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THE SOCIAL SECURITY & MEDICARE ADVISOR©

October 2020, Volume 25, Number 9

Social Security Announces 1.3% COLA for 2021, One of Lowest Ever Paid

Social Security recipients will receive an annual inflation boost of just 1.3% in 2021. The increase is so small, it's one of the lowest on record. The 2021 Cost-of-Living Adjustment (COLA) will increase the average retiree $1,523 benefit by about $20 per month to $1,543. That increase is expected to be significantly offset, or even completely consumed, by rising Medicare Part B premiums.

The COLA was just 1.6% in 2020 and, over the past 11 years, COLAs have been at unprecedented lows, averaging just 1.4% since 2010. That's less than half the 3% that COLAs averaged from 1990 to 2009.

This minimal growth in Social Security benefits has had the biggest financial impact on the Social Security income of the group of the older retirees who retired in 2009 or before. That group has seen little increase in net Social Security benefits for 11 years. The flat growth in benefits means that younger retirees since 2009 have wound up receiving less Social Security income than they may otherwise have been counting on for future benefits, because the level of their initial benefits is not growing.

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New Legislation Limits Stiff Increase Expected for 2021 Medicare Part B Premium

With Medicare outlays spiraling due to outlays for COVID-19, Congress recently passed legislation to head off an expected Part B premium spike, by restricting the increase for 2021. TSCL has been warning about the potential of a low Cost-of-Living Adjustment (COLA) and spiking Medicare premiums since July of this year.

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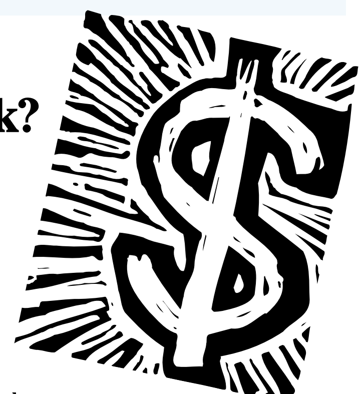

By Mary Johnson, editor

The announcement of the annual Social Security Cost-of-Living Adjustment (COLA) for the following year is like watching Charlie Brown trying to kick a football. Charlie Brown, our beloved cartoon character by Charles Schultz, gets talked into kicking off a football by the diabolical Lucy. Just as Charlie runs up to the football giving the kick everything he's got, Lucy pulls it right out from under him, and Charlie Brown winds up falling flat on his back.

We all are a lot like Charlie Brown. The Social Security COLA is the football and our "Lucy" is the diabolical measure that our government uses to adjust benefits for inflation. Over the past 11 years, COLAs have been pulled out from under beneficiaries no fewer than four times, and this year it will feel that way for millions of people. TSCL believes that tens of millions of retirees simply won't receive a COLA high enough to pay the

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If Your Income Has Dropped in 2020, Consider a Benefits Check Up

By Rick Delaney, Chairman of the Board

Rick Delaney, Chairman of the Board, TSCL

According to the National Council on Aging, millions of older adults who have trouble affording prescription drugs and healthcare, qualify for Medicare Savings Programs; which can help pay for Medicare premiums and cost sharing.

TSCL has been hard at work advocating on behalf of older Americans this year, despite the challenges imposed by the coronavirus. Forty-eight percent of participants in TSCL's recent Senior Cost Survey say they have gone without essentials including food, disinfecting products, face masks and prescription medicines during the coronavirus pandemic. As businesses, schools and other organizations try to reopen, and new cases continue to occur, we're concerned that many older households are struggling to cope.

According to the National Council on Aging, millions of older adults who have trouble affording prescription drugs and healthcare, qualify for Medicare Savings Programs; which can help pay for Medicare premiums and cost sharing. In addition, Medicare Extra Help, also known as the Medicare Part D low-income subsidy, helps to pay for prescription drugs.

However, almost three million eligible individuals are not enrolled in the programs. Often, knowing how and where to apply is half the battle. The National Council on Aging has an online tool at www.BenefitsCheckUp.org that can screen you for eligibility for dozens of programs in your area and provide contact information for where to apply. The tool asks a number of questions to help match you up to benefits.

