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Senior Citizens League Legislative Update for Week Ending May 3, 2019

This week, lawmakers returned to Capitol Hill following a two-week spring recess, and one member of The Senior Citizens League's (TSCL's) Board of Trustees visited Capitol Hill to advocate for legislation that would improve the Social Security and Medicare programs. In addition, two key bills gained support in the House and Senate.

TSCL's Board of Trustees on Capitol Hill

This week, one member of TSCL's Board of Trustees – Legislative Liaison Joe Kluck – visited Capitol Hill to advocate for legislation that would strengthen and improve the Social Security and Medicare programs. The following key issues were discussed in several meetings with Members of Congress and congressional staff this week:

- **Improving the Social Security cost-of-living adjustment (COLA).** According to TSCL's research, Social Security benefits have lost over 30 percent of their buying power since 2000 due in large part to inadequate COLAs and rising health care costs. The bipartisan *Fair COLA for Seniors Act* (H.R. 1553) would improve the annual COLA by adopting the Consumer Price Index for the Elderly (CPI-E), which more adequately measures the inflation seniors experience.
- **Expanding Medicare coverage to include dental care**. Millions of seniors are afflicted with age-related oral health issues. Yet under current law, the Medicare program is prohibited from covering most routine and emergency dental procedures, including fillings, root canals, extractions, and cleanings. The *Medicare Dental Benefit Act* (S. 22) would expand Medicare Part B coverage to include basic dental services and ensure that older Americans have access to the primary and preventive care that is needed to ensure good health in retirement.
- **Allowing individuals to import prescription drugs from abroad**. Many Medicare beneficiaries spend thousands of dollars every month on lifesaving medications under the Part D program. The bipartisan *Safe and Affordable Drugs from Canada Act* (S. 61) would allow these individuals import their prescription drugs from approved pharmacies in Canada, where medicines are often half the cost. This critical bill would improve access to affordable medication for older Americans, and it would bring down costs nationwide by increasing competition in the American marketplace….**Read More**

Swing District Voters Want Aggressive Action On Drug Pricing

An unprecedented and first-of-its-kind congressional score card will be the center of a new accountability push by the Progressive Change Campaign Committee, Social Security Works, and former Cigna Executive Wendell Potter's Business Initiative for Health Policy — putting Big Pharma in the center of the 2020 debate. Swing state polling in key presidential states also shows voters support progressive drug-pricing policies and taking on Big Pharma.

At a **press conference** earlier today, the groups announced the new accountability effort for any member of Congress taking Big Pharma's money and voting in their interests — making support from Big Pharma a badge of shame alongside the NRA and other special interests. They were joined by allies from the Center for Popular Democracy and NETWORK Lobby for Catholic Social Justice.

"The American people need and want action on prescription drugs. When our tax dollars pay for research, we should be able to access life-saving drugs at prices we can afford," said Stephanie Taylor, Co-Founder of the Progressive Change Campaign Committee. "This scorecard will allow us to see which members of Congress support key legislation to lower the cost of drugs for seniors and working families — and which members of Congress are standing in the way." "For too long pharmaceutical money has spoken louder than the American people in Washington, DC," said Alex Lawson, Executive Director of Social Security Works. "Our Congressional scorecard is set to correct this perversion of democracy, hold members of Congress accountable for their promises and ensure that the people's voices are heard when we say: we need bold action on drug prices and we need it now."

The planned Congressional Pharma Score Card will grade current members of Congress on whether they side with working families or Big Pharma based on their voting record. It will also display their campaign finance records. This follows months of diplomacy with Hill offices making clear that lowest-common-denominator bills of yesteryear are not enough. Instead, bold ideas like allowing generic competition on life-saving drugs by breaking up patent monopolies, capping drug prices to be on par with other countries, or a public option for prescription drugs, that are popular with voters will be scored and grades will be publicly disseminated in districts...**Read More**

View the Poll numbers.

CMS Maintains Important Changes in Draft 2020 Medicare & You Handbook

MEDICARE RIGHTS CENTER Blog
Getting Medicare right

Last year, the Centers for Medicare & Medicaid Services (CMS), the federal agency that oversees the Medicare program, released a draft version of the annual "Medicare & You" handbook that **contained several glaring inaccuracies**. In a significant advocacy success, Medicare Rights and our allies convinced CMS to correct these major errors and release a final 2019 handbook that was greatly improved.

This week, CMS released a draft for the 2020 handbook. We are relieved to see that this draft does not repeat last year's mistakes.

Each year, the handbook is revised to provide people with up-to-date information about the Medicare program, their choices for obtaining coverage, and the benefits they can expect. The handbook is an official government publication that is distributed to millions of homes each year. Historically, the handbook has been widely accessed and trusted.

We will continue to assess the new handbook draft and identify inaccuracies, ambiguous language, or other issues that might interfere with beneficiary comprehension or use. In the meantime, we are pleased that we do not have to correct last year's glaring inaccuracies and bias again but can build on the improved handbook. People with Medicare need accurate, unbiased information to help them make the Medicare choices that are right for their lives and circumstances.

