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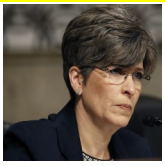
Iowa Senator Offers a Glimpse Behind the Curtain of GOP Social Security Schemes



Sen. Ernst

Senator **Joni Ernst** (IA) said at a recent town hall meeting that politicians should "sit down behind closed doors" to "fix" Social Security.

"Senator Ernst could not be more wrong," said **Richard Fiesta**, Executive Director of the Alliance. "Social Security does not need to be fixed. We must not let this dangerous statement go unchecked and need to let Senator Ernst know that we will not stand for backroom deals to steal our earned benefits."

Ernst's remarks come in the wake of a *Washington Post* opinion article by **Robert Samuelson** entitled **"The elderly aren't so poor after all."** Executive Director Fiesta responded **with a letter about Social Security expansion.**

"By Mr. Samuelson's own account, 23 percent of retirees ages 65 to 80 say they don't have enough money to live comfortably," Fiesta wrote. "With **10,000 Americans** turning 65 every day, we should look for ways to ensure their financial security during retirement, not pull the carpet out from under them."

Rich Fiesta

Sign our petition to tell Sen. Ernst not to cut our earned Social Security benefits.

FDA warns leading e-cigarette maker Juul about its marketing practices

The US Food and Drug Administration on Monday warned leading e-cigarette maker Juul Labs about illegally marketing its product as a safer alternative to cigarettes.

The FDA ordered Juul to respond within 15 working days with corrective actions and its plan to comply with federal law. The **warning letter** noted that failure to comply could result in fines, seizures or injunction.

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The FDA ordered Juul to respond within 15 working days with corrective actions and its plan to comply with federal law. The **warning letter** noted that failure to comply could result in fines, seizures or injunction.

"Regardless of where products like e-cigarettes fall on the continuum of tobacco product risk, the law is clear that, before marketing tobacco products for reduced risk, companies must demonstrate with scientific evidence that their specific product does in fact pose less risk or is less harmful. JUUL has ignored the law, and very concerningly, has made some of these statements in school to our nation's youth," Acting FDA Commissioner Dr. Ned Sharpless said in a statement.

"We will continue to scrutinize tobacco product marketing and take action as appropriate to ensure that the public is not misled into believing a certain product has been proven less risky or less harmful," he said. "We've also put the industry on notice: If the disturbing rise in youth e-cigarette use continues, especially through the use of flavors that appeal to kids, we'll take even more aggressive action."…..**Read More**

Novo Nordisk to cut insulin prices in the U.S.

Novo Nordisk will offer cheaper insulin to U.S. diabetics, the Danish drugmaker said on Friday, in response to criticism over the high price of the medication and after similar moves by rivals Sanofi and Eli Lilly.

President Donald Trump has made high prescription drug prices a top issue in the 2016 presidential campaign and said that drug companies were "getting away with murder".

Novo will offer a generic version of its most heavily prescribed insulin drug Novolog, used by about a million U.S. patients, at a 50% discount compared to the current list price, the company said in a statement.

The list price for one vial will be $144.68.

Novo will also introduce a so-called $99 cash card program from Jan 2020, which patients can use to buy three vials or two packs of pens of Novo's analog insulins for a flat cost of $99, which for most diabetics is an adequate supply for one month.

The cost of insulin for treating type 1 diabetes in the United States has nearly doubled over a five-year period, leading some patients to put their own health at risk by rationing the medication.

"While we will continue to do what we can to help address affordability challenges in the short-term, changes within the system are required to make sustainable and meaningful affordability a reality," said Novo in a statement.

In April, France's Sanofi said it would cut the cost of its insulin products to $99 per month for uninsured patients and others who pay cash in the United States.

Eli Lilly started selling a half-price version of its Humalog insulin in May. The list price for Lilly's authorized generic insulin — sold under the name Insulin Lispro — is $137.35 per vial.

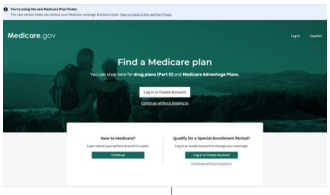
In April, a U.S. congressional committee called on executives from Novo, Sanofi and Eli Lilly to testify about the rising costs of the lifesaving drug.

Beneficiary Advocates Raise Alarms Concerning Roll-Out of New Medicare Plan Finder and Revision of Medicare Marketing Rules

Justice in Aging, Medicare Rights Center, Center for Medicare Advocacy and the National Council on Aging recently sent a joint letter to Seema Verma, Administrator of the Centers for Medicare & Medicaid Services (CMS), urging the agency to address concerns regarding changes to the Medicare Plan Finder (MPF) tool and the 2020 Medicare Communications and Marketing Guidance (MCMG).

The four organizations expressed appreciation for CMS's efforts to update these resources to better support beneficiary decision-making, while raising concerns that the revisions may instead have the opposite effect. The groups urged CMS to mitigate adverse consequences by closely monitoring the roll out and functionality of the new MPF tool, providing enrollment relief as needed, and by rescinding the updated MCMG in its entirety.

On August 27, CMS unveiled long-awaited updates to MPF—the federal government's primary enrollment assistance tool for Medicare Advantage and Part D plans. While the new site includes a number of improvements,



the groups are concerned that its late-August launch date may not give third-party assisters, like State Health Insurance Assistance Programs (SHIPs), adequate time to learn the new tool before Fall Open Enrollment begins. And that coupled with recent legislative and regulatory changes set to take effect this year, the truncated MPF launch timeline may generate demand for enrollment assistance that these chronically underfunded programs are unable to meet. Further, CMS has stated that there will be no back-up system in place or ability to revert to the current "legacy" system during the upcoming Fall Open Enrollment period.

The Medicare Communications and Marketing Guidelines (MCMG) is a set of rules that govern the selling and promotion of Medicare Advantage and Medicare Prescription Drug plans. Revised each year, these guidelines help ensure that people with Medicare have accurate information about a plan's costs and benefits as well as adequate protections against inappropriate marketing practices. The 2020 revisions, however, effectively disregarded the regular process for stakeholder input and introduce changes that primarily ease the burden on plans and downstream entities while at best doing little to benefit or protect consumers and at worst increasing the likelihood consumers will experience harm.

