to this age group," said researcher Dr. Preeti Malani. "This is especially true in the time of COVID-19, when early recognition of symptoms that require advanced care may make a sizable difference in outcomes."...[Read More](#)

Scams Await Many Americans Desperate to Get COVID Vaccine

One woman chatting on the Bumble dating app recently struck up a conversation with a seemingly nice guy that led to them swapping texts.

"He told her that he was going to get the COVID vaccine. She expressed her interest, and he told her that she should pay him for it and he could get her a place in line," said Amy Nofziger, director of victim support for the AARP Fraud Watch Network.

Instead, the woman reported the scam to fraud experts, who said they've heard about a number of similar schemes related to the COVID-19 vaccination effort in the United States.

Intense demand for COVID vaccinations in the United States, combined with confusion over how to sign up for one, have created an opportunity for con artists to scam trusting folks out of hard-earned money and personal information.

"We know scammers follow the headlines, and they're just going to take advantage of whatever is timely," said Colleen Tressler, senior project manager with the U.S. Federal Trade Commission's Division of Consumer and Business Education.

Signs of potential scams include:

- ◆ **Being asked to pay to get the vaccine.**
- ◆ **Charging a fee to gain early access to a vaccine or to add a person's name to a**

vaccine waiting list.

- ◆ **Offers by marketers to sell or ship doses of vaccine for payment.**
- ◆ **Receiving ads for vaccines through social media platforms.**
- ◆ **Claims of U.S. Food and Drug Administration approval for a vaccine or treatment of which you've never heard.**

"There's no cost to doing this," Tressler said, noting that the vaccine is free to all Americans. "You don't pay to sign up for the COVID vaccine, so anyone who contacts you and asks for a payment to put you on a list, to make an appointment for you or reserve a spot in line is a scammer."

In general, experts suggest that you be on your guard regarding any vaccine offers from unsolicited or unknown sources via e-mail, telephone calls or text messages.

"Scammers also might call people and offer things like a COVID-19 kit or a coronavirus package, which really means nothing. It's just a pitch," Tressler said.

Folks should be particularly be concerned if someone has reached out to them with an offer and ask for immediate payment, particularly if they ask for an unusual form of payment, Nofziger said.

"Criminals will usually ask for forms of payment that are



untraceable and pretty much immediate," Nofziger said. These might include prepaid gift cards from Amazon or other sites, bitcoin or any cryptocurrency, peer-to-peer cash transfer apps like Venmo or PayPal, and wire transfers.

"No legitimate vaccine provider is going to ask for any sort of payment or even administrative fee with a prepaid, store-branded gift card," Nofziger said. Another red flag is an unsolicited call probing for personal information like your Social Security number, your Medicare number or bank account info, Tressler said.

"If people get a call from someone claiming to be associated with Medicare and they ask for this information, we really encourage people to hang up because that's not Medicare calling," Tressler said. "That's a scammer looking for that personal information to use it to commit fraud, like identity theft."

Also be worried if the person is pressing you to act immediately. "If there seems to be a sense of urgency, just take a step back," Tressler said. Before you act, discuss what you've been told with other folks -- your doctor or pharmacist, an elected official, or maybe even family or friends. The best defense for people who are very interested in getting a COVID-19 vaccine is to be proactive, making calls

themselves to health providers, public health departments and other trusted sources to sign up for their shots, experts said. That way, you aren't relying on a mysterious call or text from an unknown source to sign up for your COVID vaccine.

Even here, though, there might be some worries because legitimate providers might ask for your Social Security number or Medicare number, so they can be reimbursed for administrative costs related to the vaccine, Nofziger said.

It's OK to ask the person why they need that information, and even to call a fraud hotline to make sure the request is legitimate, Tressler and Nofziger said.

"If they're making the call to a trusted source, it's good to ask that question, and if they get a responsible answer then they can move forward," Tressler said.

