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"NOW, more than ever!!!"

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May Is Older Americans Month

Every May, the Administration for Community Living leads our nation's observance of Older Americans Month. The 2019 theme, ***Connect, Create, Contribute***, encourages older adults and their communities to:

- **Connect** with friends, family, and services that support participation.
- **Create** by engaging in activities that promote learning, health, and personal enrichment.
- **Contribute** time, talent, and life experience to benefit others.

Communities that encourage the contributions of older adults are stronger! By engaging and supporting all community members, we recognize that older adults play a key role in the vitality of our neighborhoods, networks, and lives….**Read More**

The US posted a $234 billion budget deficit last month, the biggest one-month deficit in history

- **The US budget deficit hit $234 billion in the month of February, up 8.7% compared to the same month last year.**
- **The February budget deficit was also the highest one-month deficit on record, eclipsing the previous record set in 2012.**
- **The deficit is growing as the GOP tax law slows revenue intake and the bipartisan budget deal drives up spending**.

The US posted a record budget deficit in the month of February, according to a new report form the Treasury Department.

The budget deficit for February came in at $234 billion, according to the Treasury, higher than the previous monthly record of $231.7 billion set in 2012. The deficit was also 8.7% higher than the $215.2 billion deficit posted in February 2018.

The budget deficit measures the shortfall of government revenues compared to what the government spends. Recent legislative changes have driven the deficit up to its highest levels since the financial crisis.

The deficit for the first five months of the government's 2019 fiscal year, which runs from October 2018 through October 2019, hit $544.2 billion — up 40% from the first five months of fiscal year 2018. The growing deficit has been fueled by two big factors. First, President Donald Trump's and the GOP's tax reform law — named the Tax Cuts and Jobs Act (TCJA) — has caused revenues to slide. According to the Treasury, revenue for the first five months of fiscal year 2019 is down a little less than 1% compared to the same period the year before.….**Read More**

Rich Fiesta

Media outlets and Wall Street interests are at it again. This week's news is filled with false "doom and gloom" and warnings that Social Security is "going broke."

That's false. The Social Security Trustees just released their annual report. It found that the system is on track to fully cover expenses until 2035 -- a full year longer than previously projected.

Support is growing in Congress to expand Social Security and increase benefits. But we need more senators to get on board.

Will you submit a message to your Senator to help us urge them to join the expand Social Security caucus?

Congress must require the wealthiest Americans to actually pay their fair share in Social Security contributions. If this happens, benefits will be increased and the system will be solvent far into the future.

Expanding Social Security is completely affordable and doable. If we don't act now, extremists and special interests will call for cuts to your earned benefits.

Insisting your Senators commit to Social Security expansion is crucial.

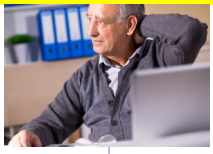
Please submit a message asking your lawmakers to stand with retirees and join the expand Social Security Caucus.

It won't be easy, but together we can save our earned benefits and ensure retirement security for future generations.

Richard Fiesta
Executive Director
Alliance for
Retired Americans

Middle-Income Older Adults Face Insufficient Resources for Housing and Health Care

This week, Health Affairs released **a report** finding that, increasingly, middle-income seniors will have not enough money to cover the cost of housing and healthcare. The authors project that by 2029, 14.4 million people over age 75 will be "middle income." Around 60% of these older adults will have mobility limitations and 20% of whom will have high health care needs, but their incomes will put them at risk of not being able to afford health care or housing. Unfortunately, middle-income seniors are not served by the private seniors housing industry nor by the supportive housing available to lower income individuals. This means that 54% of these individuals will not have sufficient resources to pay for the level of care provided in senor housing.



The report predicts that future seniors will have overall lower savings and will be likely to have pensions compared to today's older adults. The authors also note that this will place an increasing burden on a decreasing number of family caregivers. While this may translate to increased Medicaid eligibility and Medicaid costs as people spend down their savings and income, the key policy question is how middle-income people who do not qualify for Medicaid will access housing and care services.

Previous research has focused on projecting the future wealth of older adults. This study, by contrast, may be the first of its kind to project anticipated needs by income group and to identify where middle-income seniors may face the greatest inability to afford those needs.

Read the report.

Read more about the study.

Social Security Expansion Bill Introduced With Widespread Support In House

New legislation from Congressman John Larson (CT-1) – Chairman of the House Ways and Means Social Security Subcommittee – would boost Social Security benefits, reduce taxes for beneficiaries, and strengthen the financing of the program for generations to come. The *Social Security 2100 Act* (H.R. 860) was introduced on January 30th with the support of more than 200 cosponsors – more than any other Social Security reform bill to date – and The Senior Citizens League believes it has a real chance of advancing through the House of Representatives by the end of this year.