Apparently in direct conflict with current law, the revised MCMG weaken the distinction between "marketing" events, which are designed to steer or attempt to steer beneficiaries toward a plan or limited set of plans; and "educational" events, which are designed to inform beneficiaries about Medicare Advantage, Prescription Drug, or other Medicare programs.

In addition, the revisions removed several disclaimers required of plans, including a short one alerting Spanish speakers of the availability of translations of certain important plan communications. The burden on plans of including the two-line notice was miniscule, but the need to alert limited-English proficient beneficiaries that they can receive help is great. Further, the revision failed to include provisions outlined in the draft version that would have limited the aggressive marketing of plans referred to as D-SNP look -alikes.

These Medicare Advantage plans, which are not subject to the oversight that CMS and states impose on plans designed to serve the complex needs of dual eligibles (people with both Medicare and Medicaid), are being marketed almost exclusively to this population. CMS has itself identified this marketing as a significant problem but abandoned its proposal to address its concerns in the guidelines.

Read the letter here. .

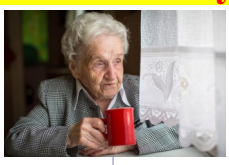
225K senior citizens don't talk to anyone most weeks: survey

Loneliness has reached epidemic proportions.

A **new survey has found** that, most weeks, more than 225,000 UK seniors aged 65 or over speak to no one at all, while 2.6 million speak to — at most — three non-strangers.

Overall, nearly 4.5 million older people have experienced loneliness, the survey estimates. For over 600,000 of these solitary souls, the lack of socialization is so crushing it prevents them from going out into the world, researchers reported.

The survey of 1,896 people, conducted by Age UK, a charity advocating for the elderly, found that interacting with neighbors or smiling at strangers at the bus stop would make a world of difference, respondents reported.



The solo reality of the sunset years has created concern in younger contingents of the population, with 55 percent of 16- to 45-year-olds surveyed saying they're worried about getting lonely in older age.

Loneliness is not only isolating, it also poses a health risk — one **greater than obesity, studies say.** Seniors aren't the only ones feeling alone, either: one in five millennials **report feeling lonely** and have "no friends," according to another 2019 survey. Teenagers, too, are **lonelier than ever**, and the digital work landscape appears to be **intensifying the problem**.

To combat the situation, a US scientist is currently working on **developing a pill** to treat loneliness, and the UK has **appointed a minister for loneliness** to help ease the epidemic.

"Loneliness is a huge problem because retirement, bereavement and ill health mean many older people find they are spending a lot less time enjoying the company of others than they'd like," says Caroline Abrahams, Age UK's charity director.

In response to the report's bleak findings, Cadbury and Age UK are collaborating on a limited-edition chocolate bar called "Donate Your Words." A portion of its proceeds will be donated to Age UK.

New Poll Highlights Prescription Drug Experiences of Older Adults

New polling from the Kaiser Family Foundation (KFF) explores the experiences of adults ages 65 and older with prescription medications, as well as their views on several policy options currently under discussion.

The data confirm that prescription drug affordability continues to be a top concern. While **most older adults** have prescription drug coverage through Medicare Part D, 76% think the cost of prescription drugs is unreasonable. This viewpoint is consistent across party lines, with majorities of Democrats (81%), independents (74%), and Republicans (70%) in agreement.

These concerns are not hypothetical. One-fourth of those polled said it was "difficult" to afford their prescriptions, one in ten said it was "very difficult" to do so, and one in five did not take their medications as prescribed at some point in the past year because of the cost.

In addition, nearly half of all older adults reported experiencing access challenges due to difficulties with their plan. Nearly 30% said their plan didn't cover a drug prescribed by their doctor, while 23% experienced delays due to step therapy, and 21% had to wait more than two days to get a prescription filled due to their plan's prior authorization requirements.

When asked about specific legislative and administrative policy solutions, those polled responded favorably to several—across party lines. Majorities indicated support for recent Trump administration proposals like international reference pricing (60%), as well as for Democratic proposals to allow the federal government to negotiate drug prices (82%), and for bipartisan proposals to add a cap on out-of-pocket spending to Part D (68%). Significantly fewer favored giving Part D plans the flexibility to restrict access to certain medications, either by putting more restrictions on the use of certain drugs (45%) or by excluding more drugs from coverage (24%).

Older adults' experiences with prescription medications can vary significantly based on their health status, how many prescription drugs they are currently taking, and other demographic variables. The KFF polling data is therefore significant in the commonalities that it affirms: older adults are facing significant prescription drug access and affordability challenges, and they are in support of policy solutions that prioritize their needs.

Medicare Rights is encouraged by recent policymaker attention to the problem of high and rising drug prices within the Medicare program. We support much of the work currently underway, and we continue to advocate for the inclusion of long overdue system changes—such as legislation to modernize the Part D appeals process and updates to Medicare's low-income assistance programs—in any comprehensive package. We also continue to weigh in on administrative proposals, to ensure that any reforms meaningfully improve beneficiary access to affordable prescription drugs.

The House of Representatives returned to work

The House of Representatives returned to work this week after the traditional August recess. The Senate, however, does not come back until next week.

The August recess is a tradition that dates back to the early days of our republic when there was no electricity and, therefore, no air conditioning. Washington was so hot and miserable in August that the members of Congress wanted to get out of town and go somewhere cooler. Even though the weather in Washington is still hot and miserable in August, the excuse to leave town is no longer valid because of air conditioning, of course.

The members of Congress still cling to that particular tradition even though by the time they come back to town in September they have less than a month to complete their work to fund the federal government for the new fiscal year which begins October 1. If they were able to get their work done on time like they used to the August recess would make more sense.

Prior to their recess the House of Representatives was able to pass 10 of the 12 spending bills that are needed to fund the government for fiscal year 2020. However, as has been the case for several years, the Senate lags behind. As a result, the Senate has been discussing combining various spending bills instead of passing them one by one.

That is not as easy as it might seem but if they Senate is able to accomplish that whatever it passes must then go to a House/ Senate conference committee which will have to come up with one bill that must then go back to each house and pass before it goes to the President for his signature. With just three work weeks left before October 1 it will have to be a marathon if they are to finish their work on time.

