

## May 24, 2020 E-Newsletter

### Administration Considers a Bad Social Security Payday Lending Scheme

The **Trump** administration is seriously considering a plan to ask Americans to cut their future Social Security benefits for some cash today, according to a **report** by *The Washington Post*. This scheme is essentially a bad payday lending that asks workers to cut their future Social Security benefits to get by during the pandemic.

"Asking working Americans to give up even one dime of their future Social Security

benefits to survive today's economic crisis is a harebrained idea that would hurt families for decades to come," said Alliance Executive Director **Richard Fiesta**. "Whether it's eliminating Social Security's dedicated funding stream by **cutting the payroll tax** or asking people to 'voluntarily' forgo the retirement benefits they have earned over decades, the ideas coming from this



Administration would mean less retirement security for all." Executive Director Fiesta noted that this idea would force working people to decide whether they prefer food on the table now or later when they retire. Meanwhile, wealthy corporations and individuals continue to reap billions from the 2017 tax breaks and even billions more in bailouts and tax cuts from the recent pandemic

stimulus legislation. "The government should be helping everyone weather this crisis, not just the rich and well connected," he added. "This administration has repeatedly shown it is bound and determined to use the pandemic as an excuse to slash Social Security benefits and gut the system."



Rich Fiesta,  
Executive Director,  
ARA

### House Democrats Pass New Coronavirus Relief Package, the HEROES Act

House Democrats passed **the next coronavirus relief package** on Friday. H.R. 6800, the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, provides a second round of \$1,200 stimulus checks to cushion the economic blow of the coronavirus crisis and includes help for single and multi-employer pension plans to avoid funding shortfalls and protect retirement security. The vote was 208-199.

The legislation also provides federal funds for televisitations, testing for workers and residents, more personal protective equipment (PPE), and strike teams to assist nursing homes that have COVID-19 cases. The vote follows **comments on Wednesday from Federal Reserve**

**Chairman Jerome Powell** urging Congress to consider another ambitious fiscal rescue package to help with the economic recovery.

The bill bolsters Medicare and Medicaid, mandating an increase in Medicaid, which will be important as unemployment increases the number of uninsured, and assists state and local governments. It also includes hazard pay for health care workers and pandemic premium pay for essential workers. The bill ensures worker safety by requiring the Occupational Safety and Health Administration (OSHA) to mandate workplace infection control plans.

The **multi-employer pension provisions** expand the Pension Benefit Guaranty Corporation's

(PBGC) authority to partition troubled multiemployer pension plans and increase the number of eligible plans while simplifying the application process through 2024. A qualifying plan could receive enough financial assistance to keep it solvent and well-funded for 30 years with no benefit cuts. The PBGC would receive additional funding for the program. The legislation also calls for doubling the PBGC guarantee for multiemployer plans, including those that have already been receiving PBGC assistance since December 2014. The current maximum guarantee is \$12,870 for participants with 30 years of service.

In addition, in a big win for tax fairness, the HEROES Act **closes the \$135 billion tax**

**loophole** for the wealthiest Americans that was in the CARES Act. "This bill fills in the gaps from the previous bill and is vital in helping people through this economic and health crisis," said **Robert Roach, Jr.**, President of the Alliance. "The pension component and the nursing home protections are critical."

President Roach added, "We still need further debate on the GROW Act, which authorizes composite multi-employer retirement plans, since there is not a consensus on that within the labor movement. However, the HEROES Act is an important step in the right direction toward economic recovery."



Robert Roach, Jr.  
President, ARA

### Lost On The Frontline

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

risk work in nursing homes or are employed as home health aides.

Some of them do not survive the encounter. Many hospitals are overwhelmed and some workers lack protective equipment or suffer from



underlying health conditions that make them vulnerable to the highly infectious virus.

Many cases are shrouded in secrecy. "Lost on the Frontline" is a collaboration between The Guardian and

Kaiser Health News that **aims to document** the lives of health care workers in the U.S. who die of COVID-19, and to understand why so many are falling victim to the pandemic.

**These are some of the first tragic cases**

# Trump: Coronavirus testing may be 'overrated' and reason for high U.S. case count

President Donald Trump on Thursday said testing for coronavirus might be "overrated," revisiting his concern early in the outbreak that testing for the disease would raise the nation's case count.

After touring the medical supply distributor Owens and Minor in Allentown, Pa., the president — he and White House chief of staff Mark Meadows were the only members of the tour group not wearing masks — talked about his plans for expanding the Strategic National Stockpile and lauded his administration for its coronavirus response, including increased testing.

"America has now conducted its 10 millionth test. That's as of yesterday afternoon. Ten million tests we gave. Ten million," Trump said from a stage at the warehouse event, which had the trappings of a campaign-style rally. "And CVS has just committed to establish up to 1,000 new coronavirus testing sites by the end of this month, and the 10 millionth will go up very, very rapidly."

"And don't forget, we have more cases than anybody in the

world," he added. "But why? Because we do more testing. When you test, you have a case. When you test, you find something is wrong with people. If we didn't do any testing, we would have very few cases."

Trump said the news media had refused to report his "common sense" explanation for the country's high case numbers. He repeated the misleading claim that the U.S. has tested more people than other countries, sidestepping the reality that testing as a share of the population is lower than in other countries.

"So we have the best testing in the world," Trump said. "It could be the testing's, frankly, overrated? Maybe it is overrated. But whatever they start yelling, we want more, we want more. You know, they always say we want more, we want more because they don't want to give you credit."

The Biden campaign issued a statement Thursday evening criticizing the president's comments and his response to the crisis.

"With his statement today, President Trump has once again



demonstrated that he is more concerned with his poll numbers and his reelection than he is with safeguarding

American lives and delivering real economic recovery — both of which every expert tells us can only happen with adequate testing capacity to track and stop this disease," the statement said.

Trump's comments about the quality and importance of testing have had an undertone of doubt in recent weeks, as the virus continues to spread and has made its way into the president's inner circle. Katie Miller, the vice president's top spokesperson, and Trump's personal valet tested positive last week — heightening fears that the president could be exposed. Vice President Mike Pence has avoided contact with Trump since the announcement, and his schedule has been barren or limited since Miller's diagnosis.

"This is why the whole concept of tests aren't necessarily great," the president said last week during a meeting with congressional Republicans at the White House, referring to Miller. "The tests are perfect,

but something can happen between a test where it's good and then something happens. ... She was tested very recently and tested negative, and then today, I guess for some reason, she tested positive."

