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Americans are skipping medically necessary prescriptions because of the cost

For many Americans, the cost of regularly taking and filling their medications is too much. So much so, 44% of respondents in a new online poll say that within the last year, they did not purchase at least one medically necessary prescription because of cost.

That's according to an online flash poll of over 1,000 U.S. adults conducted by PawnGuru, an online marketplace that conducts regular surveys on a range of topics affecting low-income and under-banked Americans.

That's higher than previous polls that have found Americans struggling with prescription drug costs. A similar **2018 survey by GoodRx** found that about a third of Americans admitted they have skipped filling a prescription one or more times because of the cost.

Last year, **Kaiser Family Foundation found 29% of Americans** failed to take their medications as prescribed because of the cost, with about 19% of respondents saying they did not fill the prescription and 12% saying they cut pills in half or skipped a dose.

Overall, nearly six in 10 Americans report taking at least one prescription drug, **according to Kaiser.** Unsurprisingly, the more prescriptions you have, or the more each drug costs, the harder it becomes to afford.

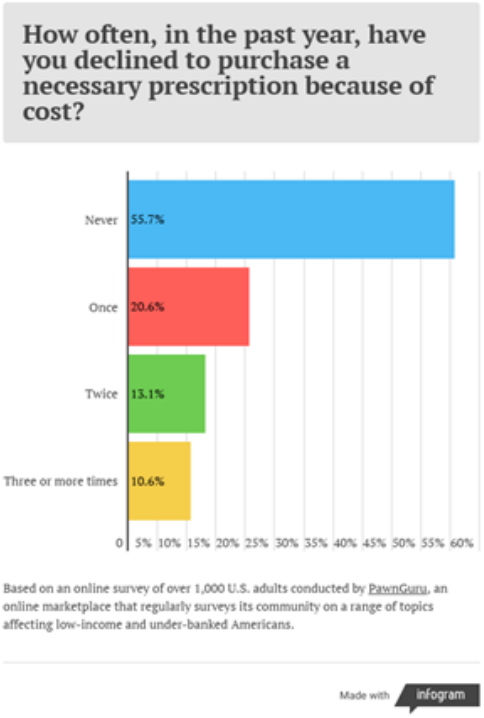
In the latest PawnGuru poll, about 20% of respondents say they're currently paying more than $100 a month out of pocket for their prescriptions. And 40% of those surveyed say their insurer has declined to cover a prescription at least once in the past year.

Across the board, the cost of prescription drugs rose 3% year-over-year from December 2018 to 2019, according to the Bureau of Labor Statistics's **Consumer Price Index**. And individual drug costs can be even higher. The cost of Humira, which is used to treat rheumatoid and psoriatic arthritis, increased by 7.4%, according to GoodRx.

Birth control medication Lo Loestrin FE increased by 5% and psoriasis treatment Cosentyx increased by 17.59% between 2019 and 2020.

In fact, **GoodRx found that over 100 manufacturers** raised the price for 619 brand -name drugs by an average of 5.2% in January 2020.

Refusing to purchase costly drugs can have real health consequences. There are **about 125,000 deaths** per year in the U.S. due to medication non-adherence. Additionally, not adhering to recommended medications to treat chronic diseases can actually increase your overall health care spending because you may need more expensive treatments as opposed to just maintenance, according to **research from the Centers for Disease Control and Prevention**. Overall, the CDC estimates this costs Americans about $300 billion a year….**Read More**



Social Security Reduces Poverty in Every State

Robert Roach, Jr
ARA President

A report by the Center on Budget and Policy Priorities has re-confirmed that Social Security **lifts millions of Americans out of poverty** and does so more than any other program. Without it, 21.7 more Americans would live beneath the poverty line, including nearly 15 million seniors.

The findings show this is consistent in every state. In fact, without Social Security one-third of states would have a poverty rate of over 40 percent for people 65 and older.

"The report shows that Social Security is particularly important for elderly women, blacks and Latinos, who have fewer retirement resources outside of Social Security," said Alliance President **Robert Roach, Jr**. "It shows that we need to keep fighting to expand Social Security benefits and keep all Americans from poverty as they age."

TABLE 1

Effect of Social Security on Poverty (Official Poverty Measure), 2018

Age Group	Percent in Poverty: Excluding Social Security	Percent in Poverty: Including Social Security	Number Lifted Above the Poverty Line by Social Security
Children Under 18	17.8%	16.2%	1,197,000
Adults Ages 18-64	13.5%	10.7%	5,653,000
Elderly Age 65 and Over	37.8%	9.7%	14,810,000
Total, All Ages	**18.5%**	**11.8%**	**21,661,000**

Source: CBPP analysis of data from the U.S. Census Bureau's March 2019 Current Population Survey

Coronavirus threat gives strapped state health agencies a new crisis

The fumbled response to the first coronavirus case potentially contracted within a U.S. community, in California, shows how health professionals on the front lines can be quickly overmatched by the stealthy disease.

And the prospect of more widespread outbreaks could put major stress on state and local health departments that are underfunded and already grappling with a bad flu season, vaping-related illnesses and the ravages of the opioid epidemic. The departments have already seen the Centers for Disease Control and Prevention's budget for state and local emergency preparedness cut by a third from fiscal 2003 to 2019, with small increases the past two years not making up for the losses.

The fragile state of public health defenses became clear this week, when a California woman potentially exposed dozens of people at a small hospital more than a week before she was diagnosed with coronavirus, because she didn't initially meet the criteria to be tested. Even after she was transferred to a larger facility, it took until Sunday to confirm a diagnosis because the CDC also at first said the patient did not meet the testing criteria.

Officials across the country are trying to avoid such scenarios and scrambling to prepare without a clear sense of what they're up against.

Washington state officials, who responded to the first coronavirus case on U.S. soil, are spending more than $50,000 a day on masks and other medical supplies and specialized training. New York Gov. Andrew Cuomo wants the legislature to approve $40 million to staff and equip a coronavirus response. Dallas health workers are figuring out where they would put patients who need to be quarantined. In Huntington, W.Va., the epicenter of the opioid crisis, officials are preparing to postpone some of their health department's long-term work on drug addiction if a surge of cases hits.

The officials say it's part of a longstanding pattern in both red and blue states: agencies that routinely are the stepchildren in state government being suddenly thrust into a new emergency with tight budgets and multiple missions.

"When it's functioning properly, you're not really sure what public health is doing. But then when there's a crisis, you realize that it's so important," said Vit Kraushaar, the Southern Nevada Health District's medical investigator.