Read more about our original concerns with the "Medicare & You" handbook in 2019.

Read our thank you letter to CMS as a response to the changes to 2019's "Medicare & You."

FDA To End Program That Hid Millions Of Reports On Faulty Medical Devices

The Food and Drug Administration announced it is shutting down its controversial "alternative summary reporting" program and ending its decades-long practice of allowing medical device makers to conceal millions of reports of harm and malfunctions from the general public.

The agency said it will open past records to the public within weeks.

A Kaiser Health News investigation in March revealed that the obscure program was vast, collecting 1.1 million reports since 2016. The program, which began about 20 years ago, was so little-known that forensic medical device experts and even a recent FDA commissioner were unaware of its existence.

Former FDA official Dr. S. Lori Brown said ending the program now is a "victory for patients and consumers."

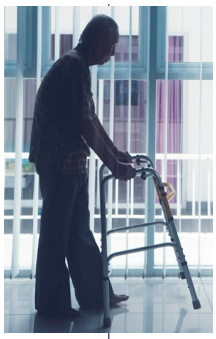
"The No. 1 job of the FDA — it shouldn't be 'buyer beware' — is to have the information available to people so they can have information about the devices they are going to put in their body," Brown said.

FDA principal deputy commissioner Dr. Amy Abernethy and its device center director, Dr. Jeff Shuren, announced the decision to terminate the program in a statement on increasing transparency about the safety of breast implants.

The agency has for years allowed makers of breast implants to report hundreds of thousands of injuries and malfunctions out of the public eye, federal records show.

"We believe these steps for more transparent medical device reports will contribute to greater public awareness of breast implant adverse events," Abernethy and Shuren said in a Thursday statement. "This is part of a larger effort to end the alternative summary reporting program for all medical devices."...**Read More**

Short-Staffed Nursing Homes See Drop In Medicare Ratings



The federal government accelerated its crackdown on nursing homes that go days without a registered nurse by downgrading the rankings of a tenth of the nation's homes on Medicare's consumer website, new records show.

In its update in April to **Nursing Home Compare**, the Centers for Medicare & Medicaid Services gave its lowest star rating for staffing — one star on its five-star scale — to 1,638 homes. Most were downgraded because their payroll records reported no registered-nurse hours at all for four days or more, while the remainder failed to submit their payroll records or sent data that couldn't be verified through an audit.

"Once you're past four days [without registered nursing], it's probably beyond calling in sick," said David Grabowski, a health policy professor at Harvard Medical School. "It's probably a systemic problem."

It was a tougher standard than Medicare had previously applied, when it demoted nursing homes with seven or more days without a registered nurse.

"Nurse staffing has the greatest impact on the quality of care nursing homes deliver, which is why CMS analyzed the relationship between staffing levels and outcomes," the agency **announced in March**. "CMS found that as staffing levels increase, quality increases."

The latest batch of payroll records, released in April, shows that even more nursing homes fell short of Medicare's requirement that a registered nurse be on-site at least eight hours every day. Over the final three months of 2018, 2,633 of the nation's 15,563 nursing homes reported that for four or more days, registered nurses worked fewer than eight hours, according to a Kaiser Health News analysis. Those facilities did not meet Medicare's requirement even after counting nurses whose jobs are primarily administrative…**Read More**

The fight to strengthen Social Security is about intergenerational justice

The latest Social Security Trustees' **annual report** shows that Social Security has an accumulated surplus of about $2.9 trillion and can pay benefits in full for the next 16 years. After that, even if Congress does nothing to protect it, Social Security will be able to pay 80 percent of benefits. Older adults overwhelmingly support Social Security. It is an American success story, a highly effective anti-poverty program that improves the lives of all Americans. What not everyone realizes is that the fight to strengthen it is about intergenerational justice.

Democrats in Congress are proposing to strengthen Social Security so that it can pay full benefits for the next 75 years or more. Congressman John Larson's **Social Security 2100 Act** would raise minimum Social Security benefits and adjust the formula for calculating cost-of-living adjustments so that benefits increase for everyone. It already has more than 200 co-sponsors.

Strengthening Social Security is easily affordable. Larson proposes a 2.4 percent payroll tax increase phased in slowly over several decades and also requires everyone with incomes over $400,000 to pay into Social Security up to the current cap and then on income above $400,000.

Before the 2020 election, we must broaden public support for Social Security by engaging younger generations who benefit directly and indirectly from Social Security in ways they may not yet grasp.

To win, millennials need to understand the value of Social Security to themselves, not simply that it makes their parents and grandparents more economically secure. As a result of stagnating wages, millennials, unfortunately, are the **first generation to earn less than their parents**. And there are other economic reasons that **two in three millennials have no retirement savings.** Wages have stagnated. Student debt is huge because college and graduate school education is so expensive. Thus, Social Security will protect millennials down the road, when their savings are likely to be less than those of their parents. Additionally, millennials will likely live longer and therefore have even greater dependence on Social Security.