The *Social Security 2100 Act* would improve the Social Security program in four key ways if adopted. It would:

- **Make the cost-of-living adjustment (COLA) more adequate**. Under current law, annual COLAs are based on the spending patterns of young, urban workers. This bill would better protect against the inflation that beneficiaries experience by basing the COLA on the Consumer Price Index for Elderly Consumers (CPI-E). On average, benefits would be 0.25 percentage point higher using this measure of inflation, which means your benefits would **grow more quickly over time.**

- **Boost Social Security benefits by around 2 percent**. According to our research, Social Security benefits have lost 34 percent of their buying power since 2000, due in large part to inadequate COLAs and rising Medicare premiums. An across-the-board benefit boost of around $35 per month is a modest change that most beneficiaries believe is fair and necessary.

- **Cut taxes for 12 million beneficiaries**. This year, around 12 million beneficiaries with incomes of just twice the poverty line paid taxes on their Social Security benefits. This bill would raise the income thresholds for the taxation of benefits – from $25,000 for individuals or $32,000 for married couples to $50,000 for individuals or $100,000 for married couples – so that those with modest incomes no longer see their benefits taxed each year.

- **Reduce senior poverty by creating a new minimum benefit**. Beneficiaries who worked long careers of thirty years or more in jobs with very low wages should not be retiring into poverty. The *Social Security 2100 Act* would ensure that these individuals receive a minimum Social Security benefit set at 125 percent of the poverty line ...**Read More**

Patients Caught In Middle Of Fight Between Health Care Behemoths

Cancer survivors Evalyn Bodick, 74, and Barbara Marsic, 63, are caught in the crossfire of one of the fiercest health care fights in the country. They fear they are about to lose access to the doctors they say have kept them alive.

The reason: the latest skirmish in a nearly decade-old battle between two large health systems in Pennsylvania, the University of Pittsburgh Medical Center (UPMC) and Highmark Blue Cross Blue Shield. Both are nonprofit and both sell health insurance as well as provide care. Only a handful of companies nationwide do both.

The dispute — headed toward a court date in May — has implications far beyond Pennsylvania's borders.

Among the issues at stake are consumers' access to care, especially costly specialty treatments; the disruption people experience when forced to switch doctors while changing insurance plans; the pricing power of ever-larger health care monopolies; and how much leeway a state has to oversee those companies' practices.

In the meantime, Highmark customers find themselves in danger of paying more for medical care, in cash, or finding new doctors and hospitals to treat life-threatening conditions.

Pennsylvania's attorney general, Josh Shapiro, has **filed motions** with a state court to intervene. A court ruling in his favor will signal to insurers and providers nationwide that states may choose to step in to protect consumers if a health company gains too much market power or consumers' access to care is otherwise threatened.

A UPMC win could embolden health care companies to use dominant market positions to compete even more aggressively.....**Read More**

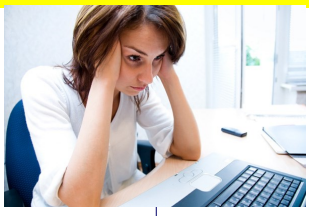
Here's How Much Social Security Recipients Saved From Tax Reform

Tax season has come and gone, and American taxpayers finally have the results of what they saved -- or didn't save -- from **tax reform**. With so many different factors at play, there were inevitable winners and losers from the tax law changes, with the actual savings or extra tax liability depending on your individual situation.

Nevertheless, one can make some general conclusions about the impact of tax reform, and many retirees getting Social Security were disappointed to find that a portion of their benefits continued to be subject to federal taxation. Yet even if the number of retirees seeing a portion of their benefits taxed stayed relatively constant, there were still considerable savings in the *amount* of tax those Social Security recipients had to pay.

Why some seniors are upset

One reason why many **older Americans believe that the tax cuts left them out** is that reform provisions didn't make any changes to the rules governing how much of their Social Security income gets taxed. Under laws prevailing both before and after tax reform, as much as 50% to 85% of Social Security benefits can get **added to taxable income** in order to calculate tax liability, depending on how much money a taxpayer makes both from Social Security and from any other sources of income.



A study from the Senior Citizens League confirmed that because of the lack of changes to the Social Security taxation provision, just about the same proportion of households reported having a portion of their benefits subject to tax. Since 2015, the average number of households paying taxes on Social Security fell just a percentage point, from 51% to 50%.

However, the Senior Citizens League didn't reveal the *amount* of additional tax on the portion of benefits included in taxable income. Thanks to higher standard deductions and reduced tax rates, many Social Security recipients got a significant tax break in 2018 -- even if their Social Security remained taxable.

What tax reform did for Social Security recipients

As a simple example, consider a single retiree with a comfortable total income of $60,000 a year. We'll assume that this retiree gets $2,000 in monthly Social Security retirement benefits along with another $3,000 in regular income from a private pension and a retirement nest egg, and that the standard deduction gives the retiree the most tax savings.

You can see below how the situation works out under old law and after tax reform.

In this example, tax reform saved this relatively well-off retiree $1,375 in taxes, or nearly a quarter of the previous tax bill. The bulk of the savings came from the fact that most of the retiree's income got taxed at **lower tax rates** of 12% and 22% rather than the 15% and 25% rates that applied under old law. This 3-percentage-point difference applied to save not only almost $500 on the $16,400 in Social Security that was subject to tax but also another $875 or so from the taxes on pension and investment income.

