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Publication 2019 Issue 39
Published in house by the
RI ARA

September 29, 2019 E-Newsletter

Trump Says It's 'Great To See' Pelosi's Drug Pricing Bill, But McConnell Warns It's Dead On Arrival

House Democratic leaders on Thursday **unveiled an aggressive plan** to lower drug prices through negotiations between federal health officials and the makers of some of the most expensive drugs.

Speaker Nancy Pelosi ushered the proposal through months of closed-door meetings primarily with other Democrats and experts on drug pricing.

But she and other Democratic leaders also incorporated ideas from **legislation introduced in July** by the top Republican and Democrat on the Senate Finance Committee and backed by President Donald Trump, including capping drug prices based on the rate of inflation — a measure that other Republicans **said they would not support.**

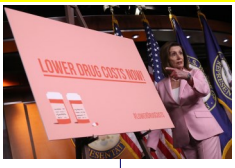
Democrats are also somewhat divided on this plan. Progressives in the House were quick to say the plan does not go far enough.

Even if the proposal never gets a vote, it offers congressional Democrats something they need with a little more than 13 months left before Election Day: a unifying message on an issue that most voters say is their biggest health care concern.

What's all the fuss about? Let us walk you through it.

What's In This Plan, Anyway?

The legislation, called the "Lower Drug Costs Now Act," was formally introduced by Rep. Frank Pallone (D-N.J.), chairman of the House Energy and Commerce Committee, one of the panels with jurisdiction over the bill. The measure would restrict the ability of drugmakers to charge essentially whatever they want on brand-name drugs that have no competition on the market. Specifically, its changes would include:



- A requirement that the secretary of Health and Human Services negotiate the prices of "as many as possible" of the 250 most expensive drugs marketed in the United States that lack at least one generic or biosimilar competitor. HHS would have to negotiate at least 25 drugs annually, addressing the concern that requiring more could overwhelm health officials.
- Steep penalties for drugmakers who refuse to negotiate or comply with the outcome, equivalent to 65% of the drug's annual gross sales, escalating up to 95% over time. There would also be penalties for overcharging, for example.
- Limits on price increases for drugs covered under **Medicare Part B** (which includes treatments at doctors' offices and dialysis centers) and **Part D** (referring to prescription drug plans). Those price increases would be restricted to the rate of inflation, including retroactively those that have risen since 2016. Drugmakers could either lower their price or pay the difference to the government as a rebate.
- A $2,000 cap on the amount Medicare beneficiaries pay out-of-pocket for prescription drugs every year.

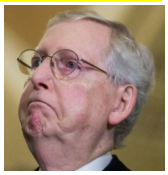
Outlining how the HHS secretary would determine which drugs to negotiate, the plan says HHS would identify the target drugs each year with the highest aggregate cost, meaning they would take into account the price and the volume of sales.

HHS would be required to negotiate the price of insulin, the proposal adds, singling out the lifesaving diabetes medication with sky-high costs that have spurred outrage at drugmakers this year.

The legislation would aid negotiations by creating a maximum price called the Average International Market price. Drawing on the idea of an international pricing index — which Trump has said he supports but which many Republicans dislike — the so-called AIM would be the average price of a drug in six countries (Australia, Canada, France, Germany, Japan and the United Kingdom) weighted on the basis of sales volume.

The goal of negotiations would be to establish "a maximum fair price," which would be no more than 20% higher than the AIM, the plan says.

Who Would Benefit From This Plan, And How?



In short, **all Americans** would benefit from the pricing negotiations. The plan says the price would be available to all payers, not just the federal government, meaning drugmakers would have to offer the same deal to everyone.

The rest of the legislation offers benefits largely for Medicare beneficiaries, even suggesting that, if the drug savings were enough, it could mean expanded coverage, including adding services for vision, hearing and dental care.

It is legislation tailor-made for an election year. A Kaiser Family Foundation poll released last week showed **70% of the public** said lowering prescription drug prices should be a major priority for lawmakers — more than any other health care issue. (Kaiser Health News is an editorially independent program of the foundation.)

It also helps that older Americans tend to be the most reliable voters, a trend that may explain **why Medicare issues often come up around election season.**

What Are The Critics Saying?

This legislation puts "politics over progress," said a statement attributed to **every Republican on the House Energy and Commerce Committee**….

….Read More

Tell Your Member of Congress to Support the BENES Act

The bipartisan Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act (S. 1280/H.R. 2477) is urgently needed to modernize and streamline the Medicare Part B enrollment process. Passage this year presents an important opportunity for members of Congress to advance commonsense, low-cost reforms that are in the best interest of millions of current and future Medicare beneficiaries.

Currently, far too many people make honest mistakes when trying to understand and navigate the complex Part B enrollment system. The consequences of such missteps are significant—including late enrollment penalties, higher out-of-pocket health care costs, gaps in coverage, and barriers to accessing needed services.

In 2018, an **estimated** 760,000 people with Medicare were paying a Part B Late Enrollment Penalty (LEP), with the average LEP amounting to nearly a 28% increase in their monthly premium. In addition to this considerable financial burden, older adults and people with disabilities often face disruptions in care continuity, unexpected health expenses, and lack of coverage because of mismanaged Medicare transitions. The BENES Act would help prevent costly enrollment errors. As recommended by MedPAC in its June 2019 **report** to Congress, the bill would fill long-standing gaps in outreach and education by directing the federal government to notify individuals approaching Medicare eligibility about basic enrollment rules. It would also update enrollment timelines to eliminate needless breaks in coverage and inform future policymaking on enrollment period alignment. Together, these changes would improve the health and financial well-being of current and future Medicare beneficiaries.

