

June 13, 2021 E-Newsletter

Quick Information about the WEP and GPO

Our Petition has now received 77,000 signatures from across the country. Very shortly the ARA WEP/GPO Task Force will be submitting the Petition to members of congress.

Please check these two links below to see if your Congressperson and Senator has signed on as a c-sponsors. If not, please ask them to, if they did, please thank them for their support.

H. R. 82
S. 1302

The Government Pension Offset (GPO) and Windfall Elimination Provision (WEP) penalize people who have dedicated their lives to public service, including many teachers, firefighters, and police officers, by taking away benefits they, or their spouses, have EARNED.

Why is this important?

To urge all Alliance for Retired Americans members, friends or

everyone subject to the GPO/WEP to increase their efforts to make sure the Congress of the United States enacts legislation to repeal the Government Pension Offset and the Windfall Elimination Provision from the Social Security Act. 2021 Legislation Social Security Fairness Act, (H. R 82) by Representative Rodney Davis. (R) (IL) and S. 1302 by Senator Sherrod Brown (D) (OH) these two pieces of Legislation would completely repeal the WEP/GOP.

Some Facts On Retirees Affected
Current retirees affected now:
2,665,089

Current employees who will be affected by the offsets when they retire (as of 2018):
6,400,000

Retirees can be affected by



both penalties.
Current Windfall Elimination Provision
Statistics by state

CRS Report Feb. 2021 (See pages 5-6 for state stats)

Current Government Pension Offset Statistics by state

CRS Report Feb. 2021 (See Pages 8-9 for state stats)

WEP Facts:

- ◆ 3% of all Social Security beneficiaries are affected
- ◆ 1,948,427 retirees affected now.
- ◆ Among them 56% are men
- ◆ The WEP causes a larger reduction for low-income recipients
- ◆ Penalty is decreased for people with "(Substantial) SS Covered Earnings". 2021 Substantial Earnings is \$26,550.

GPO Facts:

- ◆ 1% of all Social Security

beneficiaries are affected,

- ◆ 716,662 retirees were affected (2019).
- ◆ **83% are Women**
- ◆ 71% of those affected lose ALL their Social Security benefits
- ◆ 53% have their spousal benefits affected
- ◆ 47% have their Widow's or Widower's benefits affected
- ◆ The GPO causes a higher percentage cut for lower-income retirees

Public employees affected include:

Teachers in 15 states—**AK, CA, CO, CT, GA, IL, KY, LA, MA, ME, MO, NV, OH, RI, TX.**

State, County, City and special district employees in 26 states.

Federal employees who are on the CSRS retirement system in every state.

More info at ssfairness.org

President Biden Releases FY22 Budget Proposal

Last week, President Biden submitted his first budget request to Congress. The White House plan includes legislative proposals and detailed funding recommendations for Fiscal Year 2022 (FY22), which begins on October 1.

Though not binding on Congress, the president's annual budget request is an important policy document that outlines the administration's key priorities.

The FY22 request largely reflects program and spending changes the White House has already proposed. It ties the administration's initial, topline discretionary FY22 budget proposal together with

their two key legislative asks: the **American Jobs Plan**, which calls for new infrastructure spending, including \$400 billion over ten years to expand Medicaid Home and Community Based Services (HCBS); and the **American Families Plan**, which addresses issues like education and economic security, and extends the **American Rescue Plan's** health insurance subsidies.

Though the budget does not recommend major Medicare changes, it does **signal** the White House's commitment to strengthening programs on which older adults and people



with disabilities of all ages rely:

"...the Budget also calls on Congress to take action this year to further strengthen health care by lowering prescription drug costs and expanding and improving health coverage. The President's health care agenda includes cutting prescription drug costs by letting Medicare negotiate prices; reducing deductibles for ACA marketplace plans; [and] improving Medicare benefits..."

Medicare Rights continues to strongly urge the administration and Congress to immediately improve health care and prescription drug coverage, access, and affordability. Many

policies in the FY22 budget request would advance these goals, alongside legislation such as the Elijah E. Cummings Lower Drug Costs Now Act (H.R. 3). That bill could generate significant savings and catalyze long-overdue Medicare reforms.

While it is not yet clear how many of the White House's spending priorities Congress will adopt, the release of the budget blueprint allows lawmakers to begin those negotiations. Current federal government spending levels will expire at the end of September.

Read a White House Fact Sheet on the FY22 Budget Request

ADD YOUR NAME

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

The Commonwealth Fund Considers Which Pandemic-Related Medicare Changes Should Continue

The Commonwealth Fund recently released a new **report** suggesting four key questions for policymakers to consider as they evaluate the future of more than 200 temporary policy and regulatory changes that have been made to the Medicare program as part of the response to the COVID-19 pandemic. This report, which aims to track and categorize the regulatory changes along with proposing a framework for deciding which should be preserved, is a helpful overview of the current state of Medicare regulation and possibilities for

the future.

The report catalogues 27 changes that have been expanded or made permanent, two that have been terminated, and the general areas of impact. The authors call for continued study of the policy changes—to take advantage of the natural experiment of such breadth and scale—and to seek unique insights into how Medicare’s regulatory structures could be modified to improve beneficiary care.

The Commonwealth Fund proposes four key questions:

1. Who, between the federal



government or Congress, has the authority to make the change permanent after

the public health emergency ends?

2. What are the key potential benefits and risks to beneficiary care and out-of-pocket spending?
3. What are the key potential benefits and risks to inappropriate Medicare program spending?
4. What are key policies that policymakers could implement to mitigate the potential risks?

As a model, the authors propose answers to these questions in the context of telehealth flexibilities.

Medicare Rights appreciates this effort to support policymaker decisions about the post-pandemic Medicare coverage landscape. We continue to recommend that any such process should be deliberate, follow the data, and prioritize health equity as well as beneficiary needs and preferences. Doing so would best ensure a system that works for all people with Medicare.

Read the full report.

Voter Suppression Spotlight Shifts to Texas

Texas Democrats walked out of the state House chamber Sunday, thwarting the Republican majority’s effort to pass a sweeping voter suppression bill in the waning hours of the 2021 state legislative session. Texas Governor **Greg Abbott**, however, says he will call a special legislation this summer and is threatening to veto unrelated legislation until the voter suppression bill is passed.

President **Joe Biden** spoke out against the Texas legislation, and later this week announced that Vice President **Kamala Harris** will lead the administration’s efforts to protect voting rights amid Republican-led efforts to restrict voting in multiple states across the country. At least **14 states** have enacted partisan laws this year that will make it harder to vote.

