

January 17, 2021 E-Newsletter

Trump administration reverses course and adopts part of Biden vaccine distribution plan

The Department of Health and Human Services is expected to announce sweeping changes Tuesday in vaccine rollout guidelines in an effort to boost the lagging number of vaccinations in the first month -- **effectively adopting the approach proposed by President-elect Joe Biden's** incoming administration.

The Trump administration plans to release reserved second doses immediately, a senior administration official tells CNN. The official expects reserved doses to be distributed over the next two weeks.

The move comes after Trump administration officials recently disparaged Biden's plan to do the same.

"If President-elect Biden is calling for the distribution of vaccines knowing that there would not be a second dose available, that decision is without science or data and is contrary to the FDA's approved label," Operation Warp Speed spokesman Michael Pratt said Friday in light of Biden's announcement. "If President-elect Biden is suggesting that the maximum number of doses should be made available, consistent with ensuring that a second dose of vaccine will be there when the patient shows up, then that is already happening."

The new plan would also change guidelines to allow vaccinations immediately for



anyone anyone 65 and older and would help states set up mass vaccination sites should they request assistance. The administration wants to shift focus away from hospitals and focus more on adding more accessible venues, such as pharmacies, the source said.

This will attempt to address a reoccurring issue states have faced in trying to administer the vaccine through hospitals and medical providers that have said they don't have the resources or personnel to serve as vaccination clinics.

The Trump administration which had previously balked at releasing all available doses.

Both **Pfizer/BioNTech and**

Moderna's vaccines require two rounds of injection, and while releasing nearly all vaccine doses on hand could quickly ratchet up availability, it also runs the risk of depleting resources that are necessary to make sure people are fully vaccinated.

The changes come after two Operation Warp Speed meetings held by HHS Secretary Alex Azar over the past 48 hours about how to speed up the lagging process, according to the official. Vaccine manufacturing has not ramped up as rapidly as many experts had hoped... **Read More**

Biden Says He Will Release All Vaccine Doses After Taking Office

President-elect Joe Biden plans to release nearly all available doses of COVID-19 vaccine when he takes office, reversing the Trump administration's strategy of holding back half the supply to ensure second doses are available.

The potentially risky move is meant to boost a nationwide COVID-19 vaccination program that has gotten off to a slow start, with only about 5.9 million doses administered out of 29.4 million distributed, according to the U.S. Centers for Disease Control and Prevention.

"The President-elect believes we must accelerate distribution of the vaccine while continuing to ensure the Americans who

need it most get it as soon as possible," T.J. Ducklo, a spokesperson for Biden's transition, told *CNN*.

Biden "will share additional details next week on how his administration will begin releasing available doses when he assumes office on January 20th," Ducklo added.

One infectious diseases expert noted that supply is not the only issue hampering the vaccine rollout.

"I do think it is important to get all of those out as fast as possible so we can accelerate the process of vaccination," said Dr. Amesh Adalja, a senior scholar at Johns Hopkins Center for Health Security, in Baltimore. "However, it's not just an issue



of doses, it's about turning those doses into actual vaccinations, so we do still need more support at the state level to actually implement vaccination programs. We are in a race with this virus, so anything that speeds vaccination should be applauded."

Both the Pfizer and Moderna vaccines require two doses administered a few weeks apart. The risk is that some people will get their first dose, then be unable to find a follow-up dose.

But experts aren't worried about that happening.

"It is very important that people who get the first shot of the vaccine get the second shot. However, I don't think this

federal government holding back supply is going to accomplish this in the most efficient fashion," said Dr. Eric Cioe-Pena, director of global health at Northwell Health, in New Hyde Park, N.Y.

"In our health system, we were able to do both shots with most staff without reserving vaccine. The hardest part about our supply chain is going to be early on, the supply should be getting better and better. It does not make sense, given that reality, to hold back vaccine supply for second doses because it is unlikely to be a major factor months from now," Cioe-Pena added... **Read More**

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Emergency 3% COLA, Social Security And Medicare Issues Land on the Congressional Priority List

Before the New Year even started, TSCL had been working to convince Members of our new Congress of the immediate need to replace 2021's meager 1.3% cost-of-living adjustment (COLA) with a 3% emergency inflation adjustment. We strongly support "The 3% Emergency COLA Act," introduced by Representatives Peter DeFazio (OR-4) and John Larson (CT-1) and efforts to include provisions of this bill in emergency stimulus funding legislation.

Older adults age 65 and up have been disproportionately impacted by COVID-19. Because retirees depend on Social Security for a major share of their income, they tend to spend their benefits on essentials right away. We feel that boosting the inflation adjustment is an important way to get crucial extra cash to older Americans and back into our nation's economy.

TSCL is closely watching for the introduction of proposals to

strengthen Social Security and Medicare benefits and program financing. While financing issues for both programs are daunting, we believe that funding for both can be strengthened without deep benefit cuts. "Increasing benefits for all" was a key platform plank for the majority of the Representatives in the House, roughly half the Senate, and, our President elect. In coming months, TSCL plans to hold the lawmakers accountable for how they plan to turn this promise into reality for older Americans.

Reducing Medicare costs remains a top piece of unfinished business for TSCL. While Congress was successful in restraining a double-digit Medicare Part B increase in 2021, capping the increase at \$3.90 per month rather than \$15.60 more per month — I was particularly troubled to learn that \$3.00 of the \$3.90 Part B increase is a "repayment" charge. While TSCL congratulates Congress for



passing legislation to hold the monthly Part B increase down, at least temporarily, the Part B increase wasn't "forgiven". The balance that won't be paid in 2021 will be recovered through a \$3.00 per month repayment which will be tacked onto future Part B increases. That could take years.

We know from past surveys and email comments that you want the freedom to choose how you receive your Medicare benefits — either through a Medigap supplement and Part D plan, or a Medicare Advantage plan that includes drug coverage. Nobody wants to get a cancellation notice or to give up their doctor, hospital or other important provider because their health plan is closing. Maintaining affordable access to quality healthcare coverage is the key issue for every Medicare beneficiary and for TSCL. Coming up with a plan to pay for all this is the hard part which depends heavily on how quickly we can get our

economy up and running full speed again and get people back to work.

Please take time to participate in TSCL's much anticipated Senior Survey. TSCL's surveys have helped burst the all too common perception that Social Security benefit cuts are inevitable in order to achieve program solvency. TSCL surveys indicate that there is little support among older adults for proposals that would cut Social Security or Medicare benefits, or to replace these programs with private versions. TSCL will fight attempts to cut benefits, and that includes cutting COLAs reducing Social Security benefits or increasing Medicare costs.