During the August break an old and ugly threat to Social Security and Medicare surfaced once again. The Congressional Budget Office released its forecast of future federal government deficits. It said that deficits are expected to climb to over $1 trillion in fiscal year2020, which begins this October 1. And they will keep going up in the years after that.

According to one non-profit government watch-dog analysis, "... legislation enacted since 2015 could be responsible for more than half of the deficit in 2020 and 2021. In other words, recent policymakers are responsible for *doubling* near-term budget deficits."

In short, since 2015 Congress apparently forgot about the deficit and went on a spending spree. But suddenly, it has become a crisis again. Or has it become a convenient excuse for doing what a lot of them have wanted to do for a long time: cut Medicare and Social Security benefits?

Because of the deficit projections some members of Congress have once again, raised the issue of balancing the federal budget on the backs of senior citizens.

According to a news report we've seen, groups that support President Trump are urging him to take a "hard look at mandatory spending, the root cause of the United States' fiscal woes." And when they say "mandatory spending" they are talking about Social Security and Medicare.

Two powerful Senators from the President's party have also discussed this issue. According to the same report, the number two Republican in the Senate, John Thune of South Dakota has said, "We've got to fix that…..**Read More**

Information & Questions About Social Security

When you're saving money for retirement, there are three key risks:

- Inflation, or the risk that rising prices could erode the value of your nest egg.
- Longevity, or the risk that you'll outlive your investments.
- Market decline, or the risk that a downturn could compromise your long-term savings.

"Social Security is uniquely positioned to hedge against all three of these risks," says Robert Aruldoss, a senior financial planning analyst at the Schwab Center for Financial Research. "It's something that's very difficult to replicate."

That's because Social Security is:

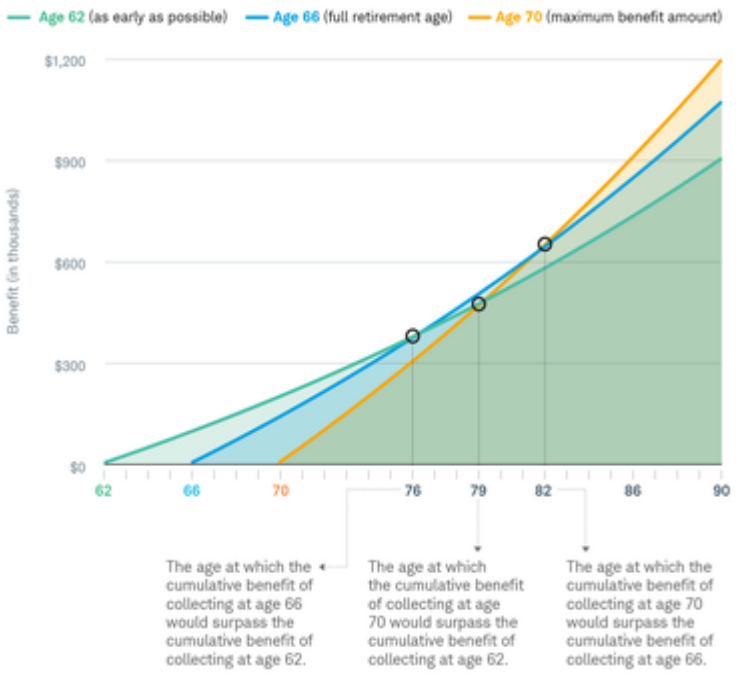
- Indexed to inflation.
- Guaranteed for as long as you live.
- Unrelated to the fate of the financial markets.

The maximum monthly Social Security check for someone at full retirement age (currently 66 but rising to 67 for those born in 1960 or later[1]) is $2,788, or $33,456 a year—and that's for those lucky enough to have earned significant sums during the 35-year span the Social Security Administration relies on to calculate your payout. The average is just half that, or $1,404 a month.

Given these numbers, it's unlikely that Social Security will ever be more than a piece of the retirement puzzle, at least for those wanting to maintain anything close to their current lifestyle (see "How far will Social Security get me?").

That said, there are strategies for maximizing it—assuming you're eligible at all. There are also unique considerations for married couples—to say nothing of other potential beneficiaries. And then there's the question looming above it all: "How secure is Social Security?"

For the answers Read More



Groupons For Medical Treatment? Welcome To Today's U.S. Health Care

Emory University medical fellow Dr. Nicole Herbst was shocked when she saw three patients who came in with abnormal results from chest CT scans they had bought on Groupon.

Yes, Groupon — the online coupon mecca that also sells discounted **fitness classes** and **foosball tables**.

Similar deals have shown up for various lung, heart and full-body scans **across Atlanta**, as well as in **Oklahoma** and **California.** Groupon also offers discount coupons for expectant parents looking for **ultrasounds,** sold as "fetal memories."

While Herbst declined to comment for this story, her sentiments were shared widely by the medical community on social media. The concept of patients using Groupons to get discounted medical care elicited the typical stages of Twitter grief: anger, bargaining and acceptance that this is the medical system today in the United States.

But, ultimately, the use of Groupon and other pricing tools is symptomatic of a health care market where patients desperately want a deal — or at least tools that better nail down their costs before they get care.

"Whether or not a person may philosophically agree that medicine is a business, it is a market," said Steven Howard, who runs Saint Louis University's health administration program.

By offering an upfront cost on a coupon site like Groupon, Howard argued, medical companies are meeting people where they are. It helps drive prices down, he said, all while marketing the medical businesses.

For Paul Ketchel, CEO and founder of MDsave, a site that contracts with providers to offer discount-priced vouchers on bundled medical treatments and services, the use of medical Groupons and his own company's success speak to the brokenness of the U.S. health care system.

MDsave offers deals at over 250 hospitals across the country, selling vouchers for anything from MRIs to back surgery. It has experienced rapid growth and expansion in the several years since its launch. Ketchel attributes that growth to the general lack of price transparency in the U.S. health care industry amid rising costs to consumers.

"All we are really doing is applying the e-commerce concepts and engineering concepts that have been applied to other industries to health care," he argued. "We are like transacting with Expedia or Kayak while the rest of the health care industry is working with an old-school travel agent."

A Closer Look At The Deal

Crown Valley Imaging in Mission Viejo, Calif., has been selling **Groupon deals** for services including heart scans and full-body CT scans since February 2017 — despite what Crown Valley's president, Sami Beydoun, called Groupon's aggressive financial practices. According to him, Groupon dictates the price for its deals based on the competition in the area — and then takes a substantial cut.