The official diagnosis of the California woman has prompted a rapid response against a moving target. Officials are tracing anyone in the small hospital in Vacaville who may have had any contact with the patient — a figure they put at "dozens" but "less than a hundred" people. But hospital officials keep identifying more people monitored on camera who may have come near the patient or close to the room she stayed in. All providers who directly treated the patient have been notified.

Funding for disease surveillance and other measures hasn't kept up with needs in recent decades.

John Auerbach, CEO and president of Trust for America's Health and a former CDC associate director, said the emergency preparedness cuts affected funds used to hire experts to staff emergency operations centers, ensure there were enough medical supplies and that people were adequately trained.

Congress recently established a new infectious disease rapid response fund and is using the $105 million to address the coronavirus response. HHS also is reprogramming $136 million of department funds from other health pressing issues, like addiction, to address the virus.

But some states and localities are still moving on their own to try to make up the shortfall: Besides Cuomo's $40 million request in New York, five California counties have declared emergencies, an effort to more quickly and easily get reimbursed for funds. "The general trend nationwide has been lower funding for local health departments over the last 10 years or so," said Robert Amler, a former HHS regional health administrator. "The paradox is not unlike the state of a fire department: When there is no fire you don't need a fire department. When there is a big fire, you need all the help you can get."

And while state and local health departments across the country regularly drill for emergencies, the fast-changing nature of a viral outbreak means staff are pulled from other crucial public health efforts.

In a place like West Virginia, that could mean scaling back efforts to fight addiction.

"When you're dealing with finite resources, we might have to pull back on some of the work on opioids," said Michael Kilkenny, executive director of the Cabell-Huntington Health Department, noting that the county's work is just a slice of the state's broader efforts to combat the drug epidemic. He added that his department's top priority, **addressing the county's HIV outbreak**, would not be deterred.

In New York City, which has committed more than 100 health department employees to containing the virus, public health staff are rotating shifts to minimize disruptions to other tasks like restaurant inspections and monitoring the flu.

In a closed-door meeting at the White House Tuesday, Trump administration officials urged a group of state and local counterparts to be prepared in case the coronavirus spreads. The message comes as President Donald Trump tried on Wednesday to tamp down fears of a large-scale outbreak in the United States, contradicting a top CDC official who just 24 hours before had said the infection will inevitably spread throughout American communities. Minutes later, CDC confirmed the California case.

Congress, meanwhile, is wrestling with a $2.5 billion funding request from the Trump administration that top Democrats, and even a few Republicans, have decried as far too little.

State and local health officials are trying to ensure they get a fair share of the dollars, in anticipation of paying for everything from around-the-clock monitoring and new lab equipment to temporary housing for quarantined patients.

Trump sought to reassure states that more funds will come: "We'll take care of states because states are working very hard," he said on Wednesday.

HHS Secretary Alex Azar told a congressional hearing hours earlier that the $2.5 billion request — $1.25 billion of which are new dollars —includes funding for the CDC to pay state and local governments back for expenses, like laboratory work and tracing people who had contact with possibly infected patients.

But lawmakers including Senate Minority Leader Chuck Schumer want much more. The New York Democrat unveiled an $8.5 billion plan that includes $2 billion to reimburse state and local governments. But even if the request were approved, it would take weeks for state and local health departments to actually see the new money, according to Auerbach.

In the meantime, CDC says its working with localities and urging them to base their responses off 2017 guidelines on how communities can slow the spread of the flu.

"In my lifetime, it's been Ebola, it's been Zika, it's been vector-borne disease, it's been the flu, it's been measles outbreaks, mumps," said Randall Williams, director of the Missouri Department of Health and Senior Services. "These are all things that we don't start the year budgeting for or planning for, and they arise, and so an essential skill set in public health is the ability to adapt to existential issues."

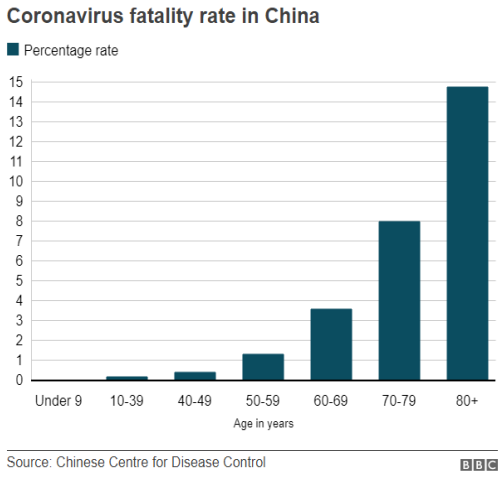
As Coronavirus Spreads, Elderly and Sick Americans Are Most at Risk

Rich Fiesta, Executive Director, ARA

A new **study of the Chinese cases of coronavirus** shows that the elderly, sick people, and medical staff are most at risk. While more than 80 percent of the cases have been mild, the fatality rate increases for those over 80 years old.

To date, men have been more at risk than women. Chronic health conditions, including cardiovascular disease, diabetes, chronic respiratory disease, and hypertension, also increase patients' risk. This week the first American coronavirus case of unknown origin was confirmed in Northern California.

"The **Centers for Disease Control** has shared specific ways that people can prepare for a pandemic and what to do during one," said **Richard Fiesta**, Executive Director of the Alliance. "They include ensuring you have a continuous supply of regularly needed prescription drugs; avoiding touching your eyes, nose or mouth to prevent infection; and stocking a two-week supply of water and food."



Trump says he can bring in coronavirus experts quickly. The experts say it is not that simple.

The White House official charged with leading the U.S. response to deadly pandemics left nearly two years ago as his global health security team was disbanded. Federal funding for preventing and mitigating the spread of infectious disease has been repeatedly threatened since President Trump's election.

Despite the mounting threat of a coronavirus outbreak in the United States, Trump said he has no regrets about those actions and that expertise and resources can be quickly ramped up to meet the current needs.

Former federal officials and public-health experts argue that an effective response to a epidemiological crisis demands sustained planning and investment. While the administration's response to coronavirus has been criticized in recent weeks as slow and disjointed, people in and outside the White House have warned for years that the nation is ill prepared for a dangerous pandemic.

"You build a fire department ahead of time. You don't wait for a fire," said Tom Inglesby, director of the Johns Hopkins Center for Health Security. "There is an underappreciation for the amount of time and resources required to build a prepared system."

