

May 31, 2020 E-Newsletter

Federal Government Just Now Beginning to Gather COVID-19 Nursing Home Data

Three months after the first coronavirus outbreak in a Washington state nursing home killed 40 people, the federal government has directed nursing homes to report the number of infections and deaths. This data is needed so that health officials can determine the damage COVID-19 has had on elderly residents in the more than 15,000 facilities across the country. Collecting this data is the government's first attempt to

determine the pandemic's impact on long term care facilities. Since the initial outbreak, the virus is estimated to have spread to 1 in 4 facilities across the country. The data is to be collected weekly and published online by the end of May. It will also include the names of the facilities impacted; this will allow for the first look at the impact on seniors in these facilities and provide residents and family members with this information. Some states,

including Texas and Virginia, have refused to publicly identify nursing homes with COVID-19 cases. Under the new rules, nursing homes will also have to notify residents and their families about infections. While the death toll in nursing homes remains unclear, it is estimated that long term care facilities make up 41% of COVID-19 deaths in the United States. In some states, it's estimated to be as high as 80% of total deaths. "The new rules are

long overdue. Seniors and their loved ones need to make informed decisions about their health and safety," said **Richard Fiesta, Executive Director of the Alliance**. "However, this directive should also require facilities to publicly report deaths and infections that occurred before early May."



Rich Fiesta,
Executive Director,
ARA

Voters Overwhelmingly Oppose the Social Security Cutting "Eagle Plan"

Asking people to give up future Social Security benefits in return for cash now is extremely unpopular, particularly among older voters (Washington, DC) — Several of Donald Trump's advisors, including Jared Kushner, **support** the so-called "Eagle Plan" which would give people cash, but only if they forfeit a portion of their future Social Security benefits. Today, Social Security Works and Data for Progress

released **new polling** showing that this plan is far less popular than progressive coronavirus relief measures — even among Republican voters. It is particularly unpopular among voters over 45.

- ◆ 55% of voters want the government to expand unemployment insurance and send out \$2,000 monthly checks vs. 20% who support the Eagle Plan



- ◆ " Given this choice, **only 16% of voters over 45 support the Eagle Plan**

- ◆ Even Republican voters are more than twice as likely to support expanded unemployment insurance and monthly checks (44%) as to support the Eagle Plan (20%) "Seniors are **rightfully furious** at Donald Trump," said Alex Lawson, Executive Director of Social Security Works. "Nursing

homes across the country are turning into death traps. Yet instead of supporting **comprehensive legislation** to address this crisis Trump's advisors are focused on forcing people to choose between going hungry now and working until they die." **The full poll results, including breakdowns across age, gender, education, and party affiliation, are available [here](#).**

Tell Mitch McConnell to Come Back From Vacation and Send More Relief

Sen. Majority Leader Mitch McConnell (KY) continues to ignore the advice of Federal Reserve Chairman Jerome Powell, who declared that more stimulus funds are urgently needed. Sen. McConnell said he wants to wait and see what

happens to our economy. He has refused to even consider H.R. 6800, which the House of Representatives passed a week ago, instead sending senators home for a long Memorial Day vacation. That's



unacceptable. The House bill provides funding that would help the Postal Service, ensure people can continue to receive essential services, help pension funds and people who have lost their job. The

American people simply can't wait. Tell your Senators that this is no time for the Senate to drag its feet. **Urge your Senators to pass a stimulus bill** that will help us get through this unprecedented crisis.

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.

PRESIDENT TRUMP HAS BETRAYED SENIORS, TRYING TO CUT EARNED BENEFITS & HEALTH CARE DURING PANDEMIC



✗ Trump is Using Coronavirus as a Smokescreen to Cut Social Security

President Trump has made it crystal clear that he wants to cut earned benefits, telling a reporter in January that he plans to cut “entitlements” at the end of this year. Now, he has escalated his attack by pushing a coronavirus payroll tax cut that will threaten Social Security’s dedicated stream of funding. Referring to future stimulus bills on May 3, he appeared on Fox News and said "we're not doing anything without a payroll tax cut."



✗ Trump’s Budget Slashes Medicare

The Trump Administration budgets propose slashing \$845 BILLION from Medicare over 10 years. He has also said that gutting Medicare would be a “good second-term project.”

✗ Trump Continues to Chip Away at ACA

Despite Pandemic The President has continued to slowly gut the Affordable Care Act (ACA) during the coronavirus pandemic, unnecessarily making seniors and uninsured Americans more vulnerable. The Trump administration has refused to take action to ensure that federal and state marketplaces are re-opened so that newly uninsured patients can get the coverage they need.

The ACA’s annual wellness exams and preventive screenings, prescription drug discounts, and other benefits are more important for seniors now than ever. The law’s critical protections for people with pre-existing conditions are especially important given that at least 25% of people aged 50-64 years old have one or more pre-existing conditions.

✗ Trump Makes Nursing Home Residents More Vulnerable

The Trump administration has eased regulations for nursing homes at every turn, relaxing requirements for safety inspections and shielding them from potential lawsuits. The administration has also neglected to require universal, immediate coronavirus testing for all nursing home residents and staff.

✗ Trump Makes Workers More Vulnerable

President Trump has not required the Occupational Safety and Health Administration to issue guidelines and emergency regulations in response to coronavirus, unnecessarily increasing workers’ risk of infection.

No Progress on Lowering Prescription Drug Prices retiredamericans.org Americans pay the highest prices in the world for prescription drugs -- and prices are escalating faster than the rate of inflation. Just in 2020, the average price increase for prescription drugs is 5%. Reining in drug prices would help seniors and Medicare. High prescription drug prices are the single biggest driver of Medicare costs. Candidate Trump promised to bring down drug prices, but has only delivered lip service, empty promises and so-called solutions that don’t get to the root of the problem. The President has been unwilling to stand up to wealthy pharmaceutical corporations and instead has given them billions in tax breaks. His failure to act has intensified inequality during the coronavirus pandemic. In fact, members of his administration refused when asked if they would take action to ensure that coronavirus treatments and vaccines are affordable for everyone. The President plans to thwart efforts to lower drug prices. He promised to veto a bill passed by the House of Representatives that would allow Medicare to negotiate lower drug prices on behalf of all Americans. Requiring Medicare to negotiate lower drug prices on behalf of Americans must be a part of any prescription drug proposal. The government negotiates prices on everything from airplanes to military uniforms to office supplies, securing lower prices for taxpayers. Prescription drugs purchased by Medicare should be treated the same way.