A higher standard deduction also served to make less of the retiree's income taxed in the final tax bracket. About $2,500 in the retiree's 2017 income was subject to tax at 25%, while only $100 was subject to the 22% tax rate in 2018. Even with the elimination of personal exemptions, a higher standard deduction played a key role in producing that tax savings.

Item	2017 Tax Year	2018 Tax Year
Total income	**$60,000**	**$60,000**
Gross income for tax purposes	**$52,400**	**$52,400**
Standard Deduction	**($7,900)**	**($13,600)**
Personal Exemption	**($4,050)**	**N/A**
Taxable Income	**$40,450**	**$38,800**
Tax	**$5,851**	**$4,476**

Why You Should Create a My Social Security Account

A MY SOCIAL SECURITY account allows you to view your contributions to the **Social Security**program. You can also get a personalized estimate of your future Social Security payments in retirement. Periodically reviewing your Social Security record allows you to make sure your earnings are recorded correctly and to factor the likely payout into your retirement plans.

Here's what you can do with a my Social Security account:

- Check your earnings record.
- See how much you have paid into Social Security.
- Get an estimate of your future Social Security payments.
- Find out how much you will qualify for if you become disabled.
- Determine what family members will receive if you die.
- Keep your account up to date by changing your address or direct deposit information.
- Request documentation, such as a replacement Social Security or Medicare card or benefit verification letter.

You can open a my Social Security account at **ssa.gov/myaccount**. Workers age 18 and older are eligible to create a my Social Security account. Be prepared to provide some personal information to verify your identity. When you open the account for the first time you will be prompted to answer a series of multiple-choice questions that might include inquiries about financial products you own and previous addresses. You can **also add extra security to your account** by electing to use a one-time code received via text message or email each time you log in.

More useful links below

Social Security Changes Coming in 2019

How Much You Will Get From Social Security

7 Myths About Social Security

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Mainstream media misleads public on Social Security

Social Security is in strong financial shape. But, you wouldn't know it if you're reading **AP** or watching **CNN** or **CBS**. Having bought into a billionare-funded campaign to undermine Social Security, the mainstream media unintentionally is misleading the public about this vital program.

The Social Security Board of Trustees' **annual report** was just released. It shows that Social Security now has an accumulated surplus of about $2.9 trillion. By the year 2100, it will represent just 6.07 of GDP. As compared with other wealthy countries, these retirement, disability, and survivor benefits represent a far lower percent of GDP.

Social Security has funding today to pay out benefits in full for the next 16 years. After that, it is still 93 percent funded for the next 25 years and 87 percent funded for the next 50 years. The shortfall is modest. Congress could, if it chose, easily restore Social Security to long-range balance and, importantly, expand funding.

The good news is that Congressional Democrats are working on just that. Congressman John Larson has introduced the **Social Security 2100 Act,** which now has 203 cosponsors.

And, there are other Democratic bills in the House and Senate. Moreover, every Democratic presidential candidate now in Congress is a member of the **Expand Social Security Caucus.**

Congressional Republicans have no plan other than to cut Social Security benefits. No Republican has cosponsored the Social Security 2100 Act or any other bill to expand Social Security. No current Republican politician has even introduced a bill to restore Social Security to long-range balance.

Congressional Republicans are not listening to their constituents. Like Medicare, Social Security enjoys tremendous bi-partisan support. Americans across the ideological spectrum, including conservatives, are united in opposing cuts to Social Security and supporting its expansion. Nearly seven in ten (68 percent of) Republican voters say they do not want Congress to cut Social Security, according to **multiple polls.**

Social Security is a solution. **Expanding it** would help to address our looming retirement income crisis. It provides needed economic security to virtually all working families, replacing wages when workers retire, become too disabled to work, or die, leaving dependents. How can we afford not to expand Social Security?

What can you do? Help stop Republican politicians from blocking Social Security expansion. In 2020, vote for candidates who support expanding Social Security. In the meantime, let Congress know that you support expanding Social Security, please **sign this petition**.

Most U.S. Middle-Class Seniors Will Lack Funds for Assisted Living by 2029

A decade from now, more than half of middle-class seniors in the United States will be unable to afford needed housing and personal assistance, a new study contends.

The number of middle-income people over 75 will nearly double to 14 million by 2029, up from about 8 million today, projections show.

About 54% of these seniors won't have enough money to afford an assisted living facility or the kind of personal care that would keep them in their own homes, the researchers reported.

"The majority of this middle-income group are not going to have enough resources to pay for private housing as it exists today," said lead researcher Caroline Pearson. She's senior vice president for health care of NORC, an independent research institution at the University of Chicago.

It isn't as simple as saying these folks have failed to responsibly save for their retirement, said Cheryl Fish-Parcham, director of access initiatives at Families USA, a consumer health care advocacy group.