The White House has

endorsed two bills pending before Congress: the For the People Act, H.R. 1, which would standardize voting procedures across the country, and the John Lewis Voting Rights Advancement Act, H.R. 4, to ensure that any new voting law does not have a disproportionate effect on minority voters.

“Seniors take voting seriously and know that the right to vote is sacred,” said **Richard Fiesta**,

Executive Director of the Alliance. “It is shameful that legislatures across the country are working day and night to make it harder for people, especially older and minority voters, to be heard at the ballot box.”



Rich Fiesta,
Executive
Director, ARA

Biden Administration Opposes Lawsuit that would Stop Drug Importation

Last year former President Trump’s administration approved importing drugs from Canada, where the prices of drugs are kept lower by law. Although there has been a provision in law since 2003 that gives a presidential administration authority to do so, last year was the first time it had happened.

This action followed years of lobbying by TSCL and many other organizations to allow drug importation as a way of lowering prices.

However, the importation of any drug has not yet happened. That is because under the federal law each state must pass its own laws for importing drugs and currently only Florida, Colorado, Maine, New Hampshire, New Mexico, and Vermont are

pursuing such efforts.

In addition, there is a major fight against importing drugs by the giant drug makers’ lobbying organization PhRMA which has filed a lawsuit looking to overturn the importation authorization.

In its response to that lawsuit the Biden administration last Friday said it has no timeline about allowing states to import drugs from Canada. It also said there are still several steps that must be taken before importation can begin.

In addition, even if all those steps are taken the Canadian government has let it be known that it will not allow drugs to be exported if it would endanger Canada’s own drug supply.

During his presidential campaign President Biden



supported drug importation and in the Friday court filing his administration is looking to have the PhRMA lawsuit thrown out of court.

Although Florida is farthest along in setting up a drug importation program it turns out that, according to Kaiser Health News, “the state program would have little direct effect on most Floridians.

“That is because the state effort is geared to getting lower-cost drugs to state agencies for prison health programs and other needs and for Medicaid, the state-federal health program for the poor. Medicaid enrollees already pay little or nothing for medications.

“Florida has identified about 150 drugs — many of them expensive HIV/AIDS, diabetes

and mental health medicines — that it plans to import. Insulin, one of the most expensive widely used drugs, is not included in the program.”

On the other hand, Colorado’s program “would help individuals buy the medicines at their local pharmacy. Colorado also would give health insurance plans the option to include imported drugs in their benefit designs.”

Lowering the prices of prescription drugs remains a major priority to us at TSCL and we will be working with Congress to pass whatever legislation is necessary to get that job done. The Biden administration’s action on Friday gives us confidence that the President will support that effort.

Turning 65 and still working? Be sure to avoid costly Medicare mistakes

Medicare may not be top of mind if you're nearing the eligibility age of 65 and already have health insurance through your employer.

However, it probably deserves some attention. While not everyone must sign up, many are required to enroll unless they want to face life-lasting late-enrollment penalties.

"The biggest mistake ... is to assume that you don't need Medicare and to miss enrolling in it when you should have," said Danielle Roberts, co-founder of insurance firm Boomer Benefits.

Roughly 10 million workers are in the 65-and-older crowd, or 17.9% of that age group, according to the most recent data from the Bureau of Labor Statistics.

It's a share that has been steadily growing over the years, although the Covid-induced economic crisis pushed some workers out of the labor force, either via layoffs or early retirements. In January 2020 (pre-pandemic), 19.7% of

individuals age 65 or older were working.

"There was a rush of people over 65 last year that got laid off due to the pandemic and we helped many transition over to Medicare as their primary coverage," Roberts said. "That has slowed and we are back to normal now."

The general rule for Medicare signup is that unless you meet an exception, you get a seven-

month enrollment window that starts three months before your 65th birthday month and ends three months after it.

Having qualifying insurance through your employer is one of those exceptions. Here's what to know.

The nuts and bolts Original, or basic, Medicare consists of Part A (hospital coverage) and Part B (outpatient care coverage).

Part A has no premium as long as you have at least a 10-year work history of contributing to the program through payroll (or self-employment) taxes. Part B comes with a standard monthly premium of \$148.50 for 2021, although higher-income beneficiaries pay more through monthly adjustments (see chart below)...[Read More](#)

Medicare Part B premium adjustments

File individual tax return	File joint tax return	File married & separate tax return	Monthly payment
\$88,000 or less	\$176,000 or less	\$88,000 or less	\$148.50
above \$88,000 up to \$111,000	above \$176,000 up to \$222,000	Not applicable	\$207.90
above \$111,000 up to \$138,000	above \$222,000 up to \$276,000	Not applicable	\$297.00
above \$138,000 up to \$165,000	above \$276,000 up to \$330,000	Not applicable	\$386.10
above \$165,000 and less than \$500,000	above \$330,000 and less than \$750,000	above \$88,000 and less than \$412,000	\$475.20
\$500,000 or above	\$750,000 and above	\$412,000 and above	\$504.90

What Social Security's COLA and the inflation spike have in common

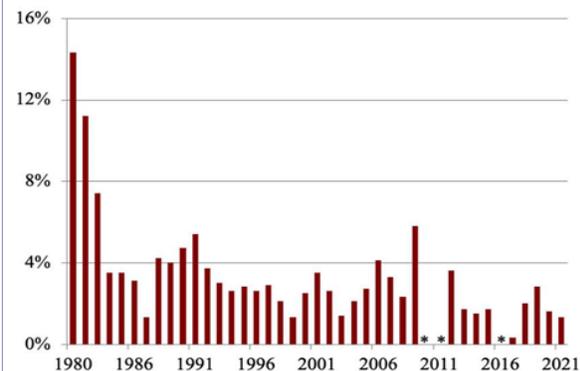
For some reason that I do not fully understand, Social Security beneficiaries love to get a cost-of-living adjustment (COLA). Mind you, I do view automatic indexing of benefits as a wonderful feature of our Social Security program. Without such adjustments, retirees would see their standard of living erode as they age, unless the government regularly increased benefit amounts.

But the idea behind these COLAs is to maintain the existing purchasing power of current benefit levels. That is, the adjustment is to compensate retirees for the higher prices they had to pay in the previous year. The bigger the price increase, the larger the COLA. No price increase, no COLA. The announcements of "no COLA" in 2010, 2011 and 2016 (see Figure 1), however, were met with a huge outcry. (A separate issue, not addressed here, is whether the price index used for determining the Social

Security COLA — the CPI-W — is the best index for capturing the inflation faced by retirees.)