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✗ Trump opposes voting by mail, making it harder for older Americans to cast their ballots

President Trump has continued to denounce mail-in voting, falsely claiming that it enables widespread voter fraud -- even though he and senior members of his staff and cabinet themselves cast absentee ballots by mail. He favors forcing seniors to leave their homes to cast their ballots, often while under a shelter in place order, and risking infection from the coronavirus. Without the funding that the president opposes, the Postal Service could run out of money as soon as September. Mail service interruptions could begin just as absentee voting by mail takes place in the states that have fully implemented it.

✗ Trump has done nothing to expand Social Security

Trump opposes voting by mail, making it harder for older Americans to cast their ballots Expanding Social Security and increasing benefits by eliminating the cap on earnings subject to the Social Security payroll tax would mean that the wealthiest Americans finally pay their fair share into the system. President Trump has endorsed doing just the opposite - cutting Social Security.

What are the Medicare election periods?

In Medicare terms, the word “election” means enrollment. A Medicare election period refers to the time when a person can enroll in the programs.

A person may sign up for **Medicare** parts A and B during the initial enrollment period, when they first become eligible for Medicare. This is determined by the person’s birthday.

Another option is the general enrollment period, which is from January 1 to March 31 of every year.

For Medicare Advantage or Part D, a person can join during the initial enrollment period or the open enrollment period, which extends from October 15 to December 7 of each year.

Below, we look at each enrollment period in detail, discuss the penalties for signing up late, and describe how to sign up.

Initial enrollment period

The initial enrollment period, also called the initial Medicare election period, refers to the 7-month time frame when a person first becomes eligible for Medicare.

During this period, a person

can enroll in original Medicare. This includes Part A, which covers care in facilities such as hospitals, and Part B, which covers services and supplies, including outpatient services.



If a person wants to also enroll in Part D, which is prescription drug coverage they can do so during this time.

Instead of enrolling in original Medicare, with or without Part D, some people opt for Medicare Advantage, which is sometimes called Part C.

Advantage plans are an all-in-one alternative to Medicare Parts A, B, and D. A person can enroll in an Advantage plan during the initial enrollment period.

The initial 7-month enrollment period includes:

- ◆ the 3 months before a person turns 65
- ◆ the month in which they turn 65
- ◆ the 3 months after they turn 65

General enrollment period

If someone was not able to sign up for original Medicare during the initial enrollment

period, they can do so during the general enrollment period. This runs from January 1 to March 31 every year.

Open enrollment periods

Medicare offers two open enrollment periods each year. One is from January 1 to March 31, and the other is from October 15 to December 7. The rules for signing up during these periods differ.

From January 1 to March 31, a person may:

- ◆ change from one Advantage plan to another
- ◆ switch from Medicare Advantage to original Medicare and add Part D, if desired
- ◆ From January 1 to March 31, an individual may not:
 - ◆ change from original Medicare to an Advantage plan
 - ◆ buy a Part D plan if they have original Medicare
 - ◆ switch from one Part D plan to another

In the second open enrollment period, from October 15 to December 7, which is also called the annual election

period, a person may:

- ◆ change from original Medicare to an Advantage plan and vice versa
- ◆ switch from one Advantage plan to another
- ◆ buy a Part D plan if they have original Medicare
- ◆ drop a Part D plan

Special circumstances

There are some special circumstances that a person may need to consider.

Special enrollment periods for original Medicare

Medicare offers special enrollment periods during which a person can sign up for original Medicare.

A person is eligible under the following conditions:

- ◆ They or their spouse is working.
- ◆ They are insured with a group health plan or union through the employer.

A special enrollment period lasts 8 months. It starts the month after the end of an individual’s employment or the end of their group health plan insurance.... [Read More](#)

COVID19 could do a number on 2021 Social Security COLA and Medicare premiums

Next year we could see one of those odd “hold harmless” premiums for Medicare Part B - that is, a year when the premium increase is larger than the Social Security cost-of-living adjustment (COLA).

By law, the dollar amount of the Part B premium increase cannot exceed the dollar amount of the COLA, a feature that ensures net Social Security benefits do not fall. The hold-harmless provision applies to the 70 percent of the Medicare population enrolled in both programs.

It’s too early to say with certainty, but the Part B premium is likely to jump substantially next year due to higher healthcare costs related to COVID19. Meanwhile, the virus-induced economic

downturn is producing strong deflationary pressures - the consumer price index **fell 0.8 percent** in April, the largest single-month decline since 2008. If that keeps up, the COLA for 2021 would be zero - benefits would stay flat.

The Senior Citizens League (SCL) already is **forecasting a zero COLA** next year.

For Medicare enrollees who also receive Social Security and pay the standard premium (\$144.60 this year), the hold harmless provision would keep the Part B premium at that rate for 2021. They would be subject to larger “catch up” increases in later years.

Meanwhile most other Medicare enrollees (about 30 percent) would be subject to a higher premium next year. That

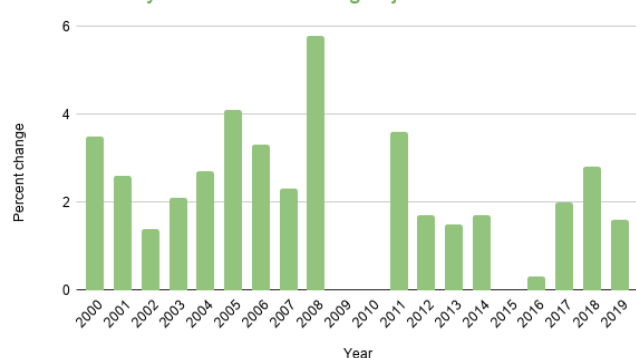
group includes new enrollees, anyone on Medicare who has been delaying their Social Security claim, high income beneficiaries subject to premium surcharges and retired public sector workers who don’t receive Social Security.