If you have trouble accessing the website or using the tool, information on these programs can also be found at your area agency on aging, or local senior services department. Here is a sampling of some of the programs available:

- **Food:** Meals on Wheels, group meals, supplemental Nutrition Assistance Program (SNAP or food stamps), and information about local food pantries.
- **Healthcare:** State Health Assistance Program (SHIP) which offers free one-on-one benefit counseling to help you save money on health plan coverage; Medicare Savings Programs, which help pay the Medicare Part B premium for doctors and outpatient care; home and community based services that can help provide services for homebound and disabled older adults; Community health and dental centers where you can access low or even no cost healthcare services.
- **Prescription drugs:** Medicare Extra Help which covers most, or even all, of the premium of a Part D plan, as well as most of the out of pocket costs for prescription drugs. Patient Assistance Programs, which provide prescription medications at reduced cost. Prescription discount card programs.
- **Housing and Utilities:** Low Income Home Energy and Assistance Program can help with heating bills; foreclosure prevention and assistance, home repair and renovation programs.
- **Tax Relief:** Homestead Exemptions, Rebates, Credits, and Refunds, Property Tax Abatements and Deferrals, Home Valuation Freeze, Tax Credit for the Elderly and Disabled.
- **Veterans:** Veteran Pensions, Aid and Attendance & Homebound Benefits, Home Loans and Special Housing Grants.
- Find more resources from the National Council on Aging at www.NCOA.org. ■

Legislative Update

The Medicare Hospital Trust Fund is Running Out of Money

By Shannon Benton, Executive Director

Shannon Benton, Executive Director

TSCL has been concerned that the coronavirus pandemic could accelerate the impending insolvency of the Medicare Trust Fund. With record numbers of Americans out of work, fewer payroll taxes are coming in to fund Medicare spending. At the same time, the number of beneficiaries is rising and, earlier this year, Congress accessed Medicare's reserves to fund COVID-19 relief efforts.

Medicare's Trustees reported in April that the Part A Trust Fund, which covers hospital insurance and inpatient care, would run out of money by 2026. That estimate, however, does not factor in the impact of the coronavirus on the program. New estimates are coming in that the pandemic could cause the Part A Trust Fund to become insolvent much sooner. The Committee for a Responsible Federal Budget, a group of nonpartisan budget experts focused on fiscal policy, estimates that the pandemic will cause Medicare Part A to run low in 2023 or 2024—as little as two to three years from now.

Despite these known challenges, President Trump recently signed an Executive Orde r which allows the deferral of payroll taxes, including Medicare taxes, if the taxpayer is affected by a federally-declared emergency like the coronavirus. The Executive Order doesn't apply to all workers, only those earning up to $100,000 annually. The average worker will be able to put off paying just under $800 for the term of the deferral, September 1, 2020–December 31, 2020, or about $60 per week. The move is only temporary, and workers will be required to repay the taxes next year.

While the President may have the power to postpone the collection of taxes, he does not have the power to forgive those taxes. Business leaders led by the U.S. Chamber of Commerce recently said the executive order is "unworkable" because employers are still required by law to withhold and remit payroll taxes. President Trump has said that "If I'm victorious on November 3, I plan to forgive these taxes and make permanent cuts to the payroll tax."

The Senior Citizens League is opposed to any payroll tax cut which would remove the major portion of Medicare Part A hospital insurance funding. That's money today's beneficiaries paid into the system during their working careers, and the same funds are needed today to reimburse hospital services for today's patients.

To the contrary, the majority of you who have taken our Senior Cost Survey in June and July—56%—think ***we need to invest more*** in Medicare so that we can respond rapidly and more effectively to the next health crisis. COVID-19 affects us all, and is expected to continue to be a threat for months to come. TSCL believes that investing more in Medicare now pays off in protecting the health, and future, of all its beneficiaries.

How have you been affected by COVID-19? Share your story with us at www.SeniorsLeague.org. ■

***The Social Security & Medicare Advisor* © 2020** is published by The Senior Citizens League (TSCL). TSCL is an organization of active seniors concerned about the protection of their earned Social Security, Medicare, military, and other retirement benefits. TSCL's supporters participate in a number of grassroots lobbying and public education campaigns to help ensure governmental bodies live up to their commitments. Current active contributors to The Senior Citizens League are entitled to receive *The Social Security & Medicare Advisor* for no additional charge. Readers wishing to contact TSCL should address correspondence to The Senior Citizens League, 1800 Diagonal Road, Suite 600, Alexandria, VA 22314. TSCL website: www.SeniorsLeague.org. Editor: Mary Johnson.