Republicans are wrong. Younger Americans may benefit now from Social Security's disability insurance and survivor benefits for families, but they will all definitely benefit when they reach retirement age. Americans of all ages have a stake in strengthening Social Security. If we all work together, we can ensure Social Security's long-term political and financial viability.

Medicare is Strong and Built to Last

Last week's Medicare Trustees' **report** predicts the Part A Hospital Insurance (HI) trust fund will be partially depleted in 2026. This is the same as last year's projection, and three years earlier than in 2017—the last report issued before the GOP tax bill took effect.

This is not a coincidence. The 2017 tax bill **directly cut** funding for the Part A Trust Fund by significantly reducing one of its primary revenue streams—the taxation of Social Security benefits. It also caused some of the **projected growth** in Part A expenditures. By zeroing out the Affordable Care Act's individual mandate, the tax bill also increased the number of uninsured—driving up Medicare hospital payments for uncompensated care. Higher spending projections can also be attributed to the tax bill's repeal of the Independent Payment Advisory Board, which would have helped to control Medicare spending if the growth rate exceeded certain target levels.

These projections are not irreversible. The Trustees note that lawmakers could extend the Trust Fund through a mix of program and tax changes, and that absent any policy interventions, Medicare would still be able to pay 89% of hospital benefits in 2026. While this shortfall needs to be addressed by slowing cost growth, raising revenues, or both, the program—which is partly financed by payroll taxes—will continue to receive funding and to operate beyond 2026.

Importantly, focusing only on Part A doesn't tell the whole story. Millions of older adults and people with disabilities also rely on Parts B and D for needed outpatient care and prescription drug coverage. Because these parts of Medicare are funded through a combination of annually-adjusted general revenue amounts and beneficiary premiums, they are able to meet expected costs each year.

The Medicare Trustee's report underscores what we already know: Medicare is strong and built to last. We urge lawmakers to pursue commonsense reforms—like reversing the tax bill's troubling trajectory, reigning in high prescription drug prices, and eliminating Medicare Advantage overpayments—to ensure it stays that way.

Read the 2019 Medicare Trustees Report

Can we regulate health insurers to do right by Americans?

As the debate over the future of health care in America rages on, some posit that the solution to controlling costs and guaranteeing health care to all lies with better regulating commercial health insurers. Olga Khazan writes in **The Atlantic** that if Congress regulated health insurers more aggressively, as European governments do, it could ensure that Americans would not get high medical bills, How realistic is that?

Khazan suggests that Americans would be happier with **commercial health insurance** if they were not faced with so many surprise medical bills. And, Congress could ensure Americans never saw these bills if it regulated health care prices and had strict rules about what insurers covered, as the French and German governments do. Europeans do not get surprise medical bills. For example, in Germany, there are different health insurers, but all doctors and hospitals take people's health insurance, whatever it is. Most people pay nothing for their care. Supplemental insurance picks up any out-of-pocket costs. ...**Read More**

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Strong majority of public continues to support Medicare for all

.A new **Kaiser poll** finds that public opinion on health care reform changes depending upon how it is described. Nearly two thirds of the public supports "**Medicare for all**," a form of universal health care. Far fewer support other terms, even though they describe Medicare for all.

Different descriptions for health care reform could have the same or different meanings. "Medicare for all" describes **US Senate** and **House** bills which improve Medicare benefits to include hearing, vision, and dental care and long-term services and supports. It also gives people the freedom to use the doctors they want to see anywhere in the US. And, it eliminates premiums, deductibles and coinsurance and ends Medicare Advantage plans, expanding traditional Medicare to everyone.

The Kaiser poll shows that 63 percent of the public support Medicare for all. The Kaiser poll further shows that over the last two years, Democratic support for Medicare for all has strengthened. Fifty-eight percent of Democrats have a very positive reaction to it as compared to 49 percent two years ago.

The term "universal health coverage" has as much public support as Medicare for all. This makes sense given that we cannot have Medicare for all unless we have universal health coverage. However, when people speak about universal health coverage, it does not necessarily mean Medicare for all. They could mean expanding commercial insurance to everyone or creating a health care system for everyone that includes both Medicare and commercial insurance. It doesn't tell you enough about the health care system and whether it will bring down costs and guarantee people access to the care they want and need.

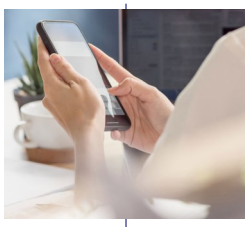
The terms "single-payer health insurance system" and "socialized medicine" have the least support, 49 percent and 46 percent, respectively. Curiously, support for single payer health insurance should be as high as for Medicare for all, which is single payer health insurance.

Socialized medicine is a form of universal health coverage, but it is very different from single payer health insurance and Medicare for all. In a socialized medicine system, like the **Veterans Administration**, the government owns the hospitals and employs the medical providers as well as pays for the care.

Feds Want To Show Health Care Costs On Your Phone, But That Could Take Years

Federal officials are proposing new regulations that for the first time could allow patients to compare prices charged by various hospitals and other health care providers using data sent to their smartphones.

