

April 4, 2021 E-Newsletter

Senior Trump Appointees Remain in Place at Social Security Administration

The chairs of Social Security subcommittees in the House and Senate are calling on President Biden to fire Social Security Administration (SSA) Commissioner **Andrew Saul** and his deputy, **David Black**, immediately. Saul and Black were appointed by former president **Donald Trump** to terms that end in 2025.

There have been several incidents that call into question Saul and Black's leadership.

- ◆ In 2020, an SSA **Inspector General** report found that the Agency knew that full benefits were not being paid to tens of thousands of Americans but took no action to ensure these beneficiaries received the money they were owed;
- ◆ An SSA whistleblower recently came forward saying that Saul and Black were putting illegitimate pressure on SSA judges to wrongfully deny people with disabilities

the Social Security benefits they have earned; and

- ◆ Stimulus payments for nearly 30 million Social Security beneficiaries have been delayed because the SSA failed to send the IRS the payment information it needed to send stimulus payments until **March 25**.

"President Biden must protect the people who rely on Social Security from leaders who are not serving the mission of the SSA

and the American people," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "We call on him to fire Saul and Black and replace them with appointees who understand, respect and support SSA and the millions of Americans who rely on it for the benefits they have earned."



Joseph Peters, Jr.

Demand the Senate pass the For the People Act and rebuild our democracy

We must build a stronger and more representative democracy. To create the kind of change voters want to see, the Senate must pass the For the People Act — a once-in-a-generation democracy reform package to clean up our political system, expand and protect voting rights, get big money out of politics, hold elected officials accountable

for corruption, and create a democracy that values the voices of all Americans.

The House passed the For the People Act in early March 2021. Now, it will go to the Senate where Democrats hold the majority and must use that majority in order to fix our democracy.



Democracy is connected to many important issues of the day -- the environment, economy, education, racial justice, and health care are all on the line. If Americans are ever going to see progress on the policy issues we care about, we must have a democracy that responds to the needs and priorities of voters -

not wealthy donors and corporate interests.

In order to fix our democracy and ensure our voices and votes matter, we must demand the Senate pass the For the People Act (S1).

Sign and send the petition: The Senate must pass S1, the For the People Act, in order to ensure OUR voices are heard.

Big Effort to Lower Drug Prices Once Again in Congress

Last year the House of Representatives passed major legislation to lower drug prices that included giving the Secretary of Health and Human Services (HHS) the authority to negotiate for lower drug prices with drug companies.

Sen. Mitch McConnell (R-Ky.), who was the Senate Majority Leader at that time, refused to even bring the bill up for a vote on the Senate floor.

Now Congressional Democrats, while only having a razor-thin majority in the Senate, are planning a major push to include in measures to lower drug prices in upcoming legislation meant to rebuild the U.S. infrastructure.

According to a report in *The Hill* newspaper, "House Democratic leaders are intent on including a measure that would allow the secretary of Health and Human Services to negotiate lower prices for prescription drugs, sources say."

The report goes on to say that "... the bill is fiercely opposed by Republicans and the powerful pharmaceutical industry, with executives warning it would harm innovation that leads to new drug development. The 50-50 split in the Senate is also raising questions about whether it could get through that chamber without losing any moderate Democrats."



Democratic leaders believe the measure could save almost half a trillion dollars if it were to pass. And while it would be much more likely to be brought up for a vote, the uncertainty about whether it could pass in the Senate remains.

In order to pass it all 50 Democratic Senators would have to support the legislation. If that were not the case there would have to be enough Republican Senators voting "yes" to reach at least 50 votes in favor of passage.

With the Senate being so sharply divided, achieving that result is very questionable. One of the uncertain Democrats

is Sen. Bob Menendez of New Jersey. His state is home to many big-name pharmaceutical companies and he voted against a measure to allow Medicare to negotiate drug prices in the Senate Finance Committee in 2019.

As of yet the White House has not put out President Biden's plans for drug pricing legislation, or how strongly they will push for it.

Lowering drug prices is one of the highest priorities of TSCL and we will be working very hard to get legislation passed this year.

ADD
YOUR
NAME

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

How the COVID-19 Relief Bill Helps Older Adults and People with Disabilities

The recent COVID-19 relief bill, the **American Rescue Plan** (ARP), makes important changes to help older adults, people with disabilities, and families amid the pandemic and its economic fallout. The \$1.9 trillion package signed into law by President Biden includes several of the Medicare Rights Center's priorities and related reforms that will ease health care access and affordability, strengthen economic security, and advance equity. Key provisions include:

Medicaid HCBS. The ARP provides much-needed funding for Medicaid home and community-based services (HCBS), boosting the federal government's matching rate by 10% for one year (April 1, 2021 through March 31, 2022). States must maintain their current HCBS spending to qualify for the enhanced funds and can use the additional dollars in a variety of ways—specifically, to “implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen” Medicaid HCBS. As the Kaiser Family Foundation **explains**, “examples

of initiatives that states might fund include bolstering the workforce by supporting direct care workers, family caregivers, and/or HCBS providers adversely affected by the pandemic; offering services to address the pandemic's impact on seniors and people with disabilities; and/or increasing the number of people receiving HCBS.”

Community Living Programs. The ARP further supports community living by bolstering initiatives that can help people with Medicare maintain their health and independence, such as those authorized by the Older Americans Act, the Low Income Home Energy Assistance Program, housing supports and homelessness prevention, as well as the Supplemental Nutrition Assistance Program and other nutrition programs.

Nursing Homes. To improve nursing home care and resident rights, the ARP funds state strike teams to assist with clinical care, infection control, and staffing. It also directs Quality Improvement Organizations to



develop and distribute protocols to help prevent and mitigate COVID-19, allocates additional funding to state long-term care ombudsman programs, and funds the Elder Justice Act through 2022.

Economic Stimulus. The ARP authorizes another round of economic relief payments. People with adjusted gross incomes (AGI) up to \$75,000 (\$150,000 for couples) are eligible for the full \$1,400 (\$2,800 for couples) plus \$1,400 for each dependent, including adults. This is an important change from the previous dependent payments, which were limited to children. The stimulus amount phases out more quickly than under previous bills, reaching zero for those with incomes above \$80,000 (\$160,000 for couples).