Anyone who suspects they have been the victim of a COVID-19 vaccine fraud should call or contact one or more of the following:

- ◆ **The FBI at 1-800-CALL-FBI.**
- ◆ **The U.S. Department of Health and Human Services at 1-800-HHS-TIPS.**
- ◆ **The Federal Trade Commission at ReportFraud.ftc.gov.**
- ◆ **The AARP Fraud Watch Network at 1-877-908-3360.**

'Spring Forward' This Weekend By Checking Your Home Smoke Alarms

When you turn your clocks forward to Daylight Saving Time this weekend, take a few minutes to make your home safer.

Change the batteries in your smoke and carbon monoxide (CO) alarms, the U.S. Consumer Product Safety Commission (CPSC) suggests. Unless these devices have sealed 10-year batteries, they require fresh batteries every year. It's also important to test them every month to make sure they're working properly.

If you have a plug-in type CO alarm, this is also a good time to be sure that it has battery

backup.

"Smoke and carbon monoxide alarms save lives," said Robert Adler, acting chairman of the CPSC. "Working alarms with fresh batteries buy your family valuable time to escape from a fire or a lethal buildup of carbon monoxide in your home."

CO alarms should be placed on every level of your home and outside sleeping areas. Place smoke alarms on every level of your home, inside each bedroom and outside sleeping areas.

If a smoke or CO alarm sounds, go to a safe location



outside your home and call the fire department. Each year, about 400 Americans die of carbon monoxide poisoning, according to the U.S.

Centers for Disease Control and Prevention (CDC).

Carbon monoxide is known as the silent killer because you can't see it or smell it. It comes from number of sources, including furnaces and portable generators.

Prevent fires by having your fuel-burning appliances such as your furnace and fireplace inspected by a professional each year. Keep space heaters away

from curtains, beds and anything combustible. If you have fire sprinklers, make sure their water supply is open.

Never operate a portable generator inside a home, garage, basement, crawlspace, shed or on a porch close to the house.

It's also important to create a fire escape plan. There should be two ways out from each room, usually a door and a window, and a clear path outside from each exit. Everyone in the home should know the plan, and it should be practiced twice a year.

Pandemic Stress Has Americans Gaining Weight, Drinking More: Poll

If you're drinking more, sleeping less, seeing downright scary numbers on your scale and fretting about the future, you're far from alone, a new survey reveals.

"We've been concerned throughout this pandemic about the level of prolonged stress, exacerbated by the grief, trauma and isolation that Americans are experiencing," said Arthur Evans Jr., chief executive officer of the American Psychological Association (APA), sponsor of the Stress in America poll.

"This survey reveals a secondary crisis that is likely to have persistent, serious mental and physical health consequences for years to come," he said in an association news release.

To find out how Americans have been coping with the COVID-19 pandemic, APA surveyed more than 3,000 adults online Feb. 19-24.

While most are struggling one

way or another, parents, essential workers and members of minority groups have been particularly hard-hit, the survey revealed.

Since the pandemic began, 6 in 10 respondents said they have had undesired weight changes, with 42% gaining more than intended -- about 29 pounds on average. Of those who gained, half put on at least 15 pounds and 1 in 10 gained more than 50. Meanwhile, 18% said they dropped more weight than they wanted to, and average loss was 26 pounds.

Shut-eye is suffering and alcohol use is on the rise. Two-thirds of respondents are sleeping more or less than they'd like, and nearly 1 in 4 have been drinking more to cope with their stress.

While 3 in 10 said their mental health had nosedived, this was especially true among parents. Nearly half (47%) of mothers and 30% of fathers who still have



children at home for remote learning reported worsening mental health.

Compared to adults with no children, parents were more likely to have been diagnosed and treated for a mental health disorder.

The struggles were pronounced among minority groups: Hispanic adults were most likely to report unwanted changes in sleep, physical activity and weight. Black Americans were most likely to report concern about the future, and more than half said they don't feel comfortable living life the way they did before the pandemic.