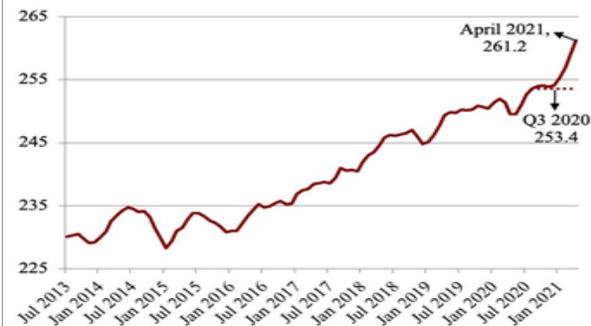
For COLA fans, the increase in the CPI in April to 261.2 (4.6% year-over-year) is definitely good news. While we don't know whether this jump is a short-term spike as we emerge from the pandemic or an indication of more permanent inflationary pressures, it will most likely lead to higher Social Security benefits in 2022. The question is how much higher. Since the COLA first affects benefits paid after Jan. 1 of next year, Social Security needs to have figures available before the end of 2021. As a result, the adjustment for 2022 is based on the increase in the CPI for the third quarter of 2021 over the third quarter of 2020. We know the 2020 number (see Figure 2), but we need data through September to calculate the third-quarter average for 2021....[Read More](#)

Figure 1. Social Security Cost-of-Living Adjustment, 1980-2021



Note: Asterisk indicates no COLA for 2010, 2011, and 2016.
Source: U.S. Social Security Administration website. "Cost of Living Adjustment (COLA) Information for 2021. Available at: <https://www.ssa.gov/cola/>

Figure 2. Consumer Price Index (CPI-W), July 2013-April 2021



Notes: CPI-W is for urban wage earners and clerical workers. The index benchmark of 100 equals 1983 price levels.
Source: U.S. Bureau of Labor Statistics. Consumer Price Index: Urban Wage Earners and Clerical Workers, 2021.

Required withdrawals from retirement accounts are back this year. What to know

- ◆ Generally, if you already were taking required minimum distributions before 2020, you should resume them.
- ◆ The amount you must withdraw each year is determined by dividing the balance of each qualifying account by a "life expectancy factor" as defined by the IRS.
- ◆ If you reached (or will reach) age 70½ after 2019, those withdrawals are required to start at age 72 instead of 70½.

So-called required minimum distributions — the amount that you must take each year from most retirement accounts when

you join the older crowd — are again in force for 2021 after being waived for 2020. That's sandwiched between the RMD age changing to 72 from 70½ (as of last year) and new IRS life expectancy tables used to calculate those yearly withdrawals (in effect next year).

"There's a lot there that can confuse people," said Ed Slott, CPA and founder of Ed Slott and Company. "But RMDs have always both annoyed and confused [retirees]."

RMDs apply to 401(k) plans — both traditional and the Roth version — and similar workplace plans, as well as most individual retirement accounts (Roth IRAs have no required withdrawals



until after the account owner's death). If you had hit age 70½ before 2020, RMDs kicked in at that point. If you reached (or will reach) that age in 2020 or later, you get more time: Those withdrawals are required to start at age 72.

In other words, "Anyone born July 1, 1949, or later can wait until they're 72," Slott said, explaining that they would have hit age 70½ on Jan. 1, 2020 or after that — allowing them to use the later RMD age.

The amount you must withdraw each year is basically determined by dividing the balance of each qualifying account by a "life expectancy factor" as defined by the IRS.

For example, if you're 75, that number would be 22.9, according to the IRS. Divide your account balance — say it's \$100,000 — by that factor and your RMD would be about \$4,366.

You can delay your first RMD until as late as April 1 of the year following the one in which you reach the RMD age. In all subsequent years you must take the required amount by Dec. 31. If you don't make those RMDs, you could face a 50% penalty.

However, if you're working and contributing to a retirement plan sponsored by your employer (and don't own more than 5% of the company), RMDs do not apply to that particular account until you retire.... [Read More](#)

'Will Social Security be there when I retire?' Confusion about this

Not all Americans expect to count on Social Security in their old age — and this confusion could cost them.

The trust funds that support Social Security are on track to run out of money in the next 15 years, at which point, if nothing is done, the government is expected to pay beneficiaries only about 80% of their benefits. Congress has never let the program falter, but it has also not yet made a decision on what to do about this insolvency issue. That can pose a problem for Americans looking to plan their retirement income needs.

The value of knowing today what the government will do in 2035, should the trust funds be

exhausted by then, might be worth as much as two and a half months of earnings, according to a [paper](#) the National Bureau of Economic Research recently distributed.

Here's how the researchers broke it down: if a woman born in 1975 with average earnings plans to retire with no anticipation of benefit cuts, but then finds herself with a 20% benefit cut in 2035, the "value of becoming aware of the policy 15 years in advance" is about \$9,000 in 2020 dollars, or 1.5 times her average monthly earnings.

This calculation is based on her ability to make more



informed decisions for her finances, the researchers said. If she were to be surprised by a policy change in 2035, her consumption would decrease to reflect the lower benefits she receives. If she were to know ahead of time, such as in 2020 that benefits would be cut 20% in 2035, she would be able to make an immediate adjustment to her consumption.

"The ability to make an immediate adjustment hinges on whether the individual has already started saving for retirement — in which case saving can be adjusted in response to the announcement," they said. "This decrease in

consumption is subsequently followed by an increase in savings to offset impending benefit cuts."

Relative to earnings, this information is more valuable for low-income workers than high-income workers, because those are the individuals who rely on Social Security more heavily.

"These gains represent a 'free lunch' in the sense that they can be realized just by making a decision about a problem that will have to be faced in the near future," the researchers wrote. "Failing to do so complicates people's retirement plans. Thus, government indecision has a real cost." [Read More](#)

You May Be Paying a Higher Tax Rate Than a Billionaire

A new ProPublica analysis of a trove of IRS documents revealed that the richest 25 Americans pay a tiny fraction of their wealth in taxes. But even if you use the most conventional yardstick — income — the wealthiest still pay low rates.

The very richest Americans win at the tax game no matter which measure you use. ProPublica has [published an article](#), based on a vast trove of never-before-seen IRS information, that reveals the pittance in taxes the ultrawealthy pay compared with their massive

wealth accumulation.

But that trove of IRS data also reveals new information on how little the 25 wealthiest Americans pay in taxes by the most conventional measure: income. Not all are able to minimize their income and avoid taxes; some report very substantial sums. But even then, the data — and a new analysis by ProPublica — shows they still pay strikingly low rates.

The Secret IRS Files This is an ongoing investigation. Sign up to be



notified when the next story publishes. Email address:

On average, they paid 15.8% in personal federal income taxes between 2014 and 2018. They had \$86 billion in adjusted gross income and paid \$13.6 billion in income taxes in that period.