Your responses to our annual Senior Surveys are a key means to helping us convince Congress to move forward on key issues.

Please take our [2021 Senior Survey](https://www.seniorcitizensleague.org/2021survey) [SeniorSurveySeniorsLeague.org/2021survey](https://www.seniorcitizensleague.org/2021survey).

Key BENES Act Provisions Signed into Law

On December 23, Congress passed several key provisions of the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act (S. 1280/H.R. 2477) as part of a comprehensive legislative package. Signed into law days later, these policies will update Medicare enrollment rules for the first time in over 50 years to end lengthy waits for coverage, expand critical administrative flexibilities, and inform future policymaking on enrollment period alignment.

The bipartisan BENES Act was introduced in the 116th Congress by Senators Bob Casey (D-PA) and Todd Young (R-IN) and by Representatives Raul Ruiz (D-CA), Gus Bilirakis (R-FL), Brad Schneider (D-IL), and Jackie Walorski (R-IN).

In applauding passage, Medicare Rights Center President Fred Riccardi issued the following statement: "Thanks to the BENES Act's congressional champions—

Senators Casey and Young and Representatives Ruiz, Bilirakis, Schneider, and Walorski—as well as House and Senate leadership, the committees of jurisdiction, and dedicated congressional staffers, millions of Americans will be able to avoid enrollment pitfalls of the current system and more easily connect with their earned Medicare benefits. We are profoundly grateful to our pro bono partners at King & Spalding, along with the bill's many stakeholders and supporters, for their efforts to advance these lasting and vital Medicare improvements."

The adopted BENES Act policies will modernize Medicare enrollment in several important ways:

- ◆ The bill eliminates the up to seven month-long wait for coverage that people can experience when they sign up for Medicare during the General Enrollment Period



Blog

(GEP) or in the later months of their Initial Enrollment Period (IEP). Beginning in 2023, Medicare coverage will begin the month after enrollment.

- ◆ It reduces barriers to care by expanding Medicare's authority to grant a Special Enrollment Period (SEP) for "exceptional circumstances." A long-standing flexibility within Medicare Advantage and Part D, in 2023 this critical tool will be available to facilitate enrollments program-wide, enhancing beneficiary access and administrative consistency.
- ◆ To further maximize coverage continuity and ease transitions to Medicare, the bill directs the U.S. Department of Health and Human Services (HHS) to identify ways to align Medicare's annual enrollment periods. HHS is to present these findings in a report to Congress by January 1, 2023.

In addition to these changes, the wide-ranging legislation funds the federal government through the end of the current fiscal year, provides some COVID-19 relief, and renews important health care policies for three years. The extensions include funding for community-based organizations that provide outreach and enrollment to low-income Medicare beneficiaries, financial protections for people whose spouses are on Medicaid and in a nursing home or long-term care facility, and Medicaid's Money Follows the Person program, which supports individuals who wish to leave nursing facilities and return to their homes. Medicare Rights supports investment in these and other initiatives that help older adults and people with disabilities live with health and dignity. We look forward to further advancing these goals in 2021.

[Read the legislation.](#)

Will Congress support raising the cap on Social Security contributions in 2021?

Teresa Ghilarducci explains in [Forbes](#) why we need to raise the cap on Social Security contributions. The Social Security cap means that some people contribute only the tiniest fraction of their income—income representing less than a day of work—to the Social Security Trust Fund, while almost everyone else pays in throughout the year. President-elect Joe Biden supports raising the cap on Social Security. Will Congress?

Contributions to the Social Security Trust Fund are supposed to represent 12.4 percent of income. Generally, workers pay half of that and employers pay the other half. Self-employed workers pay the full amount.

But, there's a limit to how much people must contribute. In 2021, the limit is based on

earned income of \$142,800. That's a \$5,100 increase from 2020. It should be more for wealthier people as Congressman Larson and large numbers of Democrats in Congress are proposing in the [Social Security 2100 Act](#).

More than nine in ten workers, 94.6 percent—about 160 million people—pay into Social Security throughout the year. But, 5.4 percent, about nine million workers, earn above \$142,800. They do not pay in to Social Security for the full year.

Of the nine million people who earned above the Social Security cap, in 2019, 4,027 [people earned over \\$10 million](#). That works out to \$2,397 every hour. These people will have paid into Social Security the full amount they owe on their first day of work.



Google's CEO, Sundar Pichai, earns more than \$280 million annually, largely in stock options. Intel Corporation's Robert Swan earned \$66,935,100 in one year. But, they pay into Social Security as if their incomes were \$142,800. Mr. Pichai and Mr. Swan look to the Social Security Administration as people who earn just \$142,800 a year.

The Social Security Trust Fund, unlike the [Medicare Trust Fund](#), is in good shape for 12 more years. But, if Congress acted now to lift or remove the cap on Social Security payroll contributions—there is no Medicare cap—it would strengthen the Social Security Trust fund for many more years. It would enable Congress to expand Social Security benefits.

Without additional Social Security contributions, it is projected that the number of older adults living in poverty will nearly double. About nine percent of older adults will be living in poverty in 12 years, up from 4.8 percent.

Contributing more to Social Security should be of minimal consequence to the wealthiest Americans. As it is, Mr. Pichai gives way more to charity each year than he would contribute to Social Security if Congress lifted the cap. More important, raising the Social Security cap would promote health and racial equity. It could also wipe out poverty among older Americans over the next 75 years.

[President-elect Biden](#) supports raising the Social Security cap. With any luck, a majority in Congress will as well.

Biden's First Order of Business May Be to Undo Trump's Policies, but It Won't Be Easy

The party split in Congress is so slim that, even with Democrats technically in the majority, passing major health care legislation will be extremely difficult. So speculation about President-elect Joe Biden's health agenda has focused on the things he can accomplish using executive authority. Although there is a long list of things he could do, even longer is the list of things he is being urged to undo — actions taken by President Donald Trump.

While Trump was not able to make good on his highest-profile [health-related promises](#) from his 2016 campaign — including repealing the Affordable Care Act and broadly lowering prescription drug prices — his administration did make substantial changes to the nation's health care system using executive branch authority. And many of those changes are anathema to Democrats, particularly those aimed at hobbling the ACA.

For example, the Trump administration made it easier for those who buy their own insurance to purchase cheaper

plans that don't cover all the ACA benefits and may not cover preexisting conditions. It also eliminated protections from discrimination in health care to people who are transgender.