Trump has long expressed concerns regarding U.S. case numbers, accusing other countries, like China, of not accurately reporting their numbers. And in early March, the president visited the Centers for Disease Control and Prevention, where he expressed concern that letting infected passengers of the Grand Princess cruise ship being held at the port of Oakland, Calif., would increase U.S. case numbers.

"I like the numbers being where they are," Trump said at the time. "I don't need to have the numbers double because of one ship that wasn't our fault. And it wasn't the fault of the people on the ship either, OK? It wasn't their fault either, and they're mostly Americans. So, I can live either way with it. I'd rather have them stay on, personally."

## Information Regarding Economic Impact Payments for Social Security and SSI Beneficiaries with Representative Payees, and People Living in U.S. Territories

The Social Security Administration issued an update today about COVID-19 Economic Impact Payments (EIP) to certain groups of Social Security and Supplemental Security Income (SSI) beneficiaries. Beneficiaries who have their regular monthly payments managed for them by another person, called a representative payee, will begin receiving their EIPs from the IRS in late May.

Special rules apply to beneficiaries living in the U.S. territories: American Samoa, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands. In general, the tax authority in each territory, not the IRS, will pay the EIP to eligible residents

based on information the IRS will provide to the territories. It is anticipated that beneficiaries in the territories could begin receiving their EIP in early June.

"The Social Security Administration has been working with the IRS to provide the necessary information about Social Security and SSI beneficiaries in order to automate and expedite their Economic Impact Payments," said Andrew Saul, Commissioner of Social Security. "While millions of our beneficiaries have already received their EIPs from the IRS, we continue to work hard



Securing today and tomorrow

for those beneficiaries who are awaiting their payment from the IRS."

For additional information about payments to beneficiaries with representative payees, please refer to

[www.socialsecurity.gov/coronavirus/#reppayee](http://www.socialsecurity.gov/coronavirus/#reppayee).

For the territories, people should contact their local tax authority with questions about these payments. Please note their website may use the term "Economic Impact Payment" or "stimulus payment."

[American Samoa](#)  
[Guam](#)  
[Puerto Rico](#)  
[Northern Mariana Islands](#)

### U.S. Virgin Islands

The eligibility requirements and other information about the Economic Impact Payments can be found here: [www.irs.gov/coronavirus/economic-impact-payment-information-center](http://www.irs.gov/coronavirus/economic-impact-payment-information-center). In addition, please continue to visit the IRS at [www.irs.gov/coronavirus](http://www.irs.gov/coronavirus) for the latest information.

Social Security will continue to update the agency's COVID-19 web page at [www.socialsecurity.gov/coronavirus/](http://www.socialsecurity.gov/coronavirus/) with additional information.

## Bright says his warnings on supply shortages were ignored

Former Biomedical Advanced Research and Development Authority (BARDA) head Rick Bright said on Thursday that his warnings about medical supply shortages were ignored by his superiors.

Bright told House lawmakers on the Energy and Commerce Health Subcommittee that he began to get alerts from manufacturers that the supply chain for masks and other personal protective equipment was "diminishing rapidly" as early as January.

Countries that the U.S. relied

on to supply many of those masks were blocking exports and stopping transfers of those masks to the United States, Bright said. He said he warned his superiors about severe shortages of N95 respirators needed for front-line health care workers.

"I was met with indifference, saying they were either too busy, they didn't have a plan, they didn't know who was responsible for procuring those," Bright said.

During an exchange Thursday



with Rep. Kathy Castor (D-Fla.), Bright said he urged officials to ramp up production.

"They indicated if we notice there is a shortage, that we will simply change the CDC [Centers for Disease Control and Prevention] guidelines to better inform people who should not be wearing those masks, so that would save those masks for our healthcare workers," Bright said.

"My response was, 'I cannot believe you can sit and say that with a straight face. It was

absurd.'"

Bright said he thinks the supply shortages and the delay in production increases cost lives.

"I believe lives were lost, and not only that, we were forced to procure these supplies from other countries without the right quality standards," Bright said. "So even our doctors and nurses in the hospitals today are wearing N95 marked masks from other countries that are not providing the sufficient protection that a U.S.-standard N95 mask would provide them."

## Coronavirus: What would it cost the federal government to pay for health care through Medicare?

Economists at the University of Massachusetts, **PERI**, have just released a report analyzing the cost of the Medicare Crisis program, a program proposed by Representatives Pramila Jayapal and Joe Kennedy to help 95 million people afford needed health care during the coronavirus pandemic. The researchers find that the cost to the federal government of the Medicare Crisis program is far less than the cost of a proposal by Representative Bobby Scott, which would subsidize COBRA coverage for people who have lost their jobs and their employer coverage.

Notably, the Medicare Crisis program covers many more people and provides far more generous benefits than the Worker Health Care Protection Act, the bill which would subsidize the cost of COBRA

coverage for people who have lost their employer coverage. Specifically:

◆ The Medicare Crisis program covers all recently unemployed workers—around 19.2 million people—and their families, regardless of whether they had health insurance through their jobs. The COBRA bill only covers recently unemployed workers who have lost employer coverage—around 12.9 million people—and their families.

◆ The Medicare Crisis program covers all health care costs, including deductibles and copays, for all COVID-related care for unemployed workers and their families. The COBRA bill only covers health insurance premiums and does not cover deductibles



and copays for any care.

◆ The Medicare Crisis program covers all out-of-pocket COVID-19 costs for people with traditional Medicare and people in Medicare Advantage. The federal government picks up the cost for people in traditional Medicare, and Medicare Advantage plans pick up the cost for their members. The Medicare Crisis program also covers Part A and Part B premiums for people in traditional Medicare.

◆ The Medicare Crisis program caps out-of-pocket costs for non-COVID care for unemployed workers and people in traditional Medicare at five percent of their monthly income. The COBRA bill does not cover these costs

at all.

The cost to the federal government of the Medicare Crisis program to cover 38.7 million people is \$22.7 billion less than the full cost of care for the same number of people under the COBRA bill, \$47.5 billion versus \$69.8 billion for three months of care. The Medicare Crisis program is far less costly because the federal government would be paying directly for care; it would not be paying private insurance premiums to health insurance companies to cover possible care people received; it also would not be paying the high administrative costs and profits that come with relying on private health insurers. And, it would be paying lower rates; Medicare provider rates are about two-thirds of private insurance rates.