Financial Assistance. Separately, the law expands the child tax credit, allowing qualifying families and grandfamilies to receive up to \$3,000 per child aged 6-17 and \$3,600 per child under 6. Beginning in 2021, it also increases the maximum earned

income tax credit from \$530 to \$1,500 for childless workers up to age 64 and raises the income limit for the credit from \$16,000 to approximately \$21,000.

Employment Supports. The ARP extends the \$300 per week federal increase to unemployment benefits through September 6, 2021, and continues the paid leave tax credit through September 30, 2021, increasing the total wages an employer can claim (from \$10,000 to \$12,000 per employee).

The Medicare Rights Center welcomes these improvements, and urges additional reforms to help older adults, people with disabilities, and their families obtain needed health and economic supports during the pandemic and beyond. Most urgently, this includes easing and expediting Medicare enrollment and ensuring access to affordable COVID-19 care, treatment, and vaccines. We look forward to continuing to work with Congress and the administration to advance these important goals.

7 Must Have Documents for Senior Citizens

Do you have parents that are senior citizens, retired or aging with declined health? What about healthy active parents or yourself? It is never too early to have your wishes in writing for that ‘just in case’ moment. Here is a list of 7 documents every senior citizen should have and provide the contact information of the attorney that has the information on file.

Start by having your attorney prepare the following documents:

- ◆ **Will and estate plan** so that upon your death your assets will pass exactly as you intend. Don't let state law decide who inherits your estate.
- ◆ **Durable power of attorney** so that someone you trust can make decisions on your behalf in the event

you are unable to do so.

- ◆ **Prepare an advanced medical directive (living will)** so that someone is empowered to make medical decisions on your behalf and in accordance with your wishes if you cannot.
- ◆ **Retirement and disability plans** so that your care upon retirement or disability is not left to chance.
- ◆ **Review all private and governmental benefits** to which you may be entitled, including life and health insurance, government assistance programs, private pension and benefit plans, to insure that you receive the maximum benefits to which you are entitled.
- ◆ **Comprehensive summary**



of assets and benefits,

including all bank accounts, savings accounts, CDs and other assets together with all benefits for which you are or may be eligible. Ensure your assets and benefits can be readily identified.

- ◆ **Important Papers Packet** containing vital documents and your comprehensive summary of assets and benefits. The packet should include copies of your Social Security card, life insurance policies, will, military discharge papers, medical alerts, names and addresses of your physicians, immunization records, other important medical information, including allergies, deeds, and titles or bills of sale of

particularly valuable property, such as fine jewelry.

Even if you do not have these documents or only a few, do not be overwhelmed. Getting the documents in place is not as daunting as it may seem. The challenges usually come when the documents are NOT in place. Save the time and headaches by taking care of this today.

Having an important document checklist for the senior citizen in your life can help you keep everything organized and keep yourself prepared for the next steps of their life. Easing the stress of a time when our seniors may be unable to coordinate decisions on their own can make things a little easier. While it's hard to think about aging and moving on, you can make the transition as easy as possible on all parties.

Kaiser Family Foundation Answers Common Questions about Medicare Funding

The Kaiser Family Foundation (KFF) recently highlighted some common questions and answers about how the Medicare program is funded. According to the KFF FAQ, Medicare spending accounts for 21% of national health care spending and 12% of the federal budget. Its funding comes primarily from general revenues, payroll taxes, and premiums paid by beneficiaries.

Different Parts of Medicare are funded differently—Part A,

which covers inpatient hospital stays, some home health care, and hospice, is financed primarily through a tax on earnings paid by employers and employees. Payroll taxes accounted for 88% of Part A revenue in 2019. Part A has been the focus of some significant conversation recently because the Medicare Hospital Insurance (HI) trust fund, out of which Medicare Part A benefits are paid—is projected to be



depleted in 2026, just five years from now. The FAQ answers common questions about Medicare financing, including questions about the HI trust fund, what depleted means, what happens if there is a shortfall, whether this has happened before, what factors affect the trust fund, and what the long-term outlook is for Medicare financing.

Crucially, the report highlights that while some reports describe

the trust fund as heading towards “bankruptcy” or “going broke,” “it is important to note that the Medicare program will not cease to operate if assets are fully depleted, because revenue will continue flowing into the fund from payroll taxes and other sources. Based on data from Medicare’s actuaries, in 2026 Medicare will be able to cover 94% of Part A benefits spending.”

[Read the FAQ from Kaiser Family Foundation.](#)

Social Security Recipients to Get Third Stimulus Check Next Week

Millions of seniors who didn't file a 2019 or 2020 tax return could receive a third stimulus check next week. After [receiving data from the Social Security Administration \(SSA\) on March 25](#), the IRS says it has already started reviewing, validating, and testing the information needed to process third stimulus payments for approximately 30 million seniors. Assuming there are no problems, the IRS expects to finish that work and begin processing payments by the end of this week. These seniors will generally get their stimulus

payment in the same way they get their regular Social Security benefits. Since most of these payments will be paid electronically through direct deposits or to existing [Direct Express](#) debit cards, the funds should be available on April 7 for many seniors.

Third stimulus payments are generally based on information found on your 2019 or 2020 tax return. However, since some Social Security recipients don't file tax returns, the IRS didn't have the necessary information



in its computer systems to process third-round stimulus payments. That's why the tax agency needed data from the SSA to send out checks to seniors who haven't file a recent tax return.

Many people who receive Social Security benefits who filed a 2019 or 2020 return, or who used the IRS's Non-Filers tool last year, already received a third stimulus check. The IRS's statement about payments arriving on April 7 applies to people receiving Social Security, Supplemental Security Income

(SSI), or Railroad Retirement Board (RRB) benefits who didn't file a 2019 or 2020 tax return or didn't use the Non-Filers tool. The IRS is still reviewing data received from the Department of Veterans Affairs for people who receive VA benefits, so payments to them will come later.

Most Social Security, SSI, and RRB beneficiaries who are eligible for a third stimulus check don't need to take any action to receive a payment ([not everyone is eligible](#))...[Read More](#)

Expanding Medicare Advantage is a bad idea

In an op-ed for [Health Affairs](#), Ken Terry and David Muehlestein explain why expanding the Medicare private insurance option to everyone or “Medicare Advantage for All” is a bad idea. Among other things, we can't distinguish among Medicare Advantage plans or prevent plans from jeopardizing the health and well-being of their members through narrow networks with poor quality providers, cumbersome administrative hurdles, inappropriate delays and denials of care and high out-of-pocket costs. According to one recent NBER paper by Jason Abaluck at Yale et al., picking the [wrong Medicare Advantage plan could kill you](#).