Trump's use of tools like regulations, guidance and executive orders to modify health programs "was like an attack by a thousand paper cuts," said Maura Calsyn, managing director of health policy at the Center for American Progress, a liberal-leaning think tank. Approaching the November election, she said, "the administration was in the process of doing irreparable harm to the nation's health care system."

Reversing many of those changes will be a big part of Biden's health agenda, in many cases coming even before trying to act on his own campaign pledges, such as creating a government-sponsored health plan for the ACA.

Chris Jennings, a health adviser to Presidents Barack Obama and Bill Clinton, said he refers to those Trump health



policies as "bird droppings. As in you have to clean up the bird droppings before you have a clean slate." Republicans, when they take over from a

Democratic administration, think of their predecessor's policies the same way.

Though changing policies made by the executive branch seems easy, that's not always the case.

"These are issue-by-issue determinations that must be made, and they require process evaluation, legal evaluation, resource consideration and timeliness," said Jennings. In other words, some policies will take more time and personnel resources than others. And health policies will have to compete for White House attention with policies the new administration will want to change on anything from the environment to immigration to education.

Even within health care, issues as diverse as the operations of the ACA marketplaces, women's reproductive health and stem cell research will vie to be high on the list.

A Guide to Executive Actions

Some types of actions are easier to reverse than others.

Executive orders issued by the president, for example, can be summarily overturned by a new executive order. Agency "guidance" can similarly be written over, although the Trump administration has worked [to make that more onerous](#).

Since the 1980s, for example, every time the presidency has changed parties, one of the incoming president's first actions has been to issue an executive order to either [reimpose](#) or [eliminate](#) the "Mexico City Policy" that governs funding for international family planning organizations that "perform or promote" abortion. Why do new administrations address abortion so quickly? Because the anniversary of the landmark Supreme Court abortion decision *Roe v. Wade* is two days after Inauguration Day, so the action is always politically timely.....[Read More](#)

The Medicare drug benefit needs an out-of-pocket cap

Harris Mayer reports for [Kaiser Health News](#) that older adults and people with disabilities with costly medication needs are struggling to pay for their medications because Congress has failed to put an out-of-pocket cap on the Medicare Part D prescription drug benefit. In fact, tens of millions of Americans are struggling to fill their prescriptions because Congress has failed to rein in drug prices.

Mayer describes one cancer drug that costs \$18,000 for a four-week supply. Even for people with Medicare, out-of-pocket costs are nearly \$1,000 a month. Once you reach the [Medicare Part D catastrophic cap](#), you are liable for five percent of the list price unless your income is very low and you qualify for the [Extra Help](#) program.

Beware: Medicare Part D prescription drug plans, which are run by for-profit health insurance corporations, have been found to [wrongly deny coverage](#). The federal government has imposed penalties on several Part D drug plans, but oversight does not keep them from continuing to wrongly deny coverage. If your Medicare Part D plan denies you coverage for drugs your doctor says you need, take these [five simple steps](#).

About one million people with Medicare reach the catastrophic coverage level and, on average, spend \$3,200 a year for their drugs. If they are taking one of 11 oral cancer drugs, their [average out-of-pocket cost is \\$10,470](#). With a median annual income of \$26,000, older adults and people with disabilities generally must



scramble to find foundations that will help with their costs. How many do not succeed? It takes a lot of time, a lot of energy and a lot of perseverance.

The Leukemia and Lymphoma Society [reports](#) that less than half of people with Medicare diagnosed with blood cancer got treatment in the three months following their diagnosis.

Foundations are allowed to provide financial assistance to people with Medicare who need help with drug costs so long as they are helping with the costs of drugs sold by multiple prescription drug companies. The PAN Foundation provides help with copays to more than 100,000 people each year.

People with Medicare have lower out-of-pocket costs if they take drugs administered at the hospital. Medicare Part A covers

the cost of those drugs. If they have supplemental coverage that fills gaps in traditional Medicare, they might have no out-of-pocket costs. If they are in a [Medicare Advantage plan](#), their out-of-pocket costs could be as high as \$7,050 in 2021.

Of course, the problem is not restricted to people with Medicare. It's always survival of the fittest when it comes to getting needed medicines. But, many employer plans have out-of-pocket limits on prescription drugs.

Fortunately, President-elect Joe Biden supports capping out-of-pocket drug costs for people with Medicare. But, unless Congress reins in drug prices, a cap could simply mean higher premiums for everyone. And, a cap could be an incentive for drug companies to raise Medicare drug prices further.

Health Workers Unions See Surge in Interest Amid Covid

The nurses at Mission Hospital in Asheville, North Carolina, declared on March 6 — by filing the official paperwork — that they were ready to vote on the prospect of joining a national union. At the time, they were motivated by the desire for more nurses and support staff, and to have a voice in hospital decisions.

A week later, as the COVID-19 pandemic bore down on the state, the effort was put on hold, and everyone scrambled to respond to the coronavirus. But the nurses' long-standing concerns only became heightened during the crisis, and new issues they'd never considered suddenly became urgent problems.

Staffers struggled to find masks and other protective equipment, said nurses interviewed for this story. The hospital [discouraged them from wearing masks](#) one day and [required masks](#) 10 days later. The staff wasn't consistently tested for COVID and often [not even notified](#) when exposed to COVID-positive patients.

According to the nurses and a review of safety complaints made to federal regulators, the concerns persisted for months. And some nurses said the situation fueled doubts about whether hospital executives were prioritizing staff and patients, or the bottom line.

By the time the nurses held their election in September — six months after they had filed paperwork to do so — 70% voted to unionize. In a historically anti-union state with right-to-work laws and the [second-least unionized workforce](#) in the country, that margin of victory is a significant feat, said academic experts who study labor movements.

That it occurred during the pandemic is no coincidence.

For months now, front-line health workers across the country have faced a perpetual lack of personal protective equipment, or PPE, and inconsistent safety measures. Studies show they're [more likely to be infected](#) by the coronavirus than the general



population, and [hundreds have died](#), according to reporting by KHN and The Guardian.

Many workers say employers and government systems that are meant to protect them [have failed](#).

Research shows that health facilities with unions [have better patient outcomes](#) and are [more likely to have inspections](#) that can find and correct workplace hazards. One study found New York nursing homes with unionized workers had [lower COVID mortality rates](#), as well as better access to PPE and stronger infection control measures, than nonunion facilities.

