

May 9, 2021 E-Newsletter

To all our members, their families and friends Mother's, living and passed.....



Happy Mother's Day



Alliance for Retired Americans Older Americans Month 2021 Agenda

Lowering Prescription Drug Prices

Americans pay the highest prices in the world for prescription drugs and the costs are going up every year. Seniors are bearing the brunt of this, because they need more medicines to stay healthy.

Pharmaceutical corporations are raking in record profits. And they are spending millions to prevent Washington from taking action. 25% of seniors report not taking a drug prescribed by their doctor due to cost.

Invest in American Infrastructure with Home Health and Long Term Care

The COVID pandemic shed light on the need to provide an alternative for seniors receiving long term services and supports and spruce up the nation's long term care infrastructure.

The American Jobs Act would provide \$400 billion for Medicaid to expand access to home care. Seniors on Medicaid could choose to receive care in the safety of their home. The funds can also be used to provide training and raise the salaries of direct care workers.

With 10,000 baby boomers retiring every day, we must ensure that we have an adequate and properly trained workforce to care for our loved ones.

Congress should support funding for home care in the American Jobs Act and vote for its passage.

The Alliance for Retired Americans Strongly Opposes the TRUST Act.

Senator Mitt Romney's bill creates "rescue committees" charged with making recommendations to change Social Security and Medicare. The rescue committee recommendations would be rushed to the House and Senate floor for a yes or no vote, which could not be amended by relevant committees or on the Senate or House floor.

The TRUST Act is based on a false premise that the Social Security and Medicare Trust Funds are in crisis. In fact, Social Security can pay full benefits until 2035, and 79% of benefits after that.

The Medicare Trust Fund is also solvent. It can be further strengthened by reining in the skyrocketing cost of prescription drugs, which is the fastest growing portion of the program's budget. Allowing Medicare to negotiate lower prices would dramatically strengthen the program.

Rein in Anti-Competitive Pharmaceutical Industry Practices

Congress should enact the Pandemic Treatment Access and Affordability Act (H.R. 597), sponsored by Representative Jan Schakowsky (IL), which would strengthen oversight of federal dollars used for vaccine research



and development and prevent price gouging.

The federal government has spent tens of billions of taxpayer dollars on research and development (R&D) of vaccines and treatments for COVID-19, including \$23 billion for manufacturing and purchasing. Despite this public investment, there is no guarantee that these taxpayer-funded drugs will be affordable, accessible, or available to all those who need them.

By prohibiting exclusive licensing and ending monopoly control, H.R. 597 ensures universal access to all taxpayer-funded drugs used to treat or prevent COVID-19 or any other diseases during public health emergencies and ensure their affordability.

Retirees Demand Senate Passage of H.R. 1 to Protect our Democracy

In the aftermath of an historic election where a record numbers of voters (66%) cast their votes, many by mail, 43 state legislatures introduced over 250 bills restricting voting access in a number of ways, including limits on voting by mail, increased ID requirements, eliminating drop boxes to return mail ballots and restrictions to in-person early voting.

To ensure every citizen can exercise their constitutional right

to vote no matter where they live, Representative John Sarbanes (MD) introduced the For the People Act, H.R. 1. This measure, which passed the House on March 3, 2021, includes a number of provisions that expand voter registration, such as online and same day registration, and improves the integrity and security of our voting system. The bill is pending in the Senate.

The Senate should pass H.R. 1. Protecting the Right To Organize is a Retiree Issue

Retirees support the PRO Act because union jobs provide higher wages, which means workers can put more money into Social Security and earn higher benefits when they retire.

Union jobs often come with pensions, which also improve retirement benefits.

Employers often categorize employees as independent contractors or supervisors, depriving them of the benefits that union workers receive, such as health benefits, Social Security contributions from employers and pensions.

Passing the Social Security Fairness Act

Complete repeal of the Windfall Elimination Provision and Government Pension Offset (H, R. 82) by Representative Rodney Davis (IL) and (S. 1302) by Senator Sherrod Brown (OH)

ADD
YOUR
NAME

Get The Message Out: SIGN THE GPO/WEP PETITION!!!!

Biden calls on Congress to pass drug pricing legislation this year

President Biden on Wednesday called for Congress to pass legislation this year that would lower prescription drug prices, seeking to accomplish a long-held Democratic goal.

"Let's do what we've always talked about for all the years I was down here in this body in Congress," Biden said in his first joint address to Congress. "Let's give Medicare the power to save hundreds of billions of dollars by negotiating lower drug prescription prices."

"Let's get it done this year," he added.

However, Biden notably did not include a drug pricing component in his American Families Plan unveiled earlier Wednesday, a major legislative

package with proposals on paid leave and child care. The absence of a drug pricing plan, despite pressure from congressional Democrats to include one, has raised questions about Biden's commitment to moving forward on the legislation.

Still, Biden made forceful remarks in Wednesday's speech, while presenting health care as a separate topic from the Families Plan.

He even added in a line that was not in his prepared remarks, pointing out that former President Trump also supported Medicare negotiating drug prices, in a break from most Republicans, before later



backing off the idea. "We know how to do this," Biden said. "The last president had that as an objective. We all know how outrageously expensive drugs are in America."

In addition, Biden called for using the savings from drug pricing legislation, which could be as much as \$500 billion over 10 years, "to strengthen the Affordable Care Act – expand Medicare coverage and benefits – without costing taxpayers an additional penny."

Democrats in Congress have been pushing for lowering the Medicare eligibility age to 55 or 60, and expanding Medicare benefits to include vision, hearing and dental.

While Biden presented health care as separate from the Families Plan, Democrats in Congress who view the drug pricing measure as a major priority could add it when the package makes its way through the House and Senate.

"It's critical that we level the playing field by giving the federal government the ability to negotiate lower prescription drug costs, and this will be one of my top priorities as we work to pass the American Families Plan," House Energy and Commerce Committee Chairman Frank Pallone Jr. (D-N.J.) said earlier Wednesday.

Democrats push to add drug pricing, Medicare measures to Biden plan

Leading congressional Democrats are pushing to add drug pricing measures and even an expansion of Medicare eligibility to President Biden's American Families Plan after the White House left the proposals out of the \$1.8 trillion package.

Biden made a rhetorical call to pass drug pricing legislation in his address to Congress on Wednesday, but the administration's decision not to include the measure in the president's human-focused infrastructure proposal, despite pressure from Democratic lawmakers, is raising questions about his commitment.