"People have different abilities to save depending on what their income is," Fish-Parcham said. "You could have saved the maximum retirement savings amount that's allowable in an IRA, and if your income wasn't that high by the time you retire you still don't really have enough assets."

Instead, these people are falling into a gap in the senior housing market and government support programs, said Robert Kramer, founder and strategic advisor of the National Investment Center for Seniors Housing and Care. This group helped fund the study.

Middle class hit hardest

The private seniors' housing market has until now focused on building ritzy complexes aimed at high-income people, with high rents to match, Pearson said.

Meanwhile, poor seniors qualify for Medicaid, which covers the cost of nursing homes and long-term care services.

No one is making plans for the people who don't have enough saved for a deluxe retirement home, but have saved enough that they don't qualify for Medicaid, the experts explained.

Kramer said, "Many of these folks are stuck in that gap in the middle, and right now the only answer for many of them will be to spend down as fast as you can to qualify for Medicaid."

That could blow a financial hole in the Medicaid program, Pearson said.

"You could explode the cost of Medicaid by having lots more people enroll," she added.

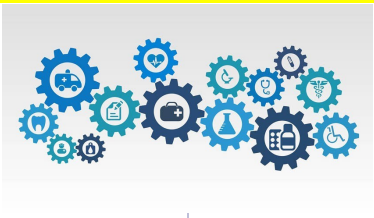
Kramer noted that "spending down" is unpalatable to many people. "To be told that your only option is to spend yourself into poverty, for some that understandably prompts a feeling of defeat," he said.

Less support than in generations past

For the study, published in the May issue of *Health Affairs*, Pearson's team created a model that estimated how much money people will have at retirement age between now and 2029. Then they compared that money to what will likely be available in terms of housing and personal care services….**Read Mote**

New Models May Tweak how Medicare Works, but Beneficiaries Must Remain the Priority

MEDICARE RIGHTS CENTER Blog
Getting Medicare right



The Centers for Medicare & Medicaid Services (CMS), the agency that oversees the Medicare program, released information about eight new payment and delivery models this week. Five of these models, collectively known as the **CMS Primary Cares Initiative**, will test new ways to pay Medicare primary care and other providers while the other three would explore ways for Medicare and Medicaid to better work together to provide coverage.

The five new payment model options are divided into two paths. The first is a set of two **Primary Care First Models** that will pay primary care practices through what is called "capitation"—a set fee per person, per month to provide care. Historically, capitation-type payment arrangements can create problematic incentives that encourage providers to stint on care. For example, since practices may be able to maximize profits by delivering fewer services, they may be tempted to withhold necessary care. But the new Primary Care First models may reduce some of this incentive by including flat fees for primary care visits, and by offering providers bonus payments for keeping their patients healthy. Practices that could not keep costs down or keep patients healthy and at home would be at risk of losing some of their profits.

One of the Primary Care First models will focus on general primary care for all beneficiaries, while the other, called Primary Care First—High Need Populations, will be targeted at people with Medicare who are seriously ill and who currently lack a primary care practitioner and/or effective care coordination. This targeting is to encourage practices to take on these patients.

The three remaining primary care-focused models, the **Direct Contracting Models**, are also based on capitated payments for care for chronically and seriously ill patients. This initiative is intended to broaden participation in CMS's efforts to test and develop risk-sharing arrangements in Original Medicare. To encourage provider involvement, the models will allow practices to share greater portions of the profits and risks of capitation models while also allowing the practices to provide services that are normally not available through Original Medicare. Participating practices will have to meet certain quality targets but would have less paperwork than non-participating providers. The three models are distinguished by the size of the practice and the scope of the population the practice must handle.

In a separate announcement, **CMS highlighted** three new ways states can participate in models that could make Medicare and Medicaid work together better. Around 12 million people are eligible for both Medicare and Medicaid—commonly called "duals" or "dual-eligibles"—but the systems do not always work seamlessly to provide care and coverage. These models are largely expansions of previous models that have tested capitation and managed care for duals in an attempt to hold down costs and allow a more integrated experience for beneficiaries.

With all of these payment models, keeping people with Medicare safe and healthy must be the priority. As discussed above, when capitation is the payment method, practices might be tempted to cut back on necessary services or handle far too many patients for their resources. This can lead to substandard care and lessen the well-being of the patients seeing those providers. Because of this risk, any model that attempts to change payments in this way must include rigorous CMS oversight of the participating practices to ensure the beneficiaries stay healthy and safe and that they are really benefiting from the model's delivery system.

In addition, it's important to remember that most of these models are for beneficiaries who have chosen Original Medicare. These beneficiaries must maintain their access to all Medicare providers, not only a network. We cannot support any model that would limit provider choice or access. These models must also not allow practices to market aggressively to beneficiaries, inappropriately steer them toward specific practices, charge more for Medicare coverage or balance bill, or engage in discriminatory practices.

