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From the Alliance for Retired Americans & the Rhode Island Alliance for Retired Americans Executive Board to all it's member and their families Happy Thanksgiving

Social Security OIG Launches Online Scam Reporting Form

The Inspector General for the Social Security Administration, Gail S. Ennis, and Commissioner of Social Security Andrew Saul announce the launch of a dedicated online form at **https://oig.ssa.gov** to receive reports from the public of Social Security-related scams. These scams—in which fraudulent callers mislead victims into making cash or gift card payments to avoid arrest for purported Social Security number problems—skyrocketed over the past year to become the #1 type of fraud reported to the Federal Trade Commission and the Social Security Administration.

To combat these scams, the Office of the Inspector General (OIG) will use the new online form to capture data that will be analyzed for trends and commonalities. The OIG will use the data to identify investigative leads, which could help identify criminal entities or individuals participating in or facilitating the scams. Ultimately, these efforts are expected to disrupt the scammers, helping reduce this type of fraud as well as the number of victims.

"We are taking action to raise awareness and prevent scammers from harming Americans," said Commissioner Saul. "I am deeply troubled that our country has not been able to stop these crooks from deceiving some of the most vulnerable members of our society."

Inspector General Ennis and Commissioner Saul encourage the public to use the new online form to report Social Security phone scams including robocalls and live callers, as well as email, text, and in-person scams. The form allows people to create a unique Personal Identification Number (PIN), so if the OIG contacts a person about their report, they will know the call is legitimate.

"Awareness is our best hope to thwart the scammers," said Inspector General Ennis. "Tell your friends and family about them and report them to us when you receive them, but most importantly, just hang up and ignore the calls."

Social Security employees do occasionally contact people—generally those who have ongoing business with the agency—by telephone for business purposes. However, Social Security employees will never threaten a person with arrest or other legal action if they do not immediately pay a fine or debt. In those cases, the call is fraudulent and people should just hang up.

Social Security will not:

- Tell you that your Social Security number has been suspended.
- Contact you to demand an immediate payment.
- Require a specific means of debt repayment, like a prepaid debit card, a retail gift card, or cash.
- Demand that you pay a Social Security debt without the ability to appeal the amount you owe.
- Promise a Social Security benefit approval, or increase, in exchange for information or money.

If there is a problem with a person's Social Security number or record, in most cases Social Security will mail a letter. If a person needs to submit payments to Social Security, the agency will send a letter with instructions and payment options. People should never provide information or payment over the phone or online unless they are certain of who is receiving it.

The Social Security OIG will also continue to take reports of fraud, waste, and abuse in Social Security's programs and operations. A separate online form for those reports remains available **on the OIG website**.

Click here for more info on Fraud Advisory: Inspector General Warns Public About "Spoofed" OIG Media Line Calls

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Upcoming Medicare Additions for Treatment for Opioid Use Disorder

The Centers for Medicare & Medicaid Services (CMS) recently finalized a rule that expands Medicare coverage for Opioid Use Disorder (OUD). Recent legislation, the **Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act,** established a pathway for this more comprehensive Medicare coverage of OUD services. Beginning on January 1, 2020, Medicare Part B will cover OUD treatment—including methadone for Medication Assisted Therapy (MAT)—furnished by an Opioid Treatment Program (OTP) under a bundled payment mechanism. This means a significant improvement in access to OUD care for people with Medicare, including for those who are dually eligible for Medicaid.

Allowing Medicare Part B to pay for methadone as part of a MAT program is a welcome reform. Historically, methadone has only been covered by Medicare for outpatient pain management, not for opioid addiction, despite its **effectiveness in treating OUD being well-documented**. Specifically, it has not been reimbursable by Medicare Part B because under statute, **it can only be dispensed and administered by an OTP for MAT**, and OTPs have been ineligible for Medicare participation.

The SUPPORT Act and this final rule from CMS eliminates this coverage gap. Starting in 2020, OTPs will be permitted to enroll as Medicare providers, and OTP services under the payment bundle will be available without cost-sharing for Medicare beneficiaries. These services include:

- FDA-approved opioid agonist and antagonist treatment medications,
- the dispensing and administering of such medications (if applicable),
- substance use counseling,
- individual and group therapy,
- toxicology testing which includes both presumptive and definitive testing,
- intake activities, and
- periodic assessments.

In addition to the OTP provisions, the final rule establishes a separate bundled payment system for OUD treatment services furnished in an office setting. Unlike OTP services, services provided in an office setting will not have cost-sharing set at zero, but we hope that CMS will consider creating new pathways in the future that eliminate cost barriers for OUD care.

To further improve access to OUD treatment, both OTPs and providers in office settings will be permitted to furnish substance use counseling, individual therapy, and group therapy through telehealth technology, extending the reach of these important services.

Historically, services that are covered by both Medicare and Medicaid may lead to confusion and difficulty accessing care for beneficiaries. This rule creates more overlap between the programs for OUD care and could result in access issues as beneficiaries transition from Medicaid to Medicare coverage for OTP services. In the final rule, CMS pledges to provide guidance, education, and outreach for transition issues and directs both OTPs and state Medicaid officers to ensure that people who are dually eligible for both Medicare and Medicaid do not face any issues accessing OUD care through Medicare.

Medicare Rights has long supported the inclusion of MAT as a treatment option in Medicare and applauds these rules. While much has been done within Medicare to combat the opioid crisis, we continue to hear from people on our National Consumer Helpline who are facing obstacles in accessing opioid-related care. These obstacles may be related to cost, access to providers, or access to treatment options. We urge Congress and the Administration to continue to prioritize, develop, and implement strategies to address these and other challenges.