The SCL’s **annual report on inflation and seniors** finds that Social Security benefits have lost 30 percent of buying power since 2000.

The Part B

premium was flat during the years of the Great Recession and even declined substantially in 2012, but it’s been rising sharply since 2015 - it’s up nearly 40 percent from that time through this year, when the standard premium stands at \$144.60.... [Read More](#)

Social Security annual cost-of-living adjustments



Coronavirus Recession Will Make Retiring More Difficult

A new study from the Schwartz Center For Economic Policy Analysis (SCEPA) found that the COVID-19 recession will set older workers back further than the 2008 financial crisis, making it more difficult for millions of Americans to retire. The report concluded that the pandemic will force 3.1 million older workers into lifelong poverty in retirement, causing many to choose between their health and their income.

The unemployment rate is going up faster for older workers than for most other groups. Many older adults won't re-enter the labor force and it may take others a long time to secure another job. To support themselves, older adults will draw from their retirement savings, go into debt, or apply for Social Security earlier. This will likely result in people who are middle class now becoming poor or nearpoor retirees for the



rest of their lives. The pandemic could result in even higher-income workers retiring into poverty because their assets fell in value with the stock market crashing. Many who recently lost their jobs did not have large retirement savings to begin with and were hoping to continue working until they were 70. This leaves them with bad choices - don't find a new job to save their health, or find a new job at reduced wages.

"The pandemic has reminded us how broken the retirement system is," said Robert Roach, Jr., Alliance President. "Retirees are often forced to depend on low or modest levels of Social Security and their own savings, since fewer and fewer are collecting a pension. We have to redouble our efforts and make sure that everyone can afford to retire in dignity after a lifetime of hard work."

Physical Jobs Tied to More Sick Leave, Earlier Retirement

People with physically demanding jobs take more sick leave. They also have higher unemployment rates and shorter work lives, a new Danish study finds.

"This study showed that high physical work demands are a marked risk factor for a shortened expected working life and increased years of sickness absence and unemployment," study co-author Lars Andersen and colleagues wrote. Andersen is with the National Research Center for the Working Environment in Copenhagen.

For the study, the researchers looked at people ages 30, 40 and 50 in Denmark who had a job as of November 2013. The investigators examined their periods of sick leave,

unemployment and disability pension payments until 2017.

More men than women had physically demanding jobs, such as carpentry, masonry, painting, plumbing, cleaning and manufacturing.

Men with such jobs were an average of nearly three years younger than men in physically undemanding jobs, while women in physically demanding jobs were about 10 months older than those in physically undemanding jobs.

For both men and women, physically demanding jobs were strongly associated with shorter work life (years worked until retirement), and more sick leave and unemployment, compared



with physically undemanding jobs. For men age 30, working life would

be expected to last almost 32 years for those with physically demanding jobs and nearly 34 years for those with physically undemanding jobs. Among women, the figures were just over 29.5 years and nearly 33 years, respectively, according to the researchers.

Overall, a 30-year-old woman with a physically demanding job would be expected to have three fewer years of working life, 11 more months of sick leave and 16 more months of unemployment than a 30-year-old woman with a physically undemanding job, the findings showed.

The equivalent figures for a 30-year-old man with a physically demanding job would be two fewer years of working life, 12 additional months of sick leave and 8 more months of unemployment, according to the study.

The findings were published online May 12 in the journal Occupational & Environmental Medicine.

The study can't prove a definite cause-and-effect relationship. Still, "the findings highlight the urgency of addressing problems related to physical work demands with regard to, for example, an increasing statutory retirement age," the authors wrote in a journal news release.

Fauci says media will be 'seeing more' of him, coronavirus task force after press hiatus

Anthony Fauci, the nation's top infectious disease expert, said the public will begin "seeing more" of him and other public health officials after weeks without making official press appearances.

During a CNN Global Town Hall, network anchor Anderson Cooper said that many Americans want to hear from Fauci, Deborah Birx and others on the White House coronavirus task force every day. The last time Fauci was at the podium at the White House was April 22.

"Why aren't we hearing from

the coronavirus task force on a daily basis anymore? And if they aren't going to have daily briefings about facts and science, can you or the [National Institutes of Health] or can the [Centers for Disease Control and Prevention] have their own daily briefings with top scientists?" Cooper asked.

"I think you're going to be seeing a little bit more of me and of my colleagues," Fauci responded.

The public health expert



acknowledged that there was a bit of a "lull" with respect to his and other officials' time spent in front of the media.

"We've been talking with the communications people, and they realize we need to get some of [this] information out, particularly, some of the scientific issues for which I am predominantly responsible for," Fauci continued.

Fauci, the director of the National Institute of Allergy and Infectious Diseases, has been absent from national television

interviews over the last two weeks, as the White House moves ahead with reopening the economy.

Fauci said during the CNN interview that though today was the first time the task force met as a whole in six days, the other physicians on the task force meet more frequently as a subgroup.

"So hopefully you'll see more of us," Fauci added.

The coronavirus economy could make a Medicare buy-in more popular

*Drew Altman,
Kaiser Family Foundation*

The economic disruption caused by the coronavirus pandemic could help create a much stronger push to let some older Americans buy into Medicare.

By the numbers: 2.4 million adults between the ages of 55 and 64 lost their jobs just since March, bringing the unemployment rate in this group to 12.5% — up from 3.4% in March.

◆ **Between the lines:** Many of these people will struggle to find affordable coverage, and a slow recovery will leave many without job-based health coverage for a long time.

◆ Medicaid will cover many of the newly uninsured, though not in states that haven't expanded the program. The Affordable Care Act will help many others maintain coverage, but those plans often come with high deductibles. COBRA is available to people who lost jobs that offered insurance, but it's often prohibitively expensive.