By extending some additional benefits to people with Original Medicare, these models might take a small step toward parity with Medicare Advantage. We appreciate attempts to level the Medicare playing field, but we are very conscious that these models will not be available to, or appropriate for, everyone with Medicare. We encourage policymakers to ensure that all people with Medicare have access to the services they need, regardless of the coverage pathway they choose.

As always, we support efforts to make care better and more affordable, but it must not come at the expense of beneficiary choice or access to care. To ensure these and future models are thoughtfully designed and considered, we urge CMS to involve people with Medicare, their families, and advocates at every stage of the development and implementation processes.

Read more about the Primary Care First and Direct Contracting models.

Read more about the Dual-Eligible models.

Read our checklist of steps CMS must take to ensure models serve beneficiary needs.

Poll: Most Americans Want Congress to Prioritize Targeted Actions that Address Personal Health Care Costs

Most Do Not Want the Supreme Court to Overturn the ACA or its Pre-Existing Conditions Protections

When it comes to tackling pressing health care issues, incremental actions to address personal health care costs take precedence over broader, more partisan reforms for most Americans, according to the latest KFF Health Tracking Poll.

As policymakers jockey over Medicare-for-all proposals and the legal and political fate of the Affordable Care Act, the public is more likely to choose lowering prescription drug costs (68%), continuing ACA protections for people with pre-existing conditions (64%) and softening the financial blow of surprise medical bills (50%) as top priorities for Congress. The April poll finds that fewer Americans say implementing a national Medicare-for-all plan (31%) or repealing and replacing the ACA (27%) should be a top priority.

Larger shares of Democrats say continuing the ACA's protections for people with pre-existing conditions (82%) and implementing a national Medicare-for-all plan (47%) are top priorities, while about half of Republicans (52%) say repealing and replacing the ACA is a top priority.

The April poll continues to find bipartisan support for the ACA's protections for people with pre-existing conditions. Seven in 10 Americans say it is "very important" to them that the ACA provision that prohibits health insurance companies from denying coverage because of a person's medical history remains law. Similarly, two-thirds (64%) say it is "very important" that the provision that bars insurers from charging sick people higher premiums remains law. This includes half of Republicans who say it is "very important" that each provision remains law (54% and 51%, respectively).

The findings come at a time when President Trump has renewed his calls to repeal and replace the ACA and when his administration has sided with the Republican state attorneys general in Texas v. United States, a federal lawsuit that argues that the ACA is invalid and should be overturned. The poll finds that, if the Supreme Court eventually hears the case, most Americans do not want the justices to overturn the pre-existing condition protections (68%) or the entire law (54%). Majorities are worried that they may lose coverage or pay more for coverage.

With both President Trump and Congress vowing to address the issue of surprise medical bills in recent weeks, the poll find that at least 3 in 4 Americans – including majorities of Democrats, independents and Republicans – say the federal government should protect patients from having to cover the higher costs that can arise when they are:

- Taken to an emergency room by an out-of-network ambulance (78%);
- Taken to an out-of-network emergency room during a medical emergency (78%); or
- Treated at an in-network hospital by an out-of-network doctor or specialist (76%)

The poll finds there is no agreement about who should cover the bill, however, with the public split over whether both the health provider and the insurance company should absorb the cost (47%) or whether the insurer should cover it alone (43%). Few (5%) say the doctor should be solely responsible.

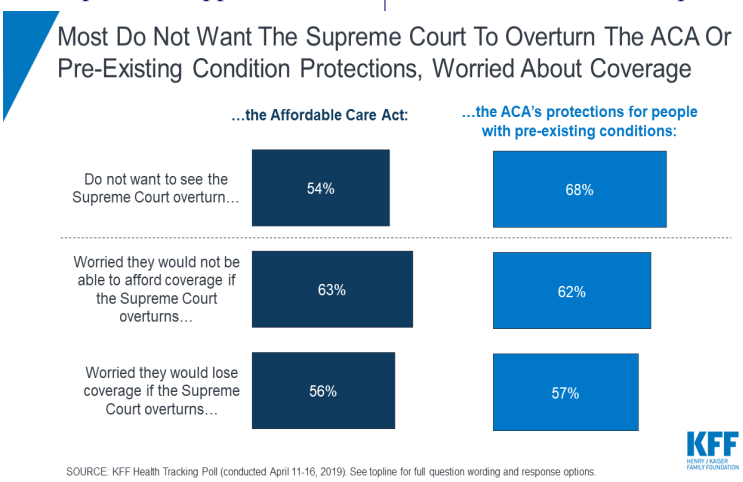
KFF polling continues to find that surprise medical bills affect a significant share of insured adults. About one in five of insured adults ages 18-64 say that in the past two years they or a family member have received a surprise medical bill resulting from receiving out-of-network care from a doctor, hospital or lab that they thought was covered.