Donald Rucker, who coordinates health information technology policy for the Department of Health and Human Services, said he expects that the rules, first proposed in March, will give patients new power to shop for care based on price and quality.



Consumers have long sought more knowledge about health care prices, but administration officials cautioned it could take two years or more for it to appear in a user-friendly form on a phone app. Many specifics, including how patients would make sense of complex pricing policies for purchasing health care and insurance and assessing quality via an app, remain unclear.

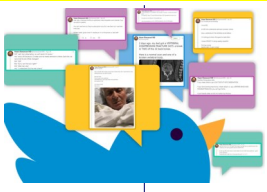
Rucker said in remarks prepared for a Senate Health, Education, Labor & Pensions Committee hearing Tuesday that patients "have few ways if any to anticipate or plan for costs, lower or compare costs, and, importantly, measure their quality of care or coverage relative to the price they pay."

The Trump administration proposal comes amid growing outrage from patients hit with seemingly exorbitant "surprise" medical **bills**. One study found that these bills — which are for amounts far more than the patient anticipated or for care not covered by insurance — have bedeviled more than half of American adults….**Read More**

Even Doctors Can't Navigate Our 'Broken Health Care System'

Dr. Hasan Shanawani was overcome by frustration. So, last week he picked up his cellphone and began sharing on Twitter his family's enraging experiences with the U.S. health care system.

It was an act of defiance — and desperation. Like millions of people who are sick or old and the families who care for them, this physician was disheartened by the health care system's complexity and its all-too-frequent absence of caring and compassion.



Shanawani, a high-ranking physician at the Department of Veterans Affairs, had learned the day before that his 83-year-old father, also a physician, was hospitalized in New Jersey with a spinal fracture. But instead of being admitted as an inpatient, his dad was classified as an "observation care" patient — an outpatient status that Shanawani knew could have unfavorable consequences, both medically and financially.

On the phone with a hospital care coordinator, Shanawani pressed for an explanation. Why was his dad, who had metastatic stage 4 prostate cancer and an unstable spine, not considered eligible for a hospital admission? Why had an emergency room doctor told the family the night before that his father met admission criteria?

Sidestepping Shanawani's questions, the care coordinator didn't provide answers. Later, another senior nurse in the hospital unit didn't respond when he asked her to find out what was going on….**Read More**

Hundreds of patient advocacy groups are Pharma shills

.About a year ago, a piece in the **New England Journal of Medicine** revealed that the overwhelming majority of patient advocacy groups that are disease organizations are funded by industry and governed by industry leaders. Since then, Kaiser Health News (KHN) has built a **database** tracking gifts from pharmaceutical companies to patient advocacy groups. Sydney Lufkin and Emily Kopp report for **Kaiser Health News** that, in 2015 alone, 594 patient advocacy groups received $116 million from 14 drug companies. Could this explain why virtually all of the large patient advocacy groups are Pharma shills and never advocate for lower drug prices?

Many of the patient advocacy groups have significant influence with lawmakers. They generally dedicate a lot of time making the case for research money. They also often keep pressure on members of Congress not to take action to reduce drug prices, claiming that it could undermine access to drugs. As a general rule, they do not ally themselves with organizations advocating for their members who cannot afford needed medicines.

Pharmaceutical companies do not have to disclose donations to patient advocacy organizations. So, we do not know the full extent of pharmaceutical company donations to these "patient advocacy" groups. Several pharmaceutical companies opted not to disclose their giving to these groups, including Allergan, Baxter International, Gilead Sciences and Mylan. But, the KHN database, **Prescription for Power** has gathered as much information as is available.

KHN has found that pharmaceutical companies gave more money to patient advocacy groups in 2015 than to federal policymakers. By so doing, pharmaceutical companies can leverage their dollars, enlisting patients to speak to lawmakers, provide testimony in Congress, and organize social media campaigns on their behalf.

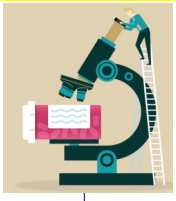
The NEJM researchers studied 104 "patient advocacy" groups with revenues of at least $7.5 million. Prescription for Power takes that work to the next level, with information on 1,200 patient groups. KHN finds that nearly half (594) of them accepted drug company money. KHN further finds that some patient groups are purely shills for pharmaceutical companies, repeating their talking points in their communications without doing much else.

So, before supporting or taking advice from a group that appears to be a patient advocacy group, understand its ties to the medical industrial complex. Dr. Adriane Fuh-Berman, the head of PharmedOut, a Georgetown University Medical Center program critical of the way pharmaceutical companies market drugs, warns that the advice you get from many patient groups could be misleading. For example, it could steer you to high-cost drugs when low-cost alternatives might be better.

To be sure, the patient advocacy groups taking money from pharmaceutical companies represented to Kaiser Health News that they shaped their organizations' priorities independently of the companies funding their organizations. And the drug companies represented same. We all know, however, that money talks. Notably, the patient groups and the drug companies appear to share similar goals, goals that are very different from those of **Patients for Affordable Drugs, a patient advocacy group that takes no money from Pharma**.