CONGRESSIONAL CORNER

It's Time for Seniors to Get a Fair COLA

By Representative John Garamendi (CA-3)

This Congress, I introduced the Fair COLA for Seniors Act (H.R. 1553), to ensure that your Social Security payment keeps pace with your cost of living. This bill would change the current ineffective price index used to calculate Social Security's Cost-of-Living Adjustment (COLA) to one tailored around the lives and needs of seniors. This index, the Consumer Price Index for the Elderly (CPI-E), accurately reflects how seniors spend their money, with a focus on healthcare and housing. It is a common-sense proposal that will allow for benefits to keep up with costs.

According to the Senior Citizens League, recipients of Social Security have seen a 30 percent decrease in their buying power since 2000.

Sadly, Social Security benefits and cost-of-living adjustments specifically, have not kept up with inflation in recent years. The Senior Citizens League has estimated that the 2021 COLA will be just 1.3%., the second lowest in its history. This comes as our nation grapples with a once-in-a-century pandemic and seniors are relying on their Social Security benefits to get by more than ever before.

COLAs are calculated using the Consumer Price Index for Urban Wage Earners (CPI-W). This simply does not make sense for seniors. This method of calculation considers spending habits of younger workers who are more likely to spend their dollars on electronic devices and consumer goods. Seniors are more likely to spend money on medical services and housing expenses. The prices of these items rise significantly higher than what the CPI-W calculates.

According to the Senior Citizens League, recipients of Social Security have seen a 30 percent decrease in their buying power since 2000. Additionally, seniors who are enrolled in Medicare Part B programs or own homes have faced particularly large cost increases. This is because COLAs have not kept up with the increase in seniors' expenses and it is simply unacceptable. This needs to change.

Americans everywhere agree: Social Security is not an entitlement; it is a benefit that seniors earn through decades of work. According to the Social Security Administration, approximately 65 million Americans received Social Security benefits in 2020 and of those 65 million, 72 percent were retired workers and dependents.

It is unfair and unjust to expect American seniors to settle for a COLA that is less than what they have spent their entire lives working for, especially when America's seniors have to account for new expenses to keep them safe during the COVID-19 pandemic. This is why it is critical to base COLAs on an index that reflects what seniors actually spend their money on. It is time for Congress to take action and give our nation's seniors what they deserve. ■

Opinions expressed in "Congressional Corner" reflect the views of the writer and are not necessarily those of TSCL.

BEST WAYS TO SAVE

Shopping for a New Medicare Plan? Watch Out for this Often Overlooked Practice—*Prior Authorization*

By Mary Johnson, editor

If your year has been like mine, you've had a number of Medicare aggravations during which you promised yourself to look into different health and drug plan options at your first opportunity. Medicare's Fall Open Enrollment is underway, and this is your opportunity make changes to your coverage.

When comparing plans, beneficiaries are generally told to check:

- premium costs
- deductibles and other cost-sharing
- whether the plan covers the drugs you actually take
- provider networks,
- and added benefits, if any, not covered by Medicare.

All of that is essential. But one key consideration that can be overlooked is how the plan uses *prior authorization*.

In an ideal world, prior authorization is supposed to deter patients from receiving care that is not truly medically necessary, thus reducing costs for insurers and out-of-pocket costs of enrollees. But prior authorization is sometimes misused to create barriers to getting care, or to even deny medically necessary care. Regardless of how prior authorization is used, it creates extra administrative hassles for physicians when they have to file the documentation to obtain the authorization.

According to the non-partisan Kaiser Family Foundation, in 2020 99% of Medicare Advantage and drug plans (which are run by private insurers) require prior authorization for at least some health services and prescription drugs. Traditional Medicare, on the other hand, does not require prior authorization for the majority of services, but may do so for some Part B drugs administered in doctors' offices, such as chemotherapy treatments. Medicare Advantage and prescription drug plans typically use prior authorization for higher cost services, such as inpatient hospital care, high tech diagnostic scans and tests, and more expensive prescription drugs.