With 10,000 people reaching Medicare eligibility age every day, the BENES Act's commonsense solutions are needed now more than ever.

Help support this bill by writing to your members of Congress. **Urge them to prioritize the BENES Act for immediate passage.**

For more information about the BENES Act, read the Medicare Rights **one-pager.**

Take Action

Policy Options for Improving Dental Coverage for People on Medicare

Since its inception, Medicare, the national health insurance program **for more than 60 million older adults and younger people with long-term disabilities**, has explicitly excluded coverage of dental services, with limited exceptions. Some Medicare beneficiaries have access to dental coverage through other sources, such as Medicare Advantage plans, Medicaid, or private plans (either employer-sponsored retiree plans or plans purchased by individuals), but the scope of coverage under these plans varies widely and is typically quite limited.

Nearly two-thirds of the Medicare population – 37 million beneficiaries – have no dental coverage at all. Cost concerns and lack of dental coverage contribute to beneficiaries foregoing routine and other dental procedures. Lack of dental care can exacerbate chronic medical conditions, such as diabetes and cardiovascular disease, contribute to delayed diagnosis of serious medical conditions, and lead to preventable complications that sometimes result in costly emergency room visits.[1] As a result, there is ongoing interest in policy options to make dental care more affordable by broadening dental coverage for people on Medicare.[2]

KFF
HENRY J KAISER FAMILY FOUNDATION

This issue brief begins with a review of dental coverage permitted under current Medicare law to set the context for understanding proposals that could improve oral health coverage for the Medicare population. It reviews a range of policy options that could make dental care more affordable, examines basic policy features associated with each proposal, and discusses potential implications for key stakeholders, including Medicare beneficiaries, taxpayers, insurers, and dental professionals.

This brief describes five potential ways to strengthen oral health care for older adults (Table 1). The first two options would create a new dental benefit under Medicare: one would add dental benefits to Medicare Part B, and the other would establish a separate dental benefit under a new part of Medicare, similar in some ways to the Part D benefit for prescription drugs. The other three options would be expected to provide less help in improving dental coverage and reducing out-of-pocket costs for dental care, and would have a more limited impact on Medicare spending.

Overview of Current Rules for Medicare Coverage of Dental Care

Current law states that Medicare will not pay for dental services, except under very limited circumstances. Under Section 1862(a)(12) of the Social Security Act, Medicare will not make payments:

Medicare *does* cover dental services if they are incident and integral to a covered procedure such as when the reconstruction of a ridge is performed as a result of and at the same time as the surgical removal of a tumor (for other than dental purposes). Medicare also specifies an exception to the "incident and integral to" rule when a dentist extracts teeth to prepare the jaw for radiation treatment for cancer.[4]

While the dental exclusion includes exceptions that allow coverage of limited medically-related services, current policy is not completely clear or consistent. For example, Medicare Part A will cover an oral examination for patients who are hospitalized for a comprehensive workup prior to a kidney transplant, but it will not cover an oral examination for patients prior to transplantation of organs other than kidneys.[5,6,7] Even in this circumstance, there is no payment under Medicare Part B for the dentist's service, just to the hospital for the service of an employed dentist.[8] As a result of the lack of clarity and consistency in the dental exclusion, there has been ongoing discussion about whether the law can be interpreted to cover a wider range of medically necessary dental services…..**Read More**

Why Millions of Senior Citizens Can't Get Needed Medications

A new watchdog report says prescriptions are being rejected because doctors and insurers don't communicate with each other

Senior citizens who try to fill prescriptions have them rejected at the pharmacy counter millions of times each year because their doctors either don't, or are unable to, check whether a patient's Medicare plan covers a particular drug.

That's the upshot of a new report from a federal watchdog that examines the difficulty Medicare beneficiaries face in getting medications.

As many as 84 million pharmacy claims were rejected in 2017 by the private health insurers that run Medicare's drug benefit, known as Part D, according to the report released Thursday by the Health and Human Services Office of Inspector General. That's as much as 3.45% of the program's total pharmacy claims, though the number may double count some rejections, the report says.

Many of the pharmacy-counter rejections could have been avoided if the clinician prescribing the medicine had access to a plan's list of covered drugs and requirements for prescribing, such as prior authorization, according to the report. The inspector general recommends improving electronic communications between the plans and prescribers to reduce the number of claims rejected.

At the pharmacy counter, it's often too late to change a prescription to a covered medication on the spot.

The bureaucratic hiccups can delay or prevent people from getting needed medications. It's a consequence of the administrative complexity of American health care. An intricate chain of middlemen and third-party payers links suppliers of medicine with patients, so a snag anywhere along the way can create headaches for patients and their families.

To reduce those obstacles, doctors or other prescribers would have to check in real time whether a patient's Medicare plan covers the drugs they're prescribing. Those checks now happen at the pharmacy counter, when it's often too late to change the prescription to a covered medication on the spot.

For Medicare patients who want to see how often a plan rejects a script at the pharmacy counter, the information isn't easily accessible, and soon it may not be available at all. Starting in 2019, the Centers for Medicare and Medicaid Services stopped requiring Part D plans to report how often prescriptions were rejected at the pharmacy counter. According to the inspector general's report, Medicare "ended these oversight efforts because they were no longer needed and were burdensome" for the companies selling the prescription plans.

Medicare Part D drug plans cover 45 million people, at an annual cost of $99 billion. The OIG has previously faulted private Medicare Advantage plans, which often include Part D drug coverage, for "widespread and persistent problems related to denials of care and payment."