Traditional Medicare offers better home care benefits than Medicare Advantage

If you have Medicaid or can afford **supplemental coverage** to fill gaps in traditional Medicare, here's another reason to think twice before signing up for a Medicare Advantage plan. Researchers at Brown University's School of Public Health have found that Medicare Advantage plans do not offer the high quality home health care benefits that traditional Medicare offers. Traditional Medicare home health care services are better, they report in **JAMA Network**.

People in traditional Medicare, overall, have access to far higher quality providers than people in Medicare Advantage plans. Last year, researchers at Brown University found that **traditional Medicare offers higher quality skilled nursing facility benefits** than Medicare Advantage plans. Medicare Advantage plans contract with poorer quality providers.

Of course, people in good health need not be too concerned about the quality of care their health insurance offers them. But, all of us can be hit by a car, or slip and fall, or otherwise develop a costly condition at any time. So, it's important to pick a Medicare plan that will meet your needs in the long-term.

Unfortunately, data about the quality of care in particular Medicare Advantage plans is not available. But, the Brown University researchers found that people with **costly health conditions were more likely to leave** their Medicare Advantage plans and enroll in traditional Medicare. That's another sign that Medicare Advantage plans are not meeting people's needs when they need costly care.

For their home health care study, the researchers analyzed data from 4.4 million people who received home health care. They could not independently assess the quality of the home health agencies serving people in Medicare Advantage plans. Instead, they determined quality based on **star ratings, which can be seriously flawed**. They found a "significantly" greater likelihood of getting high-quality care in traditional Medicare than in Medicare Advantage. Consequently, people in Medicare Advantage plans may suffer negative health outcomes.

The researchers posit that Medicare Advantage plans save money by contracting with lower quality home health care agencies, just as they save money by contracting with lower quality skilled nursing facilities. Unfortunately, the Centers for Medicare and Medicaid Services does not factor in the quality of home health care agencies in a plan's network when determining a Medicare Advantage plan's star rating.

The Kaiser Family Foundation has also looked at the quality of providers in Medicare Advantage plans and found that people in these plans are **less likely to be able to use centers of excellence** when they have cancer.

Don't trust Medicare's Open Enrollment information

The **Center for Medicare Advocacy** reports that the Centers for Medicare and Medicaid Services (CMS) has not fixed many problems with the Medicare Plan Finder web site, and you still cannot trust information on the site during this Open Enrollment period. Problems were originally reported in August 2019, which you can **read about here**. For free assistance, contact your **State Health Insurance assistance Program (SHIP)** (1-800-677-1116) or the Medicare Rights Center at 800-333-4114.

The Medicare site has three big problems. Much of the information on Medicare Advantage plans is misleading. It is still difficult to create a **My Medicare Account**. And, the **Medicare Plan Finder** still has inaccurate information about Medicare Part D prescription drug plans. You can't find reliable information about drugs that are covered and their costs, drugs that are not on the formulary, dosage information, and copays for people who qualify for a Low-Income Subsidy.

As a result, people are choosing Medicare plans based on inaccurate information. It is not yet clear how or whether people will be notified of the misinformation and whether they will have the option to change plans. The problems with Part D information are so bad that some companies offering **Medicare Part D** drug coverage have told its brokers and agents not to use the Plan Finder since it is not calculating people's out-of-pocket drug costs correctly.

The Center for Medicare Advocacy, Medicare Rights Center and Justice in Aging is requesting CMS to provide needed relief and protections to people who sign up for a Medicare plan based on misinformation so that they are not harmed by their decisions.

They are also concerned that CMS is steering people into private Medicare plans without properly advising them of **their risks or the benefits of traditional Medicare**. Moreover, according to the National Association of Insurance Commissioners and others, the information comparing traditional Medicare with Medicare Advantage private plans is not complete. The biggest omission is in cost comparisons, which fails to reflect annual out-of-pocket costs that can be as high as $6,700 in Medicare Advantage plans.

One of the biggest issues with private Medicare plans is that they are not standardized, costs and coverage are always changing and, even when information is accurate, **it is impossible to know what treatments your plan will be cover and what you will pay**. **Delays and denials are common** and out-of-pocket costs can be sky high. Traditional Medicare covers virtually all of the cost of your care from almost any doctor or hospital anywhere in the country so long as you have supplemental coverage. For that reason, it provides people who end up needing costly care with greater peace of mind. Unfortunately, **supplemental coverage can be costly**, depending upon where you live and your income.

Legislation Would Boost Average Social Security Benefits By About $70 In Ten Years

The average Social Security benefit would increase an additional $30 per month in 2020, if legislation under consideration in the House is signed into law before the end of the year, according to a new analysis from The Senior Citizens League (TSCL). "The boost, coupled with the modestly higher annual-cost-of-living adjustment (COLA) provided by the bill, would increase average Social Security benefits an estimated $70 per month more than under current law for retirees by the end of the first ten years," says Mary Johnson a Social Security and Medicare policy analyst for The Senior Citizens League.

The analysis is based on provisions of The Social Security 2100 Act (H.R. 860) which is currently under consideration in the House. By tying the annual COLA to the Consumer Price Index for the Elderly (CPI-E), the bill would increase benefits by an estimated 3.8 percent more over the first ten years, than benefits would increase under current law. The legislation would provide $5,497.00 more in Social Security income (for retirees with an average benefit of $1,460) over the first ten years— an amount that would further grow over time due to the compounding effect.

The **Social Security Office of the Chief Actuary (OCACT)** and the **Congressional Budget Office (CBO)** have each reviewed the legislation, but arrived at different conclusions about the impact it would have on Social Security. The main difference between the two conclusions is the estimated size of Social Security's shortfall. The Social Security OCACT has estimated that the legislation would provide 75 years of "sustainable solvency." The CBO estimates that the Social Security Trust Fund would become insolvent by 2036 instead of the currently estimated 2032.