"They take about half. It's kind of brutal. It's a tough place to market," he said. "But the way I look at it is you're getting decent marketing."

Groupon-type deals for health care aren't new. They were **more popular** in 2011, 2012 and **2013**, when Groupon and its then-competitor LivingSocial were at their heights….**Read More**

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Push on 'surprise' medical bills hits new roadblocks

A bipartisan push for legislation to protect patients from massive "surprise" medical bills is facing a buzzsaw of opposition from doctors and hospitals and reservations from some Democrats worried about delivering President Trump a health care victory when he is still attacking ObamaCare.

The surprise billing measure has support from bipartisan committee leaders in both the House and Senate, patient advocates and insurers — and was moving forward quickly before Congress left town for August. It was seen as one of the most promising avenues for lawmakers to target health costs this year.

But those efforts are stalling amid a fierce lobbying blitz and political pressures as the 2020 elections nears.

Doctors groups are running millions of dollars in ads against the effort. And some leading Democrats have objected to moving on the issue now, wary of giving Trump and Republicans a win on health care.

They say the focus should be on what they say is the GOP "sabotage" of ObamaCare. And Republicans have grown cautious about holding another health care debate as Democrats hit them over the issue of pre-existing conditions.

There are still powerful committee chairmen backing the effort, which would protect patients from getting massive bills when they go to the emergency room and only later discover that one of the doctors who cared for them was not in their insurance network.

A measure led by Sens. Lamar Alexander (R-Tenn.) and Patty Murray (D-Wash.) advanced out of the Senate Health Committee in June on a large bipartisan vote, and a similar measure from Reps. Frank Pallone Jr. (D-N.J.) and Greg Walden (R-Ore.) advanced from the House Energy and Commerce Committee in July.

Powerful doctor and hospital groups are stepping up their opposition to those measures, warning that they would result in damaging cuts in payments to doctors.

"Big insurance companies want a one-size-fits-all approach that lets them decide what they'll pay doctors for your care," warns an ad launched by the group Physicians for Fair Coverage against the effort.

A separate group, called Doctor Patient Unity, which does not disclose its donors, has spent at least $10 million on ads opposing the effort, according to the Center for Responsive Politics.

Doctors also mobilized to lobby lawmakers and their staff against the effort over the August break.

Doctors and hospitals say they agree that patients should be protected from surprise medical bills and insist they are only objecting to how the current legislation addresses that issue, by effectively setting a price that insurers will pay doctors.

But congressional aides backing the legislation say they think the doctor and hospital groups are really trying to kill the entire effort and protect a status quo that allows them to bill patients exorbitant amounts.

A congressional aide said there has been an "onslaught" from those groups "moving towards just trying to kill this." While advocates once expressed optimism that legislation could reach Trump's desk, the aide now said it is "premature" to say if legislation will pass.

Passing any health care legislation is challenging given the charged politics of the issue….**Read More**

States Pass Record Number Of Laws To Reel In Drug Prices

Whether Congress will act this year to address the affordability of prescription drugs — a **high priority among voters** — remains uncertain. But states aren't waiting.

So far this year, 33 states have **enacted a record 51 laws** to address drug prices, affordability and access. That tops the previous record of 45 laws enacted in 28 states set just last year, according to the National Academy for State Health Policy, a nonprofit advocacy group that develops **model legislation** and promotes such laws.

Among the new measures are those that authorize importing prescription drugs, screen for excessive price increases by drug companies and establish oversight boards to set the prices states will pay for drugs.

"Legislative activity in this area is escalating," said Trish Riley, NASHP's executive director. "This year, some states moved to launch programs that directly impact what they and consumers pay for high-cost drugs."

And more laws could be coming before year's end. Of the handful of states still in legislative session — including California, Massachusetts, Michigan, New Jersey, Ohio and Pennsylvania — debate continues on dozens of prescription drug bills. In New Jersey alone, some 20 proposed laws are under consideration.

"Both Democrat and Republican leaders have shown a willingness to pursue strong measures that help consumers but also protect state taxpayer dollars," said Hemi Tewarson, director of the National Governors Association's health programs.

Riley, Tewarson and others note, however, that states can go only so far in addressing rising drug prices, and that federal legislation would be necessary to have a major impact on the way the marketplace works.

Federal lawmakers are keeping a close eye on the state initiatives, Tewarson said, to gauge where legislative compromise may lie — even as Congress debates more than a dozen bills that target drug costs. Political divisiveness, a packed congressional schedule and a looming election year could stall momentum at the federal level.

The pharmaceutical industry has opposed most — though not all — state bills, said Priscilla VanderVeer, a spokeswoman for the Pharmaceutical Research and Manufacturers of America, the industry's main trade group.

"We agree that what consumers now pay for drugs out-of-pocket is a serious problem," said VanderVeer. "Many states have passed bills that look good on paper but that we don't believe will save consumers money."

Limiting Gag Rules For Pharmacists

At least 16 states have enacted 20 laws governing the behavior of pharmacy benefit managers. The so-called PBMs serve as middlemen among drugmakers, insurance companies and pharmacies, largely with pharmaceutical industry support….**Read More**

Aging in Place: What to Consider

Among the factors that influence the decision to age in place: finances, health and transportation.

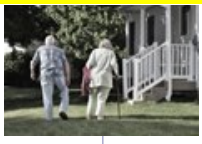
AGING IN PLACE. SURE, easy to do – no sweat, right? Just live in your home forever.

Well, the reality is that there's more to it than meets the eye. I had the opportunity to speak to Jill Bjerke about this topic. She's an internationally recognized subject matter expert in aging and thriving at home, and the founder of Home Transition Solutions Group.

According to Jill, our lives change, but our homes don't. So you have to create an environment around you that's safe. And when you can delay or avoid a **move to senior living,** that can save you literally hundreds of thousands of dollars a year.

Four Issues to Consider

- Aging in place is a decision-making process. Consider the following:
- **Finances.** Aging in place costs money. A majority of boomers are, surprisingly, still paying mortgages. And even if they're not, there are property taxes to consider. Often, when your income is dependent on just social security, your ability to keep up dwindles. What if the roof needs replacing or the air conditioning goes out? Where is the money coming from?