Here's what we know:

- ◆ Medicare Advantage per member costs are higher than per member costs in

[traditional Medicare](#) and have been since Medicare Advantage's inception.

- ◆ More than one in three people in Medicare Advantage plans are in plans with narrow provider networks.
- ◆ In Alaska and Wyoming, fewer than five percent of people with Medicare are in MA plans. No MA plans are available in Alaska, and Wyoming has only one plan.
- ◆ Medicare Advantage plans are [not as good at reining in per-member costs](#) as traditional Medicare. In 2019, MA costs increased 6.3 percent while traditional Medicare costs increased 2.4 percent. On average, per member payments to



Medicare Advantage are 2 percent higher than traditional Medicare.

◆ Medicare Advantage plans profit handsomely from Medicare, with annual gross margins of \$1,608 per member between 2016 and 2018. They are driving up Medicare Part B premiums and [draining the Medicare Trust Fund](#).

Here's what we don't know:

- ◆ Why does Medicare Advantage have faster cost growth per member than traditional Medicare?
- ◆ Which, if any, Medicare Advantage plans offer better quality care than traditional Medicare? The [data is not available](#). Studies that report overall data on Medicare Advantage plans are misleading at best.

What's important to know is individual plan performance. Reports of average performance are analogous to saying that houses in a community are better than average. The question is which ones specifically.

- ◆ [Data](#) show that people with high costs tend to leave Medicare Advantage at high rates.
- ◆ Health insurers say they spend 20 to 40 percent less on care than traditional Medicare. We know that they are paying providers about the same rate as traditional Medicare. Which Medicare Advantage plans are withholding needed care and which are preventing costly overtreatment? How much money is going to profits and would that money be better spent on additional benefits?

Amazon dives deeper into health care

Amazon's venture into healthcare through **Haven** under Atul Gawande's leadership did not succeed as planned, but Amazon is still diving deep into the health care space. This summer it is launching a new health care initiative for workers across the nation. Amazon Care offers on-demand healthcare services, both telehealth and in-person.

Amazon Care has been around for Amazon employees since September 2019. It allows Amazon workers to get telehealth services—both primary care and urgent care—via the internet. It also affords workers who need at-home care from a health care professional in-

person services. For example, people who need their blood drawn or their lungs listened to can schedule an appointment for a health care provider to come to them; they do not need to leave their homes.

Amazon Care also offers **delivery of prescription drugs**. Right now, Amazon Care is still only available to Amazon workers and their families in Washington state. But, this summer it is expanding its telehealth services to Amazon workers and workers at other companies throughout the US. And, it is also expanding its in-person at-home services to Washington DC and Baltimore,



among other cities. Amazon Care provides almost instantaneous **telehealth services**. The goal is for its virtual care to be quick and efficient; if successful, it will stand apart from its competitors. Moreover, unlike many of its competitors, Amazon Care allows for continuity of care, so that people can stay with one medical team rather than having to switch teams each time they need care.

To complement the telehealth and in-person services, there's an Amazon Care app that can nudge people to refill prescriptions and to get follow-up care when needed. People

can also schedule appointments through the app.

There's no information on what Amazon Care charges for its services. It appears that, at least for now, the cost is on top of insurance premiums for the workplace coverage employers offer. It's easy to imagine that, over time, it will be integrated into that coverage.

Amazon's press release does not indicate whether it plans to coordinate with Medicare. Given the amount of money in Medicare, it's hard to imagine it is not planning to do so. And, then, the question becomes, will Amazon Care drive down the cost of care and drive out its competitors?

Dear Marci: Am I eligible for home health care?

*Dear Marci,
I will soon be moving out of a skilled nursing facility (SNF). I may need additional physical therapy, but it will be difficult for me to leave my home. Am I eligible for home health care?
-Peter (Pittsburgh, PA)*

Dear Peter,

It sounds like you may be eligible for home health care under Medicare's home health benefit. Home health care includes a wide range of health and social services delivered in your home to treat illness or injury. Medicare covers your home health care if:

1. **You are homebound, meaning it is extremely difficult for you to leave your home and you need help doing so.** The **homebound requirement** can be met in additional ways during the **coronavirus public health emergency**. You can be considered

homebound if your physician certifies that you cannot leave your home because you are at risk of medical complications if you go outside, or if you have a suspected or confirmed case of COVID-19.

2. **You need skilled nursing services and/or skilled therapy care on an intermittent basis.** Intermittent means you need care at least once every 60 days and at most once a day for up to three weeks. This period can be longer if you need more care, but your care needs must be predictable and finite. Medicare defines skilled care as care that must be performed by a skilled professional, or under their supervision. Skilled therapy services refer to physical, speech, and occupational therapy. You cannot qualify



for Medicare home health coverage if you only need occupational therapy.

However, if you qualify for home health care on another basis, you can also get occupational therapy. When your other home health needs end, you can continue receiving Medicare-covered occupational therapy under the home health benefit if you need it.

3. **You have a face-to-face meeting with a doctor within the 90 days before you start home health care, or the 30 days after the first day you receive care.** This can be an office visit, hospital visit, or in certain circumstances a face-to-face visit facilitated by technology (such as video conferencing).

4. **Your doctor signs a home health certification confirming that you are**

homebound and need intermittent skilled care. The certification must also state that your doctor has approved a **plan of care** for you and that the face-to-face meeting requirement was met. Your doctor should review and certify your home health plan every 60 days. A face-to-face meeting is not required for recertification.

5. **And, you receive care from a Medicare-certified home health agency (HHA).**

Medicare should pay for these services regardless of whether your condition is temporary or **chronic**.

If you meet all the requirements, Medicare should pay for skilled care in your home and/or home health aide services. If you have questions, need help finding local HHAs, or experience billing issues, call 1-800-MEDICARE. -Marci

More Harmful Chemicals Found in Some Hand Sanitizers

Last year Americans were told that one of the ways to prevent being infected with Covid-19 is to wash hands frequently and for at least 20 seconds, and if that was not possible, use hand sanitizer. That resulted in a run

on hand sanitizers and for awhile they were difficult to find.