## GOP fronts 'pro-Trump' doctors to prescribe rapid reopening

Republican political operatives are recruiting "extremely pro-Trump" doctors to go on television to prescribe reviving the U.S. economy as quickly as possible, without waiting to meet safety benchmarks proposed by the federal Centers for Disease Control and Prevention to slow the spread of the new coronavirus.

The plan was discussed in a May 11 conference call with a senior staffer for the Trump reelection campaign organized by CNP Action, an affiliate of the GOP-aligned Council for National Policy. A leaked recording of the hourlong call was provided to The Associated Press by the Center for Media and



Democracy, a progressive watchdog group. CNP Action is part of the Save Our Country

Coalition, an alliance of conservative think tanks and political committees formed in late April to end state lockdowns implemented in response to the pandemic. Other members of the coalition include the FreedomWorks Foundation, the

American Legislative Exchange Council and Tea Party Patriots.

Tim Murtaugh, the Trump campaign communications director, confirmed to AP that an effort to recruit doctors to publicly support the president is underway, but declined to say when the initiative would be rolled out.....[Read More](#)

## Coronavirus: Likely to worsen a retirement crisis

More than 30 million Americans have lost their jobs as a result of the novel coronavirus. Older adults are being hit especially hard in the job market, writes Alicia Munnell for **MarketWatch**. Some **believe** that older adults will be least likely to get jobs when the economy reopens. The pandemic is likely to deepen a projected retirement crisis.

Today, unemployment is almost at 15 percent. Usually, unemployment hurts the youngest working Americans most, 25 to 54 year olds next, and older adults least. This time around, the youngest Americans, who tend to work in the hospitality and other service industries have again been hit hardest. But, after them,

Americans 55 and older have been most affected.

The unemployment rate for Americans 55 and older **rose to 13.6 percent in April**. It was at 2.6 percent less than five months ago, in January. Add to high unemployment a **decline in retirement savings** and many more older adults are at serious risk in retirement.

It used to be that older adults held onto their jobs longer than younger adults, in part because they had a longer track record. But, they also tend to earn higher wages. And, COVID-19 puts older adults at higher risk of infection. Age discrimination could also be contributing to job loss for older workers.

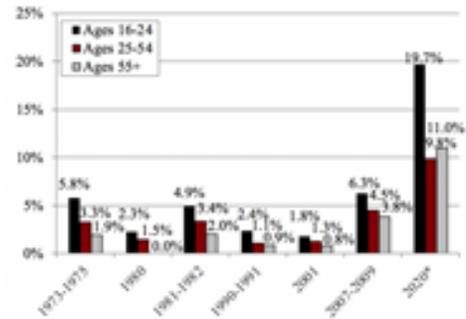
Older workers are typically least likely to be hired when the

economy is back in swing. After the great recession 12 years ago, older workers spent **twice as long finding work as younger workers**. On average, they waited nine months to find work. More than four in ten (41 percent) were still looking for work 18 months after the Great Recession. Those who were rehired took steep pay cuts. Employers believe they can get equally or more skilled younger workers at

less cost.

To be sure, unemployment or employment at lower wages before you reach your full Social Security retirement age generally affects the amount you will receive in Social Security benefits.

Figure 2. Change in Unemployment Rate in Recent Recessions, by Age



\* Data for 2020 represent the change between February and April. Source: Author's calculations from U.S. Bureau of Labor Statistics, "Selected Unemployment Indicators, Seasonally Adjusted" (2020).

## Drugmakers Tout COVID-19 Vaccines To Refurbish Their Public Image

Johnson & Johnson researchers working on a vaccine against the coronavirus are "just like the heroes in the hospitals" fighting to save patients, J&J CEO Alex Gorsky said on the "Today" show a few weeks ago.

It's a message he likes to deliver. In recent weeks, Gorsky has talked about J&J's efforts on NBC's "Today" and twice on CNBC and Fox. Nobody asked him about high drug prices, J&J's role in the opioid crisis or lawsuits alleging its baby powder caused cancer.

J&J and the rest of the pharmaceutical industry have seized on the coronavirus crisis as a way to polish an image tarnished by unaffordable medicine, patent lawsuits and an addiction epidemic.

The potential payoff is clear: If drug companies can produce a successful vaccine or therapy against the biggest infectious threat in a century, "maybe you can start to undo some of that reputational damage," said Michael Kinch, head of the **Centers for Research Innovation in Biotechnology** at Washington University in St. Louis. "I have to wonder if that's some of the motivation."

A top pharmaceutical executive recently told him: "When I entered this industry, we were the most respected industry in the world. Now we're below tobacco."

But it is uncertain which, if any, of the firms trying to claim center stage now — J&J for vaccines, Gilead for its antiviral or Abbott for its testing machines — deserve the leading role or will have it when new products arrive on the market and are priced.

Their star turn comes after what critics say have been decades of underinvestment in vaccines and medicines for the most common viral diseases in favor of more lucrative drugs that are less important to public health. The industry is talking about serving the public good while setting itself up for profits, downplaying the government's role as a research partner and exaggerating prospects for victory, they say.

J&J's vaccine candidate "has a high degree of probability of being successful against the COVID-19 virus," Gorsky said on NBC's "Today."

But Gorsky "doesn't know that yet," given the difficulties



of vaccine development and the many chances for failure, said Dr. Paul Offit, co-inventor of a rotavirus vaccine and a professor at the University of Pennsylvania's Perelman School of Medicine. "We should be humble about this virus, about what the likelihood is for protection."

Three years ago, President Donald Trump said drug companies were "**getting away with murder**" by charging so much for medicine. In early March, he instead **called pharma CEOs "geniuses"** at a White House meeting and said "we're very proud" of their work.

J&J is producing an eight-episode streaming series called "**The Road to a Vaccine**," in which CNN personality Lisa Ling interviews company officials, patients and scientists. A Financial Times profile on Gorsky was so flattering the company **put out a press release** drawing attention to it.

"When science wins, we all win," says **a new ad from Pfizer, which recently began human trials** on a coronavirus vaccine. Executives at Gilead,

maker of the antiviral remdesivir, "recognize the human suffering, the human need here," company CEO Daniel O'Day said on CBS' "Face the Nation" on May 3.

"Science is how we get back to normal," says **a new campaign** from the Pharmaceutical Research and Manufacturers of America, the industry's biggest lobbying group.