Now, congressional Democrats such as House Energy and Commerce Committee Chairman Frank Pallone Jr. (N.J.) and Senate Finance Committee Chairman Ron Wyden (Ore.) say they might add measures to lower prescription drug prices when the American Families Plan moves through Congress.

A vocal group of lawmakers, including progressive leaders like Sen. Bernie Sanders (I-Vt.) and Rep. Pramila Jayapal (D-Wash.), is also pushing to include a measure lowering the eligibility age for Medicare to 55 or 60. That proposal, however, has received less attention from committee chairmen and leadership than the drug pricing

effort.

"We're going to look at every possible vehicle, and that's starting today," Wyden said Wednesday of a measure to lower drug prices, when asked if he wanted to see it in the families plan.

Pallone was even more explicit.

"It's critical that we level the playing field by giving the federal government the ability to negotiate lower prescription drug costs, and this will be one of my top priorities as we work to pass the American Families Plan," he said in a statement.

The drug pricing proposals have a powerful backer in Speaker Nancy Pelosi (D-Calif.), who has pushed for House Democrats' signature legislation on that front, known as H.R. 3.

Pelosi affirmed Thursday that there is "big interest" in passing drug pricing legislation.

There is an element of uncertainty in the discussions, given that it is not fully clear how Biden's array of proposals on infrastructure, paid leave, child care and other areas will be packaged as they move through the House and Senate.

"What is in one bill or another is not really what is important," Pelosi said, leaving some wiggle room on the question of where



drug pricing would fit. Still, many Democrats expect that several of the major proposals will be combined into one massive bill that moves through the fast-track procedure known as budget reconciliation to avoid a Republican filibuster in the Senate. Backers of the health care measures want to have the proposals included in that eventual package.

In the days leading up to Biden's speech on Wednesday, he faced pressure from a wide range of congressional Democrats on both the drug pricing and Medicare measures.

More than 80 House Democrats, including moderates like Reps. Jared Golden (Maine) and Conor Lamb (Pa.), along with Jayapal, the chair of the Congressional Progressive Caucus, wrote to Biden calling on him to include drug pricing and lowering the Medicare age in the plan.

On the other side of the Capitol, Sanders and 16 Democratic senators sent a similar letter, calling for Medicare benefits to be expanded to include dental, vision and hearing.

"We have an historic opportunity to make the most significant expansion of Medicare since it was signed

into law," the senators wrote.

But the lobbying efforts fell short, as the White House chose not to include the drug pricing or Medicare measures. Another Biden campaign pledge — to create a public option for health insurance to compete alongside private insurers, and open to people of all ages — has largely fallen out of the discussion, as lawmakers focus on other health care measures.

Backers of drug pricing legislation, however, took solace in Biden's call to action Wednesday night.

"Let's do what we've always talked about for all the years I was down here in this body in Congress," Biden said. "Let's give Medicare the power to save hundreds of billions of dollars by negotiating lower drug prescription prices."

"Let's get it done this year," he added.

There is a question about whether the House's drug pricing bill, H.R. 3, could be too far-reaching to get through the 50-50 Senate.

The bill's expansive provisions include capping drug prices for a minimum of 50 drugs per year based on the price paid in a group of other wealthy countries....[Read More](#)

Medicaid Home and Community Based Services Bill Is an Important Step

This week, the Medicare Rights Center submitted [comments](#) in response to a discussion draft of a bill to expand access to Medicaid Home and Community Based Services (HCBS). The [draft bill](#), the HCBS Access Act of 2021 (HAA), was released for comment by Senators Brown (D-OH), Casey (D-PA), and Hassan (D-NH) along with Representative Dingell (D-MI). It aims to rectify Medicaid's institutional biases that favor access to nursing homes, even when HCBS are [preferred](#) by many people and families.

At its center, the bill addresses the fact that while coverage for

nursing home care is a mandatory Medicaid benefit, HCBS funding is optional. This has resulted in more variation in HCBS rules and programs across states, confusing eligibility criteria, and long waitlists or totally unavailable services, leaving people with no option but to enter a nursing home or other congregate setting to get their care needs met. The current situation does not respect patient and family choices or preferences, fails to uphold the promise of federal law requirements to provide for people in the least restrictive setting appropriate to their needs,



and, as we have seen during the COVID-19 pandemic, can put people at increased risk of further disability, isolation, and death.

We applaud the legislators for taking action to address the utterly inadequate status quo and appreciate that HAA would greatly expand access to HCBS – helping people stay in their communities and age in place as they choose. In our comments, we make small suggestions to better achieve more equitable access to these essential improvements to the Medicaid program.

Most notably, it is important to

recognize that HCBS care, like nursing home care, is completely dependent on the quality and sufficiency of the caregiving workforce. HCBS workers must have livable wages, sufficient training, leave, protections, and certification. Also essential is the creation of a HCBS ombuds program to facilitate the resolution of problems; provide oversight to ensure access to needed services; and to track, identify, and report systemic problems with enrollment, eligibility, and access to services.

U.S. Drug Prices Two to Four Times Higher Than in Other Rich Countries: GAO

A new government analysis commissioned by Sen. Bernie Sanders (I-VT) finds that the United States pays more than two to four times as much for certain prescription drugs as other wealthy countries.

The [report](#) from the Government Accountability Office looked at prices for 20 brand-name drugs in the U.S., Australia, Canada and France. It found that the net retail prices paid by U.S. consumers and insurers in 2020 — that is, prices after confidential rebates and other price concessions — were 2.82 times higher than gross prices in Canada, 4.25 times higher than gross prices in

Australia and 4.36 times higher than gross prices in France.

The prices for the other countries were based on those listed on public formularies and did not reflect potential discounts. “As a result,” the report notes, “the actual differences between U.S. prices and those of the other countries were likely larger than GAO estimates.”

The report also notes that the United States is the only one of the four countries in the analysis “that does not have an overarching national pricing strategy for prescription drugs, although some of its publicly



funded coverage, such as Medicaid and the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA), use pricing strategies.”

Sanders said in a statement that the report confirmed that the U.S. needs to act now to lower drug prices. “This important GAO study confirms what we all already know: the pharmaceutical industry is ripping off the American people,” Sanders said. “The time is long overdue for the United States to do what every major country on earth does: negotiate with the pharmaceutical companies to lower the

outrageous price of prescription drugs. I would urge the President to put this proposal in the American Families Plan and use the savings to expand and improve Medicare for older Americans.”