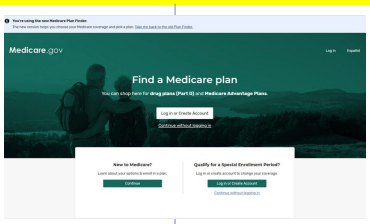
In addition to recommending that CMS improve communications between health plans and prescribers, the watchdog also called for stepping up audits of plans with lots of rejections and making that information more transparent to Medicare beneficiaries. CMS concurred with the recommendations.

CMS is working on a fix. New rules in the works require Medicare prescription plans to create "an electronic real-time benefit tool" that can plug into prescribers' computer systems by 2021. But they won't be required to integrate with every digital health record or electronic prescribing system, and there's no agreed-upon standard for how such electronic communications should work.

New Medicare Plan Finder is Improved but Needs Work before Fall Open Enrollment Begins on October 15

In a letter sent this week to Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma, we applauded the agency's efforts to update the Medicare Plan Finder but also urged CMS to make additional improvements to the tool prior to the upcoming Fall Open Enrollment period which begins on October 15.

Developed in 2005 as a central online place to view, compare, and select Medicare Advantage and Part plans, CMS recently unveiled significant updates to the Medicare Plan Finder on Medicare.gov.



The new Plan Finder includes a number of important changes that Medicare Rights has long supported—including an improved user experience with a streamlined design and more intuitive presentation.

We welcome these updates but also encourage the agency to make additional revisions so the tool is clearer, more accurate, and more functional before Fall Open Enrollment begins. As outlined in our recommendations, the needed changes include improving the sort and summary features to account for data of importance to users, such as drug cost and formulary information, and clarifying potentially confusing language and displays.

Based on our experience assisting people with Medicare and their families during Fall Open Enrollment and throughout the year, we know how challenging it can be for older adults and people with disabilities to evaluate their health care and prescription drug coverage options. We look forward to continuing to work with CMS to ensure older adults and people with disabilities have the tools and resources they need to make informed coverage decisions.

Read the letter to CMS.

Drugmakers, Worried About Losing Pricing Power, Are Lobbying Hard

Pharmaceutical industry attacks proposals in Washington that could cut deeply into companies' sales

Worried drugmakers are stepping up efforts to blunt proposals in Washington that they view as some of the most serious threats to their pricing power in recent years.

Pharmaceutical industry trade organizations and outside groups are spending millions of dollars on advertisements attacking the proposals, which would peg drug prices in the U.S. to prices paid overseas and force companies to pay rebates if a drug's price increases by more than the rate of inflation. For instance, one trade group's radio ad decries "foreign price controls" imposed by European bureaucrats.

Industry executives and lobbyists are urging friendly lawmakers to pass legislation blocking the plans. They are also pushing administration officials to pursue measures that would pressure industry middlemen such as pharmacy-benefit managers to provide some relief on patients' costs without directly curbing drugmakers' pricing power.

The pricing proposals, if enacted, could reduce companies' sales by billions of dollars, analysts say. The industry is trying to hold off passage of the plans it opposes through the end of this year, people familiar with the matter say, as it is unlikely that Congress would be able to act during election campaigning next year.

Yet drugmakers don't have the political clout they used to largely because of rising public dismay over high drug prices. Even some Republicans, who typically have been more sympathetic to the industry, have joined criticism of high prices.

The industry lost a key ally when Utah Sen. Orrin Hatch, a Republican, retired last year. Also, Iowa Sen. Chuck Grassley, long a skeptic of the pharmaceutical industry, returned to the chairmanship of the Senate Finance Committee last year.

In July, the Finance Committee approved a bill that would require drugmakers to rebate to the federal Medicare program any list price increases that exceed the rate of inflation. Mr. Grassley was a co-sponsor of the bill along with Sen. Ron Wyden of Oregon, the top Democrat on the committee.

The **Trump administration last October proposed** basing how much Medicare pays for cancer, eye and certain other drugs on the prices charged in other countries, including in Europe, where drugs are less expensive.

And House Speaker Nancy Pelosi, a Democrat, introduced legislation Thursday that would allow the government to directly negotiate prices for up to 250 expensive drugs that don't have generic competition.

"We're facing the stiffest political headwinds in the history of the industry," James Greenwood, president of the trade group Biotechnology Innovation Organization, said in an interview. BIO's member companies include **Amgen Inc**., **Johnson & Johnson JNJ -0.14%** and **Pfizer Inc**.

In response to the drug-pricing efforts, Mr. Greenwood, a former Republican congressman from Pennsylvania, said he and his staff have visited dozens of members of Congress, White House adviser Joe Grogan, who formerly lobbied for drugmaker **Gilead Sciences** Inc., and deputies to Health and Human Services Secretary Alex Azar, a former **Eli Lilly** & Co. official

"We want to be proactive in terms of making sure our position is heard down in Washington," Pfizer Chief Financial Officer Frank D'Amelio said at an investor conference this month. "And many of us, including myself, get down there and make sure we have the conversations that need to be had."...**Read More**

Small businesses support Medicare for All

A new **Public Private Strategies poll**that a solid majority (58 percent) of small businesses in the US support Medicare for All. Small businesses today struggle to provide health insurance to their employees. **Medicare for All**help small businesses, as well as workers.

The 30.7 million small and mid-sized businesses in the US– businesses with fewer than 500 employees–represent 60 million workers, a significant portion of the population. They also represent more than 99 percent of employers. Nearly half (47 percent) of private sector jobs are with small businesses. And small businesses create two-thirds of new private-sector jobs.

Both administratively and financially, small businesses are challenged to provide their workers health care coverage. Three in four small businesses say that health care costs are a major concern. More than one in three of them say health insurance costs are their primary challenge as a business. Health insurance costs threaten their ability to compete in the marketplace.