Trump administration officials, and even Dr. Anthony Fauci, the top infectious disease expert on the president's coronavirus task force, say a vaccine could be available within 12 to 18 months — far faster than any other such treatment has been developed.

Such a schedule would be inconceivable without previous research by pharma companies, industry officials say.

"There are 70 vaccines in development for COVID-19 and several of them are already in human testing," said PhRMA spokesperson Priscilla VanderVeer. "A lot of this is happening because the industry believes in vaccines, and many companies have made investments in vaccines."...**Read More**

## Social Security recipients may be in for a rude awakening later this year

Social Security recipients may be in for a rude awakening later this year. Social Security beneficiaries might not receive much of a cost-of-living adjustment next year — and some say recipients might not get anything at all. COLA is linked to the consumer-price index, which has suffered lately because of low oil prices. Based on the CPI data between January and April of this year, COLA for next year would be zero, according to Mary Johnson, a Social Security policy analyst for The Senior Citizens League. There are still five months until the administration announces the COLA for 2021, which occurs in October.

The adjustment in 2020 was considered minimal, at 1.6% this year, down from 2.8% in 2019. COLAs have averaged 1.4% over the last decade, down from the **average 3%** it was between 2000 and 2009.

**See: [Increase in unemployment hits older workers harder than prime-age workers](#)**

But even if the adjustment was above zero, it still wouldn't be enough for most retirees, studies show. Many Americans rely on Social Security benefits for some, and in some cases most, of their retirement income, but the benefit doesn't align with actual cost of goods for retirees. Since 2000, Social Security COLAs have increased benefits by 53% but the prices of what retirees typically buy has grown almost double, to 99.3%.

The problem: Social Security's cost-of-living adjustment is linked to the consumer-price index for urban workers. There's another subset of CPI, known as **CPI-E**, which tracks elderly spending. The difference is primarily in health care and housing. Those expenses, including Medicare premiums and homeowners' insurance, grow rapidly year over year, but benefit adjustments don't reflect that growth.

The coronavirus crisis could deepen the divide, especially as medical expenses drop in some



areas — such as elective surgeries — but increase in others, including care for COVID-19 patients. “Older people are disproportionately affected by the COVID-19 crisis, often due to underlying medical conditions,” Johnson said. The Centers for Disease Control and Prevention, as well as other leading figures, have urged older Americans to stay home and away from others as they are typically at a higher risk of complications from contracting the virus.

**Also see: [Should people be able to tap Social Security now to shore up coronavirus-battered finances?](#)**

Annual average out-of-pocket expenses for prescription drugs were \$1,102 in January 2000 and \$3,875.76 in January 2020, according to the study — a 252% increase. Medicare Part B premiums jumped 218% during the same time frame, and home heating oil grew 172% during that period. Even the price of oranges grew more than double, from \$0.61 in 2000 to \$1.34 in

2020, a 120% increase. A retiree in 2000 with an average benefit of \$816 a month would have \$1,246.20 in 2020, but would need \$380 more a month just to maintain that same level of buying power she had in 2000. In total, Social Security benefits have lost 30% of buying power since 2000, Johnson said in her report. That is a slight improvement from last year's report, when the findings were a 33% loss of buying power since 2000.

But there is still much uncertainty as to what will happen in the coming months in light of the pandemic. In some cases, consumer prices are rising — such as for **groceries** and meat as more consumers cook at home and factories are shuttered — while in other scenarios, **costs of goods** and services are declining, such as with insurance and airfare. “There's going to be some lag-time before we know the full impact of what is going on,” Johnson said.

## Staffing Nursing Homes Was Hard Before the Pandemic. Now It's Even Tougher.

Residents have fallen ill with the new coronavirus in both the Worcester, Massachusetts, nursing homes where Kwaku Tsibo Bondah works. Protective equipment is in short supply, he said, and many of his colleagues have tested positive or are calling in sick because they're afraid to come to work.

“It's really challenging ... everybody is in a state of anxiety,” said Bondah, a licensed practical nurse. “Because you are going into a room with someone who has COVID-19 there.”

Many nursing homes and assisted living facilities were short-staffed before the coronavirus pandemic hit. Now it's even harder to recruit and retain nurses needed to care for residents and stop infection from spreading.

When nurses and nurse aides are stretched thin, they end up cutting corners. They might fail to wash their hands often

enough, or try to lift a frail person by themselves — harming themselves or the people in their care, advocates and people who study the direct care workforce say.

“We need to have enough staff to appropriately support the staff in there who are putting their lives on the line,” said Mairead Painter, Connecticut's long-term care ombudsman. “When you're working short, you make decisions you may not make on a good day.”

Governors and health agencies nationwide are developing “strike teams” of National Guard members and clinicians to help manage coronavirus outbreaks in long-term care facilities. But some state leaders also are trying to solve longer-term staffing problems.

Massachusetts and Colorado have launched websites to match job seekers with open long-term and residential care positions.



Massachusetts is providing \$1,000 bonuses for hires who stay on the job for a month, and Arkansas is boosting pay for nurses and other direct care workers from April 5 through the end of May.

Illinois is among the states letting facilities hire nurses with an out-of-state or recently expired credential and temporarily hire unskilled workers to help feed and clothe residents — a role made possible for the time being by looser federal training and certification requirements for nurse aides.

To fix staffing problems over the long term, however, worker advocates say direct care workers need better pay. And that, industry groups and labor unions say, will require more state and federal dollars for long-term care.

“Post-pandemic, I think there needs to be a real conversation about valuing the roles of

caregivers,” said Marlshia Aho, regional communications manager for 1199SEIU United Healthcare Workers East, a union that represents roughly 2,000 nursing home workers in Massachusetts, including Bondah. “And that requires wages that reflect the work that they are doing.”

### Not Enough Nurses

Most U.S. nursing homes don't have enough staff to provide the 4.1 hours of daily nursing care experts recommend, said Charlene Harrington, an emeritus professor of nursing and sociology at the University of California, San Francisco, who studies long-term care staffing.