- **Transportation.** Losing the ability to drive completely takes away your independence. Self-driving cars aren't yet ready for prime time, and services like Uber and Lyft are just starting to see the opportunities in the senior market and address them. Do you live near public transportation? Will your budget support ride services? Are there other options in the community that you could take advantage of?
- **Health.** How is your health now, and what's the prognosis for the future? Are there things you need to consider to improve your health to age in place? Are your physicians close by? How about the hospital you use? Jill encourages people to plan ahead for a scenario exacerbated by chronic conditions like COPD and congestive heart failure.
- **Socialization.** A new term – elder orphans – represents a large majority of older people who are living alone. Senior isolation is a major issue. It's not good for your mental or physical health.

Home Safety Inspection

Before deciding to move, Jill suggests a home safety inspection. She conducts one with clients that probes important questions that impact heath and safety:

- How high can you reach?
- Can you get out of the tub?
- Can you prepare food by yourself?
- Can you get off the floor if you fall?
- Can you get out of a chair?
- Does your furniture aid or impede this?

Lever handles allow people with **arthritis** to more easily open doors. Scald protectors on faucets minimize burns. Smoke alarms are great, but can you hear them in the farthest corners of your house without hearing aids? Are there cracks in the sidewalk? Too many steps? These impact slip and fall risk. Conduct this analysis room to room, and inside and out. Then, if you're using a trusted professional, he or she will have access to certified aging in place specialists who can provide estimates on fixes. You need to consider if you can afford them and if it's important to get your money back when you sell the house. Jill **has an app** that you can download to aid in this endeavor. **...Read More**

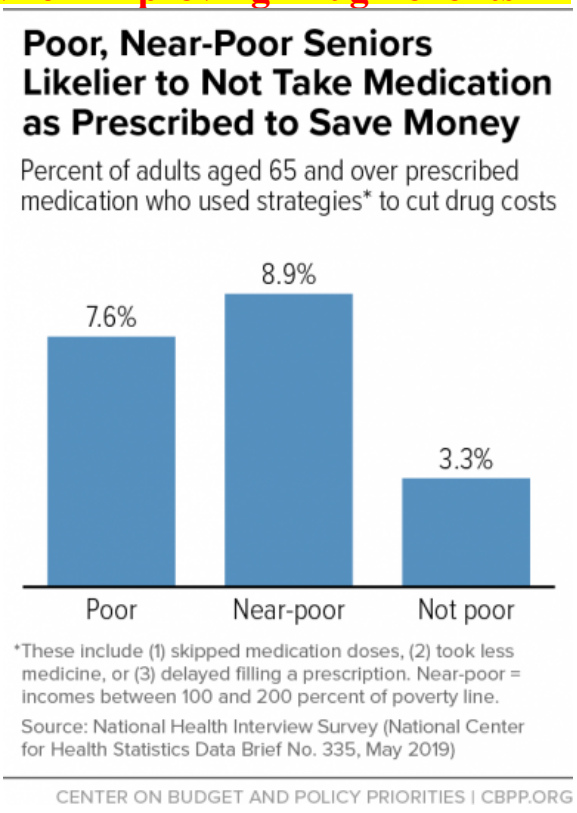
Don't Forget Low-Income Medicare Beneficiaries When Improving Drug Benefits

Low-income Medicare beneficiaries deserve special attention as Congress considers legislation to make prescription drugs more affordable. Important steps include eliminating cost-sharing for generic drugs for low-income beneficiaries and increasing participation in the Part D low-income drug subsidy.

Medicare beneficiaries with incomes below 150 percent of the federal poverty level are eligible for **a low-income subsidy** (LIS) that reduces their premiums and cost-sharing for Part D drugs. Nonetheless, many of these low-income seniors and persons with disabilities struggle to pay their health bills.

Almost 9 percent of near-poor seniors (those with incomes between 100 and 200 percent of poverty) and 7.6 percent of poor seniors who have been prescribed a medication **don't take it as prescribed** to save money — compared to just 3.3 percent of seniors with higher incomes. (See figure.) They skip doses, take less medicine, or delay filling a prescription.

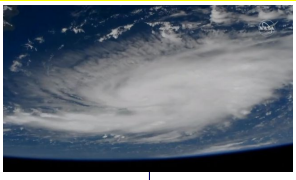
Failing to take a medication as prescribed can **harm a person's health** and raise health spending down the road if the person's health deteriorates and he or she winds up in the hospital. By the same token, increasing the number of prescriptions that Medicare beneficiaries fill will reduce spending on hospitalizations and other medical services, the **Congressional Budget Office** (CBO) estimates, partly offsetting the additional drug spending. A significant share of the slowdown in Medicare costs since around 2005 is due to greater use of maintenance drugs for chronic conditions, a **recent study** finds. It also finds considerable room for additional progress if more beneficiaries use preventive medication… **Read More**



RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Many Older Americans Aren't Equipped to Weather Hurricanes Like Dorian



As Hurricane Dorian continues to churn up the east coast of Florida, a new poll shows that many older Americans aren't fully prepared to cope with natural disasters or severe storms.

The poll of more than 2,200 adults, ages 50 to 80, found that less than one-third have an emergency kit with essential supplies and medicines that can sustain them at home or that they can take with them in an evacuation, and only one-quarter who rely on electrical power to run health-related equipment have a backup power supply.

Less than half have signed up for emergency warning systems offered by their community, which can provide crucial information in a crisis, according to the National Poll on Healthy Aging by the Institute Healthcare Policy and Innovation at the University of Michigan.

"Whether it's as straightforward as a power outage that lasts a day, or as severe as a hurricane, tornado or earthquake, preparing can make a huge difference," said poll director Dr. Preeti Malani, a professor in the university's medical school.

"A bit of time spent now can protect your health, and spare you worry and expense, when something like this does happen," Malani added in a university news release.

Yet only 40% of respondents have spoken with loved ones about what to do in different types of emergency situations.

The poll did find that 82% of respondents said they have a week's supply of their medications and 72% said they have a week's worth of other health supplies. A week's supply is the minimum recommend by experts.

Just over half said they had the recommended week's worth of food and water, while fewer had cellphone chargers and radios that didn't require electricity.