As health care costs have grown, small businesses have shifted an increasing portion of the health insurance premium to their workers. They have also raised employee deductibles and copays in order to manage their costs.small businesses have stopped providing health insurance to their workers. They can't find an insurer that will offer their workers affordable coverage.

In short, it makes sense that the majority of small businesses support adding benefits to Medicare and expanding it to guarantee coverage to all Americans. More than one in three (34 percent) strongly support Medicare for All and nearly one in four (24 percent) somewhat support it. The **private health insurance system**not meeting their needs. Medicare for All would.

As Wendell Potter, President of **Business for Medicare for All**, explains, "Medicare for All is the only solution to our healthcare cost crisis that will offer relief to workers and small businesses alike."

Top Problems for Small-Business Owners

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riarajap@hotmail.com • **http://www.facebook.com/groups/354516807278/**

What Are the Marketing Rules for Medicare Plans?

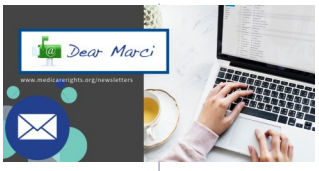
Dear Marci,

I volunteer at a local senior center and I have Medicare myself. With Medicare's Fall Open Enrollment coming up, I know that Medicare plans will be advertising. What rules do these plans have to follow? What should we do if plans break these rules?Cindy (Bridgeport, CT)

Dear Cindy,

Insurance companies selling Medicare private plans (which include Part D and Medicare Advantage plans) must follow certain rules when promoting their products. These rules are meant to prevent plans from presenting misleading information about a plan's costs or benefits. This is also known as marketing fraud.

Medicare private plans are allowed to conduct certain activities. For instance, companies can market their plans through direct mail, radio, television, and print advertisements. Plans can also send emails, but they must provide an opt-out option in the email for people who do not wish to receive them. Agents can also visit your home if you invite them for a marketing appointment.



Insurance agents cannot:

- Call you if you do not give them permission to do so
- Visit you in your home, nursing home, or other place of residence without your invitation
- Ask for your financial or personal information (like your Social Security number, Medicare number, or bank information) if they call you
- Provide gifts or prizes worth more than $15 to encourage you to enroll. Gifts or prizes that are worth more than $15 must be made available to the general public, not just to people with Medicare
- Disregard federal and state consumer protection laws for telemarketing, the National Do-Not-Call registry, or do-not-call-again requests
- Market their plans at education events or in health care settings (except in common areas)
- Sell you life insurance or other non-health products at the same appointment (known as cross-selling), unless you request information about such products
- Compare their plan to another plan by name in advertising materials
- Use the term "Medicare-endorsed" or suggest that their plan is a preferred Medicare plan
- Plans can use Medicare in their names as long as it follows the plan name (for example, the Acme Medicare plan) and the usage does not suggest that Medicare endorses that particular plan above other Medicare plans
- Imply that they are calling on behalf of Medicare

MEDICARE RIGHTS CENTER Blog
Getting Medicare right

If you feel a plan or agent has violated Medicare's marketing rules, you should save all documented proof, when available, such as an agent's business card, the plan's marketing materials, and your phone call records. Report the activity to 1-800-MEDICARE or your local Senior Medicare Patrol (SMP). To contact your SMP, call 877-808-2468 or visit **www.smpresource.org**.

-Marci

Tips for Downsizing Your Home as a Senior

This article is based on reporting that features expert sources including **Mary Sue Patchett**; **Courtney Petersen**

What is downsizing?

For many seniors, once the children have grown and moved out, the family home can start to feel too big and difficult to maintain. This could mean it's time to consider downsizing and moving into a smaller space.

Downsizing a home is a term used to describe the process of reducing the number and variety of items a senior has before moving into a smaller space. This smaller space might be simply a smaller home or condominium in the same town. Downsizing may also occur prior to moving into an assisted living facility or nursing home or moving across the country to be closer to loved ones.

- **How many moves?**
- **Distance and location.**
- **Donating.**
- **Selling.**
- **Start early and categorize.**
- **Make a list.**
- **Measure.**
- **Keep it moving – out.**
- **Leverage technology.**
- **Take your time.**
- **Get professional help.**
- **Get the family involved.**
- **Digitize documents.**
- **Make a photo album.**

View All On One Page

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

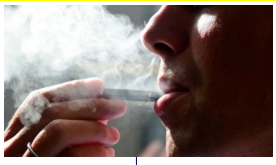
Missouri man latest to die of vaping-related illness

A Missouri man died of a vaping-related illness this week, marking the first reported death of its kind in the state and the eighth nationwide, the **state health department announced** Thursday.

Missouri Department of Health and Senior Services said the man was in his mid-40s and had normal lung function before he started vaping in May, based on lung samples taken by the department.

He developed mild respiratory symptoms that worsened, and was hospitalized on Aug. 22. He was later transferred to Mercy Hospital St. Louis on Sept. 4, where he died.

"This is an unfortunate case of a young man with no prior lung illness who started vaping because of chronic pain issues," said Dr. Michael Plisco, Mercy critical care pulmonologist and medical director of Mercy's extracorporeal membrane oxygenation program.



"He started out with shortness of breath and it rapidly progressed and deteriorated, developing into what is called acute respiratory distress syndrome (ARDS). Once the lungs are injured by vaping, we don't know how quickly it worsens and if it depends on other risk factors."

The state health department said it's received 22 reports of possible vaping-associated pulmonary illnesses throughout Missouri since the department started advising, and later requiring, doctors to report such cases.

Seven of the 22, including this week's death, have been confirmed as vaping-associated illnesses based on the definition by the Centers for Disease Control and Prevention (CDC), the department said. Nine of the cases are under investigation and six did not meet the CDC's definition.