“Seventy-five percent of all nursing homes did not meet the professional staffing standards that experts believed they should have before the virus hit,” .....**[Read More](#)**

## How does Medicare work with Medicaid?

*Dear Marci,  
I have Medicare, and I sometimes find it difficult to afford the costs of my health care. One of my friends suggested that I apply for Medicaid. What is Medicaid, and how does it work with Medicare?*

*-Jeanne (Manchester, NH)*

Dear Jeanne,  
Medicaid is a federal and state program that provides health coverage for certain people with limited income and assets. Each state runs various Medicaid-funded programs for different groups of people, including older adults, people with disabilities, children, pregnant people, and parents and/or caretakers of children. All states have Medicaid programs for people with limited income and assets who need nursing home care, long-term care services, and home health care services. Some states also have programs for individual adults who do not

fit any of these categories.

If you are eligible for both Medicare and Medicaid (dually eligible), you can enroll in both. If you qualify for a Medicaid program, it may help pay for costs and services that Medicare does not cover.

Here are a few examples of **how Medicaid can work with Medicare:**

◆ Medicaid can provide secondary insurance: For services covered by Medicare and Medicaid (such as doctors' visits, hospital care, home health care, and skilled nursing facility care), Medicare is the primary payer. Medicaid is the payer of last resort, meaning it always pays last. When you visit a provider or facility that takes both forms of insurance, Medicare will pay first and Medicaid may cover your Medicare cost-sharing, including coinsurance charges and copays.



Dear Marci

◆ Medicaid can provide premium assistance: In many

cases, if you have Medicare and Medicaid, you will automatically be enrolled in a **Medicare Savings Program (MSP)**. In other cases, you can apply for an MSP even if you are not automatically enrolled. MSPs pay your Medicare Part B premium and may offer additional assistance.

◆ Medicaid can provide additional cost-sharing assistance: Depending on your income, you may also qualify for the Qualified Medicare Beneficiary (QMB) MSP. If you are enrolled in QMB, you do not pay Medicare cost-sharing, which includes deductibles, coinsurances, and copays, when you see a provider who accepts Medicare.

◆ If you are eligible for Medicaid, you are eligible for

prescription drug assistance: Dually eligible individuals are automatically enrolled in the **Extra Help program** to help with their prescription drug costs.

◆ Medicaid can offer care coordination: Some states require certain Medicaid beneficiaries to enroll in Medicaid private health plans, also known as Medicaid Managed Care (MMC) plans. These plans may offer optional enrollment into a Medicare Advantage Plan designed to better coordinate Medicare and Medicaid benefits. Note: You cannot be required to enroll in a Medicare Advantage Plan. Make sure to call 1-800-MEDICARE or contact your local Medicaid office to learn more about Medicare and Medicaid costs and coverage, especially if you are dually eligible.

-Marci

## Job Loss for Older Adults Increases Risk to Health Coverage and Financial

This week, the Kaiser Family Foundation (KFF) **released data** on massive recent job losses among those age 65 and older, illustrating the ongoing need for economic and insurance assistance for this population. According to KFF, between March and April of 2020 the unemployment rate of those 65 and older quadrupled. The new unemployment figure of 15.6% for this age group is second only to the population between ages 16 and 24 whose rate is 27.4%.

As we have discussed before, **the economic situation for many older adults has become increasingly dire**. In

addition to the economic harm older adults face from job loss, they may also be without health coverage. Those who are over 65 who have lost job-based coverage may have a Special Enrollment Period (SEP) to enroll in Medicare Part B, but they may face financial penalties or other barriers to coverage. Calls to our national helpline reveal that those who are applying for coverage face delays as they try to enroll because of overwhelming demand.

Others who are eligible for Medicare may have **missed out**



**on their opportunity to enroll**, leaving them with no coverage at all. As we discussed **last week**,

the Centers for Medicare & Medicaid Services (CMS) is attempting to make enrollment more flexible for some people, but these options are very narrow and only help a small number of people.

At Medicare Rights, we know that we must ensure that all who are eligible for Medicare can access and afford its coverage, and we are deeply concerned about the health and well-being of older adults, people with disabilities, and their families

amid the coronavirus emergency. To that end, we support the SEP included in the HEROES Act that would help Medicare-eligible individuals quickly connect with their coverage. We also continue to support the bipartisan **Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act** that would provide people with more information as they approach Medicare eligibility to ensure that they make the choices that give them the greatest access to coverage and care.

**Read the KFF report.**

## Medicaid Providers At The End Of The Line For Federal COVID Funding

Casa de Salud, a nonprofit clinic in Albuquerque, New Mexico, provides primary medical care, opioid addiction services and non-Western therapies, including acupuncture and reiki, to a largely low-income population.

And, like so many other health care providers that serve as a

safety net, its revenue — and its future — are threatened by the COVID-19 epidemic.

"I've been working for the past six weeks to figure out how to keep the doors open," said the clinic's executive director, Dr. Anjali Taneja. "We've seen probably



an 80% drop in patient care, which has completely impacted our bottom line."

In March, **Congress authorized \$100 billion** for health care providers, both to compensate them for the extra costs associated with caring for patients with COVID-19 and for

the revenue that's not coming in from regular care. They have been required to stop providing most nonemergency services, and many patients are afraid to visit health care facilities.

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## Insomnia May Forecast Depression, Thinking Problems in Older People

Insomnia may significantly increase the risk that older adults will be unable to shake off depression, researchers say.

For the study, the investigators analyzed data on nearly 600 people over age 60 who visited primary care centers in New York City, Philadelphia and Pittsburgh. All had some level of depression.

Compared to patients whose sleep improved, those with worsening sleep problems were about 28 times more likely to be diagnosed with major depression at the end of the 12-month study.

Patients whose sleep worsened also had nearly 12 times the odds of minor depression and were 10% more likely to report having suicidal thoughts, according to the Johns Hopkins Bloomberg School of Public Health study.

The report was recently published online in the journal *Sleep*.

Compared to patients whose sleep improved, those with persistent, but not worsening, insomnia were more likely to have lasting depression. But



their risk was not as high as patients whose sleep got worse.

"These results suggest that, among older adults with depression, insomnia symptoms offer an important clue to their risks for persistent depression and suicidal ideation," said study senior author Adam Spira, a professor of mental health at Johns Hopkins in Baltimore.

"We can't say that the sleep disturbances we're seeing are necessarily causing the poor depression outcomes," he said in

a Hopkins news release. "But the results suggest that older adults who are being treated for depression and whose sleep problems are persistent or worsening need further clinical attention."

Spira said the findings also suggest that treatment of sleep problems should be explored as a way to improve depression symptoms in older adults, as well as poor mental and health outcomes related to disturbed sleep.