Nearly all the respondents said they had transportation if they needed to evacuate their homes, but 1 in 4 said it would be difficult for them to pay for a place to stay for a week.

"The results of this poll can be used to target efforts to better support older adults to prepare for an emergency," said Sue Anne Bell, a University of Michigan School of Nursing researcher who studies the health implications of major emergencies and disasters.

"By knowing areas where older adults are well-prepared, and where they are not, programs can work alongside older adults to become fully prepared and ready," Bell explained.

More information

The U.S. Centers for Disease Control and Prevention has more on **disaster preparedness and recovery**.

It's Easy to Overdose on Acetaminophen and It Can Kill You, New Study Says

A popular pain-killer, generally considered safe and effective, can turn toxic and even deadly if it's overused -- a concern amplified by a **study of the possible deadly effects** of the drug published earlier this week in the Medical Journal of Australia.

Acetaminophen, an analgesic (a compound that relieves pain), is the most common drug ingredient in America. Many know it as the active ingredient in Tylenol, but it is also present in Anacin, Benadryl, Contac, Dristan, Excedrin, Midol, Nyquil, Robitussin, Sudafed, and many other over-the-counter remedies, as well as in such prescription medicines as Percocet and Vicodin. Brand-name Tylenol and Tylenol PM alone racked up almost $388 million in U.S. sales last year.

While it is often favored because it doesn't cause the stomach or heart problems that sometimes result from the use of another class of analgesics, nonsteroidal anti-inflammatory drugs (NSAIDs), acetaminophen -- known as paracetamol outside of the United States -- it has long been recognized that it can cause liver damage, especially if used in conjunction with alcoholic beverages.

Interactions with alcohol and other substances can make many otherwise beneficial medications unsafe, even deadly. **These are the 25 most dangerous drugs.**

The Australian study notes that there has been a noticeable increase in cases of paracetamol (acetaminophen) poisoning, at least in Australia, over the past decade. In fact, it is the number-one pharmaceutical that Australian poison centers receive calls about -- and between 2007 and 2017, it was responsible for more than 95,000 hospitalizations in the country. More than 200 cases of paracetamol poisoning during that period were fatal. In other cases, a liver transplant was required.

The problem isn't that acetaminophen is dangerous in itself, but that in large amounts it outpaces the body's ability to process it safely. According to one of the study's authors, Dr. Rose Cairns, a lecturer at the University of Sydney's School of Pharmacy, "This can lead to build up of a toxic metabolite (or break-down product), which binds to liver cells, causing these cells to die."

The manufacturers of Tylenol recently lowered the maximum recommended daily dose for single-ingredient Extra Strength Tylenol from eight pills per day (4,000 mg) to six pills per day (3,000 mg). Tylenol is made by Johnson & Johnson, which recently faced lawsuits over its talc and asbestos woes.

The margin of error is slim with the drug. An adult taking more than 4,000 mg of Tylenol a day could be at risk, said Cairns.

She reported that about three-quarters of the overdose cases she and her colleagues studied were intentional, in people using it for self-harm. As for the rest, Cairns added, "People might accidentally overdose because they are in pain, and believe because paracetamol is so widely available, it must be safe...or take multiple different paracetamol-containing products together."

The study points out that the U.K. limits the amount of paracetamol a customer can purchase and than many European countries sell it only by prescription. This is one way to control how much people take, but there is no guarantee. **For example, the world's most popular prescription drug might be killing people.**

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Can Older Women Stop Getting Mammograms?

Although regular screening mammograms can catch breast cancer early, new research suggests women over 75 who have chronic illnesses can probably skip this test.

The study findings indicate that women with chronic conditions, such as heart disease or diabetes, would likely die from those conditions before developing breast cancer.

"For those 75 and over with chronic illness, the benefit of continued mammography is minimal. Women 75 to 84 are 123 times more likely to die of other causes than breast cancer," said the study's senior author, Dejana Braithwaite.

That doesn't mean *all* women over 75 should forgo mammography.

"In healthy women age 75 and older, perhaps mammograms may make sense. It's important to individualize the decision. Women should discuss with their providers the potential benefits of continuing mammography," Braithwaite said. She's an associate professor of epidemiology and oncology at Georgetown University's Lombardi Comprehensive Cancer Center, in Washington, D.C.

Professional guidelines vary in their recommendations for mammography in older women. The American Cancer Society advises women to stop screening when their life expectancy is less than 10 years. Meanwhile, the U.S. Preventive Services Task Force (USPSTF) says there is not enough evidence to guide women's decisions about mammography at age 75 and up. Many European breast cancer programs stop recommending screening between 69 and 74 years.

One reason for these variations is there are few studies looking specifically at how mammography might benefit older women, the researchers noted.

To help fill that gap, the investigators looked at more than 222,000 women who'd had a mammogram between 1999 and 2010. The women were between the ages of 66 and 94. They were recruited from five U.S. centers.

The researchers tracked breast cancer cases, deaths from breast cancer and deaths from other causes for 10 years. During that time, almost 7,600 of the women were diagnosed with an invasive breast cancer. More than 1,700 had abnormal cells considered very early breast cancer (DCIS).

During those 10 years, 471 women died from breast cancer. More than 42,000 died from other causes, the findings showed. Breast cancer deaths accounted for between 0.2% and 0.3% of all deaths in women between 66 and 94.

Over time, the risk of dying from breast cancer stayed steady while the risk of death from other causes rose. The investigators also found that the risk of being diagnosed with a new breast cancer after age 75 went down slightly over time.

Deana Baptiste, director of cancer screening guideline development at the American Cancer Society, said this research "reinforces the guidelines we put out in 2015 that recommended that women should continue mammography as long as their overall health is good."

There's no set cut-off age for stopping mammography, she added.

Like the researchers, the cancer society also emphasizes the need for individualized decisions about screening.

"A healthy woman with at least 10 years of life expectancy should be assessed by a clinician, discuss the risks and harms, and apply personal preferences about whether screening should continue," Baptiste said.

Dr. Bonnie Litvack, director of women's imaging at Northern Westchester Hospital in Mount Kisco, N.Y., said this study seems in line with current guidelines.

"Women need to understand the risks and benefits of continued screening, but there's no established age to stop. The age to stop screening should be tailored to the individual patient," she said.