In addition to "patient advocacy" groups, drug company money flows to scores of entities that can benefit pharmaceutical companies, including, **doctors**, **researchers**, thought leaders, academics, media outlets, and policymakers.

Drug Industry Patents Go Under Senate Judiciary Committee's Microscope



Congress isn't making much headway in finding a solution to the problem of soaring prescription drug prices, but lawmakers from both parties are tinkering on the edges with legislation that aims to increase competition among drugmakers.

A comprehensive piece of drug-pricing legislation is a high priority for Senate Finance Committee Chairman Chuck Grassley (R-Iowa) and Sen. Ron Wyden (D-Ore.). And it could be introduced by mid-June, according to congressional staff.

But while that is hashed out, a slate of options to reform drug patents is working its way through the Senate Judiciary Committee, which had a **hearing**Tuesday featuring academics, patient advocates and a representative from the pharmaceutical industry. Their mission: to increase competition without decreasing innovation in the industry.

"I think we're dangerously close to building a bipartisanship consensus around change," Sen. Dick Durbin (D-Ill.) said during the hearing.

The four proposed bills share a common goal: avoiding some of the thorny issues around drug pricing, like whether the government will set drug prices or negotiate with manufacturers on what federal programs will pay. Instead, the patent reform proposals get at the ways branded drug manufacturers use patents, and the legal monopolies that are granted with patents, to keep lower-priced generic competitors from reaching patients.

"A package of patent reforms are important because they fix systemic problems that allow prices to go up and keep them high," testified David Mitchell, the president of Patients for Affordable Drugs, a Washington, D.C.-based advocacy group focused on lowering prescription drug prices.

Sen. John Cornyn (R-Texas) offered specific examples of drugs that have benefited from system issues, including Humira, an **expensive** drug for arthritis and psoriasis that is protected by 136 patents.

That's called a "patent thicket," because it prevents a generic alternative from entering the market for more years — in this case, until 2023 for a drug first approved for use in the United States in 2002. "Is there anyone on the panel who'd like to defend the status quo?" he asked.

"There is no way a biosimilar can deal with a hundred patents," testified Michael Carrier, a professor at Rutgers Law School. "This is an abuse of the system."

Among the proposed bills, the **Stop STALLING ("Stop Significant and Time-wasting Abuse Limiting Legitimate Innovation of New Generics") Act** ….**Read More**

Millions of Retirees Could See Entire COLA Swallowed by Medicare Part B Increase Next Year

In their new report, Medicare Trustees forecast a higher rate of growth in Part B premiums next year, which could put millions of low benefit Social Security recipients at risk of seeing the deduction for their Medicare premiums take the entire amount of their Social Security cost-of-living adjustment (COLA) increase, warns The Senior Citizens League (TSCL). "A very low COLA would increase the risk that higher Medicare Part B premiums for 2020 will consume the entire amount of the COLA," says Mary Johnson, a Social Security and Medicare policy analyst for The Senior Citizens League.

"Consumer Price Index data through March suggests that the annual Social Security cost-of-living adjustment (COLA) for 2020 will be very low, about 1.2%," Johnson projects. The Social Security Trustees included a similarly low 2020 COLA prediction of 1.2% in their new report. Their report included three estimates – high, intermediate, and low COLA estimates. "This could mean that any Part B increase, of around $9.00 per month, will take the entire COLA of millions of low benefit Social Security recipients," adds Johnson.

According to the new **Medicare Trustees report**, Part B premiums are expected to rise by $8.80 per month in 2020, from $135.50 to $144.30. An analysis by Johnson found that a Medicare Part B increase of $8.80 per month would take the entire COLA of Social Security recipients with a gross monthly benefit of $735 or less in 2019. According to Social Security data, roughly 4 million Social Security retirees with low benefits could be at risk of seeing no growth in their net Social Security benefits in 2020, after the deduction for rising Part B premiums using these projections.

While rising premiums might take all of an individual's COLA, a special provision of law protects most, but not all, Social Security recipients from benefit reductions due to rising premiums. Known as the Social Security "hold harmless" provision, when the dollar amount of the Medicare Part B premium increase is greater than the dollar amount of an individual's COLA, the Social Security Administration adjusts the individual's Medicare Part B premium to prevent a net reduction in Social Security benefits from one year to the next.

While a valuable protection, those affected by hold harmless wind up with no growth in their net Social Security benefit after the deduction for Part B premiums. That leaves nothing extra left over to deal with other rising costs, like housing and out-of-pocket medical costs. In addition, because those who are protected by hold harmless are paying less than the basic Part B premium, they will need a higher COLA to catch up to Medicare Part B levels in following years. Should COLAs remain low, beneficiaries may see their net Social Security benefits remain flat over an extended period of time— a situation that most recently affected tens of millions of retirees nationwide in 2016, 2017 and 2018 when the COLA was zero, 0.3 percent, and 2 percent respectively.