That's lower than the rate a single worker making \$45,000 a year might pay if you include Medicare and Social Security taxes.

The federal tax system is designed to be progressive: The

more money people make, the higher the tax rate they're supposed to pay. Today, a married couple pays a tax rate of 10% on their first \$19,900 in taxable income (after deductions), stepping up to 37% for everything they make above \$628,300.

But those are just the rates on paper. To get a more accurate picture, analysts at the IRS look at what taxes people actually pay. This is known as the "effective tax rate." [Read More](#)

No license, no problem — check out these options for seniors who no longer drive

When Emily Leonard moved from Manhattan to West Hartford, Conn., to live near her sister, she felt isolated.

Living in a retirement community, she wanted more in her life. “I needed something,” says Leonard, now 92. “I didn’t have an objective.” So, she decided to get a master’s degree in American studies soon after moving to The McAuley in 2012.

Yet, the tricky part of living in West Hartford was figuring out how to get around, especially at night.

Leonard had hired a car and driver when she visited her sister. She continued to use the service for long-distance rides along with a daytime driver for three-hour shopping excursions at \$20 an hour and rides for doctor’s appointments provided by The McAuley.

Then she heard about ITN Central Connecticut, a volunteer driving service that charges less than taxis. The service requires passengers to pay in advance through individual accounts so that no money changes hands



during rides.

Volunteer drivers would pick Leonard up at 5:30 in the afternoon for her class once a week scheduled from 6 p.m. to 9 p.m. and bring her home from the Trinity College campus by 9:30 at night. The cost was \$13 roundtrip compared with \$22 for a cab. “And you can’t count on the cab.” Leonard says. ITN Central Connecticut “took a real interest in what I was doing,” she says. They “added so much to the experience.” Over time, Leonard became friends with

her driver, retired lawyer John Lemega and his wife, Jill.

ITN Central Connecticut, part of ITN America, Independent Transportation Network of America, also charges a membership fee of \$40 per year for an individual person and \$65 for a family.

Living in Manhattan for much of her life, Leonard “was used to getting around without a car.” When she did drive it was for her work in public relations, yet her driving days came to an end in 1993 when she developed a vision issue....[Read More](#)

New Studies Detail Pandemic’s Impact on Retirement Security

A study from The New School's Schwartz Center for Economic Policy Analysis

shows that the pandemic has resulted in a spike in unanticipated retirements for older men and women. An extra 1.7 million individuals are retiring as a result of the coronavirus recession.

At earlier ages, vulnerable older workers retired sooner, while more privileged workers delayed retirement. The share of retired workers among adults aged 55-64 rose 5% for those without a college education but fell 4% for those with a college degree.

The rise in unexpected retirements has exacerbated inequity among the most vulnerable older employees, regardless of age, education level, or race. Black workers without a college degree

experienced the highest increase in the share who are retired before age 65. This rate rose 1.5 percentage points, from 16.4% to 17.9%, between 2019 and 2021.

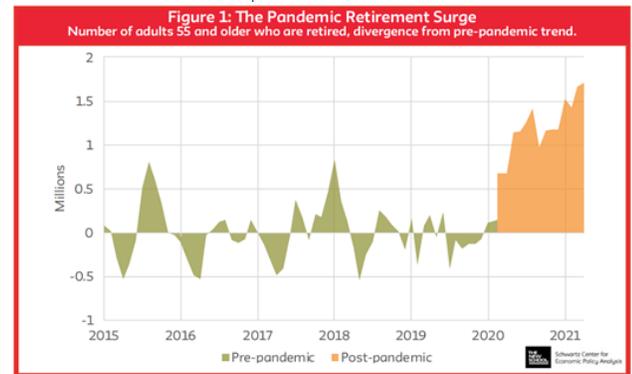
Also, according to a new **study** by the Center for American Progress, a typical woman earning a median pay of \$47,299 before the pandemic will lose more than a quarter of a million dollars in lifetime earnings if she returns to full-time work by 2022. If she’s out until 2024 — which is consulting firm McKinsey’s projection for how long it takes for women’s employment to return to pre-pandemic levels — those losses may total roughly \$600,000.

The women directly affected aren’t the only ones who will pay the price. The loss of productivity of female

employees due to the pandemic has a negative influence on economic growth: McKinsey estimates that if no effort is taken to mitigate the consequences, the total hit on global GDP may reach \$1 trillion by 2030.

More than 4.5 million fewer women are working now than at the onset of the pandemic, either as a result of layoffs in the virus’s most female-dominated industries or as a result of being forced out of work to care for children.

“Hundreds of thousands of older Americans tragically died during the pandemic,” said **Robert Roach, Jr.**, President of the Alliance. “These new studies show that the effect on retirement income and security will be felt for decades to come. It is more important than ever to expand Social Security, as it will comprise an even larger share of Americans’ retirement income.”



Senior Home Care

Senior home care is helpful for aging individuals and their families. In-home care helps you or your loved one continue living at home, and it alleviates some of the stress that family caregivers often experience. In-home caregivers work to protect your or your family member's independence, dignity, and quality of life while providing safe, comfortable, and compassionate care. And that's important. After all, 90 percent of people over the age of 65 have reported that they want to

stay home as long as possible, according to the **Home Care Association of America (HCAOA)**.

Home care providers can offer everything from basic personal care to hospice support. They can even provide assistance to help manage chronic conditions, illnesses, and diseases. You can get short-term recovery or rehabilitative care or ongoing long-term care. Additionally, home care agencies frequently offer **respite services** so that



family caregivers are able to take breaks once in a while, such as on weekends or holidays. Support can be provided for a few hours a week or up to 24 hours a day, 365 days a year. It's all based on a client's needs.

Both non-medical and medical home care may be available in your community. So it's important to understand some of the common terminology. For example, **home care agencies** usually only offer non-medical services.

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[Who provides elderly home care, and what are their qualifications?](#)

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[What kinds of in-home care services may be offered?](#)

[What should I ask private home care providers?](#)

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Credit for Caring Act Would Provide Tax Credit to Family Caregivers

Bipartisan legislation would give up to \$5,000 to offset expenses

by Nancy Kerr, [AARP](#)

Some of America's 48 million family caregivers would get much-needed financial assistance under the Credit for Caring Act, introduced on May 18 in the [U.S. Senate](#) and [House of Representatives](#). The bipartisan bill would provide an up to \$5,000 federal tax credit for eligible working family caregivers — which could help defray the nearly \$7,000 that many families spend each year in [out-of-pocket caring costs](#). "America's nearly 48 million

family caregivers are the unrecognized backbone of the long-term care system," said Nancy LeaMond, AARP executive vice president and chief advocacy and engagement officer. "Family caregiving can be overwhelming, exhausting and a major financial challenge. That's why AARP is fighting to make life a little bit easier for unpaid family caregivers and ease their [financial concerns](#). We are delighted to support the bipartisan Credit for Caring Act, which will help put a little money back in the pockets of caregivers who spend in the



service to their loved ones."