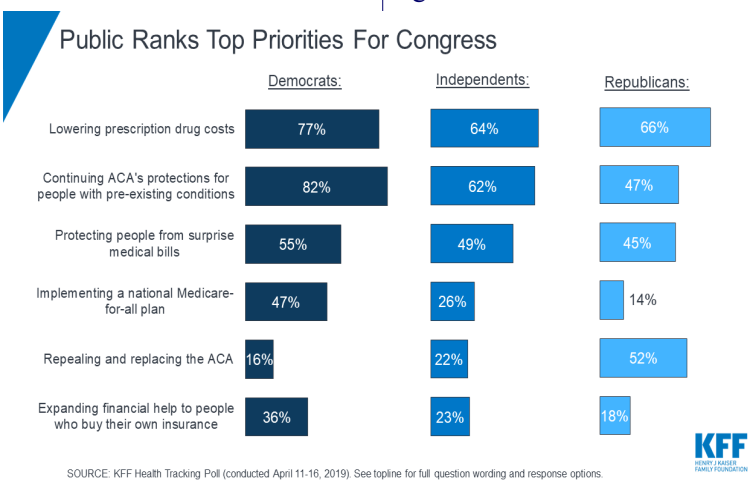
Medicare-for-all Debate May Be Growing More Partisan

With proposals to expand public coverage drawing attention in Congress and in Democratic campaigns for the 2020 presidential election, views of "Medicare-for-all" may becoming more partisan. While overall reactions to terms such as "universal health coverage" and "Medicare-for-all" have remained relatively unchanged since 2017, the poll shows an uptick in the share of Democrats who now say they have a "very positive" reaction to the term "Medicare-for-all," from 49 percent in 2017 to 58 percent. At the same time, half of Republicans (51 percent) now say they have a "very negative" reaction to the term compared to 42 percent in 2017.

Methodology

Designed and analyzed by public opinion researchers at KFF, the poll was conducted April 11-16, 2019 among a nationally representative random digit dial telephone sample of 1,203 adults. Interviews were conducted in English and Spanish by landline (301) and cell phone (902). The margin of sampling error is plus or minus 3 percentage points for the full sample. For results based on subgroups, the margin of sampling error may be higher.





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RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Is Insulin's High Cost Keeping Diabetes Patients From Taking Their Medicine?

"One out of 4 diabetes patients in our country cannot afford their insulin."

High prescription drug prices are fast becoming a leading political topic, with medications like insulin emerging as a poster child for the issue. Nearly doubling in price from 2012 to 2016, the diabetes medication has commanded **bipartisan attention** on Capitol Hill and even a shoutout in a recent **Netflix comedy special**.

This fact check was produced in partnership with **PolitiFact.**

This story can be republished for free (details).

Voters say **curbing such prices** should be a top priority for lawmakers — and Democratic presidential candidates are paying attention.

At an **April 22 CNN town hall,** Sen. Kamala Harris (D-Calif.), among the field of Democrats vying for the 2020 nomination, responded to a health care question by spotlighting insulin's spiraling price tag.

"One out of 4 diabetes patients in our country cannot afford their insulin," she said.

That would be a shockingly high number, researchers point out, and could become a talking point Democrats return to throughout the campaign season. The cost of insulin particularly resonates given diabetes' incidence rates.

According to the American Diabetes Association, about **1.25 million**Americans have Type 1 diabetes —less common than Type 2 — and cannot live without insulin.

With that in mind, we decided to dig in to see if Harris' statement checks out.

Three Different Datasets Back Harris' claim

When asked about this particular statement, Harris' campaign first cited a **peer-reviewed study** published in December, which looked at people with diabetes being treated at the Yale Diabetes Center in New Haven, Conn. Of 199 participants, 51 people — just over 25% — reported they either reduced or stopped taking insulin because of the cost.

The study is small and limited to one metropolitan area. But it likely paints a more-or-less accurate picture nationally, three health care academic researchers said.

"The characteristics of the people that were included look reasonably well-distributed across measures we'd be thinking about, like age, insurance type, race, ethnicity," said Stacie Dusetzina, an associate professor of health policy at Vanderbilt University. "They probably are pretty much on target."

The study also corresponds with other surveys, though they too have limitations.

One, commissioned by the **American Diabetes Association** and made public last May, polled about 530 people online whose demographics corresponded to the national data of people with the illness. About 27% of respondents suggested the price of insulin had "affected their past year purchase or use of insulin.

There is also an online opt-in survey administered by T1 International, an advocacy group for people with diabetes. Its 2018 results and methodology are undergoing peer review and have not yet been published in full, said James Elliott, one of the organization's trustees. He suggested it would likely ultimately support Harris' "1 out of 4" talking point.

There's Some Extrapolation, But The Point Is 'More True Than Not'

The caveat is that Harris' comment is based on limited data, and only one of the papers has been peer-reviewed.

Though insulin's price has skyrocketed in recent years, no sizable national survey or study has tracked insulin affordability, said Dr. Jing Luo, an instructor at Harvard Medical School who was involved with the Yale study and has researched insulin pricing more generally.

That perhaps limits any effort to make an argument about insulin access nationwide, or at the very least requires some extrapolation….**Read More**

How Does Age Affect Creativity? Nobel Prize Winners Offer Clues

Creativity doesn't fade as you get older, but it may change, a new study shows.