But while Sanders, Democrats and activists have pressured President Biden to include drug-pricing measures in the American Families Plan being rolled out today, the White House decided to [leave out such proposals](#), including having the federal government directly negotiate prices, lowering the Medicare eligibility age and capping drug costs for seniors.

New Research Highlights Supplemental Coverage “Cliff” For Some with Medicare

A new [research article](#) published in *Health Affairs* examines the supplemental coverage “cliff” that some people with Medicare may experience. These beneficiaries are generally people who don't qualify for Medicaid but can't afford a private plan.

For [most people](#) with Original Medicare, supplemental coverage helps pay for deductibles, coinsurance, and copayments. This insurance may be from Medicaid, an employer, or a Medigap plan, and may also cover some services that Medicare does not.

However, not all Original

Medicare beneficiaries have supplemental coverage. One prominent coverage gap is among the nearly 30% of beneficiaries with incomes between 100% and 200% of the federal poverty level (FPL). They exceed the income limit for Medicaid supplemental coverage (which the article defines as the [Qualified Medicare Beneficiary program](#)) but frequently lack access to an affordable alternative.

This coverage cliff is a steep one. According to the study, beneficiaries with incomes even slightly above the 100% FPL



threshold were nearly 26% less likely to have supplemental coverage than those with incomes just below it.

Beneficiaries affected by this abrupt difference in exposure to cost-sharing were more likely to face high costs and to forego care. They incurred an additional \$2,288 in out-of-pocket spending over the course of two years, were 33% more likely to see catastrophic health care spending, and used 55% fewer outpatient services per year. They also filled fewer prescriptions, in part because of their relatively low uptake of Part D subsidies, which

Medicare beneficiaries automatically receive if they have Medicaid.

Medicare Rights agrees with the study's conclusion that “expanding eligibility for Medicaid supplemental coverage and increasing take-up of Part D subsidies would lessen cost-related barriers to health care among near-poor Medicare beneficiaries.” We continue [to urge the Biden administration](#) and Congress to strengthen Medicare in ways that will help improve health care and prescription drug access and affordability.

The Vulnerable Homebound Are Left Behind on Vaccination

It was April, more than three months into the vaccination campaign against covid-19, and Jim Freeman, 83, still had not gotten his first dose.

Freeman had been eligible for months as part of the 75-and-older target group deemed most vulnerable to death and serious illness in the pandemic. But he could not leave his home to make the journey to one of the mass-vaccination sites in San Mateo County. Freeman, who has Parkinson's disease, has extremely limited mobility and no longer can walk.

"He watches TV at night and sees all these people in line getting vaccines, but he couldn't do it," said his daughter Beth Freeman, 58. "It was really frustrating." She contacted the county and state public health departments and even her local congresswoman for help, but none had a solution.

Finally, after weeks of failed attempts to get someone to vaccinate her father at their home, Beth spent \$700 to rent a special wheelchair-accessible van and, with the help of a home health aide, nervously drove her

father to the county's mass-vaccination site.

Even as the nation has moved on to vaccinating everyone 16 and older, the vast majority of homebound people have not yet been vaccinated, said Kelly Buckland, executive director of the National Council on Independent Living. "As far as I can tell, no one's really doing it. Maybe a few places in the country, but not on the mass scale it needs to be."

Across the nation, an **estimated 4 million Americans** are homebound by age, disability or frailty, unable to easily leave their homes to receive a covid vaccine.

Buckland noted that, while homebound people are not out in public where the virus is circulating, they don't live in a bubble. Most rely for care on family members or a rotating staff of home health aides who come and go and often have their own homes and families. "For people with disabilities, you can't close yourself off. You don't have the option. People have to come into your home every day to give you services."



The Biden administration in late March dedicated \$100 million to help vulnerable older adults and people with disabilities get vaccinations. But many caregivers and homebound people say they aren't yet feeling the impact of that effort.

California, where tens of thousands of residents like Jim Freeman are still waiting their turn for vaccination, offers a sharp lens on the challenges.

Marta Green, a California official helping oversee vaccine distribution, said **during an April meeting** of the state's Community Vaccine Advisory Committee that California is "working on a partnership" to send ambulances to vaccinate homebound people where they live. In response to questions about how many homebound people had been vaccinated so far, a spokesperson for the California Department of Public Health said the effort was "just beginning" and estimates were not available.

As part of a \$15 million no-bid **contract** with California to administer the state's

vaccination program, **Blue Shield of California** is obligated to provide vaccine access to homebound people. The company, nonetheless, declined to provide responses to specific questions about such efforts. Spokesperson Erika Conner said the company has "diligently explored opportunities for this work" and recommended that homebound people contact their local public health departments or health care providers.

The logistics of inoculating homebound people with a vaccine that requires cold storage is not simple. Once thawed, a vial of **Pfizer-BioNTech** vaccine contains six doses that must be delivered within six hours, while a **Moderna** vaccine vial contains 10 to 15 doses to be used within 12 hours. With each vaccination visit lasting about an hour plus the travel time, there isn't much room for error, especially in rural areas where residents may live far apart... **Read More**

Pfizer, Moderna Covid vaccines 94% effective at preventing hospitalizations in elderly, CDC study shows

The **Pfizer-BioNTech** and **Moderna** Covid-19 vaccines are 94% effective at preventing hospitalizations among fully vaccinated adults ages 65 and older, according to a real-world study published Wednesday by the Centers for Disease Control and Prevention.

The two-dose mRNA vaccines were also found in the study to be 64% effective at preventing hospitalizations in the elderly who received just one shot. The study evaluated 417 hospitalized adults across 14 states from January to March. The U.S. agency said the findings were consistent with those found in clinical trials.

"This multisite U.S. evaluation under real-world conditions suggests that vaccination provided protection against COVID-19-associated hospitalization among adults aged ≥65 years," the CDC wrote

in the study. "Vaccination is a critical tool for reducing severe COVID-19 in groups at high risk."

The CDC study provides more evidence on the benefits of getting vaccinated against the virus, which has infected more than 32.1 million Americans and killed at least 573,420, according to data compiled by Johns Hopkins University.

Health officials had previously said Covid-19 hospitalizations among older Americans, who are at increased risk for severe disease, have tumbled since the shots first became available in the United States late last year.

As of Tuesday, more than 81% of U.S. adults ages 65 and older have received at least one dose of a Covid-19 vaccine, according to data compiled by the CDC. More than 67% of U.S. adults ages 65 and older are fully



vaccinated, according to the CDC.