Family caregivers are providing [\\$470 billion in unpaid care each year](#) — doing everything from helping prepare meals and paying bills to assisting with medication and general activities of daily living — most often so that their parents, spouses, and other loved ones can continue to live independently in their homes and communities. A whopping [61 percent of these caregivers](#) do all of this while also holding down a job.

The bill's new, nonrefundable federal tax credit would give

eligible [family caregivers](#) who work a 30 percent credit for qualified expenses they paid or incurred above \$2,000. The credit could help offset the costs of services like home care aides, adult day care and respite care as well as home modifications like ramps and smart-home technology that make caregiving at home safer and easier.

The bill is sponsored in the Senate by Sens. Joni Ernst (R-Iowa), Michael Bennet (D-Colo.), Shelley Moore Capito (R-W.Va.) and Elizabeth Warren (D-Mass.), and in the House by Rep. Linda Sánchez (D-Calif.) ... [Read More](#)

Majorities of Democrats and Republicans want Government Action to Lower Prescription Drug Prices

Last week the nonprofit organization WestHealth released the results of a survey done for it by the Gallup organization. In their press release they said, in part:

A new [West Health/Gallup survey](#) finds nearly all Democrats (97%) and the majority of Republicans (61%) support empowering the federal government to negotiate lower prices of brand-name prescription drugs covered by Medicare. Overall, 8 in 10 Americans prefer major government action to control prices over concerns about it hurting innovation and

competition from the pharmaceutical industry. The results come from a nationally representative poll of more than 3,700 American adults.

While President Joe Biden, Democrats in Congress and former President Donald Trump have called for such negotiation, Republicans on Capitol Hill and the pharmaceutical industry itself have been fiercely opposed to the measure, claiming lower prices would hurt competition and reduce innovation. However, this belief is not widely shared among the American people. According to the survey, less



than 20% of all Americans believe Medicare negotiation would hurt innovation or market competition, including a minority of Republicans (39%).

"Americans aren't buying the claim that attempts to reign in drug prices will stifle innovation and devastate the pharmaceutical industry," said Tim Lash, Chief Strategy Officer for [West Health](#), a family of nonprofit and nonpartisan organizations dedicated to lowering healthcare costs to enable successful aging. "These misleading arguments are meant to preserve profits rather than protect

patients. The time has come to finally enable Medicare negotiation. Americans are becoming increasingly restless for it to happen even if the pharmaceutical companies are not."

"There is little question that substantial public support exists for more government action when it comes to addressing drug costs," said Dan Witters, Gallup senior researcher. "And while there are differences across the political spectrum, even among Republicans, sentiment for public action is substantial."

How will insurers cover a new Alzheimer's drug?

Federal regulators have approved the first new drug for Alzheimer's disease in nearly 20 years, leaving patients waiting to see how insurers will handle the pricey new treatment.

Health care experts expect broad coverage of the drug, which was approved Monday. But what that means for patients will vary widely depending on their insurance plan. In some cases, that could mean coming up with several thousand dollars to pay for what the insurer didn't cover.

And there's no guarantee that every case will be covered.

Here's what you need to know: **WHAT WAS APPROVED?**

The Food and Drug Administration said it granted approval to a drug from Biogen based on clinical research results that seemed "reasonably likely" to benefit Alzheimer's patients.

It's the only drug that U.S. regulators have said can likely treat the underlying disease, rather than just manage symptoms. The new drug, which Biogen developed with Japan's Eisai Co., did not reverse mental decline. It slowed it in one study.

The FDA's decision came despite the conclusion of its advisory committee that there wasn't enough evidence that the



drug slowed the brain-destroying disease. **WHAT DOES IT DO?**

It aims to help clear harmful clumps of a protein called beta-amyloid from the brain. The medication will be marketed as Aduhelm and is to be given as an infusion every four weeks.

WHAT WILL IT COST? Biogen said the drug would cost approximately \$56,000 for a typical year's worth of treatment, and it said the price would not be raised for four years.

HOW WILL INSURERS COVER IT?

They will likely request some documentation first that the

patient needs the drug. Many plans will require doctors to submit records and other paperwork justifying the treatment before they agree to cover it.

Insurers also will likely require pre-approval for brain scans needed to determine that the patient is a candidate for treatment, said Lance Grady of Avalere Health consultants.

He noted that some plans also may want to see the results of a scan before they decide to cover the next infusion, which could delay treatment... [Read More](#)

Strokes Hitting COVID Patients Are More Severe: Study

COVID-19 patients are at increased risk for severe strokes, according to a new study that also found that the overall risk of stroke is higher in younger patients.

Researchers analyzed data from 432 COVID-19 patients in 17 countries who suffered strokes and found they were more likely to have large vessel occlusion (LVO) than stroke patients in the general population.

LVO strokes are caused by a blockage in one of the brain's major arteries and typically cause more severe symptoms. Nearly 45% of strokes in the COVID-19 patients were LVOs, compared

with 24% to 38% of ischemic strokes in the general population being LVOs.

More than a third of the COVID-19 patients with stroke were younger than 55, and nearly half were younger than 65. In the general population, 13% of strokes occur in people younger than 55 and 21% in people younger than 65.

The study also found that less severe strokes often went undiagnosed. Most of those strokes occurred in critically ill patients or in patients in overwhelmed health centers.

That's an important finding



because a minor stroke may be an important risk factor for a more severe stroke in the future, according to the COVID-19 Stroke Study Group.

The study was published recently in the journal *Stroke*.

"Our observation of a higher median stroke severity in countries with lower health care spending may reflect a lower capacity for the diagnosis of mild stroke in patients during the pandemic, but this may also indicate that patients with mild stroke symptoms refused to present to the hospitals," said study group leader Dr. Ramin

Zand, a vascular neurologist and clinician-scientist at Geisinger Health System in Pennsylvania. He spoke in a Geisinger news release.

The international study group was formed shortly after the pandemic began to examine study the link between COVID-19 and stroke risk.