"The Senior Citizens League encourages Congress to continue its efforts to strengthen Social Security benefits while also strengthening solvency," says Johnson. Passing legislation now would keep the size of the needed revenue changes smaller, and would allow more time to phase in the changes.

"Many of the provisions of the Social Security 2100 Act have strong support from retirees regardless of their party affiliation," Johnson notes. The Senior Citizens League's national surveys of adults 62 and older have found the following:

- 82 percent support using the Consumer Price Index for the Elderly (CPI-E) to calculate the annual cost-of-living adjustment (COLA).
- 77 percent support providing a modest monthly boost of Social Security benefits.
- 75 percent support applying the full payroll tax to all earnings.
- 61 percent support increasing the payroll tax rate by 1 percent each for workers and their employers.
- 55 percent support lifting the threshold for taxation of Social Security benefits from $25,000 to $50,000 for single filers and from $32,000 to $100,000 for joint filers. Only 12 percent oppose.

"A Social Security boost of this size will better maintain the buying power of Social Security benefits over time, and provides the greatest protection for the oldest beneficiaries when they need it the most," Johnson says.

White House Unveils Finalized Health Care Price Transparency Rule

Hospitals will soon have to share price information they have long kept obscured — including how big a discount they offer cash-paying patients and rates negotiated with insurers — under a **rule** finalized Friday by the Trump administration.

In a **companion proposal**, the administration announced it is also planning to require health insurers to spell out beforehand for all services just how much patients may owe in out-of-pocket costs. That measure is now open for public comment.

"What is more clear and sensible than Americans knowing what their care is going to cost before going to the doctor?" said Joe Grogan, director of the White House Domestic Policy Council.

The hospital rule is slated to go into effect in January 2021. It is part of an effort by the Trump administration to increase price transparency in hopes of lowering health care costs on everything from hospital services to prescription drugs. But it is controversial and likely to face court challenges.

When that rule was first proposed in **July,** hospitals and insurers objected. They argued it would require them to disclose propriety information, could hamper negotiations and could backfire if some medical providers see they are underpriced compared with peers and raise their charges.

Shortly after the final rule's release, four major hospital organizations said they would challenge it in court.

"This rule will introduce widespread confusion, accelerate anticompetitive behavior among health insurers and stymie innovations," according a joint statement from these groups, which made clear their intent to soon "file a legal challenge to the rule on the grounds including that it exceeds the administration's authority." The statement was signed by the American Hospital Association, the Association of American Medical Colleges, the Children's Hospital Association and the Federation of American Hospitals.

Insurers also pushed back. "The rules the administration released today will not help consumers better understand what health services will cost them and may not advance the broader goal of lowering health care costs," said Scott Serota, president and CEO of the Blue Cross Blue Shield Association, in a statement.

Requiring disclosure of negotiated rates, he said, could lead to price increases "as clinicians and medical facilities could see in the negotiated payments a roadmap to bidding up prices rather than lowering rates." The rule, he added, could confuse consumers….**Read More**

Six tips for keeping your drug costs down if you have Medicare

Many people with Medicare find that they are paying a hefty amount for their drugs, even with prescription drug coverage. Drug companies have considerable power to set high prices for many drugs; insurers have little power to rein them in. Instead, insurers shift costs onto members who need high-cost drugs. That helps explain why **government drug price negotiation remains a top policy issue** in polls of likely voters. For now, there are ways to keep your drug costs down.

Whether you are enrolled in a Medicare Part D prescription drug plan or a Medicare HMO or other private Medicare plan, copays or coinsurance for some drugs can be extremely high. Here are some options to save you money.

1. **Review the drugs you are taking with your doctor:** Your **primary care doctor might be able to shorten the list of drugs you're taking** and, in the process, save you money. If you're taking high-cost brand-name drugs, your primary care doctor might also be able to prescribe you lower-cost generic drugs. **Generics must have the same active ingredients, same strength and purity and same effect.**
2. **Ask your Part D drug plan or private Medicare plan about reducing your copay:** If your drug is in the highest tier—requiring a very high copay–the plan might reduce the copay if your doctor can demonstrate that you have no other drug alternative for your condition that safely meets your needs.
3. **Extra Help:** If you qualify for Extra Help, a program administered by Medicaid, it will pay for some or all of the cost of your drug coverage. The amount of help with cost-sharing depends on the level of your income and assets. In 2019, you may qualify if you have up to $18,735 in yearly income ($25,365 for a married couple) and up to $14,390 in assets ($28,720 for a married couple). With Extra Help your drug costs are no more than $3.40 for each generic/$8.50 for each brand-name covered drug. And, depending upon your income, you may pay only part of your Medicare drug plan premiums and deductibles. You get Extra Help automatically if you have Medicaid or a Medicare Savings Program. You can **apply for Extra Help online here**.

4. **Find out if you qualify for a State Pharmaceutical Assistance Program:** In some states, state pharmaceutical assistance program provide help with the cost of drugs. Visit **Medicare.gov** or contact your **State Health Insurance Program** to find out about drug benefits your state provides. You can also call 1-800-677-1116 or visit www.eldercare.gov.
5. **Drug company assistance programs:** Some drug companies offer eligible individuals reduced prices for their drugs. Contact the **Partnership for Prescription Assistance** or **NeedyMeds** to find out if you qualify for help with your drug costs.
6. **Online pharmacies:** You can often find significantly lower-priced drugs through online pharmacies. And, increasingly, people are using international **online pharmacies to keep their costs down. Kaiser Health News** reports that 19 million people in the U.S.–eight percent of Americans– **now buy their drugs outside the US** to afford them. But, people must be careful they are using a legitimate pharmacy and not an outfit selling counterfeit or expired drugs. Also, it is technically illegal to import drugs from abroad, although it appears that no one has been prosecuted for doing so for personal use. Here's **what to consider.**

Keep in mind: If you are a Vet, you likely can get **low-cost drugs through the Veterans' Administration.**

FDA issues warning to Dollar Tree about selling 'potentially unsafe drugs'

The US Food and Drug Administration has issued a **warning letter to Dollar Tree** for receiving over-the-counter drugs produced by foreign manufacturers that have been found to be adulterated, including acne treatment pads and Assured brand drugs.