The CDC reported 530 vaping-related illnesses this week — a dramatic spike from last week's reported 380 identified cases. Patients have been found in 38 states and one territory.

Federal and state lawmakers have been eyeing legislation to ban certain products in response to the growing number of cases.

Last week the Trump administration announced its looking to ban all non-tobacco flavors of e-cigarettes.

Sens. Jeff Merkley (D-Ore.) and Mitt Romney (R-Utah) drafted legislation this week with a similar goal of banning flavors of e-cigarettes except tobacco.

Some states have taken similar action. Michigan and New York announced this week they would ban the sale of flavored e-cigarette products, which critics have said target young consumers.

Walmart to End Sales of E-Cigarettes as Vaping Concerns Mount

Vaping-related lung illnesses have been on the rise, and federal and state health departments are investigating the risks.

Walmart said on Friday that it would stop selling e-cigarettes at its stores in the United States, dealing a new blow to the vaping industry as concerns mount over the health risks of the products and their soaring popularity among teenagers.

"Given the growing federal, state and local regulatory complexity and uncertainty regarding e-cigarettes, we plan to discontinue the sale of electronic nicotine delivery products," the retailer said in a statement on Friday.

The decision by Walmart comes amid a drumbeat of new reports about the potential health risks of vaping that has made parents, doctors and government officials increasingly wary of the products, which are marketed as smoking-cessation devices.

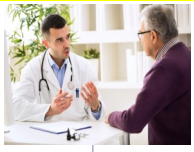
Vaping products account for only a small portion of Walmart's revenue, but e-cigarette shoppers tend to be younger and more loyal customers who shop regularly and often buy other items when they come to replenish their vaping supplies.

Give Seniors a Memory Check at Annual Checkups, Experts Say

Many older people show evidence of mental decline, called mild cognitive impairment, but doctors often miss this sometimes early sign of dementia and Alzheimer's disease.

To help doctors get a better handle on their patients' mental state, the American Academy of Neurology (AAN) is urging physicians to assess patients aged 65 and older at least once a year.

The academy recommends that doctors use a mathematical tool that helps quantify their patients' memory and thinking skills.



"Since thinking skills are the most sensitive indicator of brain function and they can be tested cost-effectively, this creates an enormous opportunity to improve neurologic care," study author Dr. Norman Foster, of the University of Utah in Salt Lake City, said in an AAN news release.

Around the world, nearly 7% of people in their early 60s suffer from mild cognitive impairment, as do 38% of those aged 85 and older, according to the AAN.

Using the new metric can alert doctors so that optimal care can be provided. Although there is no cure for mild cognitive impairment, its presence can help doctors keep watch should the patient progress to dementia.

"We cannot expect people to report their own memory and thinking problems because they may not recognize that they are having problems or they may not share them with their doctors," Foster said.

"Annual assessments will not only help identify mild cognitive impairment early, it will also help physicians more closely monitor possible worsening of the condition," he added.

The report was published online Sept. 18 in the journal *Neurology*.

More information

For more on mild cognitive impairment, visit the **U.S. National Institute on Aging.**

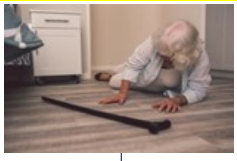
Home Safety Checklist for Seniors

It's important for seniors to be safe at home. Use this checklist to spot possible safety issues and make adjustments accordingly

FOR MANY OLDER Americans, remaining at home as long as possible is the gold standard for how they want to live. While it's not always possible for older adults to stay at home safely, for others, **aging in place** is entirely possible but may require a few changes to the home to keep them safer longer.

There are several safety concerns seniors must address if they want to **remain in their homes as they age**, and the biggest among them are:

- **Falls.**
- Food and nutrition.
- Decline of communication skills and **cognitive function**.
- Loss of mobility.



Falls

A risk of falls is one of the primary safety concerns for seniors. In fact, the Centers for Disease Control and Prevention reports that **falls are the leading cause of fatal and nonfatal injuries** among adults aged 65 years and older. Falls can happen for any number of reasons, and "safety hazards are often hidden in basic household items such as furniture, rugs or pets," says Jen Brandon, a physical therapist and rehab manager with the **Hoag Orthopedic Institute** in Irvine, California. "Everyday activities like answering the phone or walking to the bathroom have an increased fall risk," especially when you're rushing. In addition to physical objects causing a risk of tripping and falling, "many medications that seniors take have side effects and can make one dizzy when first getting out of bed in the morning," Brandon says. Plus, **changes in vision,** balance and posture can also make a senior less steady on their feet.

- **Food and Nutrition**
- **Decline of Communication Skills and Cognitive Function**
- **Loss of Mobility**

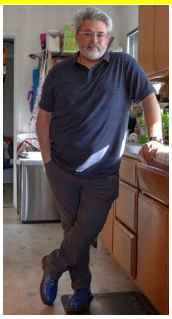
Home Safety Checklist

Despite these concerns, Brandon says that often, it only takes a few "simple changes to make the home a safe environment." Use these tips to help make aging in place a little safer:

- **Create a support system.**
- **Get help with the house.**
- **Set up regular grocery delivery.**
- **Add an emergency response system.**
- **Make the bathroom safer.**
- **Remove trip and fall hazards.**
- **Brighten up your home.**
- **Stay active.**
- **Add technology.**
- **Visit the doctor.**
- **Stay connected.**

...Read ore on each of theses Home Safety Checklist

It's Not Just Insulin: Diabetes Patients Struggle To Get Crucial Supplies



In the first three months after getting his Dexcom continuous glucose monitor, Ric Peralta said, he reduced his average blood sugar level by 3 percentage points.