Because of the huge demand various brands of sanitizers started appearing in stores that we had not seen



before. Then we were alerted that some of those that were made in Mexico contained methanol, a form of alcohol that's poisonous to humans, and we should not use them.

Now, another warning has been issued that some sanitizers made in both the U.S. and China contain benzene, a chemical known to cause blood cancers such as leukemias.

Military Exposed to Toxic Fumes From Burn Pits Set to Get Bipartisan Boost

Lawmakers on Capitol Hill on Friday planned to roll out what could be the most ambitious attempt ever tried to treat American war fighters poisoned in deployments overseas.

The bipartisan bill, modeled on both Agent Orange legislation and the 9/11 health act, aims to help unknown thousands of veterans who got sick after being exposed to toxic substances from massive open fire pits where the military burned its garbage, as well as other sources.

The Department of Veterans Affairs estimates some 3.5 million service members were exposed to the toxic trash plumes in Iraq, Afghanistan and other battlegrounds, and maintains a **burn pits registry** through which nearly 236,000 veterans have reported

exposures. President Joe Biden believes that toxic smoke is responsible for the brain cancer that killed his son Beau in 2015.

Yet the VA and the military deny the vast majority of claims for retirement and health benefits from ill veterans, leaving them to cope with disability and mounting medical bills on their own until they die.

The reasons range from simple denials that noxious fumes caused illnesses to the classic problems even the sickest veterans encounter when they confront enormous snarls of red tape at the VA and Department of Defense.

Generally, it's up to the sick service members to prove their cases.

Sens. Kirsten Gillibrand (D-



N.Y.) and Marco Rubio (R-Fla.) predict their bill will finally ease that burden. "The bottom line is that our veterans served our country, they are sick, and they need health care — period," said Gillibrand.

"No more excuses. No more delays. It is time to act," Rubio said.

The bill is called "The Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act." Its text was expected to be released Friday with the formal introduction of the measure. Comedian Jon Stewart, a strong advocate for the 9/11 health act, is also taking up the cause of burn pit vets.

It comes on the heels of Senate testimony from **veterans**

such as Will Thompson, who still can't get his military retirement benefits even though his double-lung replacement makes him 100% disabled, he said. His lungs failed after breathing the trash smoke in Iraq, and doctors found traces of jet fuel and metal in his tissue.

Thompson said he suffered a mild stroke shortly after the March 10 hearing in which he visibly struggled to deliver his testimony. His doctors told him it stemmed from treating skin cancer that he's more susceptible to because of the immunosuppressants he must take to keep his body from rejecting his transplanted lungs

He and others are tired of waiting on a system that leaves many worse off than he is....**Read More**

'I'm Scared': CDC Director Warns of 'Impending Doom' as COVID-19 Cases Climb

Centers for Disease Control and Prevention head Rochelle Walensky said she feels a sense of "impending doom" as COVID-19 cases and hospitalizations tick back up, and pleaded with the public to continue masking up until a majority of the population is vaccinated, **NBC News reported**.

"I'm going to lose the script, and I'm going to reflect on the

recurring feeling I have of impending doom," an emotional Walensky said at a Monday press conference. "We have so much to look forward to, so much promise and potential of where we are, and so much reason for hope. But right now I'm scared. I know what it's like, as a physician, to stand in that patient room gowned, gloved,



masked, shielded, and to be the last person to touch someone else's loved ones, because their loved ones couldn't be there."

The recent increase in COVID infections comes as **roughly 2.5 million Americans a day** are being inoculated against the coronavirus. Walensky pointed to the emergence of more contagious variants, more

people traveling, and governors reopening their states too quickly.

"We are not powerless," said Walensky. "We can change this trajectory of the pandemic, but it will take all of us recommitting to following the public health prevention strategies consistently, while we work to get the American public vaccinated."

Her Doctor's Office Moved One Floor Up. Her Bill Was 10 Times Higher

Kyunghee Lee's right hand hurts all the time.

She spent decades running a family dry cleaning store outside Cleveland after emigrating from South Korea 40 years ago. She still freelances as a seamstress, although work has slowed amid the covid-19 pandemic.

While Lee likes to treat her arthritis with home remedies, each year the pain in the knuckles of her right middle finger and ring finger increases until they hurt too much to touch. So about once a year she goes to see a rheumatologist, who administers a pain-relieving injection of a steroid in the

joints of those fingers.

Her cost for each round of injections has been roughly \$30 the past few years. And everything is easier, and less painful for a bit, after each steroid treatment.

So, in late summer she masked up and went in for her usual shots. She noticed her doctor's office had moved up a floor in the medical building, but everything else seemed just the same as before — same injections, same doctor.

Then the bill came.

The Patient: Kyunghee Lee, a 72-year-old retiree with UnitedHealthcare AARP Medicare Advantage Walgreens



insurance who lives in Mentor, Ohio

Medical

Service: Steroid

injections into arthritic finger joints

Service Provider: University Hospitals Mentor Health Center, part of the University Hospitals health system in northeastern Ohio

Total bill: \$1,394, including a \$1,262 facility fee listed as "operating room services." The balance included a clinic charge and a pharmacy charge. Lee's portion of the bill was \$354.68.

What Gives: Lee owed more than 10 times what she had paid for the same procedure done

before by the same physician, Dr. Elisabeth Roter.

Lee said it was the "same talking, same injection — same time."

Lee and her family were outraged by the sudden price hike, considering she had gotten the same shots for the far lower price multiple times in the years before. Her daughter, Esther, said this was a substantial bill for her mother on her Social Security-supplemented income.

"This is a senior citizen for whom English is not her first language. She doesn't have the resources to fight this," Esther Lee said....**Read More**

Caregiving for the Elderly

More than ever before, families are providing long-term care to older adults with limitations in the ability to perform tasks necessary for independent living. Nearly 25% of American households are providing care to people age 50 years and over. Families are the foundation of a stressed healthcare system. Hospital stays are shorter than ever and family caregivers are often expected to do what healthcare professionals once did, and do so without training.

- ◆ Monitor symptoms and administer complex medication regimens
- ◆ Assist with personal care
- ◆ Perform housekeeping tasks
- ◆ Provide emotional support
- ◆ Manage difficult behaviors such as wandering, aggression, & hallucinations
- ◆ Deal with healthcare providers and insurance companies
- ◆ Manage finances
- ◆ Coordinate care
- ◆ Deal with uninvolved or

unhelpful family members

If you or someone you know is arranging or providing care for someone experiencing illness-related losses or frailty, there are some important facts you should know.