Officials at the White House and the Centers for Disease Control and Prevention did not respond to interview requests.

Under pressure to step up the U.S. response to Ebola, President Barack Obama in 2014 **appointed** Ronald Klain, a veteran Democratic operative, to serve as an "Ebola czar." The Obama administration also set up a special National Security Council team to oversee epidemic preparedness on a permanent basis.

The global health security team continued to operate during Trump's first year in office, before John Bolton **dismantled** the unit when he took over as national security adviser in 2018. That led to the abrupt departure of its leader, Rear Adm. Timothy Ziemer, who had led the White House's anti-malaria efforts under Obama and President George W. Bush. Ziemer is the senior deputy assistant administrator for the Bureau for Democracy, Conflict, and Humanitarian Assistance at USAID.

White House Homeland Security adviser Tom Bossert, who had advocated a comprehensive biodefense strategy against pandemics and biological attacks, left the White House the same day Bolton arrived. Bossert is chief strategy officer at Trinity Cyber, a cybersecurity firm.

"It was a clear loss, and now we are behind the ball," said a former White House official familiar with Ziemer's team, who spoke on the condition of anonymity to discuss a personnel matter. "They had the contacts and the relationships and knew who to talk to. Now they are trying to re-create a lot of those relationships and knowledge within the executive branch."….**Read More**

Congress must reject the priorities of the Trump Budget

Recently, President Trump asked a crowd of his donors: **"Who the hell cares about the budget?"**

We do, and we think you should too. Why? There are very big cuts proposed for human needs programs. The Trump Administration has aggressively sought to carry them out through administrative rule-making and moving or refusing to spend money despite Congressional intent.

Write a letter now telling your Senators and Representative that you reject the President's priorities of cutting Medicaid, SNAP, housing, help for people with disabilities, education and job training, social services, and public health programs.

Demand that your representation in Congress fight for fair revenue and the services our nation needs to allow all of us to prosper.

Click on the picture to write your letter to Congress.

Be Sure You are Counted in the 2020 Census!

The importance of having an accurate census - a count of all people living in the United States - cannot be overstated. The results of the census determine how many representatives a community will have in Congress and state legislatures as well as how federal dollars for **Medicare, Medicaid, SNAP (formerly known as food stamps), and other vital services** are distributed. Being counted is critical for seniors.

For the first time, the 2020 census will be primarily conducted online. This is a major change from the past, and experts are worried that older Americans will not be able to or will not want to submit their information electronically.

Between March 12 and 20, most households will receive a postcard with information on how to fill out the census form on the internet. Those who do not complete their census form online will receive a traditional form in the mail. If a household does not fill out the traditional form, a census taker will then be sent to collect the information in person. People in areas unlikely to have reliable access to the internet will get the traditional form in the mail instead of the postcard.

"As we enter March, make sure to watch for your census postcard to ensure that you, your neighbors and family members are counted," said **President Roach**. "The data collected will affect how well the needs of our aging population will be met."

Your community is relying on you to fill out the census, and the cost of not responding is high. **Learn more about the 2020 Census here.**

Supreme Court to decide fate of the Affordable Care Act

The Supreme Court agreed Monday to decide a lawsuit that threatens the Obama-era health care law, a case that will keep health care squarely in front of voters even though a decision won't come until after the 2020 election.

The court said it would hear an appeal by 20 mainly Democratic states of a lower-court ruling that declared part of the statute unconstitutional and cast a cloud over the rest.

For the more than 20 million people covered under "Obamacare," nothing changes while the Supreme Court deliberates. The law's subsidized private insurance coverage and Medicaid expansion remain in place while the issues are litigated again.

Defenders of the Affordable Care Act argued that the questions raised by the case are too important to let it drag on for months or years in lower courts and that the 5th U.S. Circuit Court of Appeals in New Orleans erred when it struck down the health law's now toothless requirement that Americans have health insurance.

The case will be the third major Supreme Court battle over the law since President Barack Obama signed it nearly 10 years ago, on March 23, 2010. The court has twice upheld the heart of the law, with Chief Justice John Roberts memorably siding with the court's liberals in 2012, amid Obama's reelection campaign. The majority that upheld the law twice remains on the court, Roberts and the four liberal justices.

The Trump administration's views on the law have shifted over time, but it has always supported getting rid of provisions that prohibit insurance companies from discriminating against people with existing health ailments. Even as the administration seeks to overturn "Obamacare" in court, President Donald Trump has claimed people with preexisting conditions would still be protected. Neither the White House nor congressional Republicans have specified how.

Congressional repeal narrowly failed in 2017, when the Republicans controlled the House and the Senate. Any repeal effort now would be blocked by the Democratic-led House under Speaker Nancy Pelosi.

The Supreme Court's review of the case guarantees that the fate of the health care law will be in the public's eye as the election approaches, even if the decision doesn't come until 2021.

The timing means written briefs from both sides will likely be due in the summer, and arguments could take place in early fall before the election, if the court follows its usual practice of scheduling cases. If that happens, audio snippets from the oral arguments would be available for campaign commercials, said Timothy Jost, a retired law professor for Washington and Lee University in Virginia and a supporter of the ACA.

"I think the Democrats will hammer away at the fact that the Trump administration is not defending the law, and basically arguing the whole thing should be invalidated," said Jost. "They'll focus on issues like pre-existing conditions and 20 million people losing health insurance." ...**Read More**

Medicare Patients Face Difficulty In Accessing Home Health Care Services

This year Medicare has changed the way it pays for **home health care services** and *Kaiser Health News* reports that it is having a significant effect on patients and health care workers. Home health care agencies are cutting physical, occupational, and speech therapies for patients and firing therapists. Severely ill patients who rely on these services for their quality of life have been cut off from care.

To qualify for these types of services, patients have always needed to be homebound and require less than 8 hours a day of skilled care. The previous amount Medicare paid for these services reflected the amount of therapy delivered: if a patient received more therapies the provider received higher payments. The new reimbursement system does not include therapy services in reimbursement rate calculations. Instead, the new payment system is based on the patient's medical condition. This incentivizes agencies to serve patients who need short-term care, such as services that follow a stay in a hospital or rehabilitation facility. Providing skilled services on a long-term basis is not economically feasible. "As a direct result of this change, it is likely patients with chronic illnesses may not get the support and treatment they need," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "It is heartless and we call on the Department of Health and Human Services to reverse course immediately."

Joseph Peters, Jr.