"It took me from not-very-well-managed blood sugar to something that was incredibly well managed," said Peralta, a 46-year-old optician in Whittier, Calif., who was diagnosed with Type 1 diabetes in 2008.

Peralta was so enthused that he became a "Dexcom Warrior," a sort of grassroots spokesman for the product. It became hard to imagine life without his new monitor, a device that lets him track the trends in his blood sugar 24 hours a day on his smartphone. And yet, he has spent weeks at a time without the device over the past year because of insurance restrictions. Physician groups and patients consider those rules burdensome, but insurers defend them as necessary.

Diabetes **activists** and **legislators** have started to focus attention on the **surging price of insulin**, leading to **legislative pushes**, **lawsuits** and **congressional hearings**. But insulin isn't the only thing people with Type 1 diabetes are struggling to get. Managing the condition requires other essential, often lifesaving medical supplies. And patients frequently face hurdles in getting access to those supplies — hurdles put in place by insurance companies.

A Life-Changing Device

Peralta learned about the latest version of the Dexcom continuous glucose monitor from the mother of one of his patients. He visited the company's website and, within two weeks, the device was shipped to his front door.

"I still didn't 100% appreciate exactly how it was going to change my life," Peralta said. "It was amazing."

Typically, people with Type 1 diabetes check their blood sugar by drawing a drop of blood from a finger and placing it on a disposable test strip that's read by a blood glucose meter. Doctors suggest checking blood sugar this way between four and 10 times a day. These readings are crucial for helping people with diabetes manage their blood sugar — keeping it from getting too low, which can lead to sudden seizures and loss of consciousness, as well as from getting too high, which can cause vision loss and nerve damage and can even, over time, lead to amputations.

Instead, Peralta's continuous glucose monitor gave accurate blood sugar readings every five minutes. That's 288 readings a day, or about 278 more readings than even the most conscientious patients get the old-fashioned way.

"When I had to do the old-fashioned finger prick test, I was only doing that right before I ate, so I could see how much [insulin] I was supposed to take," Peralta said. (People with Type 1 diabetes have to take multiple daily shots of insulin to keep their blood sugar within the normal range because their bodies stop producing the naturally occurring hormone.)

"I didn't realize that I had rather severe [blood sugar] peaks and valleys in between my mealtimes," Peralta said.

Tighter control of blood sugar can **reduce the risk** of heart disease, kidney failure and nerve damage. For Peralta, it also offered peace of mind.

The monitor sounds an alarm when his blood sugar gets dangerously low; Peralta said his co-workers have started bringing him sugary snacks when they hear the alarm, to help him raise his blood sugar back to normal….Read More

Financial hardship may accelerate aging

Research shows that adults who spend as few as 4 years in economic hardship could be at risk of accelerated aging in comparison with adults who do not experience periods of poverty.

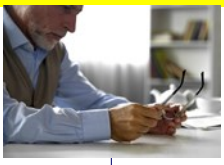
The term accelerated aging describes people who are physically less capable at an earlier age than others at the same life stage. These people may also have poorer cognitive function and higher levels of inflammatory markers in their blood.

Scientists associate high detection of markers of **inflammation,** such as **C-reactive protein** (CRP) and IL-6, with many conditions, including infection and **cancer**.

An aging population, particularly in western societies, means that healthcare costs disproportionately affect older adults. This phenomenon has led to a drive-in promoting healthy aging.

As such, researchers from the Department of Public Health at the University of Copenhagen in Denmark conducted a study to investigate whether late-middle-aged adults are adversely affected by economic hardship compared with adults of the same age who are not experiencing financial problems.

Results appear in the ***European Journal of Ageing.***



Studying financial hardship and aging

The benchmark for economic hardship in this study included people with relatively low income. In this case, those with incomes 60% less than the national average across 22 years.

The researchers studied 5,575 adults in the late-middle-aged population, of whom 18% experienced poverty in the period 1987-2008. The team, which was led by Rikke Lund, studied aging by analyzing both physical and cognitive function, including chair rise, grip strength, jump, and balance.

The researchers found that people who have lived in relative poverty for 4 years or more did not perform as well as the people who have never experienced financial hardship. They also found that those living with financial issues had heightened levels of inflammatory markers in their blood.

Their findings suggest that moving out of economic hardship protects against accelerated aging and that increasing probability of economic hardship results in the opposite and leads to a rise in blood CRP levels.

Interestingly, experiencing poverty earlier in life for a shorter period did not indicate accelerated aging. However, entering a period of financial difficulties in later life as a result of job loss was a significant contributing factor.

This suggests that financial hardship during early life due to being in higher education or taking on short term contract jobs is not as stressful as poverty in later life. It also suggests that accelerated aging could be time sensitive.

The study's significance and limitations

This study is in line with other studies that have also demonstrated inverse associations between financial hardship and **physical capability**, as well as self-reported cognitive difficulties.

However, these results do conflict with one study, which indicates that a person's perception of their economic hardship is a **more important** indicator of health than how much money they have.

This study does have some limitations, however. For example, the researchers did not consider any potential confounding factors that may lead to adverse aging. These factors include the development of diseases not associated with poverty but which may be life-limiting or accelerate aging.

Furthermore, this study does not analyze populations of adults from a variety of societies. The research focused only on people in Denmark and is, therefore, not reflective of the global outlook.

In conclusion, the evidence presented in this study shows that just a few years of financial hardship across the adult life course has no associations with early aging. However, people who experience economic difficulties for 4 or more years have poorer physical capability, cognitive function, and higher inflammatory levels in midlife.