Recognizing that, some workers — like the nurses at Mission Hospital — are forming new unions or thinking about organizing for the first time. Others, who already belong to a union, are taking more active leadership roles, voting to strike, launching public information campaigns and [filing lawsuits](#) against employers.

“The urgency and desperation

we've heard from workers is at a pitch I haven't experienced before in 20 years of this work,” said Cass Gualvez, organizing director for Service Employees International Union-United Healthcare Workers West in California. “We've talked to workers who said, ‘I was dead set against a union five years ago, but COVID has changed that.’”

In response to union actions, many hospitals across the country have said worker safety is already their top priority, and unions are taking advantage of a difficult situation to divide staff and management, rather than working together.

Labor experts say it's too soon to know if the outrage over working conditions will translate into an increase in union membership, but early indications suggest a small uptick. Of the approximately 1,500 petitions for union representation posted on the National Labor Relations Board website in 2020, 16% appear related to the health care field, up from 14% the previous year.... [Read More](#)

Coronavirus: Planning ahead for a medical emergency

The novel coronavirus pandemic led many more Americans to buy **life insurance** in 2020 than in the past. Even younger adults are more aware that they could die at any time. You might not need life insurance but if you have not yet done so, it might be time to plan ahead for a medical emergency: designate a health care proxy, prepare or revisit your will, do some estate planning and otherwise put your affairs in order. Here's what you might want to think about:

A living will and health care proxy: These "advance directives" let your loved ones know your health care wishes if you are unable to express them yourself. The living will states your wishes about your health care if you cannot speak for yourself and your health care proxy is someone you name to act on your behalf regarding your medical treatment if you are unable to speak for yourself. Completing these advance directives and sharing them with the people you love helps bring your family together and provides comfort to them that they are following your wishes should they need to act on your behalf. A signed advance directive for your state is a legal

document that doctors and hospitals must honor. The advance directive also **ensures that the people you love can make decisions on your behalf.** Without a health care proxy, if you became unable to care for yourself, it is possible that the **state would appoint a legal guardian,** unknown to you, to act on your behalf. To get a free advance directive for your state, **click here.**

A durable power of attorney: A durable power of attorney is a legal document that allows you to name someone to help with your financial affairs whenever you would like and if you become unable to handle them yourself. The person you name should be someone you trust with your finances, someone who could make decisions about your finances if need be. That person also could be your **health care proxy.** Completing a durable power of attorney and sharing it with the person whom you name to handle your affairs should provide comfort to the people you love. You should also share it with all financial institutions with which you have accounts.

◆ **Long-term care insurance:** If you don't have



it, no worries. It's likely not worth having. The cost of the policy is generally very high relative to the benefits. For most people with means, it's better to put aside money to pay for long-term services and supports, such as home care and nursing home care.

◆ **Your stuff:** You might want to set aside time to go through your possessions with your loved ones. Yes, it can be stressful, conjuring up all kinds of feelings and emotions; your children may not want the items you hoped they would take, even if you give these items special meaning and importance. And, it can cause conflicts among siblings if you want one child to have something another kid values. It also can be comforting. Your family can feel good that there's a plan in place for your things and that you support it.

◆ **In case of emergency:** Create a file with:

- A list of your family members, friends and neighbors and their contact information

- A list of important medical, business, financial and legal contacts, including your doctors, bankers, lawyers, as well as the names of your health and life insurance companies and their contact information
- Your will, your **health care proxy,** living will, durable power of attorney and other legal documents
- Your most recent tax return
- Your car title and deed to your house, if you own it
- Copies of your Medicare and Social Security cards, as well as other insurance cards, including supplemental coverage and life insurance, as well as policy numbers and contact information
- Your medical records and a list of all your medications
- Mortgage or rent information, as well as utilities information
- Digital account information, including passwords
- Information with provisions you have made for your pets, your funeral and other matters of importance to you.

Trump Administration Approves First Medicaid Block Grant, in Tennessee

With just a dozen days left in power, the Trump administration on Friday **approved** a radically different Medicaid financing system in Tennessee that for the first time would give the state broader authority in running the health insurance program for the poor in exchange for capping its annual federal funding.

The approval is a 10-year "experiment." Instead of the open-ended federal funding that rises with higher enrollment and health costs, Tennessee will instead get an annual block grant. The approach has been pushed for decades by conservatives who say states too often chafe under strict federal guidelines about enrollment and coverage and can find ways to

provide care more efficiently.

But under the agreement, Tennessee's annual funding cap will increase if enrollment grows. What's different is that unlike other states, federal Medicaid funding in Tennessee won't automatically keep up with rising per-person Medicaid expenses.

The approval, however, faces an uncertain future because the incoming Biden administration is likely to oppose such a move. But to unravel it, officials would **need to set up a review** that includes a public hearing.

Meanwhile, the changes in Tennessee will take months to implement because they need



final legislative approval, and state officials must negotiate quality of care targets with the administration.

TennCare, the state's Medicaid program, said the block grant system would give it unprecedented flexibility to decide who is covered and what services it will pay for.

Under the agreement, TennCare will have a specified spending cap based on historical spending, inflation and predicted future enrollment changes. If the state can operate the program at a lower cost than the cap and maintain or improve quality, the state then shares in the savings.

Trump administration officials said the approach adds incentive for the state to save money, unlike the current system, in

which increased state spending is matched with more federal dollars. If Medicaid enrollment grows, the state can secure additional federal funding. If enrollment drops, it will get less money.

"This groundbreaking waiver puts guardrails in place to ensure appropriate oversight and protections for beneficiaries, while also creating incentives for states to manage costs while holding them accountable for improving access, quality and health outcomes," said Seema Verma, administrator of the Centers for Medicare & Medicaid Services. "It's no exaggeration to say that this carefully crafted demonstration could be a national model moving forward."...**Read More**

Three Damaging Health Regulations Put Access to Care and Coverage at Risk

As the end of the Trump presidency nears, his administration continues to try and push through last-minute regulations that could have sweeping effects on access to health care and coverage. These regulations affect Medicare, Medicaid, and the Affordable Care Act, putting millions of older adults, people with disabilities, and families at risk.