In a statement Wednesday, CDC

Director Dr. Rochelle Walensky said the agency's findings were "encouraging and welcome news."

"The results are promising for our communities and hospitals," she said. "As our vaccination efforts continue to expand, COVID-19 patients will not overwhelm health care systems — leaving hospital staff, beds, and services available for people who need them for other medical conditions."

Earlier this week, White House chief medical advisor Dr. Anthony Fauci said Americans should begin to **see a turning point in the pandemic** "within a few weeks" as the U.S. continues to vaccinate Americans at a rapid pace.

The U.S. is reporting **an**

average of 2.7 million daily Covid-19 vaccinations over the past week, according to data from the CDC, about equivalent to levels one month ago.

If the U.S. continues its vaccination pace, "literally within a few weeks, we're going to start to see a turning around of the dynamics," Fauci said Monday during a virtual event hosted by the Harvard T.H. Chan School of Public Health.

"Not down to no infections," he said. "If you're waiting for classic measles-like herd immunity, that's going to be a while before we get there. But that doesn't mean we're not going to have a significant diminution in the number of infections per day and a significant diminution in all of the parameters, namely hospitalizations and deaths."

How a software engineer goes after scammers

AARP reports on how one unassuming older computer software engineer set about to go after the scammers who prey on older adults. He broke into the scammers' computer systems to stop them from attacking people's computers in order to get money from them. According to the Federal Trade Commission, in 2020 these impostor scams were the number one consumer fraud.

Older Americans, like all of us, sometimes get scary popups about a security breach on their computers. Sometimes they're told that their phones and iPads are also compromised. Every time, they are asked to pay for a fix. Too often, older adults are easy prey and hand over their savings to scammers to the tune of hundreds of thousands of dollars each year.

The software engineer, "Jim," fabricated an alias and called a

phone number a scammer left on his voicemail. The person on the other end of the call asked for access to Jim's computer to "fix" the alleged computer problem, but the scammer really wanted to steal money from Jim. Jim was prepared; he had set up a "virtual computer" in his computer that protected his computer from being hacked. Jim recorded the conversation and decided to spend his time reaching out to scammers like the first one he spoke to, recording those conversations and exposing the scams on YouTube.

Then, Jim had the good luck to get inside a scammer's computer. I won't explain how. Suffice it to say that the scammer believed he was taking control of Jim's computer. In the process, the scammer opened up his own computer, and Jim was



able to seize control of the scammer's computer. Jim could see all the scammer's files and software. From there on in, every time a scammer reached out to Jim, Jim knew how to trick the scammer into giving Jim control of the scammer's computer.

Jim could literally see how scammers were reaching out to loads of older people in the US and the UK and getting them to pay to fix a nonexistent computer problem or something else. Jim exposed these scams on YouTube. He was able to stop them for a limited period by using software that sent junk calls to their phones, jamming them.

But, to eliminate the scammers, Jim persuaded the BBC to do a show using his videos. He also sent the videos to police in India, where there is

at least one big scammer center. And, a big scammer boiler room was shut down.

Then, Jim partnered with AARP to reach the older people who tend to be the targets of these scams. Jim had a large audience for his videos, but they were mostly younger people, tech people, law enforcement people. Together with an AARP reporter, they were able to call older people as they were being scammed and tell them not to send the money being asked of them.

As helpful as Jim has been to breaking up some scammers' enterprises and keeping older adults from wiring money needlessly, the scams continue. Don't believe anyone who says he or she can help fix your computer. Don't wire money to strangers. To protect yourself, read [these tips](#).

2021 Tell Your WEP/GPO Story Testimonials

The latest Congressional Research Service(RL 32453) shows that women are disproportionately adversely affected. In part, this is because women are more likely to survive their spouse and see a reduced dependent survivor

benefit as a result of the GPO penalty. In addition, thousands of these women may have a lower pension because of having a shorter earning life and the GPO usually eliminates their fully-earned spousal benefit for



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that non-earning homemaker period. 83% of the population so affected are women.

If you are one of the retirees or know someone impacted by the WEP/GPO, please go to the Tell

Your WEP/GPO Story link below and tell your story.



Pfizer scientist expects elderly, people with underlying conditions to be first to get Covid vaccine booster shots

High-risk groups such as the elderly and people with underlying medical conditions are expected to be the first in line to get booster shots of the **Pfizer-BioNTech** Covid-19 vaccine, Pfizer's chief scientific officer told investors Tuesday.

The two-dose vaccine has been shown to be about 95% effective against Covid two weeks after the second dose, though researchers **who helped develop the shot** now say they are beginning to see that strong protection wane over time.

Executives at Pfizer and BioNTech previously told CNBC that people will likely need a booster shot, or third dose, of the Covid-19 vaccine

within 12 months of getting fully vaccinated. They also said it's likely people will need to get additional shots each year.

During an earnings call Tuesday, Mikael Dolsten, Pfizer's chief scientific officer, said it makes sense to start with those most susceptible, such as older adults and those with chronic diseases that make them more vulnerable to severe illness and hospitalization, such as cardiovascular disease or asthma.

The Centers for Disease Control and Prevention makes recommendations to states on who should get the shots first.



"We cannot predict" what the CDC will do, Dolsten said.

Dolsten's comment comes after the company reported that **sales of its Covid-19 vaccine** boosted its first-quarter financial results.

The company now expects full-year sales of \$26 billion from the vaccine, up from its previous forecast of about \$15 billion. It expects an adjusted pretax profit in the high 20% range of revenue for the vaccine.

"Based on what we've seen, we believe that a durable demand for our Covid-19 vaccine, similar to that of the flu vaccines, is a likely outcome,"

Pfizer CEO Albert Bourla told investors on the earnings call.

Should Americans require booster shots, the U.S. government would likely need to make arrangements with the drugmakers to supply additional doses and make plans for vaccine distribution.

Last month, Andy Slavitt, senior advisor to President **Joe Biden's** Covid response team, said the White House is **preparing for the potential need** for Covid-19 vaccine booster shots. He said the Biden administration has thought about the need to secure additional doses.

Will Biden support improving and expanding Medicare?

Jonathan Cohn writes for the **Huffington Post** on how Democrats in Congress were reacting to President Joe Biden's apparent unwillingness to engage in healthcare reform. As it turns out, their fear that President Biden's American Family Plan would not include a major health care piece appears to have been misplaced. The Biden American Family Plan **fact sheet** calls for Medicare drug price negotiation, lowering the Medicare eligibility age to 60 and more.