## Get Moving, Seniors: It's Good For Your Brain

Want to give your brain a boost? Go for a swim, take a walk, or spin your partner on the living room floor.

A new study finds that aerobic exercise can improve older adults' thinking and memory, even if they're longtime couch potatoes.

This type of exercise increases blood flow to the brain and counters the effects of normal aging, according to the study published online May 13 in the journal *Neurology*.

"As we all find out eventually, we lose a bit mentally and physically as we age. But even if you start an exercise program later in life, the benefit to your brain may be immense," said study author Marc Poulin, of the

University of Calgary School of Medicine in Canada.

"Sure, aerobic exercise gets blood moving through your body. As our study found, it may also get blood moving to your brain, particularly in areas responsible for verbal fluency and executive functions. Our finding may be important, especially for older adults at risk for Alzheimer's and other dementias and brain disease," Poulin said in a journal news release.

The study included 206 adults, average age 66, with no history of memory or heart problems.

For six months, they took part in supervised exercise program three times a week. As they



progressed, their workout increased from an average 20 minutes a day to least 40 minutes. They were also asked to work out on their own once a week.

At the end of the exercise program, participants had a 5.7% improvement on tests of executive function, which includes mental abilities used to focus, plan, recall instructions and multi-task. They also had 2.4% increase in verbal fluency, a measure of how quickly a person can retrieve information.

"This change in verbal fluency is what you'd expect to see in someone five years younger," Poulin said.

On average, blood flow to their brain increased 2.8% -- a

gain tied to a number of improvements in types of thinking that typically decline with age.

"Our study showed that six months' worth of vigorous exercise may pump blood to regions of the brain that specifically improve your verbal skills as well as memory and mental sharpness," Poulin said.

"At a time when these results would be expected to be decreasing due to normal aging, to have these types of increases is exciting," he said.

### More information

The U.S. National Institute on Aging has more about [exercise and physical activity](#).

## Moderna: Early coronavirus vaccine results are encouraging

An experimental vaccine against the coronavirus showed encouraging results in very early testing, triggering hoped-for immune responses in eight healthy, middle-aged volunteers, its maker **announced** Monday.

Study volunteers given either a low or medium dose of the vaccine by Cambridge, Massachusetts-based Moderna Inc. had antibodies similar to those seen in people who have recovered from COVID-19.

In the next phase of the study, led by the U.S. National Institutes of Health, researchers

will try to determine which dose is best for a definitive experiment that they aim to start in July.

In all, 45 people have received one or two shots of the vaccine, which was being tested at three different doses. The kind of detailed antibody results needed to assess responses are only available on eight volunteers so far. The vaccine seems safe, the company said, but much more extensive testing is needed to see if it remains so. A high dose version is being dropped after



spurring some short-term side effects.

The results have not been published and are only from the first of three stages of testing that vaccines and drugs normally undergo. U.S. government officials have launched a **project** called "Operation Warp Speed" to develop a vaccine and hopefully have 300 million doses by January.

Worldwide, about a dozen **vaccine candidates** are in the first stages of testing or nearing it. Health officials have

said that if all goes well, studies of a potential vaccine might wrap up by very late this year or early next year.

More than 4.7 million infections and 315,000 deaths from the coronavirus have been confirmed worldwide since it emerged in China late last year. There are no specific approved treatments, although several are being used on an emergency basis after showing some promise in preliminary testing.

## How does isolation affect mental health?

Although physical distancing is an effective way to slow the spread of many viruses, it can also lead to feelings of loneliness and isolation, especially in older adults.

People are distancing themselves from others to help prevent the spread of SARS-CoV-2, which causes **COVID-19**. However, isolation has a significant impact on health, contributing to conditions such as **depression, anxiety,** and **dementia**.

For this reason, the **World Health Organization (WHO)** encourage people to continue socializing at a distance, such as by phone or via online platforms.

This article discusses how isolation and mental health affect each other. It also explores who is most at risk, some signs and symptoms that suggest a person may need support, and how people can deal with loneliness and isolation.

### **Isolation and mental health**

According to the **WHO**, social support networks can have a significant positive effect

on health. In fact, many countries are now treating loneliness as a health priority.

Social connection is crucial for both mental and physical health. Some **researchers** even believe that **relationships** are a biological need and vital to our well-being and survival.

Some of the mental health **risks** associated with loneliness and isolation may include:

- ◆ depression
- ◆ anxiety
- ◆ **schizophrenia**
- ◆ suicide
- ◆ dementia
- ◆ **Alzheimer's disease**

Researchers have also identified links between loneliness and some physical conditions, such as **heart disease** and **breast cancer**.

### **Who is at risk?**

The world is currently dealing with the COVID-19 pandemic, and health organizations around the globe are urging people to practice **physical distancing**. Physical distancing is an



effective method for preventing the spread of SARS-CoV-2, but it may lead to loneliness.

Older adults are especially likely to feel isolated. Before the COVID-19 pandemic, researchers estimated that isolation affected more than **8 million older adults**.

One of the reasons that older adults are more at risk of loneliness is that they often experience important life changes, such as:

- ◆ retirement
- ◆ widowhood
- ◆ children leaving home
- ◆ age-related health problems

These changes can break social ties, making it more difficult to socialize. People with disabilities or health conditions that limit physical activity may also find it more difficult to socialize outside the home.

Age and underlying health conditions are also risk factors for developing severe COVID-19 symptoms. The best way to protect vulnerable people is to practice physical

distancing, but this can also exacerbate loneliness in people who already feel isolated.

The rate of loneliness in the United States is also increasing. Some **experts** suggest that a growing number of people in the U.S. experience isolation regularly. Other nations — including Germany, Australia, and the United Kingdom — say that they are facing a loneliness epidemic.

Some societal trends may also cause social disconnection. For example, the average household size has decreased, and many more couples are deciding not to have children.

Researchers have also recorded lower attendance in social groups, lower participation in religious groups, and a decline in the average size of social groups in the U.S.

Other lifestyle factors that make it more likely that someone will experience loneliness include:

- ◆ divorce
- ◆ living alone
- ◆ being single
- ◆ ...**Read More**

## Can the Coronavirus Cause Strokes? What Doctors Need You to Know

Everyone's on high alert for **symptoms of Covid-19**—fever, exhaustion, and shortness of breath are some of the common ones when the virus attacks the lungs. But SARS-CoV-2, as the virus is officially known, also causes trouble in the blood, and it can do it even in people who don't show symptoms. Doctors have found the **novel coronavirus** can trigger a stroke in some patients, including those under the age of 50.