The first such regulation has already gone into effect and has reduced access to Medicaid coverage for people who become eligible for Medicare. In March, Congress passed a law that required states to maintain coverage and access to benefits for people with Medicaid for the duration of the COVID-19 public health emergency. In exchange, states would receive enhanced financial help from the federal government. In late 2020, however, the administration began interpreting this straightforward statute in a way

that would allow states to terminate comprehensive Medicaid coverage for people with Medicare if they are eligible for any other assistance, even if that would mean a sharp increase in their out-of-pocket expenses and a reduction in their benefits. **We oppose this deeply flawed interpretation and urge the administration to reverse course.**

In September, Medicare Rights commented in opposition to a proposal in Georgia that would eliminate residents' access to HealthCare.gov as a one-stop source for information on insurance coverage. Rather than rejecting this flawed proposal, the Trump administration approved it and went a step further by proposing in its annual Notice of Benefit and Payment Parameters (NBPP) that all states have the same option to deny residents the ability to shop for coverage from an unbiased, comprehensive site. Instead,



under the proposed rule, residents would be forced to rely on commercial sources of information, including those with financial incentives to steer potential enrollees into inappropriate or inadequate coverage. As with Georgia's request, we **expressed our strong disagreement with this NBPP proposal.** People must retain access to objective, comprehensive, and conflict-free sources of information.

Finally, the administration is attempting to create a significant new administrative burden on federal health agencies, requiring them to review existing regulations again and again in order to prevent the rules from automatically expiring. This proposal, called the Securing Updated and Necessary Statutory Evaluations Timely (SUNSET) rule, would lead to chaos for Medicare beneficiaries,

providers, and payers and would force federal agencies to engage in hundreds of hours of pointless busywork each year, reducing their capacity to manage other, more critical issues like ensuring access to care and coverage in a pandemic. **We oppose this ill-conceived and destructive proposal and urge the administration to withdraw it in its entirety.**

Importantly, the incoming Biden administration will can impact some or all of these regulatory actions, including delaying or withdrawing proposals that have not yet gone into effect and issuing new rules to counter harmful regulations that are already in place. The election results from Georgia also make Congress more likely to step in and eliminate some existing regulations using authority from the **Congressional Review Act.**

Vaccine Hesitancy in Rural America

The COVID-19 pandemic's impact has been felt in communities across the U.S., from the largest urban centers to the smallest rural communities. As previous research has demonstrated, rural communities face unique challenges in responding to the pandemic due

to **medical workforce shortages, fewer hospital beds per capita, limited access to telehealth, and populations that are at elevated risk for COVID-19 related deaths** due to age or chronic disease prevalence. In addition, a **previous KFF**



analysis found non-metro counties experienced a faster growth rate in the spread of the virus and **more recent data** confirms that this is still the case. In late 2020, there were countless stories of the most rural communities being

impacted by the coronavirus including **remote Alaska villages** and **Texas ranches**, and an **analysis** from Pew Research Center found that sparsely populated rural areas were accounting for twice the number of coronavirus-related deaths as urban areas.... **Read More**

Will Congress allow Medicare drug price negotiation in 2021?

President Joe Biden's election, combined with Democratic control of the House and Senate give Democrats the opportunity to help Americans and bring down the price of prescription drugs. As a starter, Congress could end the ban on Medicare drug price negotiation. Better, still, it could benchmark drug prices in the US to prices in other wealthy countries. But, it's not at all clear that the Democrats will try to pass drug price legislation or, if they do try, that they will succeed.

Last year, the **House passed legislation** that would allow Medicare to negotiate the price of 350 drugs over 10 years. HR3 also extended Medicare's

negotiated prices to all private insurers. Strangely, however, it does not allow uninsured Americans to benefit from the negotiated prices.

Nicholas Storko reports for **StatNews** that it will be a heavy lift for the Senate to repeal the ban on Medicare drug price negotiation. Even if every Democrat agreed—and that should not be taken as a given—the legislation might not be allowed to pass by majority vote. Republicans and Pharma will put up a big fight.

Usually, Senator Joe Manchin of West Virginia, arguably the most conservative of the Democratic House members,



resists joining with his party over progressive policies. With drugs, he might join with them

because he co-sponsored legislation in 2019 to allow Medicare to negotiate drug prices. This time around, Senators Bob Menendez of New Jersey and Kirsten Sinema of Arizona might keep the Senate from repealing the ban.

Menendez openly voted against allowing Medicare to negotiate drug prices in 2019. He has said privately that he opposed the 2019 legislation because he didn't think it would benefit individuals adequately. His spokesperson reports that Menendez does not think

repealing the ban would save people money, a claim that the Congressional Budget Office made when the conservative Douglas Holz Eakin headed it. Sinema appears to be closely tied to Pharma.

Some Republicans might support repeal of the Medicare ban on negotiating drug prices. But, that's a long shot. No Senate Republicans are co-sponsoring bills to lower Medicare drug prices.

In addition, this year, the Democrats hold a much slimmer majority in the House than last year. So, it is not certain that HR3 would pass the House. If it does, it is likely to be less broad in scope than it was in 2020.

Genes Help Explain Role of Race in Prostate Cancer Risk

If you're a Black man, your risk of getting prostate cancer is 75% higher than it is for a white man, and it's more than twice as deadly.

Now, research is helping to bring genetic risks for people of various racial and ethnic groups into focus. In doing so, dozens more risk factors that could better help pinpoint the odds of developing prostate cancer have been uncovered. And that could potentially lead to better screening protocols and earlier detection for men of all races, experts said.

"The potential utility of this is that it can be used to define men who are at elevated risk of developing prostate cancer," said lead author Christopher Haiman, professor of preventive medicine at Keck School of Medicine at the University of Southern California (USC) in Los Angeles.

"This is knowledge that men could find out, I hate to say it,

but at birth," he added.

More likely, men would get this information later in life, Haiman said, but clinicians could use it to determine when blood tests to screen for prostate cancer should begin and how often screening should occur.

Researchers from the USC Center for Genetic Epidemiology in Los Angeles and the Institute of Cancer Research in London led the study.

They noted that past prostate cancer studies included an overrepresentation of white men, making it more difficult to understand and address variations in risk by race.

The new study brought together data from genomic prostate cancer studies around the world, including in the United States, Ghana, Japan, Sweden and the United Kingdom.

The study — described as the



most diverse genetic analysis for prostate cancer ever — included men of African, Asian, Hispanic and European ancestry.

The researchers compared genomic data from more than 107,000 men with prostate cancer to a control group of 127,000 men without prostate cancer.

Using a model for assessing risk based on an interplay of genetic risk factors, the investigators found that men of African ancestry inherit twice the prostate cancer risk on average as men of European ancestry. Men of Asian ancestry inherit about three-quarters the risk of white men.