An examination of 31 winners of the Nobel Prize in economics found an early peak of winners in their mid-20s and a later peak of winners in their mid-50s.

"We believe what we found in this study isn't limited to economics, but could apply to creativity more generally," said lead author Bruce Weinberg, a professor of economics and public administration at Ohio State University.

In fact, previous research by his same team found similar age-related patterns in other sciences and the arts.

"Many people believe that creativity is exclusively associated with youth, but it really depends on what kind of creativity you're talking about," Weinberg said in a university news release.

It found that younger Nobel Prize winners tend to be "conceptual" innovators who challenge conventional wisdom and come up with new ideas suddenly.

Older winners tend to be "experimental" innovators. They amass knowledge through their careers and find groundbreaking ways to analyze, interpret and distill it into new ways of understanding, the authors explained.

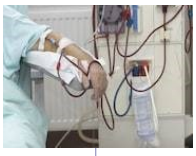
"Whether you hit your creative peak early or late in your career depends on whether you have a conceptual or experimental approach," Weinberg said.

Most other studies in this area have focused on differences in peak ages of creativity in different scientific fields. Generally, they have found that creativity in most peaks in the mid-30s to early 40s.

"These studies attribute differences in creative peaks to the nature of the scientific fields themselves, not to the scientists doing the work," Weinberg said.

"Our research suggests than when you're most creative is less a product of the scientific field that you're in and is more about how you approach the work you do," he added

Half of Older Dialysis Patients Die Within a Year, Study Finds



The death rate for older Americans receiving dialysis for kidney failure may be nearly twice as high as widely thought, according to a new report.

For the study, researchers looked at 391 Medicare patients, aged 65 and older, who started dialysis, in which a machine is used to remove toxins from the blood.

Nearly 23% of the patients died within a month of starting dialysis; nearly 45% died within six months; and nearly 55% died within a year, the investigators found.

The highest death rates were among patients older than 85; those who had four or more major health problems in addition to kidney failure; those who started dialysis in the hospital instead of on an outpatient basis; and those who, even before starting dialysis, required help with tasks of daily living such as eating or bathing.

The study was published April 22 in the journal *JAMA Internal Medicine*.

The death rates found in the study were nearly double those cited in federal government statistics. This suggests doctors and patients may be basing treatment decisions on overly optimistic survival estimates, the researchers said.

"Dialysis can seem like a magical cure for someone whose kidneys are failing, but our finding that half of older adults die within the first year after starting dialysis is sobering," said lead author Melissa Wachterman. She is an assistant professor of medicine at Harvard Medical School, in Boston.

"When time is short, how you spend that time becomes even more important. Spending the better part of three days a week doing dialysis may not be the right choice for everyone, and people should factor this new evidence into their decisions," Wachterman said in a school news release.

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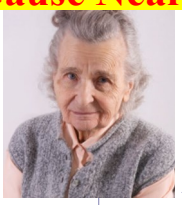
The U.S. National Institute of Diabetes and Digestive and Kidney Diseases has more on **treatment for kidney failure**.

Newly Discovered Illness May Cause Nearly 1 in 5 Dementias, Experts Say



Elderly adults commonly have memory and thinking problems that look a lot like Alzheimer's disease, but they might really be suffering from a different form of dementia.

That's according to an international panel of experts who are giving the disease a name for the first time, and detailing what's known about it so far.

Writing in the April 30 issue of the journal *Brain*, they dub the condition limbic-predominant age-related TDP-43 encephalopathy -- with the more memorable acronym, LATE.

LATE mainly affects people older than 80, the experts explained. And it may account for about 17% of all cases of dementia. That fairly high prevalence helps explain a puzzling phenomenon, according to Dr. Peter Nelson, a professor at the University of Kentucky, who co-authored the report.

Some people who die with what appears to be Alzheimer's do not show telltale signs of the disease when their brains are autopsied -- namely, abnormal protein clumps known as plaques and tangles. That means their dementia symptoms did not arise from Alzheimer's….**Read More**

Another reason to exercise: It lowers your risk of stroke

According to the **National Institutes of Health** (NIH), stroke is the third leading cause of death and a major cause of serious disability. Age is the greatest risk factor for stroke. After age 55, the risk of stroke doubles every ten years. But, exercise lowers your risk of stroke, as do other healthy behaviors.

To lower your risk of stroke, the **National Institute on Aging** advises that you **check your blood pressure** and cholesterol and treat them if they are high. High blood pressure can **double or quadruple your risk** of stroke. To lower your blood pressure, **eat lots of fruits and vegetables** and other food that is low in cholesterol and saturated fats; eat less salt; and, don't smoke. (Medicare covers **smoking-cessation counseling** as well as **nutrition counseling**.)

Also, exercise! You can take a brisk walk several times a week, ideally for at least 20 minutes every day, or swim or ride a bike. According to the NIH, you might want to try these **balancing exercises, as well**. It all helps.