The letter -- sent earlier this month to Greenbrier International Inc., which does business as Dollar Tree -- describes Dollar Tree's receipt of adulterated drugs from manufacturers and suppliers that had received separate FDA warning letters last year and were placed on "**import alert**."

The letter outlines "multiple violations" of manufacturing practices at those contract manufacturers used to produce Dollar Tree's Assured Brand over-the-counter drugs as well as other drug products sold at Dollar Tree and Family Dollar stores.

Now, in its warning letter to Dollar Tree, the FDA is requesting that the company implement a system to ensure that it does not import adulterated drugs.

"Americans expect and deserve drugs that are safe, effective and that meet our standards for quality. The importation and distribution of drugs and other products from manufacturers that violate federal law is unacceptable," Donald D. Ashley, director of the Office of Compliance in the FDA's Center for Drug Evaluation and Research, **said in a news release** on Thursday.

"In this case, Dollar Tree has the ultimate responsibility to ensure that it does not sell potentially unsafe drugs and other FDA-regulated products to Americans," he said. "We will remain vigilant in our efforts to protect the U.S. public from companies who put the health of Americans at risk -- whether through the manufacturing and distribution of products we regulate or other means."

In response, the Dollar Tree company, which operates stores under the Dollar Tree and Family Dollar brands, said that it is cooperating with the FDA and plans to meet with the agency.

"We are committed to our customers' safety and have very robust and rigorous testing programs in place to ensure our third-party manufacturers' products are safe," Randy Guiler, vice president of investor relations at Dollar Tree, said in a company statement on Thursday.

"Each of the items referenced in the report are topical, and not ingestible, products. As always, we are cooperating with the US Food and Drug Administration (FDA). We plan to meet with the FDA in the near future and expect that our plans will satisfy their requirements in all regards," the statement said.

The company has 15 working days to respond to the FDA in writing, the warning letter says, and "failure to promptly correct the violations may result in legal action without further notice including, without limitation, seizure and injunction."

The warning letter notes how some of the drug products came from Shanghai Weierya Daily Chemicals Factory and Hangzhou Zhongbo Industrial Company Ltd., which the letter details have shown a pattern of serious violations of the law, such as not testing raw materials or drugs for pathogens and quality.

The FDA encourages health care professionals and consumers to **report any adverse events** that might have occurred while using over-the-counter drug products from the contract manufacturers.

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California, Texas Caregivers Offer Billions in Free Care

UNPAID FAMILY caregiving is on the rise in the U.S., with 41 million caregivers providing the equivalent of approximately $470 billion in unpaid assistance, according to a new report from the **AARP Public Policy Institute** that suggests high-population, relatively high-wage states such as California, Texas, New York and Florida are some of the main drivers of unpaid care across the country.

That new report estimates family caregivers provided a collective 34 billion hours of care in 2017 to adults with limitations in their daily activities – either as a result of old age or related to a specific diagnosis. The nearly $470 billion is based on an average American caregiver's wage of $13.81 per hour.

"In both the public and private sectors, family caregiving issues are growing in scope and complexity due to several important factors. Family caregiving is more complex and intense. Family structures are changing," according to the report. "More people in the labor force are juggling work and family caregiving. Thus, the expectation that families alone will provide care for an older person or an adult with a chronic, disabling, or serious health condition is unsustainable."

Factoring in estimates of both the number of caregivers in a given state and the economic value per hour that those individuals provide – again, on a state-by-state basis – AARP estimates California leads the nation in economic value generated by unpaid family caregivers. The Golden State's caregivers generate an estimated $63 billion per year, with Texas ($35 billion) a distant second and New York and Florida ($31,000 each) tied for third.

Top States for Economic Value of Unpaid Care

- **California**
- **Texas**
- **New York**
- **Florida**
- **Pennsylvania**
- **Illinois**
- **Ohio**
- **Michigan**
- **Georgia**
- **North Carolina**

It's perhaps unsurprising that states with large populations, relatively high costs-of-living and – particularly in the case of Florida – large concentrations of adults over age 65 ranked in the top 10. Less populous, lower-cost states such as **North Dakota**, **Wyoming**, **South Dakota** and **Montana** all ranked in the bottom 10 for economic value generated by caregivers….**Read More**

Court rules Trump EPA unlawfully ignored dangerous chemicals

The Trump administration unlawfully **excluded** millions of tons of some of the most dangerous materials in public use from a safety review, a federal appeals court ruled Thursday.

A three-judge panel of the 9th U.S. Circuit Court of Appeals **said** the U.S. Environmental Protection Agency must consider dangers posed by asbestos, lead and other toxins regardless of whether they're still being manufactured.

Millions of tons of those chemicals are in the marketplace, in products ranging from home insulation and fire retardant to house paint and plumbing pipes.

The safety review was mandated by Congress and is the first step toward enacting potential new regulations to protect the public.

Under President Barack Obama, the EPA said it would consider the risks of those older products since they result in some of the most common chemical exposures by people.

But spurred by the chemical industry, the EPA under President Donald Trump sought to limit the review to products still being manufactured.

EPA officials will review the court's decision, agency spokesperson Corry Schiermeyer said.