Even though Social Security recipients this year received the highest COLA since 2012 — 2.8% — COLAs have averaged a meager 1.4% over the past decade. That's an unprecedented low rate of growth in Social Security benefits for an unprecedented long period of time. Johnson forecasts that more retirees will be affected on a recurring basis if COLAs continue to remain low, because the Medicare Trustees estimate that Medicare Part B premiums will grow to $226.30 per month by 2028.

The Senior Citizens League supports legislation called the *Fair COLA for Seniors Act* (H.R. 1553) that would strengthen the annual COLA by tying it to a "seniors" index, the Consumer Price Index for Elderly Consumers (CPI-E), which over time is expected to provide modestly higher benefits than the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), which is used to calculate the COLA under current law. In addition, TSCL supports legislation that would provide a minimum COLA of no less than 3% per year. This would provide extra protection in years when inflation is below that amount.

House Rules Committee holds first Medicare for all hearing

On Tuesday, April 3o, the US House of Representatives House Rules Committee held the first ever Congressional hearing on Medicare for all. The panel of speakers spoke largely to the costs of Medicare for all, though two speakers Ady Barkan, an advocate with ALS, and Farzon Nahvi, MD, an emergency medicine physician, addressed the critical need to overhaul our broken health care system and improve people's access to care.

Barkan explained how hard it is to afford needed care and how he had to resort to a gofundme campaign to pay for his $9,000 a month home care he needs that his insurance does not cover. He also has had to battle his insurer to pay for care it should be covering. In his words, "We [Our family] have so little time left together, and yet our system forces us to waste it dealing with bills and bureaucracy. That is why I am here today, urging you to build a more rational, fair, efficient, and effective system. I am here today to urge you to enact Medicare-for-all."

Nahvi told the committee how many of his patients choose to leave the hospital "AMA" against medical advice because of the costs. They put their health and lives in jeopardy rather than put themselves and their families in tremendous debt.

Dean Baker, a health economist and co-founder for the Center for Economic and Policy Research, said that Medicare for all is both affordable and achievable. He spoke to the need for strengthening **traditional Medicare** as soon as possible so that it is on a level playing field with Medicare Advantage.
...**Read More**

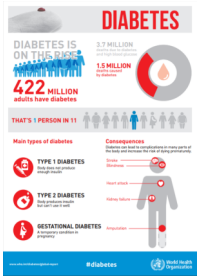
RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Diabetes in Older People

Diabetes is a serious disease, and it affects many older adults. People get diabetes when their blood glucose, also called blood sugar, is too high. The good news is that you can take steps to delay or prevent type 2 diabetes, which is the most common form of the disease to develop in older adults. If you already have diabetes, there are steps you can take to manage the condition and prevent diabetes-related health problems.

- **What Is Diabetes?**
- **Types of Diabetes**
- **What Is Prediabetes?**
- **Symptoms of Type 2 Diabetes**
- **Tests for Diabetes**
- **Managing Type 2 Diabetes**
- **Help with Diabetes Costs**



Diabetic Amputations A 'Shameful Metric' Of Inadequate Care

On his regular rounds at the University of Southern California's Keck Hospital, Dr. David Armstrong lives a brutal injustice of American health care.

Each week, dozens of patients with diabetes come to him with deep wounds, severe infections and poor circulation — debilitating complications of a disease that has spiraled out of control. He works to save their limbs, but sometimes Armstrong and his team must resort to amputation to save the patient, a painful and life-altering measure he knows is nearly always preventable.

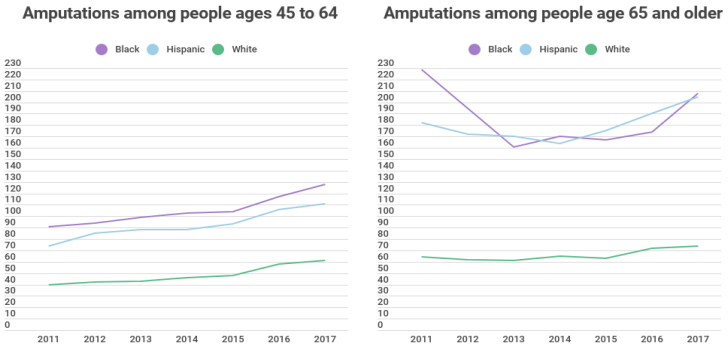
For decades now, the American medical establishment has known how to manage diabetes. Even as the number of people living with the illness continues to climb — today, estimated at more than 30 million nationwide — the prognosis for those with access to good health care has become far less dire. With the right medication, diet and lifestyle changes, patients can learn to manage their diabetes and lead robust lives.

Yet across the country, surgeons still perform tens of thousands of diabetic amputations each year. It's a drastic procedure that stands as a powerful example of the consequences of being poor, uninsured and cut off from a routine system of quality health care.

"Amputations are an unnecessary consequence of this devastating disease," said Armstrong, professor of surgery at Keck School of Medicine of USC. "It's an epidemic within an epidemic. And it's a problem that's totally ignored."...**Read More**

Rates Of Diabetic Amputations In California

In California, where doctors performed more than 82,000 diabetic amputations from 2011 to 2017, people who were black or Latino were more than twice as likely as non-Hispanic whites to undergo amputations related to diabetes, a Kaiser Health News analysis found. The graphics below show trends for two key age groups, tracking rates per 100,000 people.