◆ **Millions of uninsured 55-65 year-olds** could add new urgency to calls for a Medicare buy-in if Democrats control the White House and Congress in 2021.



◆ Narrower options consistently **poll better** than more sweeping expansions of public coverage, and older adults are a politically powerful group.

◆ **Where it stands:** The leading Medicare buy-in plan **in Congress** would allow people who are older than 50 to purchase Medicare coverage, with a subsidy for low-income enrollees similar to the subsidies in the Affordable Care Act.

◆ Former Vice President Joe Biden has proposed a different twist: He would simply lower Medicare's

eligibility age from 65 to 60, without a buy-in.

◆ **Yes, but:** All the old fault lines would still be at play if such an effort got serious consideration.

◆ Some Democrats prefer Medicare for All. Republicans and hospitals have typically opposed all Medicare expansions.

The bottom line: The more dire the economic and health insurance circumstances of 55-64 year olds turns out to be, the greater the urgency for an early - in to Medicare is likely to become.

KFF Health Tracking Poll - May 2020

Key Findings:

◆ Most Americans expect the coronavirus to upend summer vacation plans with few saying it is likely they will be staying in a hotel (32%), going on an airplane (23%), or going to a concert or sporting event (19%) in the next 3 months. Yet, majorities including most Republicans and independents, expect to be getting back to some usual activities in the coming months such as going to the doctor, going to a barber or salon, attending larger gatherings, or eating in a restaurant. Most Democrats say it is unlikely they will be doing any of these activities except for going to a doctor or health care provider.

◆ In the midst of the coronavirus outbreak, the economy and health care rank solidly as the top two issues in the 2020 presidential election, with all other issues trailing far behind for voters. Yet, the issue most important to voters is largely driven by party identification. Four in ten Republican voters say the economy is their top voting issue while one-third of Democratic voters (32%) choose health care as the most

important issue in their voting decision. The coronavirus outbreak itself ranks as among the top issues among Democratic voters (29%), but ranks as the third issue among total voters (17 percent) and swing voters (19 percent).

◆ President Trump receives negative ratings on his job performance and handling of coronavirus and health care, but the public does not seem to be punishing him for the decline in the nation's economy as a result of the coronavirus outbreak. A majority of the public (57%) and the crucial block of undecided voters known as "swing voters" (59%) continue to approve of President Trump's handling of the nation's economy. President Trump remains largely popular among Republicans with majorities approve of his handling of all national issues.

◆ Democrats are almost twice as likely as Republicans (70% v. 37%) to say they wear a mask "every time" they leave their house and while most people (72%) think President Trump should wear a mask when meeting with other people,

only about half of Republicans (48%) agree. The partisan difference in opinion and behavior regarding masks is largely driven by Republican men. About half of Republican men report wearing a protective mask at least most of the time when leaving their house to go someplace where they may come into contact with others (49%) and smaller shares say President Trump should wear a mask when meeting with other people (43%).

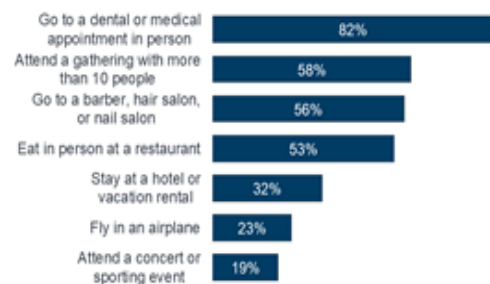
As Many States Are Re-Opening, Most U.S. Residents Don't Expect To Get Back To Normal Soon

The coronavirus outbreak has had widespread effects across the U.S. bringing most Americans' lives to a halt for the past couple months. But as states begin to re-open, Democrats and Republicans hold very different views of what the future holds. Most Republicans say the worst of the coronavirus is behind us or that the virus was never a threat, and they are likely to go back to usual activities in the coming months. Democrats, and to some extent independents, are more wary of the future and don't think it is likely that their lives will be back to normal in the coming months....[Read More](#)

Figure 1

Most Say Some Activities Will Resume In Coming Months, Few Say The Same About Traveling Or Attending Large Events

Percent who say it is likely that they will do each of the following in the next three months or they are already doing it:



SOURCE: KFF Health Tracking Poll (conducted May 13-16, 2020). See [topline](#) for full question wording.



Big Questions for the Health Policy Community Emerging From the Coronavirus Crisis

With so many Americans dying, and so many more suffering severe economic hardship, it's hard to look over the horizon at the larger questions the COVID-19 crisis will bring. The current emergency requires everyone's attention 24/7. But an emerging set of questions will fall right in the bailiwick of the health policy community.

In the shorter term:

- ◆ **How many people will lose insurance in the economic crisis? Who are they? How many will gain it back?** Government data are robust but not timely. Multiple organizations should take a crack at this critical question, so we can get a fix on the best answers. We certainly will at KFF.
- ◆ **What will the impact of COVID-19 be on health spending? Will health outcomes deteriorate after the virtual shutdown in "elective" procedures, and what are the lessons, especially if outcomes do not fall off appreciably?**
- ◆ **Will the economic fragility facing so many hospitals and medical practices force even further consolidation in the health care industry? How rapidly and with what effects?** A big health policy question is the potentially significant impact further consolidation may have on consumer costs and overall health spending, as well as on safety net institutions and access to care for low income people. How should government respond in a largely anti-regulatory era?
- ◆ States are being handed responsibility for the coronavirus pandemic

response at exactly the moment when their budgets are cratering. **How will states address budget crises in the months and years ahead and how will people and health programs be affected?** The impact on Medicaid will be especially important to watch.