The Rise of Unexpected Medical Bills: Short-Term Plans and Surprise Billing

The Leukemia & Lymphoma Society released **new research** this week verifying concerns that people who buy short-term insurance, also called short-term limited duration insurance, a type of **substandard health plan** that has been promoted by the Trump administration, are at significant financial risk should they need to use that coverage.

In this new study, the researchers found that patients with short-term insurance who were treated for five serious conditions—lymphoma, heart attacks, lung cancer, diabetes, and mental health hospitalizations—faced substantial unexpected costs, exceeding $100,000 in some cases.

Short-term insurance plans are not required to comply with many of the consumer protections established by the Affordable Care Act (ACA). **Previous research had revealed** that consumers do not understand how little coverage and financial protection short-term insurance offers. Unfortunately, this new study provides additional evidence that short-term plans are harming consumers, leaving them with massive and unexpected health care bills.

These data are part of a larger conversation about consumers experiencing larger-than-anticipated medical costs for needed treatment. Another way patients can find themselves on the hook is through what's commonly called "**surprise billing.**" Though it can incorporate an array of situations, the term generally refers to medical bills that consumers get after accessing care they thought was in their plan's network, only to discover that some of their providers were out-of-network, and therefore more expensive.

One form of surprise billing is prevalent in Medicare: **hospital observation status**. This issue affects Medicare beneficiaries in hospitals who are never admitted as inpatients but receive medically necessary care as if they were. Since Medicare only covers a post-hospital skilled nursing facility stay if the beneficiary was officially admitted to the hospital for three consecutive days, those classified as "outpatients" or as being under "observation status" can face enormous out-of-pocket costs if they need follow-up care. Often, these individuals didn't even know they were on observation status—or know to ask.

The bipartisan Improving Access to Medicare Coverage Act (H.R. 1682/S. 753) would close this loophole and protect beneficiaries from high, and often surprise, medical costs for the skilled nursing facility care they require after hospitalization.

Due to robust safeguards, Medicare otherwise limits **the amount of surprise billing providers can engage in**, but fear of surprise billing is nevertheless on the rise among people with Medicare coverage. A survey of Medicare beneficiaries found that **63% of respondents worry about getting a surprise medical bill after they receive medical care.**

Both short-term insurance and surprise bills can lead to unexpected medical costs, financial devastation, and fear. Medicare Rights supports legislative and administrative action to curb all forms of surprise billing, including Medicare observation status, and to limit the availability of short-term plans that create confusion and economic harm.

Read the study on short-term insurance.

Read more about surprise billing.

Nursing Home Outbreak Spotlights Coronavirus Risk In Elder Care Facilities

An outbreak of coronavirus disease in a nursing home near Seattle is prompting urgent calls for precautionary tactics at America's elder care facilities, where residents are at heightened risk of serious complications from the illness because of the dual threat of age and close living conditions.

The emergence of the novel contagious illness at the Life Care Center of Kirkland, Washington, has left one resident dead and four others hospitalized, with three in critical condition, local health officials said late Sunday. A health care worker in her 40s also remained in satisfactory condition. The resident who died was a man in his 70s with underlying health conditions, officials said.

Officials previously said that of the nursing home's 108 residents and 180 staff members, more than 50 have shown signs of possible COVID-19 infections, the name given the illness caused by a novel coronavirus that emerged from Wuhan, China, late last year. Visits from families, volunteers and vendors have been halted and new admissions placed on hold, according to **a statement** from Ellie Basham, the center's executive director.

"Current residents and associates are being monitored closely, and any with symptoms or who were potentially exposed are quarantined," she wrote.

The cluster of illness is the first of its type in the U.S., where **2.2 million** people live in long-term care settings and may be at heightened risk because of age and underlying health conditions.

"We are very concerned about an outbreak in a setting where there are many older people," said Dr. Jeff Duchin, health officer for the Seattle and King County public health agency.

The American Health Care Association, which represents 13,500 nonprofit and for-profit facilities for seniors and disabled people, **issued updated guidelines** Saturday, in response to the Washington outbreak. The new virus is thought to spread primarily via droplets in the air, and the guidelines largely echo strategies recommended to stem the spread of other respiratory viruses, such as influenza. That includes frequent hand sanitation among staff and visitors, grouping people who become ill in the same room or wing, and asking family members who are sick to avoid in-person visits.

But members had been anticipating cases of the new virus, said Dr. David Gifford, AHCA's chief medical officer and senior vice president of quality and regulatory affairs.

"Clearly, it signaled that it's here and that what people knew was likely to come is closer to them than before," he said.

COVID-19 has been identified in more than **85,000 people worldwide** and led to nearly 3,000 deaths, including the **first U.S. death** reported Saturday in another Washington state man in his 50s. That man was not associated with the Kirkland nursing center, officials said.

Studies of hospitalized patients in China suggest the median age of infection is in the 50s and that about **80% of COVID-19 cases are mild**. However, a new summary in the journal JAMA reported that the virus has a **case fatality rate of 1% to 2% overall** — and as high as 8% to 15% in older patients in China.

That is alarming news for U.S. residents in long-term care settings, where illnesses caused by more common pathogens like norovirus and seasonal influenza often spread rapidly among residents, causing severe complications. Immune response **wanes as people age**, leaving them more vulnerable to infections of all types….**Read More**

Prepare for These 3 Huge Disappointments With Social Security

While Social Security is an amazing benefit for retirees, many misconceptions can lead to some big, unwanted surprises when you actually enter retirement age and become eligible for the program.

Sometimes a reality check can end up saving you a lot of grief, so lets take a look at some of the facts about **Social Security**, and what they could mean for your future retirement plans.

How Much Income Social Security Will Replace

Arguably the biggest thing to know about Social Security is that it isn't designed to replace all of your income as you retire. In fact, the program is only supposed to replace 40% of your preretirement income.

The average monthly check was $1,500 in January, according to the Social Security Administration. Do you think that's enough to pay for all your living expenses?

According to a 2019 Nationwide Retirement Institute survey, 26% of those polled believed they could live comfortably on Social Security alone. Another 44% said they would rely on Social Security to be a main source of income.

"The misconceptions about Social Security are alarming," Nationwide's President of Sales and Distribution Tina Ambrozy said in an interview with **USA Today**. "If you think about how many are relying on Social Security to be their main source of income, it really is scary."

