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Inside C2

Southern DAILY

Make Today Different

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Elon Musk, who runs four other companies, will now be Twitter CEO

Oct 31 (Reuters) - Tesla Inc (TSLA.O) boss Elon Musk said on Monday he will serve as chief executive of Twitter, the social media company he just bought for \$44 billion, a move that Wall Street analysts have said could stretch the billionaire thin.

Musk, who also runs rocket company SpaceX, brain-chip startup Neuralink and tunneling firm the Boring Company, fired Twitter's previous chief Parag Agrawal and other top company officials last week, and has proposed revisions to the platform's user verification process, which has been free until now.

Responding to a tweet from author Stephen King that he would not be willing to pay \$20 a month to keep the verified badge on Twitter, Musk replied: "How about \$8?"

The billionaire said that introducing a price was the only way to defeat trolls and bots on the platform and that Twitter could not entirely rely on advertisers to pay its bills.

Musk announced his Twitter CEO role in a securities filing. In another filing on Monday, Musk revealed that he became the sole director of Twitter as a result of the takeover.

Special Report: Binance's books are a black box, filings show, as it tries to rally confidence
Musk's poll results: Elon should step down as Twitter CEO
Exclusive: Probe of Musk's Neuralink to scrutinize long-criticized U.S animal welfare regulator
U.S. slaps record penalty on Fortnite maker for alleged children's privacy violation
U.S. FAA proposes airworthiness criteria for Archer Aviation air taxi
Musk had previously changed his Twitter bio to "Chief Twit" in an allusion to his planned move.
Twitter on Monday declined to comment on how long Musk might remain CEO or appoint someone else.

"The following persons, who were directors of Twitter prior to the effective time of the merger, are no longer directors of Twitter: Bret Taylor, Parag Agrawal, Omid Kordestani, David Rosenblatt, Martha Lane Fox, Patrick Pichette, Egon Durban, Fei-Fei Li and Mimi Alemayehou," Musk said in the filing.

Illustration shows Elon Musk's photo and Twitter logo
Elon Musk's photo is seen through a Twitter logo in this illustration taken October 28, 2022. REUTERS/Dado Ruvic/Illustration
Shortly afterward, Musk tweeted that the move to dissolve the board "is just temporary," without elaborating.

Replying to a tweeted question on what was "most messed up at Twitter", Musk tweeted on Sunday that "there seem to be 10 people "managing" for every one



person coding."

On Monday, Nick Caldwell, a general manager at Twitter's Core Technologies indicated on his Twitter bio that he was no longer with the company. Caldwell and Twitter did not respond to Reuters' request for comment outside regular business hours.

Since the takeover, which concluded last week, Musk has moved quickly to put his stamp on Twitter, which he had ridiculed for months for being slow to introduce product changes or take down spam accounts. read more

His teams began meeting with some employees to investigate Twitter's software code and understand how aspects of the platform worked, according to two sources familiar with the matter.

Elon Musk's photo is seen through a Twitter logo in this illustration taken October 28, 2022. REUTERS/Dado Ruvic/Illustration

Some staff who spoke with Reuters said they had received little communication from Musk or other leaders and were using news reports to piece together what was happening at the company.

Tesla's stock has lost a third of its value since Musk made an offer to buy Twitter in April, compared with a 12% decline in the benchmark S&P 500 index (.SPX) in the same period.



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WEA LEE'S GLOBAL NOTES

12/17/2022

Thank You For Cherishing And Blessing Our Old Friendships



When we look at the old photos we took at the Golden Gate Bridge in San Francisco when I first arrived in America, I seem to return to my young age. We remember many of you who have helped support our lives. Friends, this grateful heart will always be in our lives.

This weekend nearly fifty old friends gathered at our home. My wife and I were so excited because all of the invited guests, not only our old friends, but also each of you, have touched our hearts over the past several years.