Then next up:

- ◆ The pandemic has truly brought health care disparities to the surface with a vengeance in the African American, Latino and Native American communities, and has spotlighted the need to focus more on the social determinants of health. There is an opportunity to focus with new urgency on this disproportionate impact. **One challenge will be to do so while also underscoring the risk the whole country, including "red America," faces from the social determinants of health, so coronavirus is not dismissed as "someone else's problem", or a problem primarily affecting voters from one party.**
- ◆ **What opportunities will emerge out of the current crisis and eventual recovery for transforming health care?** The obvious big one is virtual health. Market forces and larger health systems that operate at scale will drive innovation, but market forces go where the profit is and do not always yield socially desirable outcomes for everyone. What will need to be done to assure that these innovations benefit lower income, less educated, and minority populations, and



Americans who are not online? What reimbursement and coverage policies will be required to give consumers access to an adequate range of providers and to avoid abuse and outright fraud?

Longer term:

- ◆ What does our public health system need to look like for the future at the federal, state and local levels, how should it be funded, at what levels, and what should its mandate be? The country has ignored public health for far too long. **Will the pandemic create a moment of opportunity to take public health more seriously or will it slip back into the shadows?**
- ◆ The American people have stepped up and met the challenge of social distancing. But this has taken a toll on many people, and underscored the importance of mental health and the consequences of social isolation. **Can this experience trigger a much more meaningful focus on mental health issues?**
- ◆ Nursing homes have been a focal point of the crisis. States have responded in highly variable ways, with more testing, and swat teams, and specialized facilities for infected patients. **What has worked, and what policies are required to avoid a similar catastrophe next time?**
- ◆ Just as it has never been the way we fight a real war, the idea of the federal government as "backup" to the states is clearly not the way to respond to an unprecedented national emergency. How should the nation prepare for the next

pandemic? What is a federal and what is a state responsibility? What should the national stockpile look like and who should manage it? How should critical equipment be procured and distributed? **Next time, what is the national plan?**

- ◆ As the country sorts out what workplaces will look like in the future, the answers we arrive at will have big implications for the nature of work, job satisfaction, and equity issues. People go to work to make money, but they also go to work to interact with coworkers, get the satisfaction of doing something productive, and sometimes just to get out of the house. People who work with their hands will have no choice but to go back to the auto body shop or Target or the dry cleaner. Tech companies — on the other hand — may over-correct, leaving a workforce scattered everywhere and anywhere, gradually eroding any sense of organizational identity or culture. **The coming gap between those who can work at home and those who cannot constitutes a new inequality with repercussions we only dimly understand now.**

This is a long list of big questions, but it is also a very partial list. Public discussion so far has been dominated by scientists, epidemiologists and physicians who have made invaluable contributions to the country as we have struggled to fashion a fact and science-based response. Many of these emerging questions will require a similar effort from the health policy community.

Long-distance Caregivers Information

Many people serve as long-distance caregivers for friends and relatives who live far away. Long-distance caregivers can perform a variety of roles in the care of their friends and relatives, including by helping with finances or

money management, arranging for in-home care, and providing emotional support for the primary caregiver. **The National Institute on Aging** suggests that if you are a long-distance



caregiver, you should familiarize yourself with resources local to the person you are caring for.

- You can find these resources by visiting:
- ◆ **Eldercare Locator**, 1-800-677-1116 (toll-free)

- ◆ **[National Institute on Aging website](#)**
 - ◆ **[Family Care Navigator](#)**
 - ◆ Your state government's website
- For more information and resources about long-distance caregiving, click **[here](#)**.

Got Medicare? Get a no-cost test for COVID-19

U.S. Centers for Medicare & Medicaid Services

If you have Medicare and want to be tested for coronavirus disease 2019 (COVID-19), the Trump Administration has good news.

Medicare covers tests with no out-of-pocket costs. You can get tested in your home, doctor's office, a local pharmacy or hospital, a nursing home, or a drive-through site. Medicare does not require a doctor's order for you to get tested.

Testing is particularly important for older people and nursing home residents, who are often among the most vulnerable to COVID-19. Widespread access to testing is a critical precursor to a safe, gradual reopening of America.

When a vaccine for COVID-19 is developed, Medicare will cover that, too.

For Medicare beneficiaries who are homebound and can't travel, Medicare will pay for a trained laboratory technician to come to your home or residential

nursing home to collect a test sample. (This doesn't apply to people in a skilled nursing facility on a short-term stay under Medicare Part A, as the costs for this test, including sample collection, are already covered as part of the stay.)

If you receive Medicare home health services, your home health nurse can collect a sample during a visit. Nurses working for rural health clinics and federally qualified health clinics also can collect samples in beneficiaries' homes under certain conditions.

Or you can go to a "parking lot" test site set up by a pharmacy, hospital, or other entity in your community.

We're doing similar things in the Medicaid program, giving states flexibility to cover parking-lot tests as well as tests in beneficiaries' homes and other community settings.

We also implemented the Families First Medicaid



eligibility option, which allows states to cover uninsured citizens' testing

costs with no cost-sharing. Individuals should contact their state Medicaid agency to apply for this coverage.

Both Medicare and Medicaid cover serology or antibody tests for COVID-19. These tests can help identify who has been exposed to the virus.

Medicare generally covers the entire cost of COVID-19 testing for beneficiaries with Original Medicare. If you're enrolled in a Medicare Advantage health plan, your plan generally can't charge you cost-sharing (including deductibles, copayments, and coinsurance) for COVID-19 tests and the administration of such tests.

In addition, Medicare Advantage plans may not impose prior authorization or other utilization management requirements on the COVID-19 test or specified COVID-19 testing-related services for the

duration of the COVID-19 public health emergency.

We have also required that private health issuers and employer group health plans cover COVID-19 testing, and certain related items and services, with no cost-sharing during the pandemic. This includes items and services that result in an order for, or administration of, a COVID-19 diagnostic test in a variety of medical settings, including urgent care visits, emergency room visits, and in-person or telehealth visits to the doctor's office.

From day one, President Trump has worked to ensure that cost is no barrier to being tested for COVID-19, and to make testing as widely and easily available as possible. As a result of these actions, we've seen a surge in testing among Medicare beneficiaries. Robust and widespread testing is of paramount importance as we begin easing back into normal life.

FDA investigates lab as tens of thousands of COVID-19 test results in Florida are questioned

Federal regulators are investigating a Texas laboratory that a Florida hospital chain dropped last week because of delayed and unreliable COVID-19 test results.