That is evidence that genetics play some role in the differences in frequency of prostate cancer among various racial groups, the study authors said.

Though genes appear to be responsible for the greater risk in men of African descent, there is

no evidence that genes make the disease more aggressive, Haiman said. Yet Black men are more likely to have an aggressive form of the disease and to die of prostate cancer, he added.

"We have yet to find that the genetic markers that we're identifying in the genome are more likely to predict a man's risk of developing aggressive disease," Haiman said. "I think there's substantial evidence, strong support, for it's actually being due to other factors, such as access to care, access to treatment, access to earlier screening. I think those factors probably are having a much greater impact."

The study identified 86 previously unknown genetic variations that increase prostate cancer risk. Known variations now number 269... [Read More](#)

Certain Antibiotics Linked With Upped Risk for Deadly Aortic Aneurysms

A widely used class of antibiotics has been linked to an increased risk of a potentially fatal blood vessel condition -- even in younger, healthy people.

In a study of millions of antibiotic prescriptions made in the United States, researchers found that one class was associated with a small increase in the risk of aortic aneurysm.

The drugs -- called fluoroquinolones -- have been a mainstay of antibiotic therapy for decades. They include medications such as Cipro (ciprofloxacin), Levaquin (levofloxacin) and Factive (gemifloxacin).

Several previous studies have linked fluoroquinolones to a heightened risk of aortic aneurysm -- a weakened area in the wall of the body's largest artery. If that weakened tissue ruptures, it can cause fatal bleeding.

Based on those earlier findings, the U.S. Food and

Drug Administration issued a warning in 2018, saying people at high risk of aortic aneurysm should avoid fluoroquinolones.

"High risk" included the elderly and people with high blood pressure or a history of blockages or aneurysms in any arteries.

The new study, published Jan. 6 in *JAMA Surgery*, suggests a much broader swath of the population might want to be cautious.

It found a link between fluoroquinolones and aortic aneurysm in all adults age 35 and up -- including those without high blood pressure, diabetes or elevated cholesterol.

"I'd personally like to see the FDA broaden its warning," said senior researcher Dr. Melina Kibbe, a vascular surgeon and professor at the University of North Carolina at Chapel Hill.



"In my practice," Kibbe said, "I've become extremely thoughtful about which antibiotics I prescribe."

That said, the excess risk to any one fluoroquinolone user is small: In this study, the incidence was 7.5 cases of aortic aneurysm for every 10,000 prescriptions filled, versus 4.6 cases for every 10,000 prescriptions for other antibiotics.

"The absolute risk is quite low. This is a really rare event," said Dr. Chandra Gopalakrishnan, a researcher at Brigham and Women's Hospital in Boston who was not involved in the study.

In addition, the findings cannot prove that fluoroquinolones, per se, caused the aneurysms.

And some recent research has raised questions about the nature of the link. Gopalakrishnan was

the lead author on one of those studies.

He said the new research was well done, but like all observational studies, it has limitations.

Observational studies can only show an association between two things, and not prove cause and effect. According to Gopalakrishnan, one question is whether "surveillance bias" can help explain the association between fluoroquinolones and aortic aneurysm.

That is, patients on fluoroquinolones may be more likely to have conditions where imaging is done, and an aneurysm is detected incidentally.

In their study, Gopalakrishnan and his colleagues found evidence that might be the case. When they restricted their analysis to patients who'd undergone imaging, the excess risk linked to fluoroquinolones faded... [Read More](#)

Facebook Posts Big Drivers in Vaccine Resistance, Study Finds

As Americans await their COVID-19 shot, a new study of a different vaccine shows the power of Facebook posts in fueling "anti-vax" resistance to immunization.

The study included more than 10 years of public Facebook posts on the human papillomavirus (HPV) vaccine. It found that nearly 40% of 6,500 HPV vaccine-related posts from 2006 to 2016 amplified a perceived risk. The data suggest the posts had momentum over time.

"We should not assume that only the disease is perceived as a risk, but when research supports it, that medical treatments and interventions might unfortunately also be perceived as risks," said Monique Luisi, an assistant professor at the

University of Missouri School of Journalism, in Columbia.

"It's more likely that people are going to see things on social media, particularly on Facebook, that are not only negative about the HPV vaccine, but will also suggest the HPV vaccine could be harmful. It amplifies the fear that people may have about the vaccine, and we see that posts that amplify fear are more likely to trend than those that don't," she said in a school news release

Luisi said the findings could shed light on the COVID-19 vaccine rollout and distribution.

During the rollout, people will likely see a lot of negative information and that negative information will be what trends on social media, she said.



"If the public can anticipate this negative information, it will be interesting to see if that

will make them less sensitive to the perceived risk of the vaccine," she noted.

Research must continue to address the perception of vaccine safety where the vaccine is perceived as a greater health threat than the virus or disease it prevents, Luisi added.

She said the spread of negative information about the HPV shot may lead people to have a false perception of it. Luisi recommended consulting with doctors to make an informed decision.

"People are going to see what they are going to see on social media, so it's important to not only take what you see on social

media, but also talk to a doctor or health care provider," she said. "Just because it's trending doesn't mean it's true."

HPV is the most common sexually transmitted infection in the United States, according to the U.S. Centers for Disease Control and Prevention. It can cause genital warts and cancer. A vaccine to prevent it has been available since 2006, and the CDC has more than 12 years of data showing that it is safe and effective, according to the study.

However, HPV vaccination rates across the United States still remain low.

The vaccine is recommended for boys and girls between 9 and 14 years of age, and for people up to age 26 who haven't already gotten the vaccine or finished the series of shots.

Allergists' Group Offers Guidelines on COVID-19 Vaccines

A task force of allergists and immunologists recommends those administering the COVID-19 vaccine ask patients some key questions beforehand.

While reactions to vaccines are extremely rare, the American College of Allergy, Asthma and Immunology (ACAAI) said anyone being vaccinated should be asked if they have a history of a severe allergic reaction to an injectable medication.

If the answer is yes, the individual should be referred to a board-certified allergist for evaluation before getting the COVID-19 vaccination, ACAAI

said in a news release.

The academy also said COVID-19 vaccines should be given in a health care facility where an allergic reaction can be treated. Patients must be monitored for at least 15 to 30 minutes after injection for any adverse reaction.

COVID-19 vaccines should not be given to people with a known history of severe allergic reaction to any component of the vaccine.

According to the U.S. Centers for Disease Control and Prevention, if you have a severe



allergic reaction after the first shot, you should not get the second shot.