Because Medicare Advantage plans receive a capped monthly reimbursement for each beneficiary, TSCL is concerned that there is a potential financial incentive for Medicare Advantage plans to inappropriately deny some services or prescriptions in an attempt to increase their profits. Denial of medically necessary care and prescriptions can worsen your health, as well as leading to high out-of-pocket costs, financial burdens, and debt.

The concern is well justified. The Office of the Inspector General for the Department of Health and Human Services has reported that Medicare Advantage plans deny care inappropriately at high rates. When the Office of the Inspector General (OIG) collected data, it found that when beneficiaries and providers appealed pre-authorization and payment denials, Medicare Advantage Organizations over-turned 75% of their own denials over the 2014–2016 period. The OIG noted "This is especially concerning because beneficiaries and providers rarely use the appeals process, which is designed to ensure access to care and payment." Only 1% of beneficiaries and providers appealed denials.

One way to get a better idea about the Medicare Advantage and Part D plans in your area is to get free one-on-one counseling and help comparing plans through your State Health Insurance Assistance Program (SHIP). Often counselors can relay information about the quality and reliability of existing drug and health plans. Many SHIP programs operate through local area agencies on aging. You can get contact info for programs in your area at: https://www.shiptacenter.org. ■

Sources: "Prior Authorization in Medicare Advantage Plans: How Often Is It Used?" Gretchen Jacobson and Tricia Neuman, Kaiser Family Foundation, October 2018. "Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns About Service and Payment Denials," Office of the Inspector General, Department of Health and Human Services, September 25, 2018.

ASK THE ADVISOR

Is Low Cost Dental Insurance a Good Reason to Switch Health Plans?

Q: I don't have dental insurance and pay out of pocket. I know I will need to get some expensive work done at some point in the next year or two. Is dental insurance worth the cost? How do you go about getting a good dental plan?

A: Almost 53% of retirees say they don't have dental insurance, and more than 55% of that group say they have postponed dental procedures due to costs, according to TSCL's recent Senior Cost Survey. Despite limits on what dental insurance covers, it may provide some help, especially for routine preventive care, but finding the right coverage takes some shopping around, and you may need to wait for more than a year before coverage starts for more extensive services like crowns and bridge work.

Dental insurance works differently than health insurance. Standard Medicare, for example, has an 80/20 structure. Traditional Medicare pays about 80% of the Medicare approved cost, while the patient, or the patient's supplemental insurance, pays most, or all of the balance. On the other hand, dental insurance can follow a 100/80/50 structure. If you use in-network dentists, dental plans may pay 100% of routine preventive services, such as x-rays, cleanings and exams. The plan may pay only 80% for basic procedures such as fillings, root canals, and extractions. And major procedures such as crowns, implants and gum disease treatments may only be reimbursed at 50%, which can set you back with significant out-of-pocket costs.

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Why is the COLA so low? A major reason has to do with whose "market basket" the government is using to measure inflation and calculate the annual adjustment. Under current law, that market basket belongs to younger working adults under the age of 62 who aren't retired. The Social Security COLA is determined by the percentage change in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W).

The CPI-W gives greater weight (or mathematical importance) to consumer items purchased more frequently by younger people like gasoline and electronics. Conversely, the CPI-W gives less importance to housing and medical expenses, two expenditure categories which form the biggest share of spending in households of older consumers. Those two categories have increased rapidly over the past decade but are not accurately reflected in COLAs. If that isn't enough, the COLA doesn't include increases to Medicare Part B premiums at all. Research for TSCL has found that Medicare Part B premiums and out-of-pocket spending on prescription drugs are the two fastest growing costs in retirement.

TSCL supports several bills that would address the growing problem of inadequate Social Security benefit growth in several ways:

- Enact legislation to guarantee that the COLA is never lower than 3%.
- Provide a one-time boost to all retirees and tie future COLAs to an index that more fairly represents prices experienced by older Americans, such as the Consumer Price Index for the Elderly (CPI-E).
- Adjust the income thresholds that subject Social Security benefits to taxation so that Social Security recipients can keep more of their benefits.

What do you think of the 2021 COLA? Send us your comments at www.SeniorsLeague.org.

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New Legislation Limits Stiff Increase Expected for 2021 Medicare Part B Premium; continued from page 1

The bill caps the Part B premium increase for next year at the 2020 amount plus 25% of the difference between the 2020 amount and a preliminary amount for 2021. The preliminary amount would be calculated the same way that it would have been without the bill, but would prevent dramatic increases that may have occurred as a result of Medicare Part B premiums growing when the COLA is so low.