While it may be possible to live on Social Security alone in retirement, it may be a good idea to use the SSA's **retirement estimator tool** to find out how much you can actually expect to get, and compare it to what you currently spend on monthly expenses. Keep in mind this is only an estimate, and you may receive more or less depending on when you file.

Benefits May Be Cut in the Future

Social Security receives consistent funding from payroll taxes, but by 2035 the program is **projected to become insolvent**. While that doesn't mean the program is going away, it does mean payments to beneficiaries could be trimmed by anywhere from 20-25%.

Of course, Congress should hopefully find a fix by then, but progress for any kind of funding fix has come at a snail's pace as other issues take precedent and lawmakers kick the proverbial can down the road. We'll just have to wait and see, but just know that funding for Social Security is an issue and it will likely continue to be an issue as more and more people enter retirement.

Social Security Is Losing Buying Power

Social Security receives a cost of living adjustment (COLA) every year. These adjustments are meant to help retirees keep up with rising costs of everyday expenses like health care, which is climbing at a more rapid pace every year.

The problem is that these COLAs aren't keeping up with costs. This year's COLA was only 1.6% after 2019's 2.8% raise. While these seem like decent numbers, there were also multiple years in the last decade that saw no COLA increase at all.

The Senior Citizens League did a study last year that found Social Security benefits have lost **33% of their buying power since 2000**. Consider this: Medicare Part B premiums rose 7% this year, which could wipe out a good chunk of the COLA right off the bat.

Social Security is a linchpin of retirement but that doesn't mean it's perfect, and you should do what you can to figure out how much the program will do for you.

Pot Use Among U.S. Seniors Nearly Doubled in 3 Years

Americans may want to rethink the stereotype of the pot-loving teen: More U.S. seniors are using the drug now than ever before.

The proportion of folks 65 and older who use pot stands at 4.2%, up from 2.4% in 2015, according to figures from the U.S. National Survey on Drug Use and Health.

"The change from 2.4 up to 4.2, that's a 75% increase," said senior researcher Joseph Palamar, an associate professor of population health at New York University Langone Medical Center. "It didn't double, but 75% is a pretty big increase, I think."

Emily Feinstein, executive vice president and chief operating officer at the Center on Addiction, reviewed the study and commented that the trend is "not surprising."

"First, older people are more likely to experience pain and other chronic conditions," Feinstein said. "Secondly, marijuana has become increasingly available and acceptable within society. Together, these two factors are probably driving this trend."

But Palamar doesn't think the wave of marijuana legalization sweeping the nation has prompted Grandma and Grandpa to give weed a try, either to ease aches and pains or have a pleasant evening.

Rather, he thinks the proportion of aging marijuana users is increasing because more older folks are already familiar with pot.

"A lot of people who use marijuana are aging into the 65-and-older age bracket. I personally think that's what's driving this," Palamar said. "Of course, there are new initiates, but I don't think there are that many older people trying weed for the first time ever."

There still are a lot fewer seniors using pot than younger folks, Palamar added. It's just that marijuana use overall has continued to rise in the United States, affecting nearly all groups of people.

The NYU researchers analyzed responses from more than 15,000 older adults. Pot use rose more drastically among specific groups of seniors between 2015 and 2018, including:

- Women (93% increase) versus men (58%), although nearly twice as many men use compared with women overall.
- College-educated (114% increase) versus high school or less (17%).
- Households making more than $75,000 a year (129%) or $20,000 to $49,999 (138%), compared with folks making less than $20,000 (16%) or between $50,000 and $74,999 (3%).
- Married seniors (100% increase) versus singles (45%).

Seniors taking up pot after smoking it back in the day are probably doing so for potential medical benefits, although the survey didn't ask this question, Palamar said.

"From what I see, I think a lot of older people are using weed more for medical reasons rather than recreational reasons," Palamar said. "I know someone in this age group who for never in a million years I thought would use marijuana. She eats a marijuana gummy every night to help her sleep, because she feels it helps better than anything else. I think this is becoming more common."

However, the survey showed that marijuana use increased more among seniors with one or fewer chronic health problems (96%) than those with two or more chronic conditions (29%).

Palamar said his main concern regarding pot use among older adults is that marijuana has become more powerful over the years while their bodies have aged.

"If you're in your late 60s or 70s and you haven't smoked weed in decades and you reinitiate weed one day, you might not know what to expect," Palamar said. "Your body is much different in your 60s than it was when you were a teenager. You might not be able to handle it, especially considering that weed appears to be getting more potent."

Seniors whacked out of their minds on strong pot could fall and hurt themselves, or get into a car wreck, Palamar warned.

RI ARA HealthLink Wellness News

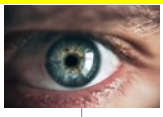
HealthLink Wellness "Taking Control"

What Every Person Over 50 Needs to Know About AMD

The Four Stages of AMD

Age-related macular degeneration is something people can live with for decades. We reveal how the condition develops and progresses, including the signs and symptoms to watch for at each stage.

The human eye is a wondrous, and wondrously complex, device. Complexity, however, comes at a price, and while our eyes are relatively small organs, they're prone to an outsized number of ailments, from cataracts and diabetic retinopathy to color blindness, glaucoma, and more.



One particular diagnosis—age-related macular degeneration, or AMD—often sparks a special fear in patients. And no wonder: There is no cure for AMD, in either its earlier "dry" form or the more advanced "wet" stage. (See more on the difference between the two below.) But despite its fearsome reputation, there are plenty of reasons for those diagnosed with the condition to look ahead with optimism.

Most patients will not suffer from advanced AMD, which can sometimes result in legal (although not complete) blindness, says Jayanth Sridhar, M.D., an assistant professor of clinical ophthalmology at the Bascom Palmer Eye Institute of the University of Miami's Miller School of Medicine in Florida. And with timely treatment, he says, "the majority of AMD patients maintain functional vision."

If you or someone you love has been diagnosed with AMD, understanding exactly how the disease develops can help you stay one step ahead. Here's what you need to know.

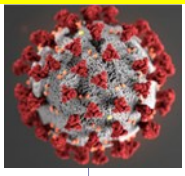
Read More on each below

- **What Is the Macula?**
- **What Is the Macula?**
- **Dry AMD: Early Stage**
- **Dry AMD: Intermediate Stage**
- **Dry AMD: Advanced Stage**
- **Wet AMD**
- **What Now? See Your Doctor**

How older adults can best protect themselves from the coronavirus

Everywhere you turn, it seems there's news about the coronavirus (Covid-19). It is spreading across the world. And, it is hard to know how best to protect yourself from it short of never leaving your home and closing your door to all visitors. Since that's an extreme solution, here's what you should know.