In the first phase, the group found that hospitalized COVID-19 patients had an overall stroke risk of 0.5% to 1.2%. That shows that while COVID-19 patients have an increased risk of stroke, the overall risk is low, according to the researchers. **on stroke.**

FDA Weighs Approval of a Lucrative Alzheimer's Drug, but Benefits Are Iffy

The Food and Drug Administration's decision next week whether to approve the first treatment for Alzheimer's disease highlights a deep division over the drug's benefits as well as criticism about the integrity of the FDA approval process. The agency said it will decide by June 7 the fate of Biogen's drug aducanumab, despite **a near-unanimous rejection** of the product by an **FDA advisory committee** of outside experts in November. Doubts were raised when, in 2019, Biogen halted two large clinical trials of the drug after determining it wouldn't reach its targets for efficacy. But the drugmaker later **revised that assessment**, stating that one trial showed the drug reduced the decline in patients' cognitive and functional ability by 22%.

Some FDA scientists in November **joined with the company** to present a document **praising the intravenous drug**. But other FDA officials and many outside experts say the **evidence for the drug is shaky at best** and that another large clinical trial is needed. A **consumer advocacy group** has called for a federal investigation into the FDA's handling of the approval process for the product.

A lot is riding on the drug for Biogen. It is projected to carry a \$50,000-a-year price tag and would be worth billions of dollars in revenue to the Cambridge, Massachusetts, company.

The FDA is under pressure because an estimated 6 million



Americans are diagnosed with Alzheimer's, a debilitating and ultimately fatal form of dementia, and there are no drugs on the market to treat the underlying disease. Although some drugs slightly mitigate symptoms, patients and their families are desperate for a medication that even modestly slows its progression.

Aducanumab helps the body produce antibodies that remove amyloid plaques from the brain, which has been associated with Alzheimer's. It's designed for patients with mild-to-moderate cognitive decline from Alzheimer's, of which there are an estimated 2 million Americans. But it's not clear whether eliminating the plaque improves brain function in

Alzheimer's patients. So far, nearly two dozen drugs based on the so-called amyloid hypothesis have failed in clinical trials.

Besides questions about whether the drug works, there also are safety issues. **More than one-third of patients in one of the trials** experienced brain swelling and nearly 20% had brain bleeding, though those symptoms generally were mild and controllable. Because of those risks, patients receiving aducanumab have to undergo regular brain monitoring through expensive PET scans and MRI tests.

Some physicians who treat Alzheimer's patients say **they won't prescribe the drug** even if it's approved. **Read More**

FDA Defends Approval of Controversial Alzheimer's Drug

The U.S. Food and Drug Administration has approved the first new drug to treat Alzheimer's disease in nearly two decades, in a controversial decision that left the agency defending its reputation and its science.

Aduhelm (aducanumab) treats Alzheimer's by clearing out amyloid beta, a sticky protein known to form plaques in the brains of early-stage patients.

It is the first approved

Alzheimer's drug meant to attack one of the suspected root causes of the degenerative brain disease. All other drugs on the market manage symptoms, but cannot slow the disease's progression.

The FDA approved Aduhelm under its "Accelerated Approval" pathway, which does not require conclusive proof that a drug provides a clinical benefit, Dr. Patrizia Cavazzoni, director of the FDA Center for Drug



Evaluation and Research, noted in a media briefing Monday.

Instead, the FDA can issue a conditional approval if a drug is shown to modify a key process in a disease, and that this change is reasonably likely to help patients, Cavazzoni explained.

"We determined this drug favorably modifies a key pathological process, reducing the amount of amyloid plaque in the brain of patients with

Alzheimer's, and that this improvement is reasonably likely to predict clinical benefit of the drug," Cavazzoni said.

In granting approval, the FDA ran counter to its own advisory committee of experts, which voted 10 out of 11 against approving Aduhelm, as well as other Alzheimer's experts that included some of the doctors who ran the drug's clinical trials in hospitals across the nation. **Read More**

'Early Birds' May Have Extra Buffer Against Depression

Could getting out of bed just one hour earlier every day lower your risk for depression?

Yes, claims new research that found an earlier start to the day was tied to a 23% lower risk of developing the mood disorder.

The study of more than 840,000 people found a link "between earlier sleep patterns and reduced risk of major depressive disorder," said study author Iyas Daghlas.

The finding suggests that "shifting sleep and wake times earlier may therefore be an intervention to reduce and potentially treat depression, and should be explored further in clinical trials," Daghlas said.

Currently affiliated with the Massachusetts Institute of Technology's Broad Institute and Harvard University, Daghlas is a recent graduate of Harvard Medical School, where he focused on the interplay between sleep, neurology and heart health. He and his colleagues reported their findings recently in *JAMA Psychiatry*.

To explore a potential link between sleep and depression risk, the team analyzed information that had been gathered by the DNA testing company 23andMe, as well as data compiled by UK Biobank, a British biomedical database.



About 10% of the 840,000 people in the data pool wore sleep trackers for a week, and about 250,000 completed sleep habit questionnaires.

In all, roughly one-third of the participants were defined as early risers, while just under one in 10 were characterized as "night owls." The average bedtime was pegged as being 11 p.m., while the average wake time was 6 a.m. (The sleep patterns of most actually fell somewhere between early risers and night owls.)

This meant that the average "sleep midpoint" — meaning the halfway mark between getting

up and going to bed — occurred at about 3 a.m.

A look into the genetic backgrounds of those in the data pool then uncovered more than 340 variations in genes that are known to affect a person's propensity to either wake up early or go to bed late.

Understanding how common certain gene variants may be — and how they may also influence depression risk — is critical, the team noted, because genetic predisposition affects somewhere between 12% and 42% of an individual's wake and sleep preferences....[Read More](#)

Newly Approved Drug Fights Lung Cancer Tied to Certain Genes

A newly approved lung cancer drug shows promise in improving survival in patients whose tumors carry a common and tough-to-treat genetic mutation, researchers say.

Sotorasib — brand name Lumakras — was approved May 28 by the U.S. Food and Drug Administration as a targeted therapy for non-small cell lung cancer patients with tumors that express the G12C mutation in the *KRAS* gene, and who have undergone at least one previous treatment for their cancer.

"Non-small cell lung cancer is the most common type of lung cancer," noted oncologist Dr. Kevin Sullivan, who wasn't involved in the new trial.

About 80% of lung tumors are non-small cell cancers, and

mutations like the G12C *KRAS* gene mutation can be "particular drivers behind the cancer's ability to grow, invade and spread," explained Sullivan. He treats patients at the Northwell Health Cancer Institute in Lake Success, N.Y.

Sotorasib is designed to block the effects of the G12C *KRAS* gene mutation, which is found in about 13% of patients with lung adenocarcinoma, a common type of non-small cell lung cancer.

Until now, "the *KRAS* mutation was not felt to be actionable" in terms of effective treatments, Sullivan said.