Data regarding risk in individuals with a history of allergic reactions is very limited and evolving, according to ACAAI. Patients and doctors should balance the risks and benefits of vaccination.

People with allergies to medications, foods, inhalants, insects and latex are probably no more likely than others to have an allergic reaction to COVID-19 vaccines.

COVID-19 vaccines can be given to immunocompromised

patients, according to ACAAI. But such patients should be warned of the possibility that they will have a lower immune response.

If you are vaccinated, you should expect pain, swelling and skin rash at the injection site; some swelling of the lymph nodes on the same side as the vaccinated arm; and systemic symptoms such as possible fever, fatigue, headache, chills, muscle pain, joint pain or inflammation. These usually resolve in a few days.

Weight Training Benefits Older Women, Men Equally, Study Shows

When it comes to pumping iron, women have as much to gain as men.

A new study compared the results of women and men aged 50 to 90 who started resistance training exercise programs, finding that though men were more likely to gain absolute muscle size, their gains were on par with women's relative to body size.

"Historically, people tended to believe that men adapted to a greater degree from resistance training compared to women,"

said senior study author Amanda (Mandy) Hagstrom, exercise science lecturer at the University of New South Wales in Sydney, Australia.

"The differences we found primarily relate to how we look at the data -- that is, absolutely or relatively. 'Absolute' looks at the overall gains, while 'relative' is a percentage based on their body size," she said in a university news release.

The researchers compared muscle mass and strength gains



in more than 650 older men and 750 older women across 30 resistance training studies. Most participants had no previous resistance training experience.

"We found no sex differences in changes in relative muscle size or upper body strength in older adults," Hagstrom said. "It's important for trainers to understand that women benefit just as much as men in terms of relative improvement compared to their baseline."

They found that when looking at absolute gains, older men gained bigger muscles and had greater improvements to upper and lower body strength. Women saw the biggest increases when it came to relative lower body strength.

"Our study sheds light on the possibility that we should be programming differently for older men and women to maximize their training benefits," Hagstrom said... [Read More](#)

Can 2 Nutrients Lower Your Risk for Parkinson's?

People who consume high levels of dietary vitamin C and E may lower their risk for Parkinson's disease by almost a third, a new study suggests.

Foods high in vitamin C include oranges, strawberries, broccoli and Brussels sprouts. Foods high in vitamin E include spinach, collard greens, pumpkin and nuts such as almonds and peanuts.

How might the two nutrients ward off Parkinson's? According to the European researchers involved in the new study, vitamins C and E are also antioxidants that could ward off the cell damage Parkinson's causes. Specifically, antioxidants might help counteract "unstable" molecules and the oxidative stress that can lead to a loss of a brain chemical called dopamine, which is a hallmark of the condition.

"The protective effect of vitamins on Parkinson's disease

risk might be limited to specific vitamins, such as vitamins E and C.

Therefore, eating foods that are rich in vitamins E and C might help to prevent the development of Parkinson's disease," said researcher Essi Hantikainen, from the University of Milano-Bicocca in Italy.

"Also, high concentrations of vitamin C are found in the central nervous system, where it has neuroprotective properties," she explained.

Hantikainen noted that this study can't prove that vitamins E and C prevent Parkinson's, only that high levels of these vitamins are associated with a lower risk of developing the disease.

"Further research is needed to confirm these findings," she said. "And it is not yet clear what the most beneficial amounts of vitamins E and C are



to reduce the risk of Parkinson's disease."

Parkinson's disease is a movement disorder. It gradually reduces dopamine, a chemical in the brain, affecting speech, walking and balance. The causes aren't known, and there are no effective treatments, nor is there a cure.

For the study, published online Jan. 6 in the journal *Neurology*, Hantikainen and her colleagues followed nearly 44,000 adults in Sweden for an average of 18 years. None had Parkinson's at the start.

Participants completed a questionnaire at the outset about their medical history, diet and exercise, including height, weight and physical activity.

They were then divided into three groups: those with the highest intake of vitamins E and C, those with moderate intake and those with the lowest intake.

Throughout the study, 465 people developed Parkinson's disease.

After taking into account factors like age, sex, body mass index and physical activity, people who got the most vitamins E and C had a 32% lower risk of Parkinson's disease than those who got the least.

What about getting the two vitamins from supplements?

"We were not able to investigate the effect of supplements on the risk of Parkinson's disease," Hantikainen said, but there might be good health reasons to try sourcing the nutrients from food, not pills. "High intake of some vitamins from supplements, such as vitamin E, has been linked to a higher risk of certain diseases, such as cardiovascular disease," she said....[Read More](#)

Mediterranean Diet Could Help Stop Prostate Cancer's Spread

Food as medicine: New research suggests that a healthy Mediterranean diet might lower the risk of prostate cancer progressing to a more advanced state.

The relative lack of saturated fat in these diets might be a major reason why.

The Mediterranean diet is "known for its lower consumption of saturated fats," said Dr. Phillip Vigneri, a prostate cancer specialist unconnected to the new study. He heads the department of radiation medicine at Staten Island University Hospital in New York City.

For example, "it has been known for some time that while Japan has a similar incidence of prostate cancer, it has a lower metastatic rate and mortality," Vigneri pointed out. And while it's not possible to prove clear cause and effect, "this difference is usually attributed to a [Japanese] diet that is lower in fat," he said.

The new study involved 410 prostate cancer patients and was led by Dr. Justin Gregg, assistant professor of urology at the

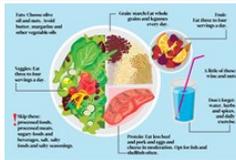
University of Texas MD Anderson Cancer Center, in Houston. Because most prostate cancer cases are low-risk and have

favorable outcomes, many men do not need immediate treatment and opt for "active surveillance." That was the case for the participants in this study.

The Houston team found that those who stuck to meals rich in fruits, vegetables, legumes, cereals and fish -- hallmarks of a Mediterranean diet -- had a much lower risk of their prostate cancer growing or advancing to a point where active treatment might be needed.

After a median three years of follow-up, 76 men in the study saw their cancer progress. But for every one-point increase in an individual patient's "Mediterranean diet score," the researchers found a 10% lower risk for tumor progression.

"A Mediterranean diet is non-invasive, good for overall health and, as shown by this study, has the potential to effect the progression of their cancer," Gregg said in an MD Anderson



news release. He described the regimen a "diet rich in plant foods, fish and a healthy balance of monounsaturated

fats."