Today we have shared with many community leaders including Mr. James Wong, Richard Lin, Harry Sum and former Director of the Overseas Chinese Service Center and Mr. Ben Cheng. They are all longtime supporters of our newspaper.

Sherm-Min Chao, our famous TV anchor since 1987, you have been our MC and host at our Lunar New Year Festival for many years. Edmond Gor, you have hosted many events for us.

My classmates, Tammy Chan, Christiana Lee and Dr. Chen, you have written so many articles for our newspaper and we are very grateful.

Mr. and Mrs. Eddy Lin, remember when we visited Taiwan together and enjoyed the trip with our bank partners. Dr. Sam Hwang, we got together now again with Kenneth Li, Mayor of Chinatown, Lee's brother, Chris Lee, Dr. Allen Lee, Rogene Gee and Susan Wong.

Being together here with all of you today has deeply touched our hearts. We are very grateful.

In the early 1970's after my wife Catherine and I got our Master Degrees from Lamar University in Beaumont, Texas, we came to Houston on a very rainy day. The first thing we did was we went out on the North Freeway and visited Uncle Jimmy Lee, Dr. Allen Lee's father, and visited Uncle Gene Lee. He is Judy Lee's father who owned the Lee's stationary store. With his help we were able to organize a bi-lingual monthly newspaper. Our partner investors included attorney William Sims, David Ng and uncle Henry Lee. Because we had a job as an editor, with Mr. Sims' help, we got our green cards.



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Southern DAILY Make Today Different

Editor's Choice



A police officer looks out from the lobby after a fatal mass shooting at a condominium building in the Toronto suburb of Vaughan, Ontario, Canada. REUTERS/Carlos Osorio



General view as Argentina fans with a Diego Maradona banner celebrate after winning the World Cup by the Obelisco, Buenos Aires, Argentina. REUTERS/Agustin Marcarian



Ukrainian prisoners of war (POWs) pose for a picture after a swap, amid Russia's attack on Ukraine, in an unknown location, Ukraine. Courtesy: Head of Ukraine's Presidential Office Andriy Yermak via Telegram



Police officers walk near the site of an explosion in Przewodow, a village in eastern Poland near the border with Ukraine. Jakub Orzechowski/Agencja Wyborcza.pl via REUTERS



A girl reacts while waiting in line to participate in a distribution of toys for children in a low-income neighborhood, in Caracas, Venezuela. REUTERS/Leonardo Fernandez Viloria



An entertainer walks during snowfall at the Exhibition of Achievements of National Economy in Moscow, Russia. REUTERS/Yulia Morozova

Covid Public Health Emergency And Flu Outbreak Attack The Nation U.S. Will Keep Covid Public Health Emergency In Place Until At Least Mid January

Compiled And Edited By John T. Robbins, Southern Daily Editor



Secretary of Health and Human Services Xavier Becerra answers questions during a Senate Health, Education, Labor, and Pensions Committee hearing to discuss reopening schools during the coronavirus disease (COVID-19) at Capitol Hill in Washington, D.C., September 30, 2021. (Photo Greg Nash | Pool | Reuters)

Key Points
HHS did not alert states of any intent to lift the public health emergency by a Friday notification deadline, which means it will remain in place at least through mid January.

The public health emergency, first declared in January 2020 and renewed every 90 days since, has had a vast impact on the U.S. health-care system.

The declaration has dramatically expanded public health insurance through Medicaid and the Children's Health Insurance Program.

The U.S. Covid public health emergency will remain in place past Jan. 11 after the federal government did not notify states or health-care providers on Friday of any intent to lift the declaration.

Health and Human Services Secretary Xavier Becerra has promised to give stakeholders 60 days notice before lifting the emergency declaration so they can prepare for a return to normal operations. In October, HHS extended the public health emergency until Jan. 11.

HHS did not provide a 60-day notice on Friday, which was the deadline to alert states and health-care providers if the federal government planned to lift the declaration on Jan. 11, according to a Health and Human Services spokesperson. Since HHS did not provide notification, the emergency will remain in place for at least another 60 days until mid January.