If you are overweight, try to lose weight. Even if you lose only a small amount of weight, it can seriously decrease your risk of stroke. **Harvard Health** recommends that you limit your daily calorie intake to less than 2,000 and exercise more.

For more information from the NIH on how to get started exercising and the kinds of exercise you might try, click **here**.

Stages of Alzheimer's Disease

People with Alzheimer's may go through seven different stages of this progressive, incurable dementia.

IT'S NATURAL TO THINK about the stages of Alzheimer's disease after you've been diagnosed with the condition. It's a progressive, incurable type of dementia that leads to physical, emotional and psychological changes and eventually death. But Alzheimer's stages are often painted with a broad brush – mild, moderate or severe.

Clinicians have a more detailed way to pinpoint the progressing stages of Alzheimer's disease, called the Global Deterioration Scale. It was created by Dr. Barry Reisberg in the early 1980s. "At that time it was a tremendously neglected area in terms of understanding the process clinically or behaviorally. As I continued to study people and do assessments, I realized I could describe seven stages," remembers Reisberg, a geriatric psychiatrist and director of the Zachary and Elizabeth M. Fisher Alzheimer Disease Education

and Research Program at NYU Langone Health. Reisberg says the scale is helpful for patients and family members, alerting them to what they can expect and what they can do to recognize and prevent complications. But note that the timelines below apply to otherwise healthy people with brain aging and progressive Alzheimer's disease. While Reisberg says patients don't ever skip stages, he says that other medical problems (such as a stroke) can lead to various kinds of symptoms or disability (such as a loss of walking ability) during any stage of Alzheimer's disease.

Seven Stages of Alzheimer's

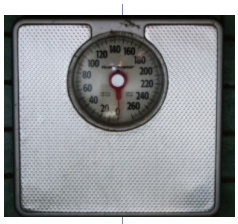
- **Stage 1: Normal**
- **Stage 2: Subjective Cognitive Decline**
- **Stage 4: Mild Alzheimer's Disease**
- **Stage 5: Moderate Alzheimer's Disease**
- **Stage 6: Moderately Severe Alzheimer's Disease**
- **Stage 7: Severe Alzheimer's Disease**

...Read more on each of these stages.

Good news for anyone looking for help losing weight

Many of us are overweight, struggling to figure out how to shake off some pounds. And, it's never easy. The good news is that Medicare pays the full cost of weight-loss counseling for people needing help losing weight. **The bad news is that only a very small percentage of the people who might benefit from weight counseling are taking advantage of it.**

The **Centers for Disease Control** reports that more than three in 10 people with Medicare are obese. And, obesity contributes to chronic health conditions, including **heart disease**, some types of cancer and **diabetes**. Studies show that counseling can help people take steps to lose significant weight.



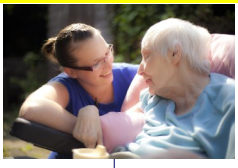
Yet, for reasons that are unclear, fewer than 0.25 percent of the 50 million people with Medicare, 120,000, have taken advantage of the obesity-counseling benefit. They may not be aware of the obesity-counseling benefit or they may not be able to find doctors who will provide the counseling services. Medicare covers this benefit for **everyone with a body mass index of 30 or more, under Part B.** Only primary care doctors or the nurse practitioners and physicians' assistants who practice in their offices can provide this covered service. In sharp contrast, 250,000 people with Medicare have taken advantage of **smoking-cessation counseling**, which Medicare also covers.

The Medicare obesity-counseling benefit includes a weekly session for the first month and a session every two weeks for the next five months. Another six months of counseling, one visit each month, is covered for people who lose at least 6.6 pounds during the first six months of counseling. For more information, visit **Medicare Interactive**.

Medicare covers weight-loss counseling at no cost to you if you see a doctor who accepts "assignment," accepts Medicare's approved rate as payment in full. Medicare sometimes covers **gastric bypass surgery or laparoscopic banding surgery** for people who are morbidly obese.

13 Critical Tips When Caring for an Elderly Family Member

When taking care of elderly family members, you want to ensure that they are always handled with patience, love, and care. Although sometimes it might be stressful, you need to also remember that it can be difficult for them to be dependent on you or other people to care for them. That is why it is critical that you familiarize yourself with the best ways to provide them with the highest-quality possible care. This will help you become a better caregiver, while also avoiding **caregiver burnout**.



The following are 13 tips for providing care for an elderly family member.

- **Visit Your Loved One Often**
- **Check Their Medications**
- **Hire Help When Necessary**
- **Make Any Necessary Modifications to Their Home**
- **Discuss Their Finances Openly and Honestly**
- **Make Sure That All Important Paperwork Is Taken Care Of**
- **Watch for Any Driving Difficulties**
- **Keep Your Loved One Active**
- **Make Sure Your Loved One Has Healthy Meals**
- **Keep A Close Watch on Them**
- **Get A Schedule Created**
- **Make Use of Your Available Resources**
- **Take Good Care of Yourself**

...Read more on these 13 tips