The research also found that the effect of a Mediterranean diet was more pronounced in Black men. That's significant, because the rate of prostate cancer is more than 50% higher in Black Americans compared to whites, and outcomes for Black men are typically more dire.

According to Vigneri, low-fat diets may impede cancer at a cellular level.

"Laboratory studies have shown that saturated fats in the petri dish facilitate invasion and migration of cancer cells," Vigneri said.

Dr. Elizabeth Kavalier is a urology specialist at Lenox Hill Hospital in New York City. Reading over the new findings, she said they support the notion that nutritious food helps keep us healthy and supports our immune system's ability to function.

"A healthy diet with plant-

based foods will help us live longer," Kavalier believes. "For men with low-grade, low-stage prostate cancer, adhering to a Mediterranean-style diet can mean life or death," she said.

The diet's benefits for health extend far beyond cancer prevention and control, noted study co-researcher Carrie Daniel-MacDougall.

"The Mediterranean diet consistently has been linked to lower risk of cancer, cardiovascular disease and mortality," said Daniel-MacDougall, associate professor of epidemiology at MD Anderson. "This study in men with early-stage prostate cancer gets us another step closer to providing evidence-based dietary recommendations to optimize outcomes in cancer patients, who along with their families, have many questions in this area."

For more on prostate cancer, head to the [American Cancer Society](#).

Get Fit in Middle Age to Boost Your Aging Brain

Moderate-to-vigorous physical activity in middle age and beyond might help keep your brain healthy, a new study suggests.

"Our study suggests that getting at least an hour and 15 minutes of moderate-to-vigorous-intensity physical activity a week or more during midlife may be important throughout your lifetime for promoting brain health and preserving the actual structure of your brain," said study author Priya Palta, an epidemiologist at Columbia University Irving Medical Center

in New York City.

"In particular, engaging in more than 2.5 hours of physical activity per week in middle age was associated with fewer signs of brain disease," she said.

For the study, published online Jan. 6 in the journal *Neurology*, Palta's team collected data on more than 1,600 people (average age: 53) who had five physical exams over 25 years and rated their weekly activity levels.

Participants also had brain scans at the end of the study to



measure their gray and white brain matter and areas of injury or disease in the brain.

While the researchers only found a correlation, those participants who didn't do moderate-to-vigorous intensity physical activity in midlife had 47% greater odds, on average, of developing small areas of brain damage compared to people who engaged in high levels of moderate-to-vigorous intensity physical activity.

Higher activity levels were also

associated with more intact white matter. White matter is tissue composed of nerve fibers that link different areas of the brain.

"Our research suggests that physical activity may impact cognition in part through its effects on small vessels in the brain," Palta said in a journal news release. "This study adds to the body of evidence showing that exercise with moderate-to-vigorous intensity is important for maintaining thinking skills throughout your lifetime."

Moderna COVID Vaccine Protection May Last Years, Company Claims

Moderna's CEO said their COVID-19 vaccine may prevent infection for years, *CBS News* reported Thursday.

While speaking at a virtual event hosted by Oddo BHF, a financial service group, Moderna CEO Stephane Bancel

said the "nightmare scenario" that the vaccine won't work is now in the past.

"We believe there will be protection potentially for a couple of years," Bancel said. The "antibody decay

Moderna

generated by the vaccine in humans goes down very slowly," *Reuters* reported. Questions about elderly patients remain because their immune system weakens over time, Bancel noted.

The CDC says that because reinfection is possible with COVID-19, even people who have already had the virus should still receive the vaccine. Natural immunity varies from person to person, *CBS News* reported.

Calorie-Burning 'Brown Fat' Could Help Keep You Healthy, Even if You're Obese

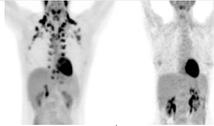
A special calorie-burning type of body fat appears to help protect against an array of chronic ailments, including heart disease, type 2 diabetes and high blood pressure, a new study suggests.

Brown fat generates heat by drawing glucose from the bloodstream, as opposed to energy-storing white fat, explained senior researcher Dr. Paul Cohen. He's an assistant

professor and senior attending physician at the Rockefeller University Hospital in New York City.

That sort of a tissue sounds like a godsend. However, brown fat has been long thought to have little impact on human health because your stores of brown fat diminish as you age.

But research now shows that adults who have active brown



fat tissues in their bodies are far less likely than their peers to suffer from a range of chronic illnesses.

What's more, this protective effect holds even if the person carries excess weight, researchers reported recently in the journal *Nature Medicine*.

"When we grouped our subjects based on their body mass index, we saw that even

obese people with brown fat show protection from these conditions," Cohen said.

A special calorie-burning type of body fat appears to help protect against an array of chronic ailments, including heart disease, type 2 diabetes and high blood pressure, a new study suggests....[Read More](#)

Is Self-Control the Key to a Long, Healthy Life?

If your children are well-behaved, do they stand a greater chance of having healthy, happy lives as adults? A new study says yes.

After tracking just over 1,000 New Zealanders from birth to the age of 45, investigators found that kids who were goal-oriented and better able to restrain their thoughts, behavior and emotions turned out to have healthier bodies and brains by the time they hit middle age.

"We found that as adults, at age 45, children with better self-control aged more slowly," said study author Leah Richmond-Rakerd, an assistant professor of

psychology at the University of Michigan, in Ann Arbor. "Their bodies and brains were healthier and biologically younger. We also found that they had developed more health, financial and social reserves for old age."

Why? Richmond-Rakerd said her team thinks it has to do with having "better emotional regulation to deal with life. They plan better so that they experience fewer crises and challenges. And their response to challenges is more measured and thoughtful when crises do arise."

James Maddux is a senior



scholar with the Center for the Advancement of Well-Being at George Mason University in Virginia. Though not a part of the study team, he suggested that the findings might stem from a youthful ability to delay gratification.

"So many behaviors that contribute to poor health are the result of a relative inability to delay gratification," said Maddux, meaning the inability to forgo smaller, short-term rewards in favor of more substantial long-term rewards. Examples of short-term indulgences, he noted, could include smoking, binge drinking,

overeating, unsafe sex and going to parties in the midst of a pandemic.

The study team gauged self-control between the ages of 3 and 11 by enlisting teachers, parents and the enrolled children to assess each kids' impulsivity, frustration tolerance and ability to persist in achieving goals.

Then, a combination of physical exams, interviews and brain scans were carried out at age 45 to determine physical health and social well-being as an adult.....[Read More](#)