The study was published Sept. 6 in the *Journal of the National Cancer Institute*.

More information

Learn more about breast cancer screening from the **American Cancer Society.**

Millions Of Diabetes Patients Are Missing Out On Medicare's Nutrition Help

Louis Rocco has lived with diabetes for decades but, until he met with a registered dietitian in August, he didn't know eating too much bread was dangerous for him.

"I'm Italian, and I always eat a lot of bread," he said. After two hour-long visits with a dietitian — including a session at his local grocery store in Philadelphia — Rocco, 90, has noticed a difference in his health.

"It's helped bring down my sugar readings," he said of changes in his diet including eating less bread. "I wish I knew I could have had this help years ago."

After getting a referral this summer from his doctor, Rocco learned that Medicare covers **personal nutritional counseling** for people with diabetes or kidney disease.

The estimated 15 million Medicare enrollees with diabetes or chronic kidney disease are eligible for the benefit, but the federal health insurance program for people 65 and older and some people with disabilities paid for only about 100,000 recipients to get the counseling in 2017, the latest year billing data is available. The data does not include the **20 million enrollees in private Medicare Advantage plans**.

Health experts say the little-used benefit represents a lost opportunity for beneficiaries to improve their health — and for the program **to save money** by preventing costly complications from the diseases.

An estimated **1 in 4** people 65 and older have diabetes and **1 in 3** have chronic kidney disease. Kidney disease is often a complication of diabetes.

The prevalence of diabetes has **risen markedly** in the past 20 years and the condition is more common as people age.

Nationwide, there are **100,000 registered dietitians** — more than enough to meet demand, said Krista Yoder Latortue, executive director of Family Food in Philadelphia, which employs about 50 dietitians including the one who visited Rocco. Medicare data showed about 3,500 dietitians billed the program for nutritional counseling in 2017

The problem may be that not enough physicians know about the Medicare benefit. Doctors have to refer patients to a dietitian. ….**Read More**

Opinion: New Netflix show proves some people still don't understand mental illness

Netflix recently released "Diagnosis," a seven-episode series that follows a New York doctor and author as she searches for answers to eight different medical mysteries.

Dr. Lisa Sanders thoroughly reviews the medical records of patients with life-altering and undiagnosed illnesses before writing a New York Times article and asking for the help of people everywhere, whom she refers to as "the crowd," to find the right diagnosis and treatment. There is no doubt that the patients profiled are struggling and the outcomes are not always what they had hoped for. It is compelling television. However, as a person with a **mental illness**, something else stood out for me — the power of stigma.

There are three episodes that deal with **mental illness**: "A Question of Trust," "Déjà Vu" and "Paralyzed," which follows the story of two patients. In the sixth episode ("Déjà Vu"), the featured patient, Matt, struggles with **fainting** and his heart stopping — terrifying. Someone in the crowd suggests that stress may play a role in some of his symptoms. He seeks out therapy and both his physical and **mental health** improve, which demonstrates how interlinked our mental and physical health are — something that is emphasized in this episode.

In the other two episodes, which follow patients Lashay, who experiences constant vomiting, and Ann, who has spells of paralysis on her right side, viewers are offered a different perspective. Both Lashay and Ann receive diagnoses from the crowd that Dr. Sanders believes are a good fit: **rumination syndrome** for Lashay and **functional disorde**r for Ann. While neither of these diagnoses is psychiatric in nature, both patients somehow heard, "It's all in your head." Dr. Sanders goes out of her way to convince both Lashay and Ann that she believes their illnesses are physical in nature and neither diagnosis is marking them as having a mental illness. In the end, neither Lashay nor Ann sought further testing or treatment for the very likely diagnosis they received.

These episodes, the way each patient reacted and the way Dr. Sanders tied herself in knots trying to convince Lashay and Ann they were not being diagnosed as "mentally ill" confirmed a few things to me.

First, society still differentiates physical and **mental illness**. Physical illness is legitimate, nothing to be ashamed of and deserves prompt attention, diagnosis and treatment, and it can affect anyone, from athletic, attractive teenagers (Lashay), to intelligent, environmentally conscious New Yorkers (Ann). On the other hand, to have **a mental illness** means you're "crazy," "nuts," and there must be some kind of character deficit, because it most certainly doesn't affect athletic, attractive teenagers or intelligent, environmental conscious New Yorkers. At least, that is what these two episodes of "Diagnosis" seem to show. Both Lashay and Ann decide to continue living with debilitating symptoms instead of seeking treatment for conditions that someone, somewhere made sound like they were mental illnesses.

I know 17-year-old me would probably have been offended if you told me I would be diagnosed with **bipolar disorder**. I had a stable, loving upbringing. I was physically healthy and never drank, smoked or did drugs. I excelled in school and had a group of close friends. I was studying chemical engineering at a top Canadian university when my symptoms started to tear my life apart.

Twenty-plus years ago, I believed **mental illness** couldn't touch a person like me. I was proven very wrong. In 2019, it is disappointing to see that message continue to be broadcast in the media, because we know that mental illness does not discriminate and can affect people of any age, ethnicity, socio-economic status, level of educational attainment, etc.

According to the **Canadian Mental Health Association**, "In any given year, one in five people in Canada will personally experience a **mental health** problem or illness." Consider 10 people in your life, friends, family, co-workers. Statistically speaking, two of them will experience a **mental health** problem or illness this year.,

Second, the medical community still differentiates between physical and mental illnesses. While there are some passing comments about the connection between our brains and the rest of our body, the tension in these two episodes exists around Dr. Sanders's ability to find a way to convince Lashay and Ann that their diagnoses aren't psychiatric, so that maybe they will seek treatment. She wants them to know that she doesn't think "it's all in their heads." Here, Dr. Sanders makes mental illnesses, illnesses that are by definition, "in your head," seem shameful. It's also a huge missed opportunity for Dr. Sanders and others working on the show to dispel some of the myths and misinformation about mental illnesses.