The new international phase 2



clinical trial was funded by the drug's maker, Amgen. The researchers assessed the

effectiveness of sotorasib in 126 patients who had tumors with the G12C *KRAS* gene mutation.

Some tumor shrinkage occurred in 82% of the patients, and tumors shrank by at least 30% in about 37% of the patients, the researchers reported.

In comparison, patient response rates to current standard therapy ranges between 6% to 20%, the study authors noted.

Partial response to the drug — meaning the tumor shrank substantially and its growth was controlled for a period of time — was seen in 34% of patients, while 3% experienced a complete response, meaning that

they were left with no evidence of cancer.

For tumors that shrank, the reduction was an average of about 60%.

The drug's effects lasted an average of 11 months, with progression-free survival (meaning the tumor did not continue growing during this time) of nearly seven months. Average progression-free survival is two to four months with standard therapy, the study authors said.

The average overall survival for all patients in the trial was 12.5 months, according to the study, which is to be presented June 4 at the annual (virtual) meeting of the American Society of Clinical Oncology....[Read More](#)

Targeted Radiotherapy Might Help Men Battling Advanced Prostate Cancer

Patients with advanced prostate cancers may have newfound hope: Researchers identified a new potential treatment for men with metastatic castration-resistant prostate cancer, which has no cure.

Metastatic castration-resistant prostate cancer means the disease continues to spread despite therapies that deplete male hormones (androgens) such as testosterone, which are thought to "feed" tumors.

When added to standard care, this novel targeted radiotherapy

improved survival for these cancer patients, researchers report.

The study "offers the treatment possibility where there was really very little for the most advanced patient, but it opens a doorway for exploring the benefits of this drug in multiple earlier patient populations," said Dr. Michael Morris, head of the Prostate Cancer Section at Memorial Sloan Kettering Cancer Center in New York City.

In about 80% of prostate cancers, there is a protein on the



surface of the cancer cell that is called prostate-specific membrane antigen (PSMA). It is also distributed on prostate cancer that has spread to the bone, lymph nodes or soft tissues. Yet, PSMA is not on normal tissues, so it was a good target for both diagnostics and therapeutics, Morris explained.

The new drug has two components, a targeting molecule and a payload delivers radiation. It is given intravenously.

"Each of the molecules of drug

is seeking to bind with the cells containing PSMA, which generally are the prostate cancer cell. As the drug binds to it, the cell brings the drug into the interior of the cell. The radiation, which is attached to the drug, it's the payload of the drug, is also brought into the interior of the cell. And there, it irradiates the cell and kills it as well as the cells that are neighboring to it," Morris said....[Read More](#)

9 Signs Aging Parents Need Hospice Care

Aging can be a difficult process to accept. Many older adults associate illness with loss of independence or becoming a burden on loved ones. This may be why they don't always tell you how they're really feeling.

It may be up to you to recognize the signs of declining health and the need for a different type of care. Understanding potential signs that the end may be near helps reduce anxiety and allows you to honor your aging parents' wishes.

Many families wait to call hospice until the final days and weeks of their loved one's life. In fact, nearly **one-third** of Medicare patients who received hospice in 2016 only received it for seven days or less. But if the patient is eligible, they can receive specialized care, medications, medical equipment and supplies related to the terminal illness months earlier. So how do you know when it's time for hospice?

Here are a few signs that it may be time to consider **hospice care** for your aging parent:

- ◆ Treatment is no longer working and/or they no longer desire aggressive intervention.
- ◆ Their symptoms are getting harder to manage.
- ◆ They're visiting the doctor or hospital more frequently.
- ◆ They need a lot more help than they used to.

- ◆ They're less able to communicate.
- ◆ They don't have much appetite or are losing weight for no apparent reason. They sleep much of the time. You're feeling stressed and overwhelmed as a senior caretaker.

How Hospice Care Helps

When people wait to get hospice care until their final days and weeks, they miss out on the full benefit of hospice services. Hospice care helps with end-of-life care by providing:

- ◆ 24/7 on-call medical director and nurses available to meet patients in their home
- ◆ Medical equipment and supplies
- ◆ Uncomfortable symptom management
- ◆ A safe, peaceful environment
- ◆ Relaxation and comfort through music, art and other tools
- ◆ Spiritual support with a chaplain
- ◆ Assistance with daily living activities like bathing from a hospice aide, which allows family members to focus on quality time with their loved one
- ◆ Emotional support and community resources from a social worker
- ◆ Help with household tasks from hospice volunteers



- ◆ Bereavement counseling to help loved ones process grief
- ◆ "Sometimes people think hospice means giving up hope. It doesn't. It means that how we treat the person is different," says Cupid. "In hospice, we're focused on the patient and the family. We make sure their needs and priorities drive the plan of care."

How to Start the Hospice Conversation Understand the options. Learn as much as you can about end-of-life care options such as hospice so that you can answer questions and offer reassurance to your aging parents. You may want to talk with a few hospice agencies so you understand the options and eligibility requirements.

A member of the hospice care team may be able to talk with your aging parents and help decide if **hospice** is the answer. "If the family thinks hospice might be the next step but their loved one is resistant, or vice versa, it can help to have the hospice team meet with the family," Cupid advises. "We can provide education and share the message, 'We're here when you're ready.'"

Start talking early on. Talk to your aging parents about their preferences for end-of-life care, ideally before their health is failing. "It's about open and

honest communication," says Cupid. "Ask open-ended questions about what hospice means to them, and educate them about hospice services and benefits."

These conversations can be difficult, and your parents may not be immediately receptive. That's why it's important to revisit the subject more than once. If you have these talks before a crisis strikes, your elderly parents will receive better care that aligns with their goals and you'll feel better about end-of-life decision-making.

Offer a listening ear. It can take time to understand the benefits of hospice care. Listen to your aging parents' concerns and empathize with the difficult decisions they are facing.

Emphasize that hospice care provides the gift of a dignified and meaningful death and give them time to process their options.

Ask to attend a doctor's appointment. If your parents agree to have you join them at the appointment, share your concerns with their doctor and ask to have a conversation about hospice.

You are in a unique position to understand when your aging parents need help and advocate for their wishes. With your help, your parents can have the best quality of life possible at the end of life.

Your Doctor Appointments Might Look Different Post-Pandemic

If it's been a while since you've seen your doctor, it may be time to schedule a visit to catch up on preventive health screenings or discuss any health concerns and chronic medical conditions.

During the 15 months since people began quarantining, many have avoided leaving their homes except when necessary, including not going to the doctor. But now COVID-19 cases in the United States are dropping and many Americans have received their vaccines.