Public health officials are expecting another Covid surge this winter as people gather more indoors where the virus spreads easier. The future also remains uncertain as more immune evasive omicron subvariants become dominant in the U.S.



How the U.S. fares against Covid this fall and winter will help determine whether the emergency needs to be re-

newed again moving forward, Becerra told reporters in October.

The public health emergency, first declared in January 2020 and renewed every 90 days since, has had a vast impact on the U.S. health-care system. The declaration has dramatically expanded public health insurance through Medicaid and the Children's Health Insurance Program. Enrollment in these programs increased 26% during the pandemic to a record of more than 89 million people as of June.

HHS has estimated that as many as 15 million people could lose Medicaid or CHIP once the programs return to normal operations.

The emergency declaration has also given hospitals and other health-care providers more flexibility in how they operate. (Courtesy <https://www.cnbc.com/>) **Related**

U.S. Flu Epidemic Is Official
The U.S. is officially in a flu epidemic, federal health officials say. Preparations Underway to deploy troops and ventilators if necessary



The U.S. has "crossed the epidemic threshold" when it comes to flu, federal health officials said Friday, as they outlined plans to deploy troops and FEMA personnel, and supplies like ventilators, if needed, in response to a nationwide surge of respiratory illnesses that also includes RSV and COVID.

U.S. flu hospitalizations are higher now than they've been at this point in every other flu season since 2010-2011, officials with the U.S. Centers for Disease Control and Prevention said on a press call. The country is seeing a resurgence of non-COVID respiratory illnesses like flu, RSV, rhinovirus, and enterovirus, with background levels of COVID, according to Dr. José Romero, director of the National Center for Immunization and Respiratory Diseases.

Federal officials are monitoring hospital capacity throughout the U.S. and are "standing by to deploy additional personnel and supplies as needed," Dawn O'Connell, assistant secretary of the Department of Health and Human Services' Administration for Strategic Preparedness and Response, said on the call.



If a state or jurisdiction exceeds its ability to care for patients, a team from the National Disaster Medical System may be deployed, she said, adding that response might also include personnel from the Department of Defense and the Federal Emergency Management Agency, or FEMA. If extra supplies like ventilators or personal protective equipment are needed, they're available upon request from the Strategic National Stockpile, she added. No states had requested this level of support as of Friday.

Flu causing more severe illness in the young, elderly
Federal health officials on Friday painted a picture of some respiratory illnesses like flu surging in some areas of the country, with other areas seeing peaks of RSV, or respiratory syncytial virus infection. Cases of COVID and flu-like illnesses are occurring all areas, they said.



RSV is a common virus that hospitalizes thousands of infants and young children each year, though it can also pose a risk to the elderly. Symptoms can range from mild cold-like ailments like sneezing, sore throat, fever, and stuffy nose to pneumonia, which can prove fatal. Patients can quickly take a turn for the worst.

In the Southeast U.S., nearly 20% of flu tests sent to a lab are returning positive—most of them for influenza A, which appears to be more severe in children and the elderly. In the Mid-Atlantic and Midwest regions, an early flu season is also causing severe illness in those age groups, according to Romero. The second influenza-related pediatric death of the season was recently reported, he added.

But flu isn't the country's only problem when it comes to respiratory illnesses, nor is COVID. Eight out of 10 regions of the country are seeing levels of RSV "significantly higher than those seen at the same time in previous years." And levels of "influenza-like" illness, defined as a fever with cold-like symptoms or sore throat, are also high for the time of year, Romero added.



An alert to health care providers throughout the U.S. will soon be issued, detailing best practices regarding testing and treatment for, and prevention of, the variety of respiratory illnesses being seen en masse so early this season, he said. He advised parents of children who have trouble breathing, who appear to be blue, who are experiencing chest or muscle pain, who are dehydrated (no urine for eight hours is one sign), and/or who are not alert or interactive when awake to seek immediate medical attention.