That said, for whatever reason,

the American Family Plan does not go into any real healthcare reform details, apparently leaving it to Congress to decide what to do. Democrats in Congress recognize that the simplest and most likely way to pass any healthcare reform legislation is through reconciliation, because the Democrats only need a majority to pass the law. Reconciliation bills are bills involving the budget.

The administration does propose making permanent



subsidies to help people buy private insurance in the state health insurance exchanges.

This proposal is not what progressives in Congress are looking for. It is a costly bandaied solution, doesn't address the fact that high deductibles and copays will still keep insured Americans from getting needed care. It also props up an unsustainable private health insurance system.

Progressives like Sanders and Jayapal want to ensure that Congress improves Medicare

with an out-of-pocket cap and vision, hearing and dental benefits and expands Medicare to people under 65. It's not yet clear where Biden stands on these policies.

We can pay for these Medicare improvements and expansions with the savings from passing H.R.3, the legislation that authorizes the federal government to lower drug prices on 250 of the most commonly used drugs. And, there is major public support for reducing drug costs.

Social Well-Being for Seniors: A Guide to Staying Connected and Making Friends

Social engagement is important for people's well-being, regardless of their age. Yet, it's probably most vital during a person's senior years because older adults and the elderly are sometimes more susceptible to social isolation than younger people. Besides, it can be fun and refreshing to take advantage of social opportunities that let you share and connect with others who are

in similar situations. Along with helping you navigate all of the changes that come with growing older, taking care of your social well-being provides mental and physical health benefits.

Recreation is important for seniors because having an active social life helps prevent **depression** as well as Alzheimer's and other types



of **dementia**. And intellectual stimulation helps keep your mind sharp.

You can learn new knowledge and skills while also **having fun**. But to do that, you need to find social events that interest you.

Thankfully, making senior friends and staying socially active is quite easy if you're willing to venture out and try new things.

Check out the following sections for ideas on how you can maintain social connections and reap the rewards of doing so:

Contents

- ◆ **16 social activities for seniors**
- ◆ **How being social keeps older adults healthy**
- ◆ **Part-time jobs that help promote social well-being in seniors**

If you're making a Medicare choice, don't trust the insurance agent

One thing I know from experience: Don't trust the insurance agent. If an insurance agent who is helping you decide what Medicare choices to make. It is more than possible that the agent is directing you to the Medicare choices that are the most financially lucrative for the agent. **The Commonwealth Fund** reports on another issue: Agents generally will not tell you about all your Medicare choices. They might not even tell you about your choice of traditional Medicare. It's a big problem.

If you're deciding between traditional Medicare and Medicare Advantage, **read this**. If you're deciding among **Medicare Advantage plans** you should know that it's virtually impossible to know which plan to choose. So it's not at all clear that the limited choice the agent offers is an issue. The issue is which plan will give you the care you need at the best price, when you need it. And, no

one can tell you that.

As the Princeton health economist Uwe Reinhardt once said: To choose a plan, pick two diseases you might have next year, then find the doctors you would want to see to treat you for those conditions, then find the Medicare Advantage plan that covers those doctors. If you can find one, pick two new diseases and run through the exercise again.

You need health insurance that protects you from unpredictable, unforeseeable health events. Unlike Medicare Advantage, traditional Medicare offers you that protection. It allows you to know that you can see virtually any doctor and use any hospital and your care will be covered. Your insurance agent is not going to be able to tell you that you will be able to see the doctors you want to see for every condition you might develop in any Medicare Advantage plan.



If you're making Medicare choices, you first need to think about your needs. Do you spend time in different areas of the country? Do you want to be able to see specialists or use certain hospitals? Do you have any health conditions? Do you take any prescription drugs and, if so, what will your copays be in different Medicare drug plans? Are you prepared to spend money on a Medicare supplemental insurance policy to fill gaps in traditional Medicare? Can you afford to pay out of pocket as much as \$7,550 a year for in-network care alone if you enroll in a Medicare Advantage plan?

The best independent help you can get with these questions is through a **State Health Insurance assistance Program or SHIP**. SHIPs provide free counseling from impartial people. They do not make money from steering you in one

direction or another.

The Commonwealth Fund recommends that CMS should make it easier for people to use "high-quality" agents and more money should go to SHIPs to provide people with independent guidance. Really? There's no way to know whether your insurance agent is steering you towards a plan that will meet your needs.

Much of the available information about Medicare Advantage plans is unhelpful. What people need are good meaningful choices—wide choice of providers without high out-of-pocket costs and other hurdles to getting care. Rather, The Commonwealth Fund suggests some kind of rating of agents that people can access; it also buys into the notion that the Medicare **star-ratings** are worth paying attention to when even MedPAC—the Medicare Payment Advisory Commission—says they are misleading.

Dementia Risk Rises as Years Lived With Type 2 Diabetes Increases

The younger people are when they develop type 2 diabetes, the higher their risk of dementia later in life, a new study suggests.

Many studies have pointed to links between diabetes and higher dementia risk. Experts say it's likely because diabetes can harm the brain in a number of ways.

Now, the new findings suggest that younger people with diabetes may be at particular risk down the road.

At age 70, the study found, people who'd recently been diagnosed with type 2 diabetes had no greater risk of dementia than those without diabetes. The picture was different for people who'd been diagnosed over 10

years prior: They had double the risk of dementia, versus diabetes-free people their age.

That may simply be because they've lived with diabetes for years.

"Younger age at onset of diabetes implies longer duration, which allows all the adverse effects of diabetes to develop over a longer period," said senior researcher Archana Singh-Manoux. She is a research professor with the University of Paris and the French national health institute INSERM.

Type 2 diabetes arises when the body loses sensitivity to insulin, a hormone that regulates blood sugar. That causes



chronically high blood sugar, which over time can damage both large and small blood vessels throughout the body.

Those effects, which may impair blood flow to the brain, are one reason why diabetes is linked to dementia, Singh-Manoux said.

She also pointed to other potential pathways: Insulin plays a role in brain function, and diabetes may hinder it from doing its job. Meanwhile, diabetes treatment can cause frequent episodes of low blood sugar, which over long periods may also harm the brain, Singh-Manoux said.

The findings, published April 27 in the *Journal of the*

American Medical Association, have broad public health implications.