In April, the Medicare Trustees estimated that the standard monthly Medicare Part B premium, which covers doctors and outpatient services, would rise $8.70—from $144.60 in 2020, to $153.30 in 2021. The April forecast, however, was made prior to the coronavirus, and did not factor in the impact of COVID-19 on expected medical costs or inflation.

The Congressional Budget Office (CBO) recently released its fall economic and budget update which estimates that due to the COVID-19 pandemic, Medicare outlays will grow 12% over 2020, double the rate what was forecast in April. If that estimate proves to be the case, that suggests the Part B premium increase could be twice as high as the earlier forecast—about $17.40 per month.

With it being such a contentious election year, Congress enacted legislation to limit that jump in Part B which could be made even worse because the COLAs of so many beneficiaries would not be high enough to cover the full amount of the increase.

The last time no COLA was payable, was in 2016. The Medicare Trustees had estimated Part B premiums would increase by an unprecedented 52%. Congress enacted legislation that limited the premium increase to 16%, but also required a $3 per month "repayment" to make up the difference in subsequent years. After deduction for Part B premiums, roughly half of all beneficiaries saw no growth in their net Social Security benefits from 2016 until 2019, when there was a 2.8% COLA, according to TSCL's annual surveys.

Over the past decade, there has been no COLA at all three times—in 2010, 2011, and 2016. In 2017 the COLA was just 0.03%. The 2021 COLA of 1.3% is one of the lowest COLAs ever paid. TSCL feels this is a clear sign that the inflation adjustment for Social Security benefits is failing the very people it was designed to protect.

The Senior Citizens League strongly endorses legislation that would guarantee that COLAs are no lower than 3% and is working with Congress for the passage of an emergency COLA benefit boost for 2021. ■

Your Opinion Counts!

We can strengthen Social Security, Medicare and Medicaid programs without the need for deep cuts and higher out-of-pocket costs. The Senior Citizens League needs your opinions and ideas to share with Members of Congress on the issues. Make sure they hear your concerns. Take a survey, sign a petition, read about the latest legislative action in Congress, or send us an email. Visit The Senior Citizens League's website at www.SeniorsLeague.org.

SOCIAL SECURITY & MEDICARE QUESTIONS

Is Medicare Doing Anything to Help Nursing Home Patients?

Q: My 94-year-old mom has been living with me for the past five years. Since the coronavirus pandemic started, her dementia has worsened rapidly. Recently she fell out of bed, and now fearful of bone fractures and other injuries, the family is discussing nursing home care. We are all afraid of the high level of COVID-19 found in many facilities. What is Medicare doing to help make nursing home care safer?

A: COVID-19 is reaping a terrible toll on our nation's 2.5 million nursing home residents. Although people living in nursing homes make up less than 1% of the U.S. population, they account for roughly 40% of all deaths from COVID-19 among people age 65 and up. In a like manner, people like your mom and others with developmental disabilities are also at high risk due to their medically fragile health conditions and the difficulty of being able to ensure safe care in the home, especially falls.

The Centers for Medicare and Medicaid Services (CMS) announced in late July that it is providing an extra $5 billion in funding to help nursing facilities deal with the coronavirus. CMS said the money will be directed towards ongoing testing of nursing home staff, providing states with a weekly update of facilities with increased COVID-19 cases, and offering additional training and support. But so far, the government's efforts to protect nursing home patients have had mixed results.

Prior to this, nursing homes received $4.9 billion in relief from pandemic funds approved by Congress. But *The New York Times* recently reported that FEMA sent out some defective and unusable personal protective gear. Some of the shipments included expired surgical masks with elastic bands so brittle that they snapped when stretched, isolation gowns that resembled oversize trash bags which had no holes for arms, and extra small gloves that didn't fit the typical health worker's hands.

Particularly troubling are reports from many states that the federal government's failure to co-ordinate the acquisition of personal protective equipment (PPE) has forced states, cities, and big hospitals chains to compete with each other for scarce supplies, and prices have soared.

While Medicare is sorting out the best way to help nursing home patients, keep in mind that

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What's Missing From Your Social Security Check? For Many—$247; continued from page 1

entire increase in their Part B benefits. For most of these people the Part B premium will be adjusted for 2021 and there will be no change in net Social Security benefits from 2020, but they will pay more in future years to catch up.