What are the effects of caregiving?

Caregiving is what professionals call the unpaid work of family members that make it possible for spouses and parents to live at home longer. Most family members think of it as doing what comes naturally when you're a wife, husband, daughter, son, or other family member.

While many caregivers find much meaning in being able to help a loved one, there are health risks associated with long-term caregiving:

- ◆ 80% of caregivers say they feel a great deal of stress.
- ◆ 50% have clinically significant depression.
- ◆ Anxiety is higher in caregivers than non-



caregivers.

- ◆ Caregivers have more physical health problems.
- ◆ Strained caregiver spouses are at increased risk of dying.
- ◆ Caregivers have poorer immune system function and slower healing of wounds.
- ◆ Caregivers experience more colds and other viral illnesses.

In addition to health risks, caregivers can experience financial strain associated with illness expenses, passing up promotions, and reducing work commitments in order to continue giving care to a loved one.

Effects on the Family

Spousal caregivers. People providing care to a husband or wife often experience significant changes in marital relationships. Responsibilities that were once handled by the ill spouse may have to be taken over by the caregiver. This may involve learning new skills at a time when there is less energy for

new things. Many times, the spouse feels that roles have been reversed and this can be overwhelming and frustrating. There are also losses. Activities that once provided pleasure and deepened a sense of connection may no longer be possible. Caregiving spouses can begin to feel very isolated from their friends and feel tremendous guilt about their own unmet needs.

Adult children providing care. Caregivers often are raising families at the same time they are helping an older family member. Caregiving can affect the siblings, spouses, children and grandchildren of the caregivers. Sometimes it seems as if everything in the family revolves around the health concerns of one person. This can lead many people in the family to feel like health problems have taken over family life. When this happens, needs for attention go unmet and relationships that were doing well before may become stressed....[Read More](#)

All About Nursing In-Home Care

Deciding on hiring nursing in-home care services for a loved one is a difficult one for many reasons. Not only does this mean they're losing their independence but it also means we have to admit they're getting older. Here are guidelines discussing all about nursing in home care.

When Is Nursing In-Home Care Necessary?

When your loved one needs more than assistance with housekeeping, running errands or medical monitoring, it's time to bring on board in home care support services from a skills nursing professional. These professionals bring things to the next level by administering medications, assist with wound care, perform injections and monitor serious illnesses or health conditions that are unstable. They'll work in conjunction with those providing personal care services, not instead of, because

they're offering specialized medical care.

Who Pays for In-Home Nursing Care?

Under most circumstances, if your loved one qualifies for Medicaid, their in-home nursing care and in home care assistance will have coverage if it's deemed medically necessary by their primary care physician. Medicaid typically covers most or all of the fees in association with this care. If your loved one has a long-term insurance plan, they'll likely have coverage for skilled nursing care and in home care for elderly that a physician has found medically necessary. However, it depends on the coverage offered by their policy.

How to Hire an In-Home Caregiver

It's essential for you to take the time to discuss the needs and limitations your loved one has with them, as well as with their physician. Go over the doctor's



recommendations and determine how they meld with your loved one's expectations, likes and dislikes.

Then, look at agencies to find a trustworthy, compassionate and responsible, skilled nursing professional. When you're working with prescreened workers, you know they've passed background checks and have relevant work experience. Ask them if they've worked with elderly home care products, have experience with private senior home care, and if they've ever worked with group home care to get a better idea of their past work experience.

Look for Recommendations

Others in your family may have worked with a skilled nursing professional who provided excellent care. If they're not available, they may have another recommendation to offer. Ask about in home care costs elderly and the senior at

home care services their company provides. For example, if the referral works for Axxess home care, ask them about the company and for references.

Conduct Interviews

Of the essential parts of nursing in home care is the interview process. You're going to be speaking with many skilled nursing professionals about their background, experience and obtaining references. During the interview process, you're discussing the job details, what their expectations are going to be, and asking them how they believe they're going to be able to handle the tasks at hand. You're going to be discussing their previous work experiences, like their time at Encompass home care, for example, and checking the references they provide. In doing so, can determine a good fit for your loved one's needs.

Drug Boosts Survival for Women With Advanced Ovarian Cancer

Women with advanced ovarian cancer often face grim statistics, with less than half surviving for five years after their diagnosis. However, a new study suggests that so-called "maintenance therapy" with a targeted cancer drug may add years to some patients' lives.

In findings described by some experts as "remarkable," the study showed that women with advanced ovarian cancer linked to the BRCA gene were much more likely to be alive with no signs of their cancer coming back in five years if they receive Lynparza (olaparib), a targeted cancer therapy known as a PARP inhibitor.

This class of drugs blocks an enzyme called PARP that cancer cells need to repair damage to their genetic material, and blocking it causes cancer cells to die. There are two other PARP inhibitors approved to treat ovarian cancer, Zejula (niraparib) and Rubraca (rucaparib).

PARP inhibitors are particularly effective against cancers linked to BRCA genes. Often thought of as the breast cancer genes, BRCA1 and BRCA2 are responsible for

roughly 25% of ovarian cancer cases.

The new study provides five-year follow-up data from a clinical trial of women with BRCA-positive advanced ovarian cancer who received Lynparza for two years after their initial treatment ended.

Happily, the survival benefits lasted five years out regardless of how aggressive the cancers were, said study author Dr. William Bradley, a gynecologic oncologist at Froedtert Health and Medical College of Wisconsin in Milwaukee.

It's still too early to use the word cure, but that may be where this is headed, he added. "Maintenance therapy with Lynparza really should be considered standard of care for BRCA-positive advanced ovarian cancer," Bradley said.

The study included 391 women with a BRCA mutation and advanced ovarian cancer who completed chemotherapy; 260 received Lynparza and 131 received a placebo. When compared with women on the placebo pill, more than twice as many women on Lynparza were still alive with no progression of their cancer five years after the



study began. The trial was funded by Lynparza maker AstraZeneca.

"This is really good news," Bradley said.

"Women enjoyed the benefit for the next three years when off therapy."

Calling the new results "quite remarkable," Dr. Konstantin Zakashansky, director of gynecologic oncology at Mount Sinai West in New York City, said that the new findings may well be akin to a cure for these women.