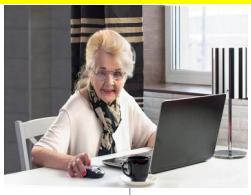
"Early aging also means more treatment at an earlier age, and it is a burden both to the individual and the society. With our results, we show that poor finances are a strong indicator of early aging — this knowledge can be used to prevent the problems." ***Rikke Lund***

The authors suggest that preventive initiatives that focus on reducing the burden of sustained economic hardship may help decrease the rates of accelerated aging in adults.

Staying Healthy Now to Work Into Older Age

While you can take Social Security benefits at age 62 and get 75% of your maximum, waiting until you reach full retirement age (between age 66 and 67 depending on the year you were born) gets you much closer to the full amount. But the age at which Americans can collect the most dollars has inched up to 70.

The problem is that, in general, people today aren't as healthy during their pre-retirement years as past generations were. Having one or more chronic health conditions, from diabetes to arthritis, can make it harder to keep working through your 60s and, for those who want or need to, beyond.



Though you might see retirement as being in the distant future, taking care of yourself today creates the foundation for a healthier and more productive old age. The American Academy of Family Physicians has seven key lifestyle habits to follow that can get you there.

Build the Foundation for Lifelong Fitness

- Eat healthy: fruit, vegetables, legumes, nuts, whole grains and lean proteins.
- Get regular exercise -- on nearly every day of the week.
- Lose weight if you're overweight.
- Protect your skin every time you leave your home to help prevent skin cancer.
- Don't smoke.
- Limit alcohol to a max of one drink a day for women, two for men. Less is better.
- Practice safe sex.

Map out a long-term strategy with your health care provider that includes the number of daily calories and minutes of exercise appropriate for you. And make sure you're getting regular preventive care, such as screenings for blood pressure and cholesterol and, depending on your age, breast, colon and other cancers.

More information

Get more tips for a healthy future from the **American Academy of Family Physicians**.

There are 2 types of flu shots to choose from: Which one should you get?

You've heard it repeatedly: You should get your annual flu shot. You can go to your local pharmacy, doctor's office, or hospital to get the shot, but you should probably know that there are two different types of shots, each of which offers varying coverage.

One is the trivalent vaccine, and the other, the quadrivalent vaccine. The trivalent vaccine protects against three strains of the flu — an influenza A, or H1N1, virus; an influenza A, or H3N2, virus; and an influenza B virus. The quadrivalent vaccine, meanwhile, protects against four strains: all of the strains in the trivalent vaccine, plus an additional B virus strain.

There is a type of quadrivalent flu shot that can be given to children as young as 6 months, according to the **Centers for Disease Control and Prevention** (CDC). Other quadrivalent flu shots are approved for people ages 3 and up.

So which one are you likely to get, and should you be opting for something different?

In general, you're probably getting the quadrivalent vaccine, infectious disease expert Amesh A. Adalja, MD, senior scholar at the Johns Hopkins Center for Health Security, tells Yahoo Lifestyle. "Most places are going to be primarily stocking the quadrivalent," he says. "You want to get this vaccine because it covers against more strains."

However, there is one big exception:
The **CDC** recommends that people who are 65 and older get what's called a high-dose influenza vaccine — which is another name for a trivalent vaccine. "Because of the way it's formulated, it only has three strains," Adalja says, explaining that with only three strains in the formula, you can make the doses a bit higher than with four. "It's kind of a tradeoff: You're getting the benefit of a higher dose against some of the more dangerous strains. In a high dose, there's only so much you can pack into a vaccine."

For the record, the CDC's Advisory Committee on Immunization Practices does not state a preference for the quadrivalent or the trivalent. Still, the quadrivalent makes sense for many people, Adalja says. "The CDC doesn't want to confuse people more," he says. "They just want people to get something, which is much better than nothing."

If you know you want to get your flu shot and aren't sure which type you're getting, just ask. Your doctor or pharmacist should be able to tell you.

Four-Legged Friends Help Buffer Loss of a Spouse

The loss of a loved one is one of life's most stressful events. But new research suggests that having a furry loved one still at home may help ease the pain.

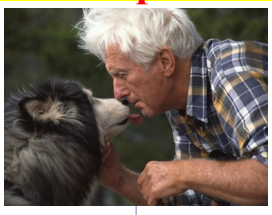
Investigators looked at 437 older adults, some of whom lost a spouse, either through divorce or death. They found that having a cat or dog at home was linked to an easing of loneliness and depression.

Study leader Dawn Carr, an associate professor of sociology at Florida State University, said the research team was surprised by the results, which were particularly meaningful because loneliness and depression have been found to be risk factors for death and other health problems, just like smoking.

Pets can provide support during stressful times -- even petting a dog or cat can calm you, Carr noted.

In the study, the researchers compared the mental health of people who stayed married to those who didn't, over a four-year period. They also looked at whether owning a dog or cat had any effect on mental health.

The study found that while all people who became widowed or divorced did have some decline in their mental health, having a pet seemed to make a difference. Patients without pets who experienced such a loss had an average of 2.6 symptoms of depression, but that fell to just 1.2 symptoms for those with pets.



But Carr stressed that the question of pet ownership is complicated.

"There have been a variety of studies that have shown both positive and negative effects of pet ownership," she noted. But what these studies haven't taken into account is the different factors that might cause people to become pet owners in the first place.

"For example, older people may choose to get a cat if their health is declining," she said. "So if we were to look at people with pets compared to people without pets, we might conclude that pets cause [a decline in health], when that's just a correlation."

So, this study assessed the baseline characteristics of people who do and don't own pets, and then looked at the impact of a losing a spouse on both groups. The researchers did find find that having a pet seemed to cushion the emotional blow.