Americans from all groups are wary about resuming in-person interactions once the pandemic ends. That includes 57% of Black respondents, 51% of Asians, 50% of Hispanics and 47% of white respondents.

And adults who have received the COVID-19 vaccine are just as likely to be hesitant about the

future than those who have not.

Meanwhile, the pandemic continues to take a heavy toll on essential workers, such as those in health care and law enforcement. More than half (54%) said they'd adopted unhealthy habits to help them cope with COVID-related stress. Nearly 3 in 10 said their mental health had worsened, and 3 in 4 said they could have used more emotional support.

Compared to other adults, essential workers were also more than twice as likely to have received a mental health diagnosis and treatment since the pandemic started.

Evans said the findings are a call to action.

"Health and policy leaders must come together quickly to provide additional behavioral health supports as part of any national recovery plan," Evans said.

Dementia May Be a Risk Factor for Infection But Not Death From COVID-19

People who have dementia are at much higher risk of becoming infected with COVID-19, but no more likely to die from it than those without cognitive impairment, new research suggests.

The study, which is being presented next week at the American Stroke Association's virtual International Stroke Conference, found people with any type of cognitive impairment were 51% more likely to get infected. Their risk of dying, however, was no higher than it was for their peers whose brains were unimpaired.

"We found no additional mortality risk other than what you might find due to other underlying health conditions," said lead researcher Alan Pan, a data scientist at the Center for Outcomes Research at Houston Methodist Hospital. "Although mortality rates were high for these patients, they were older and had other issues."

Pan and his colleagues looked

at COVID-19 test results, dementia diagnoses, hospitalizations and deaths for nearly 180,000 adults at Houston Methodist Hospital between March and December 2020. They found 6,364 adults who had been tested for COVID-19 had some type of dementia, including mild cognitive impairment, Alzheimer's disease, vascular dementia and other types of dementia. Compared to adults without dementia, this group was roughly 30 years older (with an average age of 79) and had more underlying conditions, including high blood pressure, heart failure, diabetes and cancer.

Twenty percent of adults with dementia who were hospitalized for COVID-19 died, compared to 9% of those who didn't have dementia. When matched one-on-one with adults of the same age who had similar underlying conditions, however, the gap in



death rates disappeared. This differs from previous research that shows a

higher death risk from COVID-19 for people with dementia than for their non-impaired peers. Pan said the difference might be due to the range of different treatment practices across health systems.

"The strength of our study was in performing those matched analyses," he said. "We wanted to extricate the true effect that cognitive impairment would have." The new findings are considered preliminary until published in a peer-reviewed journal.

A study published last month in the journal *Alzheimer's and Dementia* analyzed nearly 62 million electronic records and found people with dementia have been twice as likely to get the virus. It also found that Black people with dementia were at an even greater risk.

Adults with dementia are more susceptible to infection from COVID-19 – and other infectious diseases – because they have a harder time understanding and remembering to follow safety protocols, said Dr. Jeff Williamson, chief of geriatric medicine and gerontology at Wake Forest University in Winston-Salem, North Carolina. He was not involved in the new study.

"Many of them may not have the insight to know they are at risk," he said. "They often expose themselves without even being aware of it."

Vaccination is the best prevention for people with dementia, experts say.

With poor memory and executive function skills, people with dementia are less able to adhere to safety guidelines such as social distancing, frequent hand-washing and wearing a mask properly when around others, Pan said. [Read More](#)

Could Opioid Crisis Mean More Strokes for Americans?

One Ohio medical center has seen a sharp rise in heart infections and strokes related to IV drug abuse -- pointing to one more consequence of the U.S. opioid epidemic, researchers say.

In a preliminary study, the researchers found that between 2014 and 2018, their hospital saw a 630% increase in infectious endocarditis related to IV drug use.