"Even after five years, there is quite a significant benefit," said Zakashansky, who wasn't part of the study. "We have never seen anything like this before with ovarian cancer."

PARP inhibitors do have their share of side effects, including risk for blood abnormalities that can leave women more prone to infection or fatigue, but the follow-up data showed that these do not get worse with time, researchers said. "The safety signal did not progress or become ominous," Bradley said.

These women will now be followed indefinitely, he added.

The new findings suggest that maintenance therapy with Lynparza has a lasting impact

for women with BRCA-positive advanced ovarian cancer, and time will answer all remaining questions, said Dr. Deborah Armstrong, a professor of oncology at Johns Hopkins Kimmel Cancer Center in Baltimore. She was not involved in the new study.

"Is it possible that two years of therapy with this drug is nipping cancer cells in the bud or are they just quieted down and will come back later?" Armstrong asked.

Another point is that the new drug may be cost-prohibitive for some women, she said. "It is extremely expensive, costing \$10,000 to \$12,000 a month, and even people with really good insurance have high copays."

The findings were presented at the Society of Gynecologic Oncology's virtual annual meeting, held March 19-25. Findings presented at medical meetings are considered preliminary until published in a peer-reviewed journal.

More information
The National Ovarian Cancer Coalition offers more on ovarian cancer treatment options.

Most Post-Surgical Opioids Go Unused: Study

Using cellphones to track patients' painkiller use, a new study found more than 60% of opioid painkillers prescribed to surgical patients after their procedures went unused.

That has implications for the ongoing epidemic of opioid misuse in the United States, where unused medications can be diverted to others. Giving surgical patients only the amount of pills they need could help curb the problem.

In the new study, researchers at the University of Pennsylvania Perelman School of Medicine used an automated text messaging system that regularly checked in with more than 900 orthopedic or urology

procedure patients to ask about their pain and use of opioids prescribed to control their pain.

The patients had common procedures, including knee arthroscopy, hand fracture repairs, vasectomies and prostate removal.

Over 21 days of follow-up, orthopedic surgery patients took an average of six of 20 prescribed opioid pills, while urology patients took an average of one of seven prescribed pills, the findings showed.

Overall, 64% of patients said they didn't even use half of their prescription. And only 21% of orthopedic surgery patients and



11% of urology patients needed a refill a month after their procedure, according to the report.

Most of the patients took opioids within the first few days after their procedure, the study authors noted.

"Through simple text messaging, we highlight a method which gives clinicians the information they need to reduce prescribing and manage pain," said co-author Dr. Anish Agarwal. He is a clinical innovation manager in the Penn Medicine Center for Digital Health and an assistant professor of emergency medicine.

"We found that more than 60% of the opioid tablets prescribed

went unused, which tracks with the team's preliminary studies," Agarwal said in a school news release. "We can begin to use these data in multiple ways: One approach would be to look at trends in patient-reported use and tailor future prescribing to meet the anticipated pain for the majority of patients undergoing a specific procedure."

In response to the opioid crisis in the United States, there's growing use of text messaging to track how many prescription opioids patients actually take after a procedure, and to potentially ensure that no more than the necessary amount is prescribed....**Read More**

What to know about chest wall pain

Chest wall pain may result from an injury to the muscles, joints, or cartilage. In some cases, home treatments such as hot or cold therapy may help.

The cause of chest pain is difficult to diagnose from symptoms alone. For this reason, it is important to contact a doctor for this complaint.

This article will look at some causes and treatments associated with chest wall pain.

What is chest wall pain?

Chest wall pain refers to pain inside of the chest. It may affect the muscles, bones, or soft tissue in the chest. In some cases, the pain might involve organs, such

as the heart and lungs.

Chest wall pain can cause different sensations, ranging from tightness to sharp, stabbing pains. It may also come and go and vary in duration from hours to days.

In some cases, chest wall pain may only occur with movement or in response to touching the area.

Chest pain can occur with **heart disease** or a **heart attack**. However, many instances of chest wall pain are **not due** to a heart problem. In fact, some estimates suggest that **nearly a quarter** of the



population will experience chest wall pain from something other than a heart problem.

For example, a **common cause** of chest wall pain is an injury to the muscles, joints, or cartilage.

When to seek emergency care
Chest wall pain warrants emergency care if person experiences:

- ◆ intense pain in the center of the chest that lasts for longer than a few minutes
- ◆ pain that spreads to the back, neck, or shoulders
- ◆ other symptoms, such as **shortness of**

breath, dizziness, or confusion

- ◆ loss of consciousness or fainting
- ◆ These symptoms could indicate a heart attack and, therefore, require immediate medical care.
- ◆ A heart attack is not the only reason to seek emergency care. Some other signs that chest wall pain requires emergency care include:
- ◆ chest pain with a **fever**
- ◆ difficulty breathing
- ◆ intense chest pain following a fall or blow to the chest...[Read More](#)

Heart Failure at 35 Helped New York Cardiologist Better Care for Patients

Unlike most of his cardiology colleagues, Dr. Satjit "Saj" Bhusri has personal experience with heart disease – and he doesn't hesitate to share his story with patients.

Sometimes, he'll even show them a picture. He's lying in a hospital bed, hooked up to a ventilator and covered in ice to bring down a raging fever – the result of a viral infection that led to heart failure when he was 35.

"My wife thought it would be the last picture of me alive," he said. It's the background on his phone, a constant reminder of what he went through.

Saj's symptoms started after the couple returned from a two-week trip to Thailand in 2015. At first, he developed recurrent fevers and shortness of breath,

which he believes were caused by a virus. Within days, he could barely get out of bed.

Growing more worried by the hour, his wife, Ayesha, took him to Lenox Hill Hospital, where he then worked as an associate program director for the cardiology fellowship. One of his fellows performed an echocardiogram that showed Saj's heart was barely pumping.

It's the last thing Saj remembers before doctors placed him in a medically induced coma and transferred him to a center specializing in advanced heart failure therapy. The facility was equipped to do a heart transplant.

Doctors told Ayesha that Saj had fulminant myocarditis, a



potentially fatal inflammation of the heart muscle that can lead to irregular

heartbeats, organ failure and a type of shock that prevents the heart from pumping enough blood to sustain the body. On top of all that, the infection sent him into septic shock, causing his blood pressure to drop dangerously low and his organs to begin to fail.