Even though the promise of the COLA is to protect the buying power of Social Security benefits from erosion due to climbing costs, Social Security benefits have lost 30% of their buying power from 2000 to 2020.

COLAs have averaged only 1.4% since 2010, but that wasn't always the case: from 1990 to 2009, COLAs were more than twice as much—3%. So how much more would retirees have received if COLAs had averaged 3% since 2009? The benefits of people who have been retired since that year would be almost 20% higher today. For example, COLAs have increased an average monthly benefit of $1,075 in 2009 to $1,249.30 in 2020. But had the COLA been a more typical 3%, that benefit would be $1,496.70 today, an additional $247.40 per month! A 3% COLA would have increased overall Social Security income for this benefit level by $18,227.

This is sobering, and why enactment of legislation that would ensure the COLA is no lower than 3% is so important for every Social Security recipient. Do you agree? Sign a petition to Congress for a fair cost of living adjustment for Social Security at www.SeniorsLeague.org. ■

Is Low Cost Dental Insurance a Good Reason to Switch Health Plans? continued from page 6

Here are some questions to consider in shopping for dental insurance:

- **Which dentists and dental specialists in your area are in the plan's network?** Does the dental plan require you to use a network of dentists, or do you have the freedom to choose any provider who accepts your insurance? Are you willing to switch dentists in order for your care to be covered? It's especially important to learn what periodontists and other specialists in your area are in the dental plan's network. If you need to get a tooth pulled and an implant, but no periodontist accepts your dental coverage, you may wind up needing to spend $5,000 or more out-of-pocket for an implant.
- **What are the waiting periods and exclusions?** You can find dental plans that cover two cleanings and check-ups a year, but it's not uncommon for dental plans to require a year or two waiting period before covering basic fillings, or crowns and implants. Some plans will not cover pre-existing conditions, so if you are switching dentists and you are in the middle of getting bridge work done, the new dental plan may not cover prior dental work in progress.
- **What does the policy cover?** In addition to basic services, make sure you learn about tooth removals, root canals, periodontal gum treatments, dentures, crowns, bridges and implants. Read details carefully. For example, your dental plan may only cover one implant a year, even though you may need to get two or more done at one time.
- **Is the annual amount of coverage capped?** Dental plans often cover only a certain amount of dental services, up to a cap such as $750 to $1,500 per year. The cost of preventive services such as cleanings and X-rays is generally not subtracted from the maximum, but it's important that you find out. If you think you will be needing pricey services soon, then look for the plan that offers the highest amount of coverage at the lowest cost.
- **Are there any plans without an annual maximum?** These plans fall into two main types, dental health maintenance organizations (DHMO), and discount dental plans. A DHMO will require you to use in network dentists, and to get referrals from your dentist when you need a specialist. You pay nothing extra when you receive preventive services that are covered by your plan premium. There are also discount dental plans that negotiate discounted rates with a network of dentists. Patients get discounts at dentist's office, but pay their dentists directly at the time of service. There is no waiting period for this type of plan.

Some Medicare Advantage plans offer low cost dental insurance as an additional benefit. Before adding the coverage, always look into the details. Coverage can be very skimpy for the money, and you might be able to find better coverage for the same amount of money from a stand-alone dental plan. ■

Is Medicare Doing Anything to Help Nursing Home Patients? continued from page 8

Medicare's coverage of nursing homes is limited to temporary stays after a qualifying stay as a hospital in-patient. Medicaid is the largest source of funding for nursing homes along with in-home long-term service and support.

For families with someone needing long term care, there are no easy answers, only difficult decisions. A lot depends on a family's ability to safely provide care and address the patient's medical needs. Talk to your mom's doctor and find out what he or she would prescribe as a plan of care. Look for a nursing home in your area with a good record on fighting COVID-19. ■

Sources: "Building The Long-Term Care System of The Future: Will the COVID-19 Nursing Home Tragedies Lead To Real Reform," Bruce Allen Chernof, Cindy Mann, Health Affairs, *July 31, 2020. "FEMA Sends Faulty Protective Gear to Nursing Homes Battling Virus," Andrew Jacobs,* The New York Times, *July 24, 2020.*