Infectious endocarditis arises when bacteria settle into the heart's lining, and often on the valves that keep blood moving through the heart. The infection can have various sources, but IV drug users are at increased risk

because bacteria from contaminated injection equipment can get into the bloodstream.

Some patients with endocarditis end up having a stroke because bacterial clumps lodged on the heart valves break loose.

"When they break off, the first place they go is the brain," explained Dr. Shahid Nimjee, the lead researcher on the new study.

He and his colleagues found that not only has there been a spike in endocarditis related to IV drug use, but those patients are also more likely to suffer a



stroke. Just over one-quarter did, versus 14% of patients with endocarditis from other routes of infection.

Nimjee is surgical director of the Comprehensive Stroke Center at Ohio State University Wexner Medical Center in Columbus. Ohio, he noted, has been an epicenter of the nation's opioid epidemic.

"When I moved here in 2014, I was seeing all these patients with infectious endocarditis and IV drug use," Nimjee said.

Those observations eventually led to the current study, and, Nimjee said, "it validates what

we were seeing."

Nimjee will present the findings at the American Stroke Association's annual meeting, being held online March 17-19. Studies reported at meetings are generally considered preliminary until published in a peer-reviewed journal.

The results are based on records from patients treated for infectious endocarditis at the Ohio medical center between 2014 and 2018. Of 351 patients, nearly half had infections linked to IV drug abuse. And the numbers rose sharply over time....[Read More](#)

Your Eyes May Signal Your Risk for Stroke, Dementia

Your eyes may be a window into the health of your brain, a new study indicates.

Researchers found that older adults with the eye disease retinopathy were at increased risk of having a stroke, as well as possible symptoms of dementia. And on average, they died sooner than people their age without the eye condition.

Retinopathy refers to a disease of the retina, the light-sensing tissue at the back of the eye. It's often caused by diabetes or high blood pressure, both of which can damage the small blood vessels supplying the retina.

Retinopathy can lead to vision changes, such as trouble reading

or seeing faraway objects. In the later stages, the damaged blood vessels may leak and cause visual disturbances like dark spots or cobweb-like streaks, according to the U.S. National Eye Institute (NEI).

Studies have linked more severe retinopathy to a higher stroke risk -- possibly because both involve diseased blood vessels.

In the new study, researchers found that people with signs of retinopathy were twice as likely to report a history of stroke, versus those with no evidence of the eye disease. Similarly, they



were 70% more likely to report memory problems -- a potential indicator of dementia.

Over the next decade, people with the most severe retinopathy faced a two to three times higher risk of dying.

It's not clear whether retinopathy actually foretells a future stroke or memory issues, said lead researcher Dr. Michelle Lin, an assistant professor of neurology at the Mayo Clinic in Jacksonville, Fla.

Study participants were asked about stroke history and memory problems at the same time they were evaluated for

retinopathy. It's not clear which conditions came first, Lin said.

The next step, she added, is to follow patients with retinopathy over time, to see whether the condition predicts higher stroke risk -- and whether detecting retinopathy makes a difference in that risk.

Lin will present the findings at the American Stroke Association's annual meeting, being held virtually March 17-19. Studies reported at meetings are generally considered preliminary until they are published in a peer-reviewed journal....[Read More](#)

'Alexa, Is My Heartbeat Healthy?'

One in four U.S. households use smart speakers to check the weather, play music and query search engines. But a new technology may soon have folks asking, "Hey Google, how's my heart?"

Researchers from the University of Washington, Seattle, have developed a skill for Amazon Alexa and Google Home that allows the devices to check heart rhythms.

Like a bat using echolocation to hunt for food, inaudible sound waves radiate from the speaker and bounce off the surroundings before returning to the device to paint a detailed picture of the

space — so detailed, in fact, that the technology can differentiate between a person breathing and her heart beating. This phenomenon is possible because your heart actually creates a tiny movement in your chest wall every time it beats.