"He was so unwell, and he deteriorated so fast," Ayesha said. "It's such a rare thing at such a young age, like getting struck by lightning."

It was a long few weeks. One night, Saj's heart stopped temporarily before doctors revived him with CPR. Along the way, he developed blood

clots throughout his body. The worst was in his right wrist, turning it black from lack of blood flow.

Surgeons were able to restore blood flow. Afterward, his hand was paralyzed.

"My one-year mortality at one point was 90%," he said. "It was a gift and a curse to know too much about that."

Even after he was released from the hospital, Saj knew he had only a 50-50 chance of living for another year.

To boost those odds, he threw himself into occupational therapy and cardiac rehab, first walking and then jogging. In addition to building his stamina, he regained the use of his right hand....[Read More](#)

Gen X, Millennials in Worse Health Than Prior Generations at Same Age

Medicine may have advanced by leaps and bounds over the last century, but Generation X and millennials are in worse health than their parents and grandparents were at their age.

That's the conclusion of a new study that looked at markers of physical and mental health across the generations.

And overall, there has been a downhill slide over time: Gen X'ers and millennials were in worse shape when it came to various physical health

measures. They also reported more anxiety and depression symptoms, heavy drinking and drug use.

The findings are, unfortunately, no surprise, according to Benjamin Miller, chief strategy officer for the nonprofit Well Being Trust, in Oakland, Calif.

"Studies like this corroborate what we've known," said Miller, who was not involved in the research.



Recent years have seen a well-documented national rise in deaths from suicide, drug abuse and problem drinking, which some experts have labeled "deaths of despair."

Those deaths accelerated during and after the 2008 recession, and not much has changed since, Miller said.

Generation X generally refers to Americans born between 1965 and 1980, while millennials (or Generation Y)

are typically said to include people born between 1981 and the mid-1990s. In this study, the range was 1981 to 1999.

In general, both generations were worse off when it came to "physiological dysregulation," which includes problems like elevated blood pressure and cholesterol, excess belly fat, and substances in the blood that suggest the body is in a state of chronic inflammation....[Read More](#)

Drug Used in Cancer Patients Might Help Treat Alzheimer's

A drug with a 30-year track record as an effective tool for fighting cancer may significantly improve memory and thinking in patients with mild-to-moderate Alzheimer's disease, new research suggests.

Sargramostim (brand name: Leukine) has long been used after cancer treatment to coax a patient's bone marrow to make more disease-fighting white blood cells. It uses a protein called GM-CSF that has been linked to a significantly lower risk of Alzheimer's among patients with rheumatoid arthritis (RA). RA patients typically have higher-than-normal levels of GM-CSF in their blood.

Working with 40 Alzheimer's patients, researchers have now concluded that a three-week regimen of sargramostim can actually reverse telltale brain damage associated with the disease, and markedly improve memory and thinking ability.

"This discovery of the safety and [effectiveness] of GM-CSF in Alzheimer's disease has the potential to be a breakthrough, which will be proved when a larger, longer trial is done to show that the benefits we saw

are stronger and long lasting," said study lead author Huntington Potter. He's the director of the University of Colorado Alzheimer's and Cognition Center in Aurora.

The new findings come on the heels of another potential Alzheimer's breakthrough, in the form of an experimental drug called donanemab.

As reported March 13 in the *New England Journal of Medicine*, a monthly shot of donanemab for about 18 months effectively eliminated buildup of amyloid-beta plaques in the brains roughly 70% of Alzheimer's patients studied.

For the new study, 20 patients were treated with sargramostim five days a week for three weeks. Twenty other patients received placebo shots. The trial was double-blind, meaning neither the investigators nor participants knew which treatment they were getting.

At the end of the trial, those in the sargramostim group scored nearly 2 points higher on a standard 30-point test of thinking skills.

Their production of disease-fighting immune cells also shot



up. And preexisting nervous system damage -- including levels of amyloid plaque and Alzheimer's-related tangles in the brain -- all reversed, in what researchers described as a "partial normalization" process.

The study showed the benefits induced by GM-CSF were found to last as much as 45 days after treatment ended, Potter noted. The drug was also found to be safe and well-tolerated.

Researchers have approval from the U.S. Food and Drug Administration and funding from the U.S. National Institutes of Health and the Alzheimer's Association to carry out a longer, larger trial of GM-CSF to verify their findings.

Heather Snyder, vice president of medical and scientific relations for the Alzheimer's Association, called the research into use of anti-inflammatory drugs in dementia treatment "intriguing."

"The Alzheimer's Association is actively investing in clinical trials to explore their potential use for dementia treatment," she said.

At the same time, Snyder cautioned that this line of research is still "very preliminary" and work must continue in larger, more diverse populations.

"Alzheimer's is complex, and successful treatment will most likely address the disease in multiple ways with medication and behavior interventions, like combination therapies similar to heart disease and cancer," she said. "We must accelerate the pursuit of a wide variety of Alzheimer's treatments with the idea that they will likely be used in combination to be most effective."

Snyder said the association is funding and collaborating with scientists around the world to make this happen.

Potter's team reported its findings March 25 in the online edition of the journal *Alzheimer's & Dementia: Translational Research & Clinical Interventions*.

More information

To learn more about Alzheimer's treatments, visit the [Alzheimer's Association](#).

7 Healthy Strategies to Navigate a Food Swamp

On nearly every corner, and along the roads in between, the familiar signs comfort and tempt us: burgers and fried chicken, ice cream and doughnuts, sweets and treats galore.

Welcome to the food swamp, where Americans get bogged down in a morass of cheap, convenient, alluring – and very often unhealthy – culinary choices.

"All these fast-food companies with all their marketing are competing for our stomach space and our dollars," said Penny Kris-Etherton, distinguished professor of nutrition at Penn State University in University Park. "It's hard to make healthy choices when there are so many odds against you."

The term "food swamp" was coined about a decade ago to denote areas where fast-food

chains and convenience stores abound, swamping healthier options such as grocery stores and restaurants with wider choices. They often coincide with food deserts, where a lack of convenient or low-cost supermarkets makes it harder to get fresh produce and nutritious food.

That combination all too often occurs in low-income and under-resourced neighborhoods, said Kristen Cooksey Stowers, an assistant professor at the University of Connecticut who specializes in health equity and food-related public policy.

"It's not that fast food or corner stores are inherently bad," she said. "But when it becomes the majority of what a neighborhood can rely on, that's a problem. We see areas inundated with unhealthy food."