Firefighters and construction workers complained that ignoring products already in use would jeopardize their health A coalition of unions, safety advocates and scientific groups had sued to block the EPA proposal released in 2017.

"The big issue in the case was what exposures does the EPA have to look at it when it assesses the use of a chemical," said Eve Gartner, an Earthjustice attorney who represented the Union of Concerned Scientists, the Sierra Club and other plaintiffs in the case.

"If EPA doesn't consider lead pipe or lead paint," she added, "then it might end up saying lead is safe because you're not going to look at how people are exposed to lead."

For asbestos, the EPA proposal would have meant gauging the risks from just a few hundred tons of the material that are imported annually — while excluding almost all of the estimated 8.9 million tons (8.1 million metric tons) of asbestos-containing products that entered the marketplace between 1970 and 2016.

The chemical industry's lobbying arm, the American Chemistry Council, had pushed back against the Obama administration's interpretation of the law in question, known as the Toxic Substances Control Act.

Representatives of the group said the EPA's original plan was chasing "illusory risks," and that it should concentrate on products now entering the marketplace.

Democrats and public health advocates have criticized the agency's leadership for appointing people with longstanding ties to the chemical industry into senior positions.

Chemistry council spokesman Scott Openshaw did not directly respond to the judges' ruling on so-called "legacy" uses of chemicals no longer in manufacture.

Openshaw said the group was pleased with a portion of the ruling in which judges agreed with industry: The court said the EPA was justified in not considering the risks from chemicals that have already been disposed of, such as in landfills.

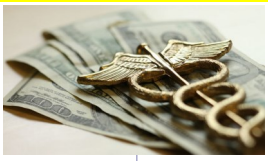
However, the court said if those landfills leak or if chemicals are spilled, those should still be considered as part the safety review.

The EPA has until next summer to finalize risk evaluations for the first 10 chemicals under review, then decide if new regulations are needed.

34 million Americans know people who have died because they could not afford needed health care

A new **Gallup poll** finds that 34 million Americans have friends or family members who have died in the last five years because they could not afford needed medical treatment. That's more than one in ten (11 percent) of Americans.

The question Gallup posed to more than 1,000 adults in the US is: "Has there been a time in the last five years when a friend or family member passed away after not receiving treatment for their condition due to their inability to pay for it?" To be clear, the findings are not intended to suggest that 34 million people died as a result of not being able to afford health care. The findings reflect only the number of people who say they know someone who died because of lack of health care. In total, fewer than three million people die each year.



At the same time, more and more people say that they cannot pay for the medicines that their doctors have prescribed. Less than a year ago, nearly 19 percent of Americans reported the inability to pay for needed prescription drugs. In September, three percent more Americans, 22.9 percent, reported the inability to pay for needed medicines.

Medication insecurity now affects 58 million Americans, people who could not afford to pay for at least one needed prescription drug in the last 12 months. Women face greater difficulty affording their prescription drugs than men, 27.5 percent v. 18.1 percent. Of note, Republicans appear to face less medication insecurity than Democrats, 23.1 v. 27.7 percent.

Of note, the vast majority of Americans agree that prescription drug costs are higher than what we should be paying and nearly seven in ten say that they are usually much higher than what we should be paying. Only one in 100 Americans say that prescription drugs are priced lower than appropriate.

Shockingly, not even one in three Republicans say that President Trump is not making much progress on prescription drug costs. Almost all Democrats (96 percent) say that President Trump is not making much progress on drug costs. As shockingly, many more Democrats say they know someone who has died as a result of unaffordable medical care than Republicans, 14.8 percent v. 4.9 percent.

The House of Representatives will vote shortly on **Speaker Pelosi's plan** to bring down prescription drug prices, relying on what five other wealthy countries pay for their drugs as a benchmark. The Senate also has a proposal to help older adults with their drug costs, though it will not help Americans nearly as much as the House bill.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Almost Half of Older Americans Fear Dementia, Try Untested Ways to Fight It

Many Americans believe they are likely to develop dementia -- and they often turn to unproven ways to try to better their odds, a new study suggests.

In a survey, researchers found that almost half of Americans in their 50s and 60s believed they were at least "somewhat likely" to develop dementia. Yet few -- 5% -- said they had talked to their doctor about ways to lower their risk.

Instead, one-third or more were taking fish oil, vitamin E or other supplements to help ward off memory decline -- even though none have been proven to have such benefits.

"It certainly seems like people believe that supplements or fish oil help preserve their memory," said lead researcher Dr. Donovan Maust, a geriatric psychiatrist at the University of Michigan, in Ann Arbor.

Maust said that might reflect "excitement" over initial research suggesting that certain supplements might ward off memory decline -- excitement that wasn't tempered when later studies failed to show benefits.

The findings, published online Nov. 15 in *JAMA Neurology*, are based on 1,019 adults aged 50 to 64 who were surveyed in 2018. They were asked whether they thought they were "somewhat likely," "very likely" or "unlikely" to develop dementia in their lifetime.

Overall, 44% believed they were somewhat likely, while 4% chose the "very likely" option.

How accurate were they? It's hard to say, since the terms are vague, according to Keith Fargo, director of scientific programs and outreach for the Alzheimer's Association.

But, he added, it would be reasonable for anyone to see themselves as somewhat likely to develop dementia: Around 10% of Americans aged 65 and older have dementia; the rate soars to roughly one-third among people aged 85 and up.

Fargo, who was not involved in the study, said that more can be gleaned by looking at the responses of different groups of participants.

For example, black Americans were much more likely than whites to see themselves as unlikely to develop dementia: 63% endorsed that belief, versus 49% of white respondents.

In reality, black Americans have a higher rate of dementia.