"The question we were asking is, 'Can we transform these smart speakers into ways in which we can do medical diagnosis?'" said researcher Dr. Shyam Gollakota. He's an associate professor in the University of Washington's School of Computer Science & Engineering. "Specifically, in



the study, we showed that we can use a smart speaker like an Alexa or Google Home to figure out if you have irregular heart rhythm."

For the technology to work, users must be one to two feet away from the speaker, the researchers said. They tested the accuracy of their work using 26 healthy participants and 24 hospitalized patients with heart conditions, such as atrial fibrillation and heart failure. Then, the scientists collected all participants' heart rhythms using their sound technology as well as a standard heartbeat monitor.

"This is similar to how Alexa can always find my voice even if I'm playing a video or if there are multiple people talking in the room," Gollakota explained in a statement. "When I say, 'Hey, Alexa,' the microphones are working together to find me in the room and listen to what I say next. That's basically what's happening here, but with the heartbeat."

Of the 12,300 or so heartbeats the researchers collected from the healthy individuals, the smart speaker's reported time between waves was within 28 milliseconds of the standard heart monitor....[Read More](#)

Does COVID Harm the Heart? New Study Says Maybe Not

Does COVID-19 help create heart problems, or are people with preexisting heart issues simply more prone to getting the illness?

The issue remains unclear, with a new British study finding that people with heart problems appear to have an increased risk of contracting COVID-19.

"In this research, we've discovered that poorer heart structure and function is linked to a higher risk of subsequent COVID-19. This is important because some studies have suggested that COVID-19 may cause structural damage to the heart. However, these studies only use heart scans from people after infection, so they cannot be certain whether the poor heart structures preexisted COVID-19," explained study lead researcher Zahra Raisi-Estabragh. She's a clinical research training fellow at Queen Mary University of London.

In their research, the London investigators analyzed the medical records of 310 people in the UK Biobank database. It includes health and genetic

information from over half a million people, including detailed MRIs of their hearts and links to COVID-19 test results from Public Health England.

People with preexisting unhealthy heart structures and poorer heart function were more likely to test positive for COVID-19 than those with no heart problems, the researchers found. This remained true after they accounted for factors such as age, sex, ethnicity, poverty, diabetes, high blood pressure, high cholesterol, and previous heart attack.

"In our study, we used imaging data obtained before COVID-19, and showed that many of these abnormalities likely preexist and predispose people to COVID-19, rather than occur as a result of infection," Raisi-Estabragh explained in a university news release. "This is a very important distinction for guiding our management of patients with COVID-19."

But two experts in the United States who read over the new study said the jury may still be



out on which comes first, heart trouble or COVID-19.

"Multiple studies have demonstrated the detrimental impact of COVID-19 on the heart," noted Dr. Aeshita Dwivedi, a cardiologist at Lenox Hill Hospital in New York City. "Cardiac complications of COVID-19 include heart failure, abnormal heart rhythms, as well as changes in the structure of the heart."

The new study "raises the question as to what proportion of the heart abnormalities identified after COVID-19 may have been present prior to the infection," she said. "It alludes to the fact that people with abnormal hearts are more vulnerable to COVID-19 infection."

But Dwivedi said the study is small and at this point simply raises a key question about COVID and the heart. "Larger, long-term studies are warranted to answer this question and enhance our understanding of how COVID-19 impacts the heart," she said.

Dr. Michael Goyfman directs

clinical cardiology at Long Island Jewish Forest Hills Hospital, also in New York City. He said that because of the study's design -- a look back at old data -- "causality cannot be inferred or implied." Other factors could explain the link, Goyfman said.

For example, "it is possible that patients with underlying heart disease may have more severe COVID-19 symptoms and therefore be more likely to be tested for COVID-19," he said.

"Viral infections in general can cause inflammation of and damage to the heart, and the high prevalence of COVID-19 may explain the prevalence of heart-related complications," Goyfman said.