While few Americans appear to have the coronavirus, the numbers are likely to increase substantially. In some ways, the coronavirus is like the flu. It spreads seemingly easily from person to person.



People can have the coronavirus without knowing it, as it can take up to two weeks after getting the virus for symptoms to appear. Typical symptoms include fever, cough and shortness of breath. Some people never exhibit symptoms.

Because people who have no symptoms can spread the virus, you could be exposed to contagious people without realizing it. To protect yourself, stay away from people who are sick. Wash your hands frequently with soap and water. Also, try to keep your hands off of your face and avoid touching your eyes, nose and mouth.

If you think you might have the coronavirus, contact your doctor and stay away as best possible from other people.

As with the flu, most people recover from the coronavirus. But, a small percentage of cases are fatal. Older adults and people in poor health are at greatest risk. Unfortunately, unlike the flu, for now, there is no coronavirus vaccine.

Plan ahead for a hospital visit: Talk to the people you love about these seven important items

Few of us think about preparing in advance for a hospital visit, for someone we love, let alone ourselves. But, eventually, most of us will make a visit as a caregiver or a patient. Talking to the people you love about their needs while they are in relatively good health can ease the stress and reduce the costs of these hospital stays, particularly in emergencies. Here are seven important ways to prepare:

1. Identify someone you trust to serve as your "health care proxy"–someone who can speak for you about your health care wishes if you are unable to speak for yourself. Make sure the person you choose as your proxy knows and talk to the person about the kind of care you want. Ideally, you should complete a an advance directive, which includes a health care proxy document (**available for download for free here**) and give a copy to your proxy or tell your proxy where to find it. You should give a copy to your doctor as well. **Here's more information on the importance of a health care proxy.**

2. Ask a family member or someone else you trust to be your health care buddy and agree to accompany you to the hospital and stay with you if you are hospitalized. A second set of eyes and ears can be critical to your well-being.
3. Make a list of your medications and your doctors. You should keep the list in your phone or your wallet and share the list with your health care proxy and family members.
4. Decide which ambulance company will be called if needed. Make sure you have the phone number of a Medicare-approved ambulance company on hand or, if you are enrolled in a Medicare Advantage plan, the name and number of an in-network ambulance company. **Here are two ways to make sure Medicare covers ambulance services.**
5. Decide which hospital you want to use. If you are not enrolled in traditional Medicare, make sure the hospital is in your network and that it gets a good rating for patient safety. Talk to your doctor about your choice. **Here's more information on choosing a hospital.**
6. Make sure you know what to bring with you to the hospital and what you should leave behind, such as valuables. **Here's a good checklist**.
7. Before you leave the hospital, make sure you have a written discharge plan, along with a phone contact at the hospital, schedule a follow-up appointment, and make a list of any new medications. **Here's a good checklist**.

Caring for multiple chronic conditions need not be so complicated

Managing multiple chronic conditions can be as complicated as living with them. If you have multiple chronic conditions—conditions that are long-lasting and require medical attention—talk to your doctor about simplifying your treatment regimen.

About one in four Americans suffer from multiple **chronic conditions**, including obesity, diabetes, heart disease, high blood pressure, arthritis and high cholesterol. And, having multiple chronic conditions generally means having multiple doctors, multiple medical appointments, multiple tests, multiple medications and multiple medical directives with which to comply.

Edie Grossfield reports for **Next Avenue** that the "burden of treatment" for people with multiple chronic conditions can be so great as to reduce the likelihood they will comply with their treatment regimens. It's overwhelming. There's a solution.

A new model of care, Patient Priorities Care, engages you in a discussion with your physician about your health care wishes and goals. What's most important to you? Living a longer life, engaging with others, pain relief, mobility? Once that's established, you can get a personalized treatment plan that is less of a burden on you.

Rather than ask patients an open-ended question like what are your treatment goals, Patient Priorities Care asks patients specifically what they want to be able to do on a daily basis. What gives you the greatest joy? What's most important to you today?

To date, Patient Priorities Care has been tested on 350 people, and it appears to be an effective model. Patients report that it lightens their burden of treatment. They don't have to deal with treatment regimens they'd prefer not to deal with or that they believe don't work.

To be sure, patients often must accept trade-offs to benefit from Patients Priorities Care. For example, they might limit their medication intake in order to experience fewer side effects or get fewer lab tests. In the process they might end up living a little less long but a lot happier.

Patients involved in the study felt less burdened by their treatment because they received less "unwanted care," including medications, diagnostic testing, procedures and self-management tasks that patients either didn't believe helped them or thought was just too much.

The Patient Priorities Care model recognizes that we are all different. What works for some in the way of treatment will not likely work for all. Our bodies, our living situations, our relationships, our financial resources, our moods and more play a role in what works for us. The goal is to support us in the ways that best work for each of us.

Will the Patient Priorities Care model catch on? It's hard to know. It means that doctors have to give their patients more time. And, time is limited. But, patients can and should initiate the conversation about their priorities with their doctors. The first couple of visits will likely be a bit longer, but after that they should return to their normal length.

If you speak to your doctor about streamlining your care regimen, keep in mind that Medicare requires doctors to follow disease treatment guidelines. However, those guidelines generally don't apply to patients over 75 or 80. For other patients, physicians need only document the benefits of a different regimen for a patient.

Weight-Loss Surgery Works, No Matter How Long Patient Was Obese

Weight-loss surgery is as effective for people who became obese before age 20 as for older patients, new research shows.

For the study, researchers from the University of Gothenburg, in Sweden, analyzed data from just over 4,000 obese adults. Half had undergone weight-loss surgery, half did not. They were divided into three groups based on their body mass index (BMI) at age 20: normal, overweight, and obese. (BMI is an estimate of body fat based on height and weight.)

The results came as somewhat of a surprise to the researchers. They expected that weight-loss surgery would have fewer health benefits for patients who were already obese by age 20.

"But it wasn't like that," said study co-author Johanna Andersson-Assarsson, a researcher in the department of molecular and clinical medicine.

"On the contrary, the group with obesity at age 20 lost a little bit more weight after the operation, and there was no difference in effects on diabetes or its complications, cardiovascular disease or cancer, compared with individuals who developed obesity later in life," she said in a university news release.