In the United States alone, more than 34 million people have diabetes, with the vast majority having type 2, according to the American Diabetes Association.

At one time, type 2 diabetes was a disease of older adults. But with the ever-growing prevalence of obesity — a major risk factor for type 2 diabetes — the disease is increasingly being diagnosed in young people.

"The prevalence of diabetes continues to increase," Singh-Manoux said, "and the age at onset is getting younger and younger."...[Read More](#)

COVID Deaths Continue to Decline in U.S.

In a sign that the coronavirus pandemic is beginning to ebb in America, a new analysis finds the seven-day average of new COVID-19 deaths in the United States has hit its lowest point since last October.

As of Wednesday, 684 new deaths had been reported, data from Johns Hopkins University showed. That's roughly an 80% drop since January, *CNN* reported. And the decline has been sure and steady in recent months: Since the start of 2021, the seven-day average number of COVID-19 deaths has decreased.

What is fueling the promising trend? Experts say the country's aggressive vaccination drive has played a big part.

COVID-19 vaccinations are already driving down death rates among vulnerable groups in the United States, such as older adults, Dr. Amesh Adalja, a senior scholar at the Johns Hopkins Center for Health Security in Baltimore, told *CNN* on Thursday

"If you look, for example, at populations that have been highly vaccinated like nursing home residents, you will see that deaths in nursing homes have

plummeted, and overall, the death rate has been falling over time," Adalja said. "It's really a function of how many of the high-risk individuals have been vaccinated, and that is becoming more evident."

Still, more Americans need to get vaccinated, experts urge. Most pressing are young people, some of whom may think they don't have as much to fear from the virus, *CNN* reported.

Anyone aged 16 and older is now eligible for a COVID-19 vaccine. But a recent Quinnipiac University poll found 36% of adults under the age of 35 don't plan on getting one, *CNN* reported.

But when Dr. Rochelle Walensky, director of the U.S. Centers for Disease Control and Prevention recently warned of a rise in COVID-19 cases and hospitalizations, that increase was seen mostly among younger adults, most of whom were not vaccinated, *CNN* reported.

If that doesn't convince young people to get vaccinated, the long-term consequences of COVID-19 should.

"One critical way to prevent



long COVID is to prevent COVID itself," National Institutes of Health Director Dr.

Francis Collins said at a House Energy and Commerce subcommittee hearing on Wednesday.

"Even for young people who consider their risk of severe COVID to be low, the long-term consequences can be quite serious," he added. "So long COVID represents one more reason to encourage everyone age 16 and over to get vaccinated as quickly as possible."

Despite the push for more vaccinations, state and local leaders say they are seeing a decrease in demand. As a result, they're asking vaccine manufacturers to scale down the size of vials and how much is distributed, *CNN* reported.....

Many colleges will require vaccination in fall

Over 100 American colleges will require that students get coronavirus vaccines if they want to be on campus in the fall, a new survey shows.

More than 660,000 cases have been linked to universities since the start of the pandemic, with

one-third of those reported since Jan. 1, *The New York Times* reported.

And COVID-19 outbreaks still plague some campuses, even as students have become eligible for vaccines. Salve Regina University in Rhode Island canceled all in-person events for at least a week after more than 30 students tested positive in seven days, the *Times* reported. Meanwhile, Wayne State University in Detroit suspended in-person classes and on-campus activities in early April.

Schools including DePaul University, Emory University and Wesleyan University are requiring all students to be vaccinated, the *Times* survey found. Others have said they are requiring athletes or those who live on campus to get a shot. Most are allowing medical, religious and other exemptions, the survey found.

Although private colleges constitute the majority of schools with vaccine mandates, some public universities have also moved to require the shots, the *Times* said....[Read More](#)

How Much Pain Relief Is Real and How Much Is Placebo?

CBD is all the rage, and millions of people are turning to it for a host of reasons, including pain relief.

But despite CBD's popularity and widespread use, new research finds its actual benefits are less clear.

The bottom line? CBD -- and your expectations about whether it will help (the "placebo effect") -- can make pain feel less bothersome, but it doesn't appear to reduce pain intensity.

"CBD-induced pain relief is not just driven by psychological placebo effects, but also pharmacological action,"

explained study author Martin De Vita, a researcher in the psychology department at Syracuse University, in New York. "It's a little bit of both."

CBD, or cannabidiol, is usually derived from hemp, a cousin of the marijuana plant, but unlike THC (delta-9-tetrahydrocannabinol) — the active ingredient in marijuana — CBD won't get you high.

In the new study, 15 healthy, pain-free volunteers participated in experiments involving their response to heat before and after receiving pure CBD oil. To tease



apart the real versus placebo effect, the researchers told participants that they got CBD when they actually got a placebo, or vice versa, and conducted the experiments again.

"CBD and expectancies reduced the emotional component of pain, or how 'unpleasant' it felt," De Vita said. "Although the pain sensation was not completely eliminated, participants felt that it was less bothersome."

The body's central nervous system has its own processes to dampen pain based on

information about when (temporal processing) and where (spatial processing) the pain is happening, he explained.

"Expectancies alone enhanced temporal pain inhibition, and CBD and expectancies both enhanced the spatial pain inhibition independently, but not when combined," De Vita said.

Now, the researchers hope to look at how CBD affects pain perception in people with different pain conditions, he noted...[Read More](#)

Researchers Seek Antiviral Pill That Would Ease COVID Severity

COVID-19 research efforts must now shift toward the development of a pill that can prevent serious illness in the recently infected, experts say.

"We need a pill that can keep people out of the hospital, and the time to develop that is right now," Dr. Rajesh Gandhi said during a Thursday media briefing by the Infectious Diseases Society of America. He is director of HIV Clinical Services and Education at Massachusetts General Hospital in Boston.

Such an antiviral drug would target SARS-CoV-2 -- the COVID-19 virus -- during its most active phase in the human body, which is just prior to when people develop symptoms, Gandhi said.

"Based on all of our understanding from the last year, the virus is most active during that time," Gandhi said. "Just before people get sick, during those first few days up to a week, is when the virus is really replicating, making copies of itself."

"There, I think, is the need for a really effective antiviral," Gandhi continued. "What we need more than anything else right now is an oral drug, a pill that can prevent people with mild to moderate disease from getting more and more sick."

Efforts are underway to develop such a drug, and there are hopes that one might be available before the end of 2021, Gandhi said.