"There is currently a lot of uncertainty around the relationships between the heart and COVID-19," study supervisor Steffen Petersen, professor of cardiology at Queen Mary University, said in the release. "Further studies in diverse populations and settings are required to definitively answer these questions."

Maintaining mobility and preventing disability are key to living independently as we age

Many people worry about not being able to move around as well when they get older. They fear they won't be able to continue their favorite activities, visit their favorite places, or even keep up with everyday tasks.

Mobility — the ability to move or walk freely and easily — is critical for functioning well and living independently. As we age, we may experience changes to our mobility. There are many reasons for these changes, including changes in gait (how we walk), balance, and physical strength.

All of these can increase the number and severity of falls and make it harder for older adults to go out and visit with friends and family and continue doing their activities independently. Older adults who lose their mobility

are less likely to remain living at home; have higher rates of disease, disability, hospitalization, and death; and have poorer quality of life.

Researchers are working on this issue because it's not only a matter of physical health, but also the social and emotional well-being of older adults.

NIA-supported researchers are identifying risk factors for physical disability and developing and testing ways to prevent or reverse loss of mobility to help older adults maintain independence. For example, long-running observational studies, such as the [Women's Health and Aging Study II](#) and the [Health, Aging, and Body Composition Study](#), examine functional



decline and how it differs by race and sex. "One of our goals is to continue focusing on research aimed at

maintaining independence in mobility in old age," said Sergei Romashkan, M.D., Ph.D., chief of the NIA Division of Geriatrics and Clinical Gerontology Clinical Trials Branch.

Older adults often lose physical function after hospitalization or falls, or if they have movement-related disorders such as Parkinson's disease. People who have lost physical function may face difficulty with activities of daily living (ADLs), such as eating, bathing, dressing, or using the bathroom without aid. Researchers are investigating ways to improve physical function following

hospitalization that would enable older adults to recover and "[age in place](#)" independently at home, avoiding costly institutional care.

A lack of physical activity or exercise can also make it more likely that a person will experience loss of mobility as they age. The increasing incidence of sedentarism (sitting too much) is a growing health concern: Too many older adults don't get enough physical activity and spend too much time sitting daily.

Researchers are studying this issue and working to establish a foundation of scientific evidence on the topic to inform public health guidelines on how to interrupt sedentary behavior in ways that support healthy aging.....[Read more](#)

Could a New Drug Help Ease Alzheimer's?

About 7 out of 10 Alzheimer's patients wound up free of the brain plaques that are a hallmark of the disease after treatment with a potentially breakthrough experimental drug, clinical trial results show.

The drug, donanemab, also significantly slowed the patients' brain decline, according to findings published March 13 in the *New England Journal of Medicine*.

Donanemab dissolves permanent plaque deposits of amyloid-beta, the toxic sticky protein that accumulates in the brains of people with Alzheimer's, said study co-author Dr. Liana Apostolova, a professor of Alzheimer's disease research at Indiana University School of Medicine.

The phase 2 clinical trial involved 257 patients, about half of whom received intravenous donanemab every four weeks for up to a year and a half. The other half received a placebo.

"The drug was extremely efficient in removing amyloid from the brain, so much so that by the end of the trial, 70% of individuals who entered with high levels of amyloid were essentially in the amyloid-negative range, which is really profound," Apostolova said. "Such a percentage has not been reported today with other drugs that have successfully also removed amyloid, so that's pretty remarkable."

Alzheimer's is characterized



by buildup of a second kind of protein called tau, which forms "tangles" within the brain tissue of patients. Increasingly, scientists are realizing that tau could be an active player in Alzheimer's disease. Donanemab does not target or treat the tau protein tangles that are a feature of later-stage Alzheimer's, but researchers hope by flushing the brain of amyloid beta, they might prevent tau buildup as well, Apostolova said.