Note: Hispanics can be of any race.
Sources: California Office of Statewide Health Planning and Development; U.S. Census Bureau

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Experts draft guidelines for Alzheimer's-like condition

An international working group of experts has agreed on guidelines to help increase scientific and public awareness about a brain condition that mimics Alzheimer's disease. The condition is not new but has come to light in recent research and clinical trials.

Scientists have recently recognized Limbic-predominant Age-related TDP-43 Encephalopathy (LATE) as a "newly named pathway to **dementia**."

The working group consists of scientists from a number of centers that receive support from the National Institutes of Health (NIH), together with colleagues from other countries.

The experts suggest that the public health impact of LATE on people in their mid-80s and older is probably about the same, if not bigger, than that of Alzheimer's disease.

In a report that now features in the journal ***Brain***, the group proposes the first definition of LATE and recommends guidelines for those who are concerned with diagnosis and furthering research.

Richard J. Hodes, M.D., who is director of the National Institute on Aging (NIA), which forms part of the NIH, says that even though researchers working on **Alzheimer's disease** are making progress, they still ask themselves: "When is Alzheimer's disease not Alzheimer's disease in older adults?"....**Read More**

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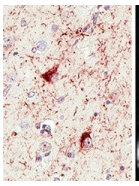
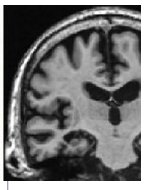
Guidelines proposed for newly defined Alzheimer's-like brain disorder





A recently recognized brain disorder that mimics clinical features of Alzheimer's disease has for the first time been defined with recommended diagnostic criteria and other guidelines for advancing and catalyzing future research. Scientists from several National Institutes of Health-funded institutions, in collaboration with international peers, described the newly-named pathway to dementia, Limbic-predominant Age-related TDP-43 Encephalopathy, or LATE, in a report published on April 30, 2019, in the journal *Brain*.

"While we've certainly been making advances in Alzheimer's disease research—such as new biomarker and genetic discoveries—we are still at times asking, 'When is Alzheimer's disease not Alzheimer's disease in older adults?'" said Richard J. Hodes, M.D., director of the National Institute on Aging (NIA), part of the NIH. "The guidance provided in this report, including the definition of LATE, is a crucial step toward increasing awareness and advancing research for both this disease and Alzheimer's as well."

Alzheimer's is the most common form of dementia, which is the loss of cognitive functions—thinking, remembering, and reasoning—and every-day behavioral abilities. In the past, Alzheimer's and dementia were often considered to be the same. Now there is rising appreciation that a variety of diseases and disease processes contribute to dementia. Each of these diseases appear differently when a brain sample is examined at autopsy. However, it has been increasingly clear that in advanced age, a large number of people had symptoms of dementia without the telltale signs in their brain at autopsy. Emerging research seems to indicate that the protein TDP-43—though not a stand-alone explanation— contributes to that phenomenon...**Read More**

Could a cell phone game detect who is at risk of Alzheimer's?

An Alzheimer's diagnosis often relies on signs of memory problems. However, these issues usually do not appear until years after the disease has taken hold. A new smartphone game is using spatial navigation to detect Alzheimer's before it is too late.

Another person develops **Alzheimer's disease** every 3 seconds, according to **Alzheimer's Disease International**. The number of people living with this most common form of **dementia** currently stands at around 50 million. By 2050, experts expect this figure to have tripled.

The last "significant breakthrough" in Alzheimer's research happened 4 decades ago, states the latest **World Alzheimer's Report**. However, a recently developed smartphone game may alter that statistic.

"Research shows us that the brain changes associated with diseases like Alzheimer's begin decades before symptoms like memory loss start," says Hilary Evans, chief executive at Alzheimer's Research United Kingdom.

"[F]or future Alzheimer's treatments to be effective, it's likely they must be given at the earliest stages of disease, before there's too much damage to the brain."

Navigating space

A collaboration between the organization, the University of East Anglia (UEA) and University College London in the U.K., and Deutsche Telekom has resulted in a game that may help experts detect who is at risk of Alzheimer's.

"We often hear heartbreaking stories about people with dementia who get lost and can't find their way home," continues Evans, adding that spatial navigation issues "are some of the earliest warning signs for the condition."

Such problems are the focus of the Sea Hero Quest game, which encourages players to find their way around various mazes. So far, more than 4.3 million people across the globe have tried it.

In the current study, which features in the journal *PNAS*, the researchers compared how different people played the game and found some interesting results. They analyzed data from more than 27,000 U.K. players between the ages of 50 and 75 years and also recruited a lab group of 60 individuals for genetic testing….**Read More**

Getting Started with Long-Distance Caregiving

Long-distance caregiving presents unique challenges.
If you find yourself in the long-distance caregiving role, here is a summary of things to keep in mind.