Maust made the same point. "It's striking," he said, "that African American respondents thought their odds of developing dementia were half of non-Hispanic white respondents -- when in fact their risk is more than twice as high."

Fargo called that finding an "unfortunate surprise," and said it points to a gap in public education efforts.

Respondents were also asked whether they were taking any of several measures to "maintain or improve" their memory. About one-third said they were using fish oil, while 40% said they were taking vitamins or other supplements. Over half said they did crossword puzzles.

None of those strategies are proven. Fargo did, however, note that crossword lovers might be the kind of people who maintain a generally "cognitively stimulating" life -- and there is evidence to support benefits from doing so.

It's thought that people with more education, or who engage in lifelong learning, may have more "cognitive reserve," Fargo explained. The theory is, those people can withstand more of the brain damage that marks dementia before developing symptoms.

Studies are ongoing to figure out the best strategies for slowing or preventing dementia. Fargo said the Alzheimer's Association is sponsoring a trial, called U.S. Pointer, that is testing a combination of tactics -- including diet, exercise, and mental and social stimulation.

For now, Maust said the best bet is to take care of your overall health and control any chronic medical conditions -- especially those that affect the heart and blood vessels, like high blood pressure and diabetes. Studies have long noted a connection between heart health and dementia, and a recent clinical trial showed that tight control of high blood pressure curbed older adults' risk of mild cognitive impairment.

"I think people may not appreciate the extent to which risk of dementia can be reduced by addressing chronic medical conditions," Maust said.

If you believe your memory or thinking skills are deteriorating, Fargo advised seeing your doctor.

"In some cases," he said, "there may be a treatable underlying cause, like sleep apnea, vitamin-B12 deficiency or depression."

The Alzheimer's Association has advice on **preserving brain health**.

Study finds no link between statin use and memory harm in older adults

. There is no link between statin use and memory impairment, researchers have concluded, after evaluating effects of the cholesterol-lowering drugs over 6 years in more than 1,000 older people in Australia.

A team from the Garvan Institute of Medical Research and the University of New South Wales (UNSW), both in Sydney, Australia, led the study.

"Over 6 years, there was no difference in the rate of decline in memory or global cognition between statin users and never users," they write in a recent ***Journal of the American College of Cardiology*** paper on the findings.

In fact, for certain individuals, statins may even offer some protection against memory decline, they suggest.

The results show that, among participants with risk factors for **dementia,** those who used statins had a slower rate of decline in memory and thinking skills than those who did not use the drugs.

The researchers hope that the findings will help to allay fears among consumers who have become concerned following reports of isolated cases of statin users experiencing cognitive decline.

"Many factors can contribute to the cognitive symptoms that isolated case reports describe," says first study author Katherine Samaras, who is a professor at the Garvan Institute and head of its Clinical Obesity, Nutrition, and Adipose Biology Lab.

Dr. Perminder Sachdev, a professor of neuropsychiatry says, "In this study, our data reassuringly suggests that the use of statins to lower **cholesterol** levels is not likely to adversely affect memory function." **……..Read More**

Flu is getting an early start in the U.S. this season

The Centers for Disease Control and Prevention (CDC) told doctors on a conference call this week that the United States is seeing more flu than is typical for this time of year.

"Influenza is off to an early start," said **Dr. William Schaffner**, an infectious disease expert at Vanderbilt University who was on the CDC call, which included members of the Influenza Hospitalization Surveillance Network, a group of hospitals that help the CDC assess the severity of the flu season.

Thirty states are seeing flu activity -- for this time of year, that's the most states in a decade. Three states, California, Louisiana and Maryland, are seeing widespread activity, while seven states are seeing regional activity: Alabama, Florida, Indiana, Nevada, New Hampshire, Tennessee and Texas.

That means it's more important than ever to get a flu shot now, rather than putting it off. It's not too late, as the peak of the season is still ahead.

"So far, the vaccine has been a good match to all the strains that are out there," Schaffner said.

Looking at the United States as a whole**, CDC data** shows more flu activity from September 29 to November 9 than in the same time period for six other flu seasons that CDC used as a comparison. Only one season in the comparison had more activity at this time of year: the unusually severe 2009 pandemic flu season that broke records.

When the flu starts early, it sometimes -- but not always -- portends a more severe season.

"An early season could be a harbinger of a severe season, and we're all a little bit worried about that," said Schaffner, a longtime advisor to the CDC. "It's a little like a train gathering steam -- if it starts early it may rumble down the tracks with more ferocity."

The Southeast has been hit particularly hard, with 12 states in the region showing flu activity.

Dr. Jennifer Shu, a pediatrician in Atlanta, says flu has hit so early this year that many of her patients hadn't had a chance to get a flu shot yet.

"This year, I had children testing positive for the flu in early October," said, Shu, medical editor of **healthychildren.org,** an American Academy of Pediatrics website. "We don't usually see flu that early in the year."

There are several strains of flu, and the predominant one so far this season is an influenza B strain. B strains tend to hit children particularly hard.

"We are seeing more influenza B than we would expect this early in the season, and influenza B is particularly a problem for children. It's a concern we're seeing this much of it this early," said **Dr. Evan Anderson,** associate professor of pediatrics and medicine at Emory University School of Medicine, who was also on the CDC call this week.

Hearing loss, even when mild, linked to mental decline in seniors

Slight declines in hearing, smaller than the usual cutoff for diagnosing hearing loss, are associated with measurable mental decline in seniors, **a new study** suggests.

When researchers used a stricter threshold to include mild hearing loss, they found evidence that the well-established link between age-related hearing loss and cognitive decline might begin sooner than is recognized, according to the report in JAMA Otolaryngology-Head & Neck Surgery.