Early treatment is often advantageous for many diseases. But some have suspected that weight-loss surgery (also called "bariatric surgery") would be less effective in individuals with early-onset obesity due to extended time with the condition.

Many Seniors Leave Hospital With New Disabilities

Older Americans often return home from the hospital with disabilities they didn't have before, a new study finds.

These new problems can lead to difficulties with daily activities, such as bathing and dressing, shopping and preparing meals, and getting around inside and outside the home.

Such struggles can lead to re-hospitalization, having to go to a nursing home and permanent declines in well-being, according to Dr. Kumar Dharmarajan and colleagues at Yale University School of Medicine, in New Haven, Conn.

For the study, the researchers looked at 515 people, aged 70 and older, who lived at home at the start of the study and did not require help with four basic activities: bathing, dressing, walking inside the house, and getting out of a chair.

The seniors, mostly around age 83, were followed up after their release from hospitalization for a condition that didn't require critical care.

One and six months after hospitalization, new disabilities were common among the study participants, and interfered with their ability to leave home for medical care or to look after their health needs, the study found.

The new disabilities included being unable to get dressed, walk across a room, get in or out of a chair, walk a quarter-mile, climb a flight of stairs, and drive a car.

Disability was also common for daily tasks such as meal preparation and taking medications, the study authors noted in a news release from the American Geriatrics Society.

Specifically, new disabilities among the study participants after hospitalization included: not able to bathe themselves (31%); not able to do simple housework (42%); problems taking medications (30%); and not able to walk a quarter-mile (43%).

For those who did recover from a new disability after hospitalization, it took between one to two months, the findings showed.

In many cases, recovery was incomplete even six months after leaving the hospital. For example, rates of normal functioning at six months were: 65% for bathing; 65% for meal preparation; 58% for taking medications; and 55% for driving.

How to Wash Your Hands Properly, According to a Doctor

If you haven't washed your hands yet today, stop what you're doing and go wash them now—with these instructions, of course. Why? Because washing your hands is one of the best things you can do to protect your health. As Rebecca Isbell, M.D., pediatrician at **CareMount Medical**, explains, "It is important to wash our hands properly to **minimize the spread of disease-causing germs**. If you are diligent about proper hand washing, you are less likely to catch illnesses—particularly those that are spread through direct contact" such as a common cold, strep throat, and **the flu**.

Throughout the day, we're all **exposed to surfaces with a bevy of germs**: Doorknobs, handrails, elevator buttons, and community pens are just a few examples. Then, we touch our faces—rubbing our eyes, moving our hair, or scratching an itch, says J.D. Zipkin, M.D., associate medical director for **GoHealth Urgent Care** and assistant professor of medicine and pediatrics at **Zucker School of Medicine** at Hofstra/Northwell. "Our hands are the vehicles by which germs hitchhike to areas they more easily infect," which include our mouth, nose, and eyes, he says. But by washing our hands properly, we can **prevent the spread of these germs**. Here's how to do it.

Wet your hands with warm water.

Start by thoroughly wetting your hands with warm water—avoiding very hot water, which can be overly **drying to the skin**, says Isbell.

Apply soap and lather.

Once your hands are wet, apply soap and rub your hands together to create a thick lather. Keep rubbing your hands for at least 20 seconds, "taking care to wash the palms, the backs of your hands, between your fingers, and **under your fingernails,"** Isbell says. Make sure you keep your hands away from any running water, so that you don't wash off the soap before it can lather.

Rinse and dry your hands.

After 20 seconds, rinse your hands under water until you have removed the soap residue. Then, dry your hands with a clean towel. If you leave them wet, you could increase your chances of picking up germs, as "dry hands are less likely to transmit germs than wet hands," Isbell says.

Wash your hands frequently enough.

You should wash your hands after any event that **increases the risk of accumulating germs**, says Zipkin, such as after you go to the bathroom, take out the trash, and **cough or sneeze**. You might also want to wash your hands after changing diapers or petting animals, Isbell adds, and before you put in contacts, **prepare food**, or eat—any time you might introduce germs into your body.

5 spring cleaning tips for seniors

In less than a month, spring will be sprung!

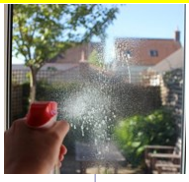
The change of seasons often motivates a fresh start, and for many, that means one thing: spring cleaning.

As the temperatures begin to rise, now's the perfect time to pull back the curtains, open up the windows and let the fresh air in while taking care of the tedious tasks that you neglected all winter. Check out these helpful tips below to make the process a little easier on yourself:

1. Ask your loved ones for help

Cleaning an entire home on your own can be overwhelming. Don't tackle the chores by yourself - instead, reach out to some of your family members for assistance. Not only will this make the cleaning day more efficient, it's also the perfect opportunity to **bond with your loved ones**, according to Senior Outlook Today. You can dig up old family photo books to look through, and find toys and trinkets from your kids' childhood to pass on to your grandchildren.

An extra helping hand can also take care of the chores that are difficult for you to complete on your own, such as dusting in hard-to-reach places, or rearranging large, bulky pieces of furniture.



2. Make a spring cleaning checklist

Once your loved ones have arrived for the day, sit down and create a checklist of all of the tasks you'd like to complete. Spring cleaning generally consists of sanitizing and organizing rooms, but there a dozen other chores that are typically overlooked. Aside from mopping and vacuuming the floors, cleaning the windows, dusting and reorganizing, consider the **following tips** from CaregiverStress.com:

- Medicine cabinet - Remove all medications and prescriptions that are expired, as well as ones that you no longer use.
- Refrigerator and pantry - Eliminate all food that is expired.
- Smoke and carbon monoxide detectors - Replace all dead batteries.
- Rooms and hallways - Replace all broken light bulbs. Also, eliminate area rugs that pose a tripping hazard.
- Bathroom - Consider installing grab bars in the bathtub, shower and near the toilet.

Taking care of these additional tasks can reduce physical health threats in your living space.

3. Eliminate the clutter

It may be difficult to part with the items you've accumulated over the years, but hoarding the things that you rarely use takes up space, and has the potential to negatively impact your physical and mental health. Talk to your family members about helping you tackle the room with the most clutter first. Make three separate piles: yes, no and maybe. Place all of the items you use often in the yes pile, and turn items that are just taking up space in your home to the no pile. For items you're unsure of parting with, place them in the maybe pile. For all of the things that you're willing to part with, determine the condition and either throw them in the trash, or donate them to charity.