One experimental drug cited



by Gandhi is being developed by Pfizer. A protease inhibitor like those used to treat HIV and hepatitis C, the new medication would curb production in the body of enzymes needed for the virus to multiply.

Others under development would target the coronavirus itself, disrupting the ability of the virus to replicate and spread, Gandhi said.

Few weapons in treatment arsenal to avoid hospitalization

Despite revolutionary success in developing COVID vaccines, there are few good treatment options to prevent people who've just contracted COVID from progressing toward severe symptoms that require

hospitalization.

Monoclonal antibodies remain the sole treatment shown to prevent a mild infection from becoming serious, Gandhi said.

"We do think those have an important benefit in people who are outpatients with mild to moderate disease and who are at high risk for progression, so I think we should be using those more than we have been in the past because the evidence has become strong," Gandhi said.

But there are drawbacks to monoclonal antibodies, Gandhi said. They are delivered intravenously, which rules out their easy widespread use, and there are concerns that new COVID variants will develop resistance to the treatment....[Read More](#)

What to know about bicep tendonitis

Bicep tendonitis develops when a tendon in the biceps muscle swells and becomes inflamed. It usually occurs with other problems with the shoulder, such as dislocation, impingement, or arthritis.

A tendon is a strong band of connective tissue that attaches muscle to bone. **Tendonitis** can cause a person to experience pain and stiffness. It can also limit mobility.

In this article, we examine the causes and symptoms of tendonitis in the biceps muscle. We also look at the treatment options and recovery time for

this type of inflammation.

In the biceps, the tendon connects the biceps muscle to the shoulder and the elbow.

Two tendons **connect** the biceps muscle to the shoulder. One of them is the long head, which connects it to the top of the shoulder socket, or glenoid.

The other one is the short head, which connects it to the coracoid process, that is, the front of the shoulder blade. The type of bicep tendonitis a person has depends on which tendon has become affected:



◆ Distal bicep tendonitis:

This is when inflammation occurs at the end of the tendon connecting the biceps muscle to the elbow.

◆ Proximal bicep tendonitis:

This is when there is inflammation at the end of the tendon connecting the biceps muscle to the shoulder. Usually, a person will only have one type of tendonitis rather than experiencing it in both places at once.

Causes

Bicep tendonitis occurs when tendons in the biceps become

inflamed. This can sometimes be due to microscopic tears.

Causes of bicep tendonitis **can include**[Trusted Source](#):

- ◆ general wear and tear
- ◆ overuse of a tendon in a repetitive motion
- ◆ **poor posture**
- ◆ lifting something heavy
- ◆ poor technique while playing sports
- ◆ injury
- ◆ **shoulder impingement**

.....[Read More](#)

As Pre-Pandemic Activities Return, So Does Anxiety

Denise Santos remembers exactly how she felt when the first pandemic lockdown was ordered last year, knowing she'd no longer have to interact with the public, her co-workers or anybody outside the sanctuary of her home.

"The relief was immediate and almost overwhelming, like I'd slid into a warm bath," said Santos, who is one of 15 million Americans living with social anxiety.

Now, more than a year later, as vaccination rates rise, restrictions

loosen and social activity resumes, the sounds of backyard barbecues, the sight of bigger crowds at local stores and the thought of entering a public workspace make her heart race.

"I'm getting shortness of breath just thinking about it," she said.

Anxiety disorders include generalized anxiety disorder, panic disorder and phobia-related disorders. They are the most common form of mental illness in the United States, affecting more than 40 million adults, or



18% of the population. Symptoms vary and can interfere with daily life. For example, people with social anxiety – an intense fear of any interaction with others – can experience physical symptoms such as a rapid heart rate or nausea, in addition to feelings of stress, embarrassment or fear of being judged.

Over time, this type of prolonged stress can harm heart and brain health.

For Santos and others with

anxiety disorders, the pandemic brought an unexpected release, even as they also felt concern over potential exposure to the coronavirus. In late February, an American Psychological Association online survey of 3,013 U.S. adults found that while 47% of respondents felt a rise in stress levels during the pandemic, 7% actually felt stress levels go down – roughly the same percentage of the population that lives with social anxiety....[Read More](#)

Your Blood Type Might Raise Odds for Certain Health Conditions

Certain blood types may increase a person's risk of different health problems, a new study suggests.

The research confirms some previous findings and reveals new links between blood types and diseases, according to the authors of the study published April 27 in the journal *eLife*.

"There is still very little information available about whether people with RhD-positive or RhD-negative blood groups may be at risk of certain diseases, or how many more diseases may be affected by blood type or group," said first author Torsten Dahlén, a

doctoral student at Karolinska Institute in Stockholm.

To help fill that gap, the researchers investigated the link between blood types, RhD status and more than 1,000 diseases. (A person who is RhD positive has a protein called the D antigen on their red blood cells; RhD negative means the protein is absent.)

The analysis of health data from more than 5 million people in Sweden identified 49 diseases linked to blood types, and one associated with the RhD group.

The findings showed that people with type A blood were



more likely to have blood clots; those with type O blood were more likely to have a bleeding disorder; and women with type O blood were more likely to develop pregnancy-induced high blood pressure ("hypertension").

The investigators also found a new link between type B blood and a lower risk of kidney stones, and noted that women who are RhD-positive are more likely to develop pregnancy-induced hypertension.

More research is needed to confirm these findings and to learn more about the links between blood type and disease

risks, according to the study authors.

"Our findings highlight new and interesting relationships between conditions such as kidney stones and pregnancy-induced hypertension and blood type or group," said senior author Gustaf Edgren, associate professor of epidemiology at the Karolinska Institute.

"They lay the groundwork for future studies to identify the mechanisms behind disease development, or for investigating new ways to identify and treat individuals with certain conditions," Edgren added in a journal news release.

Mental Health Services Wane as Insurers Appear to Skirt Parity Rules During Pandemic

Therapists and other behavioral health care providers cut hours, reduced staffs and turned away patients during the pandemic as more Americans experienced depression symptoms and drug overdoses, according to a new report from the Government Accountability Office.

The report on patient access to behavioral health care during the covid-19 crisis also casts doubt on whether insurers are abiding by federal law requiring parity in insurance coverage, which forbids health plans from passing along more of the bill for mental health care to patients than they would for medical or surgical care.

The **GAO's findings** are "the tip of the iceberg" in how

Americans with mental, emotional and substance use disorders are treated differently than those with physical conditions, said JoAnn Volk, a research professor at Georgetown University's Center on Health Insurance Reforms who studies mental health coverage.