The seniors who had hearing problems at the more sensitive threshold would have been considered to have normal hearing by the current standard for diagnosing hearing loss: 25 decibels, the researchers note. But when the threshold was set at a hearing decline of just 15 decibels, which is comparable to the volume of a whisper or rustling leaves, some of the seniors had trouble hearing.

These people also had "clinically meaningful" cognitive decline, the study team found.

Some scientists suspect that hearing issues might lead to thinking problems because the brain has to redirect so much attention to hearing that it doesn't get to exercise other mental functions as much.

"People with worse hearing use so much more brainpower to decode the words that are said, they don't get to process the meaning of what was said, which is the intellectually stimulating part," said the study's lead author, Dr. Justin Golub, an assistant professor in the department of otolaryngology-head and neck surgery at NewYork-Presbyterian/ Columbia University Irving Medical Center in New York City.

Golub compares brain **fitness** to physical fitness. If runners had to think about how to take each step, they wouldn't get very fast, he explained. Similarly, parts of the brain involved in complex thinking don't get as much "exercise" when more resources are directed to decoding the words in a conversation.

Beyond that, it's been shown that "people with worse hearing socialize less - because it's hard - and thus have fewer intellectually stimulating conversations," Golub said. "The brain is like a tool that has to be maintained."

For the new study, Golub and his colleagues analyzed information from the Hispanic Community Health Study (HCHS) and the National Health and Nutrition Study (NHANES), both of which contained data on participants who were given both hearing and cognitive testing.

The researchers focused on participants in the HCHS who were aged 50 or older and who had not developed early-onset hearing loss and those in the NHANES who were aged 60 to 69. That gave them a total of 6,451 people in the analysis, with an average age of just over 59 years.

After accounting for demographic and cardiovascular risk factors - both of which might impact the likelihood of developing cognitive problems - the researchers determined that decreased hearing ability was associated with worse performance on the cognitive tests.

"People who had difficultly hearing a whisper (but technically still had normal hearing), scored 6 points worse on a test of speed and attention than people who had absolutely perfect hearing," Golub said in an email. "This took into account other factors, such as age. Scientists say that the 6-point change could make a meaningful difference in day to day function."...**Read More**

Will you get dementia? Many may not understand their risk

New research suggests many American adults inaccurately estimate their chances for developing dementia and do useless things to prevent it.

A survey of 1,000 adults aged 50 to 64 found almost half believed they were likely to develop dementia, but suggests many didn't understand the connection between physical health and brain health.

Substantial numbers of people who rated their health as fair or poor thought their dementia chances were low. Many who said they were in excellent health said they were likely to develop the memory robbing disease.

Research has shown that exercise and a good diet make dementia less likely. Rigorous mental stimulation may also help. Many surveyed said they used unproven tactics, like taking supplements and doing crossword puzzles.

The study was published online Friday in JAMA Neurology.

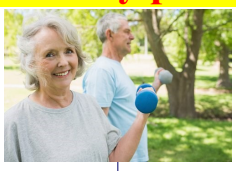
Video: 10 Facts About Dementia.

Exercise after the age of 60 may prevent heart disease, stroke

A study finds that increased activity over the age of 60 can significantly reduce the risk of cardiovascular disease.

In 2015, **900 millionTrusted Source** people, globally, were over the age of 60. By 2050, the World Health Organization (WHO) expect that number to reach 2 billion.

While it is common for people to become less active as age takes a toll on one's physical capabilities, a study just published in the ***European Heart Journal*** finds that either maintaining levels of activity or becoming more active at this stage of life is important for reducing the risks of **heart attack** and **stroke**.



The researchers found that study participants who reduced their levels of exercise over time had a 27% greater likelihood of developing heart and blood vessel issues. Those who became more active reduced their risk by as much as 11%

Studying physical activity in older age

The authors of the study — led by Kyuwoong Kim, of the Department of Biomedical Sciences, at Seoul National University, in South Korea — analyzed data from 1,119,925 men and women 60 years or older.

The data had been collected by the National Health Insurance Service (NIHS), which provides healthcare to about 97% of South Korea's population. The average age of participants was 67, and 47% were men.

The NIHS conducted two health checks of the individuals, one in 2009–2010 and one in 2011–2012. The researchers collected data about these participants until 2016.

During each check, the healthcare providers asked the participants about their levels of physical activity and their lifestyles.

The researchers defined moderate physical activity as 30 minutes or more per day of dancing, gardening, or brisk walking. Twenty minutes or more of running, fast cycling, or aerobic exercise daily counted as vigorous exercise.

In their second NIHS health check, the participants reported how their levels of activity had changed since the first checkup.

A majority of the participants, about two-thirds, were inactive at the times of both checks. About 78% of women were physically inactive at the first health check, and this figure at the second check was roughly the same, at 77%.

Men were less inactive both times: 67% at the first screening and 66% at the second….**Read More**

What Does the Future of Pain Management Look Like? Plastic Surgeons and Dermatologists Weigh In

Plastic surgery can hurt. Large-volume liposuction, tummy tucks, **breast augmentation**, and the like. Depending on the procedure, you could be in for an uncomfortable couple of days. Until recently, many plastic surgeons didn't give as much thought to prescribing narcotics like Vicodin, Percocet, and oxycodone to address the issue and maintain a level of comfort for patients. But as the country grapples with an opioid epidemic that claimed tens of thousands of lives last year alone, doctors who perform cosmetic procedures are taking a closer look at pain management.

"Ten years ago, when I was doing liposuction, I would send a patient home with a prescription for 10 Percocet," says Cheryl Karcher, a New York City dermatologist. "And that was considered a little bit by most doctors' standards then." But in the past six years, Karcher has not prescribed a single narcotic for **liposuction patients.** "I use so much local anesthetic during the procedure, and then Tylenol is plenty [after that]," she says. "If you ask my patients, you won't get one single complaint."