Johns Hopkins Medicine offers some tips for getting back to the doctor. Start by reflecting on your major health questions and concerns

before the appointment.

"Write them down so you can review them during your visit," said Dr. Paul O'Rourke, an assistant professor of medicine at the Johns Hopkins University School of Medicine and the associate program director of the Johns Hopkins Bayview Internal Medicine Residency Program, in Baltimore.

"After a long time away, it's helpful to come prepared and ensure you address the issues important to you," O'Rourke explained.

Bring a list of your current medications and supplements, as well as documentation of any



vaccines, including the COVID-19 vaccine if you received it elsewhere.

"This enables your physician to update your records and ensure you are current with recommendations," O'Rourke said in a Hopkins news release.

For those still concerned about returning to their doctor, O'Rourke encourages them to contact their physician's office.

"Your health care providers want you to be safe," he said. "Reach out to them and ask for information about their COVID-19 safety procedures if you need reassurance about coming back." Prepare for certain aspects of

your appointment to be different. Waiting rooms have been rearranged to maintain physical distancing. Nurses and doctors wear facial coverings now. Some clinics will ask to conduct a COVID-19 screening prior to your appointment.

"Hesitancy is understandable," O'Rourke added. "This has been a very stressful time for everyone. But, it is important for patients to return to medical and preventive care services — and to know that all medical clinics have precautions in place to minimize the risk of acquiring COVID-19."

New diabetes guidelines lower screening age to 35 for some adults

Screening for Type 2 diabetes and prediabetes should start at age 35 for people who are considered overweight, instead of the currently recommended age 40, a draft set of guidelines from the U.S. Preventive Services Task Force recommends.

The update, prompted by the rising number of Americans who are overweight or obese, could result in millions more being eligible for the blood test as part of regular medical exams. The guidelines are specifically intended for people who are

overweight — a body-mass index of 25 to 30 — or obese, a BMI of 30 or above. Excess weight is a major risk factor for diabetes.

At least 31 million U.S. adults have Type 2 diabetes, the seventh leading cause of death in the country, according to the **Centers for Disease Control and Prevention**.

Diabetes can trigger serious health problems, including heart disease, kidney failure, stroke, blindness and limb amputation. Prediabetes is a higher than normal blood sugar level that



doesn't meet the **threshold for diabetes** but may eventually develop into the condition.

"We know the rates of prediabetes and diabetes are increasing in people who are younger," said Dr. Chien-Wen Tseng, a task force member and a professor of family medicine at the University of Hawaii's John A. Burns School of Medicine. "Our main reason for dropping the age is to match the screening with where the problem is: If diabetes and

prediabetes are occurring at a younger age, then we should be screening at a younger age."

It's not currently known how many people with prediabetes will go on to develop diabetes, Tseng said. "We know that there is an increased risk for developing diabetes, but we don't know exactly what the percentage is," she added. "And we don't know who is most likely to go on to diabetes. Screening at an earlier age will tell us who should be monitored more often."...**[Read More](#)**

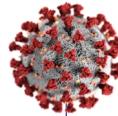
Prior COVID Infection May Shield You From Another for at Least 10 Months

In some good news for those who have already suffered through a bout of COVID-19, a new study finds they may have a much lower risk of reinfection for at least 10 months. For the study, the researchers analyzed rates of SARS-CoV-2 infections between October 2020 and February 2021 among more than 2,000 nursing home residents (median age 86) and staff. Antibody testing was used to determine whether they'd had a previous infection up to 10 months earlier.

Residents with a previous

infection were 85% less likely to be infected during the four-month study period than those who had never been infected, while staff with past infections were 60% less likely to be infected than staff who had never been infected, the findings showed.

Of the 634 people who had been previously infected, reinfections occurred in four residents and 10 staff members, compared with 93 residents and 111 staff among the 1,477 who had never been infected, according to the study published



June 3 in *The Lancet Healthy Longevity* journal.

The study excluded the impact of vaccination by removing participants from the analysis 12 days following their first vaccine dose. The authors are looking at vaccine effectiveness in a separate study.

"It's really good news that natural infection protects against reinfection in this time period. The risk of being infected twice appears to be very low," said lead author Maria Krutikov, from the Institute of Health Informatics at University College

London (UCL), in the United Kingdom.

"The fact that prior COVID-19 infection gives a high level of protection to care home residents is also reassuring, given past concerns that these individuals might have less robust immune responses associated with increasing age," Krutikov said in a university news release.

"These findings are particularly important as this vulnerable group has not been the focus of much research," she added....**[Read More](#)**

How To Dispose Of Old Meds

With more than a third of all medicines left unused, according to the Alliance for Aging Research*, there is a good chance most seniors have unwanted and expired medications in their homes.

If left on counter tops or nightstands, or disposed of improperly, those drugs — including over-the-counter medications — can pose a serious risk to children, pets, and young adults.

The website **Safe Kids Worldwide** reports that three out of every four emergency room visits for medicine poisoning are caused by young children getting into an adult's medicine. And 38 percent of the time, that medicine belonged to a grandparent.

So how does one safely dispose of unwanted or outdated medications? Before tossing drugs in the trash or flushing them down the toilet, review the

guidelines below.

Disposing of Medicines at Home

If taking your unwanted medicines to a collection or disposal site is not an option, the FDA recommends the following approach to safely dispose of them at home. This includes prescription and over-the-counter drugs in any form, such as pills, liquids, drops, patches, and creams.

First, check the medicine label or accompanying patient information for disposal instructions, and follow the recommended instructions for each medicine. Inhalers, for example, which are used by people who have asthma or other breathing problems, should be disposed of in an environmentally safe manner.

If no disposal information is available, check to see if the



medicine is listed on the **FDA flush list**. Medicines on

the flush list are potentially dangerous if used by someone other than the person for whom they were prescribed. An example of such a drug is a fentanyl patch, which is an opioid. The FDA strongly recommends immediately flushing these types of medicines down the toilet to ensure children, pets, and other individuals do not accidentally ingest, touch, or misuse these products.

In general, if immediate flushing is not recommended, medicines can be safely discarded in the household trash in the following manner:

1. Remove the drugs from their original containers and mix them with something undesirable, such as dirt, used coffee grounds, or cat litter.

This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs. Do not crush tablets or capsules.

2. Put the mixture in a sealable container (such as a plastic storage bag, empty can, or plastic container) to prevent the drug from leaking or spilling out.

3. Throw the container in the garbage.

4. Scratch out or remove any personal information from empty medicine bottles or packaging to protect your identity and privacy. Throw the bottles or packaging away or recycle, if possible.

If you have any questions about your medicine, ask your health care provider or pharmacist...**[Read More](#)**