The GAO report, shared before publication exclusively with KHN, paints a picture of an already strained behavioral health system struggling after the pandemic struck to meet the treatment needs of millions of Americans with conditions like alcohol use disorder and post-traumatic stress disorder.

Up to 4 in 10 adults on average reported anxiety or



depression symptoms during the pandemic, the report showed, compared with about 1 in 10 adults in early 2019.

During the first seven months of the pandemic, there were 36% more emergency room visits for drug overdoses, and 26% more visits for suicide attempts, compared with the same period in 2019.

As the need grew, already spotty access to treatment dwindled, the GAO found: A survey of members of the National Council for Behavioral Health, an organization that represents treatment providers, showed 27% reported they laid off employees during the pandemic; 35% reduced hours;

and 45% said they closed programs.

Worker shortages have long been an obstacle to accessing behavioral health services, which experts attribute in large part to problems with how providers are paid. Last fall the federal government estimated that more than one-third of Americans live in an area without enough providers available.

Provider groups interviewed by GAO investigators acknowledged staff shortages and some delays in getting patients into treatment. They noted that the pandemic forced them to cut outpatient services and limit inpatient options....[Read More](#)

Hearing loss linked to worse cognitive function in Hispanic/Latino American adults

Hearing loss is associated with worse scores on learning and memory tests, according to a recent study conducted in Hispanic/Latino Americans between the ages of 45 and 74. The study also detected a link between poor learning and memory performance and high levels of sugar in the blood, which is a sign of diabetes and a risk factor for heart disease. The findings were published recently in *JAMA Otolaryngology-Head & Neck Surgery*.

A research team at the NIA-supported [Shiley-Marcos Alzheimer's Disease Research](#)

[Center](#) at the University of California, San Diego, led the study of more than 9,000 middle-aged and older adults. The research participants are part of the [NIH-supported Hispanic Community Health Study/Study of Latinos](#), the most comprehensive study of Hispanic/Latino health and disease in the United States.

For the current study, researchers relied on several tests to measure levels of cognitive function, blood sugar, and hearing loss. High blood sugar and diabetes are of particular



concern because [more than half of Hispanic/Latino adults](#) are expected to develop diabetes in their lifetime. The researchers found that hearing loss was linked to worse cognitive function, results that mirror those of previous studies in other populations.

The team also found that high glucose levels were associated with worse cognitive function only among those with hearing loss. But, heart disease risk factors in general were associated with worse cognitive function among all study

participants.

The results suggest that treating hearing loss, such as with hearing aids and other hearing assistive technology, may reduce the risk of worsening cognitive function. It is important to keep in mind, however, that population studies like this one can show an association but not causality. The authors encourage long-term studies with Hispanic/Latino Americans to enable a better understanding of the possible relationship between hearing loss, cognitive function, and heart disease.

Low Blood Pressure in Elderly People: The Vital Facts You Should Know

Most people are aware that *high* blood pressure in seniors can lead to serious medical issues, but *low* blood pressure in elderly individuals gets far less attention. However, blood pressure that drops too low can have equally serious effects on your health. It's important to know the facts so that you can take proper care of yourself.

A low blood pressure reading is not necessarily cause for panic. While high blood pressure is harmful even if you

don't know you have it, low blood pressure is generally not a problem unless you start experiencing symptoms like dizziness or blurred vision. If that happens, you need to take action. Symptomatic low blood pressure in the elderly can be very dangerous because it raises the [risk of a fall](#). At its most extreme, it can lead to shock and even death.

This article explains the basic facts about blood pressure, including how it's measured and



what the measurements mean. It also describes common symptoms of low blood pressure and outlines a variety of factors that can cause such a condition. And it provides information about different ways that low blood pressure in older adults can be treated or managed.

The information below is not a substitute for individualized medical advice from a licensed healthcare provider. Always consult your physician before

making lifestyle changes that may affect your health.

Contents

- ◆ [Blood pressure basics](#)
- ◆ [Symptoms of low blood pressure in elderly individuals](#)
- ◆ [Causes of low blood pressure](#)
- ◆ [Treatment for low blood pressure in elderly people](#)

Urgent Care or the ER? Which Should You Choose?

Say you twist your ankle playing catch with your kids. Or maybe your daughter has a rash that's spreading. Do you visit urgent care or the hospital emergency department?

Many cases of injury or illness can be handled at an urgent care clinic rather than a hospital emergency department, an expert says.

"Urgent care is a good starting point, especially when you can't see your primary care provider on the same day," said Mary Dixon, a certified registered nurse practitioner at Penn State Health Carlisle Outpatient Center.

"We can do an evaluation and provide treatment and, if necessary, refer patients to specialty services," she

explained in a Penn State Health news release.

"We deal with a lot of minor sprains and simple fractures -- we can do an X-ray and stabilize a fracture with splinting," Dixon said. "We may see a lot of slip and fall injuries in the winter, as well as colds and respiratory ailments. People also frequently come to us for insect bites, hives, ear pain, rashes, urinary tract symptoms and headaches."

Health providers at urgent care facilities write prescriptions ranging from antibiotics to topical creams, and consult with doctors when necessary.

Going to urgent care can also save time and money.

"Typically, in urgent care, we

EMERGENCY ROOM VS URGENT CARE

deal with one complaint, and we try to keep our visits to 15

minutes," Dixon said, noting a typical emergency room wait for a non-life-threatening problem is easily an hour or more.

Also, most health insurance plans charge more out-of-pocket for emergency room visits than for an urgent care visit.

"Sometimes I think urgent care sounds a little misleading," Dixon said. "Sometimes people associate that with an emergency, but urgent care is for convenient care for common issues that do not require in-depth evaluation."

But she emphasized that major medical emergencies require a trip to the emergency

department. These include:

- ◆ Chest pain, which could be a sign of a heart attack
- ◆ Severe abdominal pain and/or vomiting blood
- ◆ Trouble breathing
- ◆ Fever above 102.5 degrees
- ◆ Major head injuries
- ◆ Potential stroke symptoms, such as a sudden change in mental status, weakness and difficulty speaking and thinking
- ◆ Overdoses
- ◆ Suicidal behavior
- ◆ Pregnancy complications
- ◆ Physical or sexual assaults or abuse
- ◆ Deep wounds or compound fractures, where a bone has pierced the skin.