In this trial, donanemab worked so well that most patients were taken off it before the trial ended, Apostolova said.

"Greater than half of the participants were able to discontinue treatment because it worked so well, to the point

where there was no point in giving it anymore because they were now essentially amyloid negative," she said. "That's huge."

The drug also appeared to slow progression of Alzheimer's, based on brain exercise tests, Apostolova said.

"The drug resulted in 32% better performance in those who take it compared to those who don't," she said. "Both groups declined, but the donanemab group declined 32% less, and that was significant."

Not all brain exercise results were statistically significant, but they all tended to show a slowing of progression by 20% to 40%, Apostolova said. [...Read More](#)

Exclusive: Biden directing \$2.5B to address mental health and addiction crisis

President Biden is directing \$2.5 billion in funding to address the nation's worsening mental illness and addiction crisis, an official from the U.S. Department of Health and Human Services tells Axios.

Why it matters: Confronting the mounting mental health and substance abuse crisis will be an imperative for the Biden administration, even as its primary focus is on combating the broader COVID-19 pandemic.

◆ The funding announced today is designed to increase access to services for individual Americans.

◆ The funding surge comes as the president has [yet to fill several key permanent positions](#) in agencies that

would lead the charge in combating the drug epidemic, including the Food and Drug Administration and the White House Office of National Drug Control Policy.

◆ His pick to lead HHS, Xavier Becerra, is expected to be confirmed by a close vote.

Between the lines: The funds will be broken down into two components by the Substance Abuse and Mental Health Services Administration.

\$1.65 billion will go toward the Substance Abuse Prevention and Treatment Block Grant, which gives the receiving states and territories money to improve already-existing treatment infrastructure and create or better prevention and treatment programs.



\$825 million will be allocated through a Community Mental Health Services Block Grant program, which will be used by the states to deal specifically with mental health treatment services.

By the numbers: A survey conducted last year and published in August 2020 by Centers for Disease Control and Prevention showed that 41% of U.S. adults reported struggling with mental health or substance abuse related to the pandemic or its solutions, like social distancing.

◆ Before the pandemic, over 118,000 people died by suicide and overdose in 2019. An HHS official says the administration is expecting that number to increase

because of the COVID-19 pandemic.

◆ Preliminary data out of the CDC indicates that the number of drug overdoses through July 2020 increased by 24% from the year prior.

Flashback: On the campaign trail, then-candidate Biden often spoke about the need to address the mounting mental health and substance abuse crisis in America, an issue that hits close to home. His son, Hunter, has openly discussed his own struggles with addiction.

The [National Suicide Prevention Lifeline](#) (1-800-273-8255) provides 24/7, free and confidential support for anyone in distress, in addition to prevention and crisis resources. Also available for [online chat](#).

Minutes Mean Months: Getting Stroke Care Fast Is Vital

For someone suffering a severe stroke, every 10 minutes that goes by before treatment starts in the emergency room may cost eight weeks of a healthy life, Canadian researchers report.

In fact, delays in the hospital may have worse consequences for recovery than delays in getting to the hospital, they noted.

"Our study confirmed that any

delay in delivering appropriate stroke treatment is critical," said lead researcher

Dr. Mohammed Almekhlafi. He is an assistant professor of clinical neurosciences, radiology and community health sciences at the University of Calgary's Cumming School of Medicine.

"Delays after arrival at the hospital are also important. It

Stroke – there's treatment if you act FAST.



may not be enough to only be aware of stroke symptoms and the availability of

hospitals that are capable of treating stroke in one's area. The performance of these hospitals in the various time metrics needs to be recognized. Fast delivery of stroke treatment is a right for all stroke victims," he said.

Many national and

international stroke associations have suggested benchmarks for the time from arrival at the emergency room until treatment, Almekhlafi said.

"Our findings emphasize the importance of continuously monitoring these time metrics to ensure that the care path speed is optimized," he added. [...Read More](#)