"[Doctors] know something is happening in regards to coronavirus and its link to the increased risk of stroke, but because the virus is so new, it's hard to put our finger exactly on the reason why," says **Jeremy Payne**, MD, PhD, director of the Stroke Center at Banner at the University Medicine Neurosciences Clinic in Phoenix. Here's what doctors

and researchers know so far—plus the warning signs of a blood clot or stroke, and what to do if you **suspect a stroke**.

Blood clots and strokes About 80 percent of strokes originate with **blood clots**. (Another type—hemorrhagic stroke—results from a ruptured artery that bleeds into the brain.) When clots form, they can block blood vessels that supply oxygen to the brain, causing what's known as an ischemic stroke. They may also block blood supply to the lungs and damage tissue—an event known as pulmonary embolism.

Blood clots can form for a number of reasons: "There's a giant list to consider," says Dr. Payne. "Things like wear and tear on the heart that comes with age, **high blood pressure, diabetes, high cholesterol,** smoking, obesity,



or sleep apnea to name a few." Because many of the risk factors for stroke develop over a lifetime, this explains why most cases—**nearly three-quarters of strokes**—occur in people age 65 and older; the risk doubles each decade after 55.

Covid-19 and stroke risk Given that strokes are typically a condition that plagues the elderly, doctors were immediately alarmed when they began seeing strokes in younger people who tested positive for Covid-19. Research published in April 2020 in the *New England Journal of Medicine* reported five cases of **large vessel stroke** (the most common type) in New York City in patients younger than 50 years old.

"The virus seems to infect the lining of the blood vessels," says **Jason Tarpley**, MD, PhD, interventional neurologist and

director of the Pacific Stroke and Neurovascular Center at Providence Saint John's Health Center in Santa Monica. "The endothelium, a smooth, inner tissue lining in blood vessels that can prevent clots from forming, gets infected by coronavirus, which then causes a constellation of events that leads to clot formation." Dr. Tarpley adds that Covid-19 also drives up levels of a **protein** related to blood clots called D-dimer. "A high D-dimer correlates with a higher rate of mortality," Dr. Tarpley says.

### **Covid-19 inflammation as a precursor for stroke**

"Systemic inflammatory diseases seem to increase risk of stroke, as the inflammation tends to trigger blood clotting and activates plaque in the blood vessels and arteries, making it stickier and more unstable," says Dr. Payne....**Read More**

## Millions of Older Americans Can't Get Enough Food

Older Americans were going hungry even before the coronavirus pandemic short-circuited the nation's food supply, a new poll finds.

Before the COVID crisis, 1 in 7 adults ages 50 to 80 had difficulty getting enough food because of high costs or other factors, according to the National Poll on Healthy Aging conducted by the University of Michigan.

The number unable to obtain needed food in the past year was even higher among blacks, Hispanics and those not yet getting Medicare, researchers said.

"Access to nutritious food and health status are closely linked,

yet this poll reveals major disparities in that access," said poll director Dr. Preeti Malani, a professor of internal medicine at Michigan Medicine.

"Even as we focus on preventing the spread of coronavirus, we must also ensure that older adults can get food that aligns with any health conditions they have, so we don't exacerbate diabetes, hypertension, digestive disorders and other conditions further," she said in a university news release.

The poll involved 2,000 adults, aged 50 to 80, who answered questions about their so-called food security in December 2019.



Older poor people and those with lower levels of education were more likely than others to have trouble getting food, the poll found.

Despite the extent of the problem, only a third of these Americans were receiving government food aid through SNAP (Supplemental Nutrition Assistance Program, commonly known as food stamps).

Also, less than 2% of those over 60 received free meals at senior centers or from Meals on Wheels.

Disruptions to food supply chains, employment and social services from COVID-19 may have worsened disparities, said the experts who designed the

poll for the U-M Institute for Healthcare Policy and Innovation.

"These data suggest an important opportunity, which is likely even more urgent now, to connect older adults with resources they may not know about, and to explore public policies that could improve access," said researcher Cindy Leung, an assistant professor of nutritional sciences at the U-M School of Public Health.

Older adults who had trouble getting food were three times more likely to say their health was poor. They were also nearly five times as likely to report having fair or poor mental health, the researchers found.

## Age-related macular degeneration: Study finds surprising culprit

A new study suggests that a molecule that usually suppresses harmful blood vessel growth may do the opposite in a type of sight loss called age-related macular degeneration (AMD). If confirmed in future studies, the discovery could lead to more effective treatments.

More than **1.8 million** Americans aged 40 years and over have AMD, according to the Centers for

Disease Control and Prevention (CDC).

According to one source, 10-15% of people with AMD have a more severe form of the disease known as "wet" AMD that progresses more rapidly.

Wet AMD involves inflammation and excessive growth of fragile blood vessels beneath the macular. This is the central part of the retina that



allows the eye to see fine detail. These vessels leak blood and fluid, which damages photoreceptors in the macular and results in loss of central vision.

Research into other conditions involving nerve damage, such as **Alzheimer's** and **Parkinson's disease**, suggests that an immune-signaling molecule called interleukin-4 (IL-4) may

play an anti-inflammatory, protective role.

IL-4 is also known to suppress blood vessel growth, which may help prevent the growth of tumors.

In addition, **bone marrow cells** usually help the body repair damaged tissues, including blood vessels....**Read More**

## Reopening Dental Offices For Routine Care Amid Pandemic Touches A Nerve

Tom Peeling wanted his teeth cleaned and wasn't going to let the coronavirus pandemic get in the way.

Luckily, his six-month regular appointment was scheduled for earlier this month, just days after dental offices were allowed to reopen in Florida for routine services. In late March the state ordered **dentists to treat only emergency cases** as part of its efforts to keep residents at home and to preserve limited medical supplies, such as N95 masks, that might be needed to treat COVID-19 patients.

Yet for Peeling, 62, of Lantana, Florida, the dental visit was anything but routine. He had his temperature taken upon arrival and was asked to rinse with a hydrogen peroxide solution to reduce germs before

the dentist or hygienist looked into his mouth. The dentist and his assistants all wore masks.

Another change: He was the only patient in the office.