AdventHealth, which has 45 hospitals in nine states,

terminated its Florida contract with MicroGen DX due to concerns about the validity of some of the 60,000 tests MicroGen had processed for the system because the lab left them at room temperature for days, according to an AdventHealth statement. **The specimens should be refrigerated at 2 to 7 degrees Celsius** (about 32 degrees Fahrenheit) and then put in freezers at -70 degrees Celsius after three days, according to the Centers for Disease Control and Prevention.

MicroGen promotes **shipping COVID-19 sputum (mucus) samples through FedEx** on its website.

The company is also selling a saliva-only test that can be administered in a "hospital, clinic, drive-thru clinic or at-home," in all 50 states without an Emergency Use Authorization from the Food and Drug Administration, said MicroGen spokeswoman Ashley Moore. **An authorized Emergency Use Authorization is required in a public health emergency,** according to the Food and Drug Administration, for "any COVID-19 test for at-home testing, with or without the use of telemedicine."

MicroGen CEO Rick Martin said he doesn't believe the company needs one. He filed for one anyway and said he believes FDA is taking too long to approve it. Companies can avoid EUAs unless they get state approval for use only in that state, the FDA said. Spokeswoman Ashley



Moore said there were "no authorizations per se at the state level." AdventHealth said it is notifying about 25,000

patients who got unreliable or delayed results. It is advising them to seek medical care and retesting if they tested negative but have COVID symptoms. Patients who tested positive should also seek retesting, AdventHealth said. It told the lab to destroy remaining tests and said its patients who haven't received results from MicroGen DX will never receive them.

The dispute is expected to affect testing across the U.S. as MicroGen had an undisclosed number of other clients.

AdventHealth said Monday it "notified the appropriate regulatory agencies of the issues we experienced with this lab." FDA investigators are reviewing data and interviewing experts,

according to emails reviewed by USA TODAY.

In a statement, Martin said he was unaware of "any inquiries into our lab," but added that after the AdventHealth announcement it started working with the American College of Pathologists on its testing requirements, "which we are confident we will continue to meet."

The FDA declined to comment.

"We have not been contacted by the FDA about any matters related to our testing," said Martin. "We are confident that should we be contacted by the FDA, they will find we meet all requirements. We will fully cooperate with any inquiries."

Unmet promises

AdventHealth also said the MicroGen failed to meet promised turnaround times.

...**Read More**

Daily low-dose aspirin does not decrease risk for dementia and cognitive decline

Daily low-dose aspirin did not reduce the risk of dementia, mild cognitive impairments (MCI) or cognitive decline among healthy older adults without previous cardiovascular events, according to recently published results from the **ASPirin in Reducing Events in the Elderly (ASPREE)** study. The results, funded in part by NIA, were part of an analysis of secondary cognitive outcomes in ASPREE and were published in *Neurology* on March 25.

ASPREE is an international, randomized, double-blind, placebo-controlled trial that enrolled 19,114 older people (16,703 in Australia and 2,411 in the United States). The study began in 2010 and enrolled participants aged 70 and older; 65 was the minimum age of entry

for African American and Hispanic individuals in the United States because of their higher risk for dementia and cardiovascular disease. At study enrollment, ASPREE participants could not have dementia or a physical disability and had to be free of medical conditions requiring aspirin use. They were followed for an average of 4.7 years to determine outcomes. **Initial results from the ASPREE study, published in 2018, showed that aspirin did not prolong healthy, independent living** (life free of dementia or persistent physical disability).

For the current study, researchers at Monash University, Melbourne, Australia,



National Institutes of Health

and Hennepin Healthcare in Minneapolis,

assessed the effect of 100 mg aspirin once daily compared to placebo on the development of dementia, MCI and cognitive decline. Participants received cognitive assessments at baseline, year one and then biennially for the remainder of the follow-up period. Researchers found that there was no significant difference between aspirin and placebo groups on the rates of incident dementia, MCI or cognitive decline at any of these timepoints.

The researchers note that despite the rigor of the clinical trial, there are some limitations. First, the low rates of dementia among the study population

overall may make interpreting the dementia outcomes more challenging. In addition, the participants were all relatively healthy at baseline without previous cardiovascular disease or other major illnesses. These factors may have made it more difficult to detect the beneficial effects of aspirin, if there were any.

In an accompanying editorial, David Knopman, M.D., and Ronald Petersen, M.D., professors of neurology at the Mayo Clinic, note that the current ASPREE results are in keeping with the initial study results that showed no benefits of daily low-dose aspirin on the composite outcome of death, dementia, and physical disability....**Read More**

When to wear gloves

For the general public, CDC recommends wearing gloves when you are cleaning or caring for someone who is sick.

In most other situations, like running errands, wearing gloves is not necessary. Instead, practice **everyday preventive actions** like keeping **social distance** (at least 6 feet) from others, washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol), and wearing a **cloth face covering** when you have to go out in public.

When cleaning

When you are routinely **cleaning and disinfecting your home**.

- ◆ Follow precautions listed on the disinfectant product label, which may include-
- ◆ wearing gloves (reusable or

disposable) and

- ◆ having good ventilation by turning on a fan or opening a window to get fresh air into the room you're cleaning.

- ◆ **Wash your hands** after you have removed the gloves.

When caring for someone who is sick

If you are providing care to someone who is **sick at home or in another non-healthcare setting**

- ◆ Use disposable gloves when cleaning and disinfecting the area around the person who is sick or other surfaces that may be frequently touched in the home.
- ◆ Use disposable gloves when touching or having contact



with blood, stool, or body fluids, such as saliva, mucus, vomit, and urine.

- ◆ After using disposable gloves, throw them out in a lined trash can. Do not disinfect or reuse the gloves.
- ◆ **Wash your hands** after you have removed the gloves. ***When gloves aren't needed*** Wearing gloves outside of these instances (for example, when using a shopping cart or using an ATM) will not necessarily protect you from getting COVID-19 and may still lead to the spread of germs. The best way to protect yourself from germs when running errands and after going out is to regularly wash your hands with soap and water for 20 seconds or

use hand sanitizer with at least 60% alcohol.