In Karcher's opinion, writing that Percocet prescription just isn't worth the risk. "You never know who has that genetic predisposition for addiction. If there's a family history, there's a larger chance of the patient having the genes for addiction," she says. "You can give opioids to plenty of patients that take them, it kills the pain, and then they never take them again. But [some] are going to take them and say, 'Oh, my God, this makes me feel so much better. I'm going to take more.' You never know who that's going to be. I didn't know. I had no clue."

About 10 years ago, Karcher became addicted to opioids after they were prescribed to her following several orthopedic surgeries. She has been in recovery since 2010 (and is still a board-certified dermatologist).

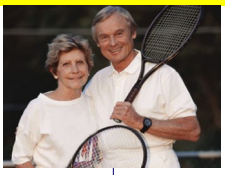
While Karcher is passionate about not prescribing narcotics to her patients, she recognizes that, as a dermatologist, the recovery from the procedures she does is less intense than more invasive procedures that plastic surgeons perform. In that field, narcotics are often prescribed for controlling pain after major operations like large-volume **liposuction** and **tummy tucks** — and narcotics can be necessary. ...**Read More**

For Older Adults, More Exercise Lowers Heart Disease Risk

Regular exercise lowers older adults' risk of heart disease and stroke, even if they have health problems such as high blood pressure or diabetes, researchers say.

For the new study, researchers analyzed data from more than 1 million people aged 60 and older in South Korea. The study participants' health was checked in 2009 to 2010, again in 2011 to 2012, and they were followed until the end of 2016.

People who were inactive at the start and then became moderately to vigorously active three to four times a week by the 2011-2012 health check had an 11% reduced risk of heart disease, the findings showed.



Those who were moderately or vigorously active once or twice a week at the start lowered their risk 10% if they increased their physical activity to five or more times a week.

But those who became less active saw their risk rise. Participants who were moderately or vigorously active more than five times a week initially but had become inactive at the second check had a 27% higher risk of heart disease, the study found.

Even those with disabilities and chronic conditions lowered their risk if they went from inactive to moderately or vigorously active three to four times a week. The risk was 16% lower for those with disabilities, and between 4% and 7% lower for those with type 2 diabetes, high blood pressure or high cholesterol, the researchers said.

The study was published online Nov. 8 in the *European Heart Journal*.

"While older adults find it difficult to engage in regular physical activity as they age, our research suggests that it is necessary to be more physically active for cardiovascular health, and this is also true for people with disabilities and chronic health conditions," said study leader Kyuwoong Kim, a doctoral student in biomedical sciences at Seoul National University, in South Korea.

The finding is important, he said, because the world's population of people aged 60 years and older is expected to be 2 billion by 2050, up from 900 million in 2015, according to the World Health Organization.

What Are the Warning Signs of a Blood Clot?

A blood clot can be a serious medical problem. It can even lead to a heart attack, stroke or death. In fact, 274 people die every day from blood clots, according to the National Blood Clot Alliance.

What does a blood clot look or feel like? How do you know if you have one?

A blood clot is a gel-like collection of blood cells in the veins or arteries that blocks blood flow. Without proper blood flow, important parts of your body like the heart, brain and legs may not get the oxygen they need. Blood clots can be as small as a grain of rice or as long as a Polish kielbasa, says Dr. Lawrence "Rusty" Hofmann, a professor of interventional radiology at Stanford University Medical Center in Palo Alto, California.

Types of Blood Clots

Millions of years ago, blood clots helped stop humans from bleeding to death after they were bitten by saber-tooth tigers, Hofmann explains. Nowadays, blood clots can still be helpful if we get injured, but they also can form for other reasons, which can be harmful.

Four types of blood clots are:

- Superficial thrombophlebitis.
- Deep vein thrombosis.
- Pulmonary embolism.
- Arterial thrombosis.

Superficial thrombophlebitis is the least serious type of blood clot. It forms in a vein near the skin's surface. Although it's less serious, this type of clot should still get checked out by a doctor as it sometimes leads to deep vein thrombosis.

Deep vein thrombosis, also called DVT, is when a clot forms deep inside a vein, usually in the arms or legs.

What worries doctors the most is when a blood clot in one part of your body – say, your leg – dislodges and goes to the brain, heart or lungs, says Dr. Nicole Weinberg, a cardiologist at Providence Saint John's Health Center in Santa Monica, California.

In the lungs, a blood clot can cause what's called a pulmonary embolism. According to the Centers for Disease Control and Prevention, 10% to 30% of people with a pulmonary embolism die within a month.

A blood clot in the arteries is called arterial thrombosis or arterial embolism. In the brain, this type of clot can cause a stroke. In your heart, it can lead to a **heart attack**….**Read More**

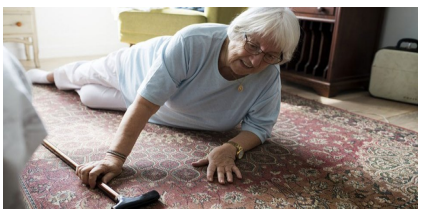
Health Tip: What to Do If You Fall

Tripping over a box or slipping on a wet floor could leave you with a broken bone. And a fall could easily send an older person to the hospital, says the National Institute on Aging.

If you fall, stay calm and follow the agency's recommendations:

To Prevent Falls:

- **Check all cords**
- **Ensure proper lighting**
- **Check tubs & showers**
- **Clear clutter**
- **Check mats & rugs**



If you do Fall:

- **Take several deep breaths to try to relax.**
- **Remain still on the ground for a few moments.**
- **If you are hurt or cannot get up on your own, ask for help or call 911.**
- **If you are alone, try to get into a comfortable position and wait for help to arrive.**