- **Who is a long-distance caregiver?**
- **What can I really do from far away?**
- **I'm new to long-distance caregiving—what should I do first?**
- **As a caregiver, what do I need to know about my family member's health?**
- **How can I be most helpful during my visit?**
- **How can I stay connected from far away?**
- **Where can I find local resources for my family member?**
- **Remember to Actually Spend Time Visiting with Your Family Member**
- **Get in Touch, and Stay in Touch**
- **Help the Person Stay in Contact**
- **Learn More About Caregiving**
- **Gather a List of Resources in the Care Recipient's Neighborhood**

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Physical activity might not ward off dementia

Middle-aged adults who are inactive may be more likely to develop early-onset dementia than people who exercise, but getting them to be active is unlikely to prevent the problem, a recent study suggests.

That's because the link with dementia may be due more to inactive adults' increased risk of heart disease, diabetes, and stroke, researchers say.

The research team examined data from 19 previous studies with about 405,000 participants who were 46 years old on average and followed for an average of 15 years. At the start of these studies, none of these people had dementia and 41 percent of them were inactive.

Over the first decade of follow-up, sedentary people were 40 percent more likely to develop dementia, the study found. During this period, inactive people were also more prone to cardiometabolic disorders like stroke, diabetes, and heart disease than regular exercisers.

As more time passed, inactivity was still tied to a higher risk of cardiometabolic diseases. But there was no longer a meaningful connection between inactivity and dementia.

"I believe physical activity is very important for health, and our results support a physically active lifestyle as a way to reduce the risk of cardiometabolic disease," said lead study author Mika Kivimaki of the University College London in the U.K. and the University of Helsinki in Finland.

"But in light of the current evidence, intervention strategies targeting physical inactivity alone will have limited effectiveness for dementia prevention," Kivimaki said by email.

Overall, a total of 2,044 people developed dementia during the study, including 1,602 cases of Alzheimer's disease.

One limitation of the study is that researchers only looked at activity levels at a single point in time, which doesn't capture the cumulative effects of a sedentary lifestyle, researchers note in the BMJ.

Researchers also relied on data from electronic medical records to identity dementia cases, and it's possible this may have left out some people with milder cases.

Still, exercise combined with healthy eating habits and lifestyle choices can improve cognitive abilities in both healthy adults and people with early signs of cognitive decline, said James Blumenthal, a psychiatry professor at Duke University Medical Center in Durham, North Carolina. What's less clear is whether improving cognitive function can help prevent or delay the development of dementia.

"While the jury may be out as to whether physical activity reduces the risk of dementia, there is overwhelming evidence for the value of physical activity for reducing risk for adverse cardiovascular events--heart attack, stroke, diabetes and for improving overall health," Blumenthal, who wasn't involved in the study, said by email.

"Adoption of healthy lifestyles, including physical activity, especially for inactive adults or individuals with cardiovascular risk factors, may represent one effective strategy for not only improving heart health but also for improving brain health," Blumenthal added.

STDs: A Serious Health Threat at Every Age

If you're back on the dating scene after being in a monogamous relationship, know that STDs, or sexually transmitted diseases, aren't just a concern for teens and people in their 20s. STD rates are rising in older adults.

STDs are usually caused by viruses or bacteria and can be spread from person to person through any type of sexual contact that involves the skin, body fluids, the mouth, the genitals and/or the rectum. In fact, they're the most common contagious infections in the United States after colds and the flu, with millions of people affected every year.

Many of these infections have symptoms that are barely noticeable, but their effects can be devastating, especially if they go undiagnosed and untreated. Pelvic inflammatory disease is a complication in women, often due to chlamydia and gonorrhea, and can lead to infertility.

In addition to sexual contact, you can also pick up trichomoniasis if you're exposed to the parasite that causes it, often via a moist object, like a damp towel, wet clothing or a toilet seat.

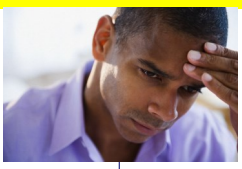
Because you can have an STD and not know it, it's important to get routine testing if you're not in a completely monogamous relationship. Some can be cured, while others can be managed if caught early.

Remember that when you become sexually intimate with a new partner, you're exposed to the sexual health history of all his or her previous partners. Both of you should be tested before taking this step.

How does oxidative stress affect the body?

Oxidative stress is an imbalance of free radicals and antioxidants in the body, which can lead to cell and tissue damage. Oxidative stress occurs naturally and plays a role in the aging process.

A large body of scientific evidence suggests that long-term oxidative stress contributes to the development in a range of chronic conditions. Such conditions include **cancer**, **diabetes**, and **heart disease**.



What is oxidative stress?

Oxidative stress can occur when there is an imbalance of free radicals and **antioxidants** in the body.

In this article, we explore what oxidative **stress** is, how it affects the body, and how to reduce it.

Several factors contribute to oxidative stress and excess free radical production. These factors can include:

- diet
- lifestyle
- certain conditions
- environmental factors such as pollution and radiation

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