Other ways to protect yourself COVID-19 is a respiratory virus and is mainly spread through droplets created when a person who is infected coughs, sneezes, or talks. You can protect yourself by keeping **social distance** (at least 6 feet) from others and washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol) at **key times**, and practicing **everyday preventive actions**.

Gloves in the workplace

Guidelines and recommendations for glove use in **healthcare** and **work settings** will differ from recommendations for the general public.

Mental health support is available for you

If you're feeling anxious or depressed during these stressful and uncertain times, make sure you call your doctor or a healthcare professional.

Medicare covers a number of services to support you, including outpatient mental

health services like a depression screening, individual and group psychotherapy, and family counseling.

Counseling services via telehealth may be available to you. Be sure to check, as some



healthcare providers and plans are reducing or waiving the amount you pay for telehealth visits during the COVID-19 pandemic.

Always take care of your mental health, and call your

healthcare provider if stress gets in the way of your daily activities for several days in a row.

Visit **Medicare.gov** or **CDC.gov** for more information.

Depression and Stress

Stress can be annoying, aggravating, and maddening. But more than anything else, it can be depressing.

Talk to a person who has fallen into the first major depression of her life, and the conversation will often turn toward a recent upheaval, perhaps a death in the family, a lost job, or a divorce. Sometimes depression can strike without a particular trigger. But stress that accompanies a severe trauma may often be the tipping point that sends people into clinical depression.

The considerable impact that stress can have on depression became clear in a study of nearly 2,400 women published in the American Journal of Psychiatry. Women who had recently gone through a traumatic, life-changing event were nine times as likely as other women to fall into depression.

In recent years, in fact, scientists have uncovered direct links between the brain's response to stress and the onset of depression. Some important questions remain, but researchers have already made discoveries that could lead to new treatments for depression soon. At the very least, a new understanding of the connections between stress and depression can help millions of people better understand their plight.

How depression get its start

The chain reaction that leads from stress to depression starts in the brain. When the brain senses distress, it releases a chemical called CRH (corticotropin-releasing hormone) that sounds the alarm. This alarm tells the body to start producing stress hormones such as cortisol and adrenaline. These hormones affect the entire body -- the heart races, muscles tense, sweat

glands open up -- but some of the most dramatic impacts are in the brain.

As stress expert Robert Sapolsky writes in his book *Why Zebras Don't Get Ulcers* (Henry Holt and Co., 2004), stress can disrupt just about everything that shapes a person's mood. For one example, ongoing stress can rob the brain of dopamine, a messenger compound, or neurotransmitter, that allows us to feel pleasure. It's no wonder that people suffering from stress or depression get little joy from life.

Stress can also hamper the release and activity of another messenger compound: the hormone serotonin. Abnormal amounts of serotonin and/or the hormone norepinephrine have been linked to depression. Serotonin regulation is so important that it's the main aim of many effective antidepressants such as fluoxetine (Prozac) and paroxetine (Paxil). Serotonin may also help explain why some people can go through incredibly stressful situations without ever slipping into depression. As Sapolsky explains, some people are lucky enough to inherit a serotonin-related gene that gives them extra protection against depression no matter what challenges life brings.

Surprisingly, researchers still don't know exactly which changes in the brain actually trigger depression. But whatever it takes to set depression in motion, there's little doubt that stress hormones play an important role. As Sapolsky notes, most people who are prone to depression have large levels of stress hormones



coursing through their blood. These extra hormones may partly explain why people suffering from

depression often have weakened immune systems and are so prone to heart disease.

Animal studies provide even more evidence that stress hormones can cause depression. A study published in Behavioral Neuroscience found that injections of hormones over three weeks can make rats act seriously depressed. (Rats express depression in several ways, including a reluctance to explore new territory.) Intriguingly, male rats were more sensitive to the hormones than female rats. Researchers speculated that female hormones may help protect against depression. If true in humans, this could help explain why women are prone to depression right before their periods and immediately after birth -- times when their female hormones bottom out.

Depression may be crippling, but it can also be a logical response to a stressful world. As reported by the American Psychological Association, a huge dose of stress hormones can overexcite and eventually destroy nerve cells in the brain, much like multiple cords overloading an outlet. The brain may protect itself by slowing down. Signals become sluggish, receptors become unresponsive, and life loses its color.

Sensitive to stress

If a person has never been deeply depressed, it may take a severe shock to finally send her into the doldrums. But then an unfortunate cycle can start. As described in a 2005 issue of Psychological Review, about 60

percent of people who have suffered from one bout of depression will eventually have a second bout. Why does it become easier and easier to fall into depression? In a word, stress.

According to the Psychological Review report, the first major bout of depression can sensitize the brain to stress. After each descent into depression, it takes less and less stress to bring on the next episode. Eventually, a person can become so sensitive that even a minor stressor can be enough to trigger an emotional landslide. To the observer -- and even to the victim -- the depression may seem to come out of nowhere.

Finding peace -- and relief

No matter how depression gets its start, fighting stress can be an important step toward recovery. The American Psychological Association notes that fresh air, exercise, and regular sleep -- common remedies for stress -- can help wake up a depressed brain.

Stress-busting strategies can even help people in the most dire situations. Several studies, including one published in Cancer Nursing, have found that relaxation techniques can ease depression in people with life-threatening cancer.

Many people need professional help to overcome stress and depression. Prescription antidepressants can help restore the chemical imbalances seen in depression. Cognitive behavioral therapy and other kinds of counseling can help people put stressful situations into a healthy perspective.

Stress may be unavoidable, but it doesn't have to hurt.

Heart Surgery: Weighing the Options

Many people with coronary heart disease owe their lives to heart bypass surgery. In this operation, a surgeon uses a vessel from another part of the body to create a detour around a blocked artery, thus restoring blood flow to the heart. A report in the Journal of the American

College of Cardiology called the operation -- first pioneered in the 1960s -- "one of the great success stories in medicine."