Cooksey Stowers' research has shown a correlation between food swamps and obesity, and she led a 2017 study published in the *International Journal of Environmental Research and Public Health* showing food swamps were a better predictor of obesity than food deserts.

Kris-Etherton was chief author of an article last year in the *Journal of the American Heart Association* linking food swamps and food deserts to poor diet quality, obesity and cardiovascular disease, all of which can be more prevalent among low-income people, many of whom are Black and Hispanic and other people of color. The authors called for policy changes to address the disparities.

In the long term, Cooksey

Stowers said, solutions include better zoning to limit clusters of fast-food outlets, incentives to build grocery stores and farmers markets in disadvantaged areas, and even requiring convenience stores to stock a certain percentage of healthy food.

"People need to realize they are empowered to be part of the change in their communities," she said.

In the meantime, if you're hungry, keep this in mind:

Carry a healthy snack. An apple, carrot sticks or some nuts in the car might keep you from overdoing it at the drive-thru. "Take something with you so you don't get really hungry," Kris-Etherton said. "When you're really hungry, you eat more." ...[Read More](#)

A Stressed Brain Might Play Role in 'Broken Heart' Syndrome

The brain may play a role in so-called broken heart syndrome, a new study suggests.

Formally known as Takotsubo syndrome (TTS), it's a temporary -- but potentially deadly -- heart condition brought on by stressful situations and emotions.

In this study, published March 25 in the *European Heart Journal*, researchers wanted to find out if increased stress-associated metabolic activity in the brain could increase the risk of the syndrome, so they analyzed brain imaging scans from 41 people who subsequently developed the syndrome and 63 who did not.

The scans were conducted in the patients for other medical reasons.

"Areas of the brain that have

higher metabolic activity tend to be in greater use. Hence, higher activity in the stress-associated centers of the brain suggests that the individual has a more active response to stress," said study senior author Dr. Ahmed Tawakol, director of nuclear cardiology and co-director of the Cardiovascular Imaging Research Center at Massachusetts General Hospital.

The researchers found that heightened activity in the brain's amygdala predicted subsequent TTS, as well as the timing of the syndrome. For example, people with the highest activity in the amygdala developed the syndrome within a year after their brain scans, while those with intermediate activity in the amygdala developed the



syndrome several years later.

"We show that TTS happens not only because one encounters a rare, dreadfully disturbing event -- such as the death of a spouse or child, as the classical examples have it. Rather, individuals with high stress-related brain activity appear to be primed to develop TTS -- and can develop the syndrome upon exposure to more common stressors, even a routine colonoscopy or a bone fracture," Tawakol said in a hospital news release.

The study also found an association between stress-related brain activity and bone marrow activity in individuals.

Bone marrow produces different types of blood cells that carry oxygen, mount

immune responses and clot blood, so stress-related brain activity may influence the activity of cells that affect heart health, according to the researchers.

Measures to lower stress-related brain activity could reduce the risk of the syndrome.

"Studies should test whether such approaches to decrease stress-associated brain activity decrease the chance that TTS will recur among patients with prior episodes of TTS," Tawakol said.

He also noted the need for more studies to examine how stress reduction or drug treatment to reduce stress-related brain activity might benefit heart health.

Your Mask Might Also Shield You From Allergies

Here's a silver lining to having to strap a mask across your face when you go out in public: That mask may also help guard against severe spring allergies, an expert says.

Many patients with spring allergies are doing well this season because they're spending more time indoors and wearing a mask when they go outside, said Dr. Do-Yeon Cho, an associate professor of otolaryngology at the University of Alabama at Birmingham.

"A study that came out in 2020 showed that allergic rhinitis [hay fever] symptoms among nurses had been significantly reduced with face

mask usage during the COVID-19 pandemic," Cho said in a university news release.

Any type of face covering can significantly reduce the pollens and allergens that may enter your nose and mouth, he noted. However, it's important not to touch the front side of your mask when removing it and to not flip the mask when reusing it.

Along with wearing a mask, there are other things you can do to reduce spring allergy symptoms.

Identify your allergens and if you're allergic to spring pollens, limit outdoor activities when



pollen counts are high. "Most weather reports during allergy season give a pollen count,"

Cho said. "Using high-efficiency particulate absorbance, or HEPA, air filters during allergy season can reduce exposure to allergens."

Take allergy medication before pollen season begins to prevent your body from releasing histamines and other chemicals that cause allergic symptoms, he recommended.

Bathe and shampoo daily before going to bed, to wash off pollens.

"Change clothes and wash your nose with saline when you

come inside the house," Cho suggested. "Wash your bedding and clothes in hot, soapy water, and dry your clothes in a clothes dryer, not on an outdoor line."

He explained that once "temperatures get warmer, dormant trees bounce back to life and release pollen into the air. Some common culprits include birch, cedar and walnut, and the season could last through mid-May."

Spring showers can wash pollen away and keep it from drifting through the air, but humidity from the rain can cause similar symptoms for people with allergies to dust and mold, Cho said.

Don't Delay Your Cancer Screenings, Surgeons' Group Urges

Many people may have postponed cancer screenings during the coronavirus pandemic, but a major medical group says now is the time to catch up.

The American College of Surgeons Commission on Cancer is urging people to resume recommended cancer screenings to prevent further delays that could lead to diagnosis after a cancer is more advanced.

"Regular cancer screening tests can improve and save your life," said Dr. Timothy Mullett, chair

of the surgeons' commission.

"Pausing surgical care early in the pandemic helped hospitals prepare to treat patients with COVID-19 and secure necessary equipment, but a year into the pandemic, cancer care facilities have assumed best practices in order to resume screenings and surgical care safely," Mullett added.

"Screenings increase the chance of detecting cancer early, when they may be easier to treat.



We're encouraging everyone to talk to their doctor or a health care professional about getting back on track with their recommended cancer screening," he advised in a college news release.

Breast cancer remains the leading cause of cancer death among women. Colorectal cancer is the third most common cause of death among men and women in the United States. Nearly one in three people for whom

screening is recommended were not up-to-date with those tests, and that was before the pandemic, the commission said.

Between March and May of 2020, screening procedures dropped dramatically, according to the American Cancer Society. About 35% of Americans missed routine cancer screenings due to COVID-19-related fears and service disruptions, the commission said....[Read More](#)