Florida is one of 40 states that have allowed dental offices to resume providing routine services following the March shutdown of nonessential businesses in much of the United States when the COVID-19 pandemic began.

The American Dental Association **supports dental offices reopening** — with added precautions — in states where COVID-19 cases are declining. It notes that patients are better off if they have their regular dental services. The dental group says many dental



practices are being hit hard financially because most of their regular patients aren't coming in for routine care.

But many health experts question whether states are moving too fast.

The federal Centers for Disease Control and Prevention continues to advise patients to **limit dental visits to emergencies**. The CDC said it has no data yet about the possibility of coronavirus "transmission during dental practice or to determine whether [dental health care providers] are adequately protected when providing dental treatment using standard precautions."

Matt Crespino, president of the American Dental Hygienists' Association and a Milwaukee

hygienist, also said it's not time yet. His association believes dentists should postpone all elective and nonemergency care until dental offices have enough equipment such as masks to safeguard all employees and there is more testing to gauge the spread of the disease.

"We have some hygienists who are ready to go back to work and follow the guidance to keep themselves safe and their patients safe," Crespino said. "But we are hearing from other hygienists worried about going back because appropriate protections are not being put in place" and offices have limited supplies of protective gear....**Read More**

## Infectious Disease Experts Answer: Is It Safe to Stay at a Hotel Right Now?

Whether you made summer travel plans a while back or just have the urge to get out and explore, it's only natural to wonder if it's OK. After all, **COVID-19** is still circulating in many areas, but plenty of people are starting to inch back toward normal life—or something like that.

Making travel plans raises a huge question: Is it safe to stay at a hotel right now? The answer isn't as cut and dry as you'd hope.

"Most things right now come down to what level of risk you are comfortable with," says Amesh A. Adalja, senior scholar at the Johns Hopkins Center for Health Security. "Nothing is entirely safe." Still, he says, it's understandable that you want to live your life.

William Schaffner, M.D., an infectious disease specialist and professor at the Vanderbilt University School of Medicine, agrees. "'Safe' implies complete safety, but staying at a hotel should be a low-risk activity if it's approached properly," he says.

Here's what you need to know, plus how to stay as safe as possible if you do decide to make the trip:

Just a brief recap: The **Centers for Disease Control and Prevention** (CDC) currently lists person-to-person contact as the main way COVID-19 spreads. When people are within six feet of each other, the virus can spread between infected respiratory droplets produced when an infected person coughs,



sneezes, or talks, the CDC says. These droplets can then land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

The CDC also points out that it "may be possible" to contract COVID-19 from touching an infected surface and then touching your mouth, nose, or possibly your eyes, but the organization stresses that this is "not thought to be the main way the virus spreads."

With that in mind, Dr. Adalja says that person-to-person contact is your biggest risk at a hotel. Think: being in places where other guests are gathered, like at the check-in **desk**, by the pool, or at the hotel bar.

For starters, know that most

hotel chains want to keep you safe too. "Most are working vigorously to try to make their businesses safer and to make them more conducive to social distancing," Dr. Adalja says. Many hotel chains have set measures in place to try to protect customers in a way that's sustainable, he adds.

Suzanne Willard, Ph.D., clinical professor and associate dean for global health at Rutgers School of Nursing, recommends **contacting the hotel in advance** to see what they're doing to keep you safe. The hotel "needs to be cleaned **according to CDC guidelines** and they need to have a statement about social distancing," she says... **Read More**

## What is the 'Welcome to Medicare' physical?

Promoting health and well-being can help prevent disease. Preventive healthcare is essential throughout life but especially so as people grow older.

**Medicare** offers a "Welcome to Medicare" preventive healthcare visit to all new enrollees. During this visit, a doctor will review an individual's current state of health and medical history. They will also offer healthcare information.

This article discusses what the "Welcome to Medicare" visit covers, the differences between this visit and annual wellness visits (AWVs), and other forms of preventive care that Medicare provides.

### What is the physical?

When a person enrolls in Medicare Part B, they have the option of scheduling a "Welcome to Medicare" physical checkup. This health check is optional and can take place at any time during the initial 12 months of joining Medicare.

The "Welcome to Medicare" physical is not the same as a detailed annual physical exam. Medicare parts A and B do not cover this kind of health service.

The "Welcome to Medicare" physical allows a person to meet with their primary care provider and discuss any health concerns.

The doctor will perform a health test and, if necessary, create a plan of care. The goal of this visit is to promote wellness and prevent possible future illness by highlighting risk factors.

**Medicare Part B completely covers the cost** of the "Welcome to Medicare" physical visit, providing the individual uses a participating health service provider.

There is no deductible or coinsurance. However, if the doctor needs to treat a new or existing condition during the visit, Medicare may charge for this.

### What does it include?

The "Welcome to Medicare" physical is an initial visit that provides the doctor with baseline measurements for monitoring a person's health.

Healthcare professionals use these initial measurements for comparison in subsequent AWVs or other visits to assess someone's ongoing health status.



During the visit, the doctor will take a range of measurements, including:

### ◆ blood pressure

- ◆ heart rate
- ◆ height
- ◆ weight
- ◆ body fat
- ◆ **body mass index (BMI)**
- ◆ respiration rate
- ◆ vision

The doctor will also assess the person's mental health and their ability to function safely in the home and wider community.

In addition to this basic examination, the doctor will also ask questions regarding the person's family history of certain conditions and their personal medical history.

These questions may cover:

- ◆ any previous illnesses, conditions, or surgical procedures
- ◆ diseases or conditions that family members have experienced
- ◆ lifestyle factors, such as diet, exercise, smoking, and alcohol use
- ◆ any medications and dietary supplements
- ◆ This information allows the

doctor to determine any risk factors for future illnesses or conditions. They can then recommend appropriate screening measures or further tests.

◆ The doctor can also schedule appointments for routine preventive care, including:

- ◆ **cancer** screenings
  - ◆ immunizations
  - ◆ male and female health checks
- Depending on the individual's needs, the doctor also may provide education and counseling for specific health conditions or referrals to other healthcare professionals.

Typically, the doctor will also talk to the person about advance directives. An advance directive is a legal document that contains information about the healthcare that someone would want to receive if their illness or condition prevented them from speaking for themselves or making their own decisions.

Usually, a person will name someone who could make medical decisions on their behalf. Creating an advance directive helps make sure that healthcare professionals understand an individual's future healthcare wishes... **Read More**