4. Reorganize before you cleanse

Once you've eliminated the clutter in your home, you'll have a fresh slate for cleansing and organizing. For your first task, The Huffington Post recommends gathering all of your important **financial, health and legal documents** and organizing them in one space. This will save you time, money and stress in the event of an emergency.

After gathering these critical documents, continue organizing. Make the items you use regularly easily accessible, and place items you rarely use tucked out of your way. Once your living space is arranged, you can start taking care of the traditional spring cleaning tasks: sanitizing, mopping, vacuuming and dusting.

5. Evaluate your current living conditions

If you've uncovered any issues in your home that make living conditions less safe, have one of your family members take care of it immediately. If your loved ones find the issue too problematic for fixing, it may be time to consider a new living arrangement. By relocating to a senior living community, you'll live in the safest, most well-kept environment available to you. This is the perfect option for older adults who are ready to say goodbye to spring cleaning and hello to relaxed retirement living.

Allergy season: Helping your loved ones prepare

The start of spring is generally welcomed by all, but one aspect of it can be particularly frustrating.

Allergy season, unfortunately, comes hand in hand with the change from cold and snow to flowers in bloom. This transition can be troublesome for everyone. According to the Centers for Disease Control and Prevention, allergies are the **sixth-leading cause of chronic illness** in the U.S.

Seniors with pre-existing chronic ailments are more susceptible to the typical symptoms of seasonal allergies - coughing, sneezing, runny noses and sore throats. This predisposition doesn't mean allergies are liable to make seniors' day-to-day experiences untenable during spring - far from it. But as family members of someone dealing with this troublesome issue, you can greatly help loved ones deal with the stresses of allergy season and point them to the right treatments and best practices.

Collaborate with doctors and caregivers

For starters, when you know that allergies are a concern for seniors in your life, make sure primary care providers and **elder care** professionals who work with them are aware of the issue. According to Aging Care, because doctors and nurses are likely to be most focused on seniors' chronic health problems, they may minimize allergy treatment in the regimen of care they prescribe.

Christopher Randolph, M.D., a member of the Asthma & Allergic Diseases in the Elderly Committee of the American Academy of Allergy, Asthma and Immunology, advised that once allergies will be a problem, they should be treated aggressively.

"Allergies have a larger impact on the lives and health of the elderly," Randolph told the source.

He emphasized this point further by explaining how severely seasonal allergy symptoms can hurt seniors who already live with cardiovascular conditions.

Choose medications wisely

According to research conducted by Nielsen and the Consumer Healthcare Products Association, U.S. allergy sufferers in all demographics **turn to over-the-counter medicines** more frequently than prescription pills: 60 percent of the 28 million Americans with allergies took this approach in 2015 - a 20 percent uptick from 2009.

For many, this solution isn't a problem, but Randolph told Aging Care that seniors may be at risk from the antihistamines that are common to OTC allergy medicines. This active ingredient has been known to interact problematically with various prescriptions common in the elder population and cause dry mouth, dizziness, confusion and numerous other behavioral side effects. As such, a nasally administered or topical steroidal medication could be the best course of action.

Air quality is key

Aside from OTC and prescribed medications, you can also help your allergy-troubled senior loved ones deal with allergens by installing an air purifier in their household. These appliances can improve overall air quality by targeting dust, pollen and similar allergens, as well as improve seniors' daily home lives.

The Chicago Tribune noted that when you shop for purifiers, look for models certified as meeting the Energy Department's high efficiency particulate arrestance standards, as these versions have the greatest filtration abilities. Also, make sure the device is capable of purifying air for the full square footage of the living space.

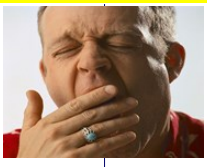
Sleepy Seniors Have Higher Health Risks

"Getting older doesn't mean you have to be tired and sleepy. [Excessive daytime sleepiness] is mostly linked to a medical condition that deserves to be addressed by your physician," he explained.

The study looked at "hypersomnolence" in people over 65. Hypersomnolence is excessive daytime sleepiness in people who have had seven or more hours of sleep at night. People with hypersomnolence will have recurrent periods of sleep during the day. They don't feel refreshed after sleeping as much as nine hours or more. They have difficulty being fully awake after they are abruptly awakened, Ohayon said.

For someone to be diagnosed with hypersomnolence, these symptoms have to occur at least three times a week over a three-month period, he noted.

In past research, this type of excessive daytime sleepiness has been linked to a decline in thinking and memory skills, and even to Alzheimer's disease.



The current study included people from eight U.S. states. Information was collected at two time points three years apart.

During the first interview, study volunteers' average age was 73, Ohayon said. The final analysis included just over 3,700 participants older than 65. Just under 60% of the study volunteers were women.

Thirty-seven percent of participants were overweight and 26% were obese at the start of the study. About 9% of the study volunteers had obstructive sleep apnea, a condition that disrupts sleep often throughout the night. Sleep apnea is associated with daytime sleepiness.

Just under 23% of the study volunteers reported hypersomnolence at the start of the study. Three years later, that number increased to nearly 24%.

The researchers adjusted the data to control for the effects of gender, weight and sleep apnea.

The investigators found the risk of developing type 2 diabetes was 2.3 times higher in people who were excessively tired throughout the day. The risk of cancer was two times higher, and the risk of high blood pressure was a little more than two times higher in the sleepier seniors, the study found.

"If hypersomnolence prevents you from doing what you like during the daytime, then it is a problem," and something you should talk to your doctor about, Ohayon said.

He said if you're taking medications and struggling to stay awake, it's possible that you're experiencing a side effect from the drug.

According to Dr. Natakki Wheatley, a family medicine physician from Detroit Medical Center's Sinai-Grace Hospital, "Daytime sleepiness is not necessarily a part of normal aging. It's something to mention to your doctor, especially if you've noticed it developed in a short period of time."

Some conditions linked to daytime fatigue include type 2 diabetes, obstructive sleep apnea, depression, high blood pressure, heart failure, low thyroid hormone levels, and certain vitamin deficiencies.

"Some of these underlying conditions can be easily screened and treated," she said.

The bottom line? Both experts said if you find yourself struggling to stay awake or if you're nodding off after a full night of sleep, talk with your doctor to see if you have a medical condition that needs treatment.

The study's findings are scheduled for presentation at the American Academy of Neurology annual meeting in Toronto, Canada, between April 25 and May 1. Findings presented at meetings are typically viewed as preliminary until they're published in a peer-reviewed journal.