The accolade is well deserved, but not everybody with coronary heart disease needs this



operation. Many people can control their disease through diet and exercise, and others benefit from

medication, angioplasty, or other nonsurgical treatments. After examining all the pros and cons of each approach, you and your

doctor can decide on a treatment that's right for you.

What are the benefits of bypass surgery?

Bypass surgery can quickly cure the symptoms of coronary heart disease, including disabling bouts of angina (chest pain)....[Read More](#)

Asthma Ups Ventilator Needs of Younger Adults With COVID-19: Study

Young to middle-aged asthmatics who are hospitalized for COVID-19 are likely to be on a ventilator longer than patients without asthma, new research reports.

Patients with asthma who were between 20 and 59 years of age needed a ventilator to help with breathing five days longer than patients without asthma in that age group, researchers reported.

"Among the patients who developed severe respiratory symptoms requiring intubation [the use of a ventilator], asthma was associated with a

significantly longer intubation time in the younger group of patients who would seemingly have a better disease course than patients over the age of 65," said lead author Dr. Mahboobeh Mahdavinia. She's chief of allergy and immunology in the Department of Internal Medicine at Rush University Medical Center in Chicago.

"Our findings suggest that younger individuals with asthma may require extra attention, as they could develop a sustained pulmonary failure with COVID-



19 infection, leading to prolonged mechanical ventilation," Mahdavinia said in a hospital news release.

For the study, the research team looked at 935 patients with COVID-19. Of those, 241 had asthma.

The researchers found that asthma resulted in longer times on a ventilator for 18- to 64-year-old patients, but not for those 65 and older. Hospital stays were also longer.

Asthma, however, wasn't linked with a greater risk of premature death or with acute

respiratory distress syndrome.

"We found that asthma and obesity are connected in COVID-19 patients, which means that obesity coupled with asthma puts a patient at a significantly higher risk," Mahdavinia said.

The researchers, however, found that asthma alone was a predictor of a longer time spent on a ventilator.

The report was published May 14 in the *Journal of Allergy and Clinical Immunology: In Practice*.

For more on COVID-19, visit the [U.S. Centers for Disease Control and Prevention](https://www.cdc.gov/disease).

Why So Many Older Women Develop UTIs

Many older women struggle with urinary tract infections, and researchers now think they know why.

A big reason is because their bladder walls can be invaded by several species of bacteria, a recent study found.

Urinary tract infections (UTIs) are among the most common type of bacterial infections in women, accounting for nearly 25% of all infections. UTI recurrence rates can range from 16%-36% in younger women to 55% in postmenopausal women.

Researchers at University of Texas Southwestern (UTSW) in Dallas analyzed bacteria in bladder biopsies from 14

postmenopausal women with recurrent UTIs. The investigators found that in these patients, several species of bacteria can get inside the bladder's surface area.

Bacterial diversity, antibiotic resistance and immune response all play significant roles in recurrent UTIs, according to the scientists.

"Our findings represent a step in understanding [recurrent] UTIs in postmenopausal women," senior study author Kim Orth said in a university news release. Orth is a professor of molecular biology and biochemistry at UTSW.



"We will need to use methods other than antibiotics to treat this disease, as now we observe diverse types of bacteria in the bladder wall of these patients," Orth added.

UTI is the most common reason for antibiotic prescriptions in older adults. The high rate of UTIs has a significant social impact, and treatment costs billions of dollars a year, the study authors noted.

Recurrent UTI "reduces quality of life, places a significant burden on the health care system, and contributes to antimicrobial resistance," Orth

said.

Other factors believed to contribute to higher UTI rates in postmenopausal women include pelvic organ prolapse, diabetes, lack of estrogen, loss of *Lactobacilli* in the vagina, and higher levels of *E. coli* in tissues surrounding the urethra, according to the researchers.

The report was published in the *Journal of Molecular Biology*.

More information

The U.S. Office on Women's Health has more about [urinary tract infections](https://www.womenshealth.gov/urinary-tract-infections).

Caring for Diabetes-Related Nerve Disorders (Neuropathy)

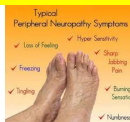
What is diabetic neuropathy?

Some diseases consume the body like wildfire. Others are more like a slow burn. Diabetes is a malady that takes its time. If not controlled, diabetes slowly eats away at the body's cells, especially nerve cells. Doctors call the gradual breakdown of nerve cells "neuropathy." At first, nobody misses a few dead cells here and there. But after a decade or two, the damage can be impossible to ignore. Many patients suffer numbness or the opposite, extreme pain. As a result of decreased sensation, many people with diabetes may not be aware when they've broken the skin or suffered a cut

or scrape on one of their feet. Bacteria can then set up housekeeping -- an invasion aided by impaired circulation and small vessel disease caused by diabetes. In some cases, these unnoticed infections can lead to raging infections and loss of the limb.

Despite many recent advances in diabetes treatment, neuropathy remains frighteningly common. About 60 to 70 percent of people with either type 1 or type 2 diabetes will eventually develop nerve damage, though not all of them will have symptoms.

But if you have diabetes, remember this: the key to avoiding nerve damage is



prevention. By carefully controlling your blood sugar, you can help keep your nerve cells out of harm's way.

What causes diabetic neuropathy?

When people with diabetes experience pain, tingling, numbness or other sensory symptoms, typically in the feet, high blood sugar seems to be the real culprit. In general, nerve cells only start dying when blood sugar stays too high over a long period of time. Nobody knows why extra sugar is so toxic. Perhaps it upsets the chemical balance in the nerves. Or perhaps the sugar slows down blood

circulation and cuts off the oxygen supply to the nervous system. Experts speculate that the small blood vessels of the nerves may be damaged, and that proteins within the nervous system may become coated with sugar and not function properly.

The good news is that keeping your blood glucose (sugar) under control will help protect you against neuropathy. In addition, many other risk factors are under your control, including high cholesterol level and blood pressure, smoking, and heavy alcohol use -- all of which increase the likelihood of diabetes-related nerve damage... [Read More](#)