Finally, "Diagnosis," and its handling of acutally not-psychiatric-illnesses, proves that **mental illness** is still hugely misunderstood. When the phrase "all in your head" is used, it assumes that mental illnesses, and their very real physical symptoms, are made up. Ask a person who struggles with **anxiety** or **panic disorder** if they are just making up their heart palpitations, light-headedness, nausea and vomiting, and you would likely hear a stern "no." Those physical symptoms are no less real because they came from a signal in a person's brain and not a trip to a sketchy sushi bar. When someone with **schizophrenia** experiences hallucinations, they can be as intense as anything you or I can see or hear right now. And a person cannot just turn off the hallucinations by knowing that they are coming from their head. When I experienced hypomanic and manic episodes, I only needed about three or four hours of sleep a night for weeks on end. I wasn't drinking caffeine or taking any stimulants. That energy was all from inside my head. But it was real. Our brains are the control center of our bodies. It makes sense that illnesses of the brain, a physical organ, can have physical symptoms. Sometimes the physical symptoms can be debilitating on their own. But mental illnesses are treatable. Treatment can come in the form or medication, therapy or behavior modification, similar to how conditions like **arthritis** or type II **diabetes** are treated. And treatment can take some time, again, the same as many illnesses in the rest of the body. People with mental illnesses can lead productive, positive and "normal" lives.

But they have to first face the stigma that comes with a diagnosis of a mental illnesses and treatment. And that alone can prevent a person from receiving the help they need. Sadly, I believe shows like "Diagnosis" only perpetuate this stigma and make it more difficult for those living with mental illnesses.

Aggressive Blood Pressure Treatment Does Not Put Seniors at Risk: Study

Intensive treatment to lower high blood pressure can decrease older adults' risk of sharp blood pressure drops that can cause dizziness and increase the likelihood of falling, a new study says.

It included more than 2,800 patients, average age 63, who had recently suffered a stroke.

Half received more aggressive treatment to lower their blood pressure to below 130/80 mm Hg. The others got less intensive therapy with a target of between 130-149/80-90 mm Hg or more.

Blood pressure levels and symptoms were monitored over an average 15 visits per patient. During each visit, blood pressure was measured three times while a patient was seated and one time after two minutes of standing.

This was done to detect any changes and symptoms of orthostatic hypotension (OH), a sudden drop in blood pressure that can occur when a person goes from sitting to standing.

OH is associated with dizziness and increased risk of falling.

More aggressive blood pressure treatment and systolic blood pressure of 130 mm/Hg or under was associated with a lower risk of OH. Systolic blood pressure is the top number in a reading and represents the force of blood flow against the arteries when the heart contracts. The study was presented Saturday at an American Heart Association meeting, in New Orleans. Research presented at meetings is typically considered preliminary until published in a peer-reviewed journal.

While good blood pressure control helps reduce the risk of heart attack and stroke, it's long been believed that aggressive treatment could increase older adults' risk of falls, which can result in fractures, lengthy hospital stays and death.

One in four older adults has a fall each year, according to the National Council on Aging.

"Falls can be devastating in this older population. As a result, there is substantial concern about anything that might increase their fall risk," said study lead author Dr. Stephen Juraschek, an assistant professor of medicine at Harvard Medical School.

"However, our study provides strong evidence that intense blood pressure treatment does not induce orthostatic hypotension or its symptoms," he added in a heart association news release.

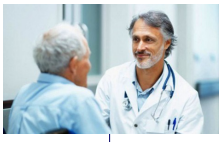
Previous studies have yielded inconclusive findings.

More information

The U.S. National Heart, Lung, and Blood Institute has more on **high blood pressure**.

Tips on Discussing Sensitive Topics with Your Doctor

Much of the communication between doctor and patient is personal. To have a good partnership with your doctor, it is important to talk about sensitive subjects, like sex or **memory problems**, even if you are embarrassed or uncomfortable. Most doctors are used to talking about personal matters and will try to ease your discomfort. Keep in mind that these topics concern many older people. You can use **booklets and other materials from NIA** or the organizations listed at the end of the article to help you bring up sensitive subjects when talking with your doctor.



It is important to understand that problems with memory, depression, sexual function, and incontinence are not necessarily normal parts of aging. A good doctor will take your concerns about these topics seriously and not brush them off. If you think your doctor isn't taking your concerns seriously, talk to him or her about your feelings or **consider looking for a new doctor**. Read on for examples of ways to bring up these subjects during your appointment.

Read More on each of these issues:

- **Alcohol**
- **Falling and Fear of Falling**
- **Feeling Unhappy with Your Doctor**
- **Grief, Mourning, and Depression**
- **HIV/AIDS**
- **Incontinence**
- **Memory Problems**
- **Problems with Family**
- **Sexuality**

Free Information

If you are worried about memory problems and **Alzheimer's disease**, you can contact the **Alzheimer's and related Dementias Education and Referral (ADEAR) Center**,

Colon Cancer Rates Rising Among the Young in Wealthy Nations

Colon cancer rates among young adults are on the rise in the United States, Canada and seven other wealthy nations, even though rates among older adults are down or stable, a new study finds.

The researchers analyzed data for 36 countries and found that over the past 10 years, colon cancer rates among people under age 50 were stable in 14 countries, fell in three (Italy, Austria and Lithuania), and rose in 19 countries.

In several of those nations, a rise in cases affecting young adults (early-onset colon cancer) contrasted with rates in people aged 50 and older, which either dropped (Australia, New Zealand, Canada, Germany and United States) or were stable (Denmark, Slovenia, Sweden and United Kingdom).

In all but one of the 19 nations, the uptick in early-onset colon cancer began in the mid-1990s, the investigators found.

In three countries (Cyprus, the Netherlands and Norway) where rates rose in both groups, the increase in young adults was twice that in older adults. It also began in the mid-1990s.

The largest rise in early-onset colon cancer -- 4.2% a year -- was in South Korea, which has the highest rate of all countries studied, according to American Cancer Society research published Sept. 5 in the journal *Gut*.

The findings suggest that changing exposures in early life are increasing the risk in some countries, and there is an urgent need to learn more about early-onset colon cancer, according to study leader Rebecca Siegel. She's the cancer society's scientific director of surveillance research.

"Although the absolute risk of [colon cancer] in adults younger than 50 years is low relative to older adults, disease trends in young age groups are a key indicator of recent changes in risk factor exposures and often foreshadow the future cancer burden," Siegel said in a cancer society news release.

Worldwide, colon cancer is the third most commonly diagnosed cancer, with an estimated 1.8 million new cases in 2018.