For the report, Carr's team used data on people over 50 who had answered questionnaires for the University of Michigan's Health and Retirement Study.

Participants were classified into one of four groups: no loss/no pet; loss/no pet; loss/pet, and no loss/pet. Their average age was 65.

Dr. Alice Pomidor is a past chair of the American Geriatrics Society's public education committee. She was not involved in the study, but agreed that pet ownership is more complicated than it appears. Pets can increase the risk for falls in older adults due to tripping over them, and they can cause financial stress due to the cost of their care.

However, pets can also help their owners get exercise and engage with something outside themselves, which can be helpful for older adults. "You have another living being around to keep you company," she said.

Overall, said Pomidor, this study is important as the baby boomers age and more people begin to need long-term care. Companion animals are already used in some hospices and assisted living facilities, either through resident animals, or through volunteer programs in which people bring in pets.

Some places are experimenting with automated systems and virtual reality programs. But, Carr said, "When we take care of animals, we have a purpose to get up for in the morning. Virtual reality may not ever be able to replicate that."

The study was published recently in *The Gerontologist*.

More information

There's more on dealing with grief at the **American Psychological Association.**

Over 50? The CDC Says You Need These 4 Vaccines

With summer fun now behind us, it's time to prepare for a long fall and winter. So, if you are 50 or older, consider scheduling vaccinations that can keep you healthy — and even save your life.

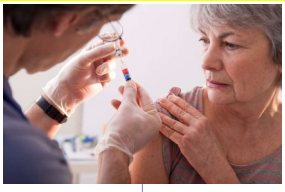
The aging process weakens our immune systems, putting us at greater risk for several types of disease, according to the **U.S. Centers for Disease Control and Prevention**.

For this reason, **the CDC recommends** adults 50 or older schedule the following vaccines.

Just talk to your doctor before getting any vaccine, as there are some exceptions to CDC recommendations.

Flu shot

The CDC recommends that all adults get a flu shot, but it is particularly important for older adults and those with chronic health conditions such as diabetes, asthma and heart disease. These people have a greater risk of developing serious complications if they catch influenza.



While the flu might seem like a minor nuisance, it can be deadly. As the **CDC reminds us:**

"Every year in the United States, millions of people are sickened, hundreds of thousands are hospitalized and thousands or tens of thousands of people die from the flu."

Fortunately, you can cash in on your flu shot if you get it at the right place. For more, check out "**3 Retailers That Will Reward You for Getting a Flu Shot in 2019**."

Shingles vaccine

Around 1 in 3 Americans will develop shingles at some point, and the risk of getting the painful rash grows with age, **according to the CDC**. This painful condition can cause symptoms that last months or years. It can even cause permanent blindness, as we report in "**This Cause of Blindness Is Soaring Among Seniors**."

A newer vaccine, called Shingrix, is more than 90% effective in preventing shingles in older people, according to the CDC. But the vaccine has been running short for years.

So, call your health care provider now to set up an appointment for the two-dose vaccine. Or, use the CDC's **Vaccine Finder** tool or the **Shingrix locator** tool from GSK, the vaccine's manufacturer.

Tdap or Td vaccine

The Tdap vaccine protects you against tetanus, diphtheria and pertussis. Chances are good that you have had this vaccine in the past. But if you haven't, the **CDC urges you** to get it "as soon as possible."

The Td vaccine only protects against tetanus and diphtheria, and requires a booster every 10 years.

Pneumococcal vaccines

Pneumococcal vaccines help protect against pneumococcal disease, meaning infections caused by the *Streptococcus pneumoniae* bacteria.

The CDC **recommends all adults** age 65 or older get both types pneumococcal vaccines that available in the U.S.: pneumococcal conjugate and pneumococcal polysaccharide.

Health Problems That Are More Common in the Fall and Winter

Winter brings a number of seasonal health risks, mainly related to the physical challenges of ice, snow, and cold. A range of health conditions that exist year round are heightened in the colder months because the weather creates circumstances that feed contagion -- staying indoors with more opportunities for person-to-person sharing of microbes.

In fact, the **Centers for Disease Control and Prevention** reports that there are far more deaths in winter than in summer. The averages of daily deaths in December, January, and February are 8,344, 8,478, and 8,351, respectively; while the averages in June, July, and August are 7,298, 7,157, and 7,158, respectively.

There are a number of ways to protect against cold-weather health problems, and they do not include wearing a hat and buttoning up your overcoat, except in extreme conditions where frostbite and hyperthermia are threats. It is a myth that not wearing a coat can cause a cold and that a hat is necessary because most body heat exits through your head -- it doesn't. Nor should you avoid exercising in cold weather. **Exercise** is always important to your health and may be a necessary antidote to holiday indulgence and too much inactive time indoors.

With so many illnesses at large in the winter, it is important to try to avoid contagion, that is, staying away from sick people and crowds and washing your hands regularly. Common sense dictates how to avoid other hazards, including taking extreme care while traversing ice and snow and not overdoing the shoveling.

Click through the gallery to learn more about Fall & Winter health problems

Drug Disposal Options

Prescription drugs can be harmful to others if used by people in your home who should not be taking them or if disposed of improperly. Here's how the Centers for Disease Control (CDC) and the US Food and Drug Administration (FDA) recommend handling the prescription drugs you use, as well as unused medicines that you no longer need.

The **FDA** and CDC both recommend bringing your medicines to **National Prescription Drug Take-Back Day** on October 26, 2019. You can dispose of them there. In April, the most recent take-back day, people brought in 937,443 pounds (468.72 tons) of unused or expired prescription medication.

You may also be able to bring unused medicines to your pharmacy for disposal.

If you can't turn your prescription drugs in, check the FDA **flush list**.

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