O'Connell encouraged all Americans to cover their coughs. And she encouraged those at high risk for illness—like infants and young children, those 65 and older, pregnant individuals, and those with certain chronic health conditions—to stay away from people who are sick and wash their hands frequently, or use alcohol-based hand sanitizer.



"People may choose to wear a well-fitting mask as an added precaution," she added. She also plugged antivirals like Tamiflu for flu and Paxlovid for COVID, though she emphasized that they must be taken shortly after symptom onset if they're going to blunt the impact of an infection.

California's Orange County is overwhelmed—and it's not alone

Earlier this week California's Orange County declared a health emergency due to an overwhelming surge in respiratory illness that's pushing pediatric hospitals to their limits.

Sky-high numbers of young patients are seeking emergency-room care in area children's hospitals for RSV, the flu, flu-like illnesses, and, to a lesser extent, COVID, the OC Health Care Agency said Monday. The emergency declaration allows the county to receive help from the state and federal governments, and to seek aid from nearby counties.



Children's Hospital of Orange County is seeing upwards of 400 children in its emergency department daily—a record high—and is using all available space to meet demands. It has activated a command center within the hospital to manage the high patient load, a spokesperson told Fortune in a Tuesday statement.

Southern California is far from alone, with pediatric hospitals all across North America experiencing similar struggles—and some even considering outdoor tents to house patients and calling in the National Guard for help. The vast majority—around 75%—of U.S. children's hospital beds are currently full, according to NBC News. To the north, Canada is seeing similar issues, with some pediatric hospitals canceling surgeries, according to media reports. Children's Hospital of Eastern Ontario, a pediatric hospital in Ottawa, was at 130% capacity for intensive care beds and 134% capacity for inpatient beds, respectively, last week, a Canadian TV outlet reported.



Fortune has repeatedly reached out to HHS over the past week and a half, inquiring as to the number of pediatric hospital beds occupied in the U.S., but has not received a response. But anecdotally, the figure has a ring of truth, Dr. Anita Patel, a critical care doctor at Children's National hospital in Washington, D.C., told Fortune on Tuesday. Patel is in contact with other East Coast pediatric hospitals, "and almost every single major one" is nearly full, she said.

Children's National has been operating close to capacity for over a month. It's formed an additional team of high-level ICU doctors to care for children who need ICU admission, but who must stay in the emergency room until a bed opens up, according to Patel.

The surge in pediatric patients was initially fueled by the common cold, but RSV quickly surpassed it. While levels of RSV have since plateaued, "the flu is really on a rapid rise in our region," she said, adding that her hospital hasn't recently seen a significant number of patients with COVID or other coronaviruses that can cause respiratory illness.



"I can honestly say that, unfortunately, with both RSV and the flu, we have had kids that needed to be intubated or have breathing tubes to help get through viral illness," she said.

"I've been a practicing ICU doctor for a decade now, and I think I can safely say this is one of the worst surges I've ever seen."

Doctors and public health officials have been keeping a close eye on the U.S. flu season this fall out of concern that the virus will strike early and hit children particularly hard, as it did in Australia this spring. While hospitalizations and deaths were nothing unusual there, cases of flu peaked earlier and higher. And children and teens, who usually fare well with the flu, bore the brunt. The majority of reported flu cases were among young people ages 0-14, according to an Oct. 9 report from the Australian government. (Courtesy <https://fortune.com/>)

COMMUNITY

But Use Is Still Significantly Up Among Medicare Patients, Per HHS Pandemic Spike in Telehealth Levels Off



Telehealth's early bonanza during the pandemic has given way to persistently elevated use in primary care, a Department of Health and Human Services (HHS) report showed.

Compiled And Edited By John T. Robbins, Southern Daily Editor

Analysis of Medicare fee-for-service (FFS) data showed an increase in Medicare primary care visits from 0.1% of all primary care in February to 43.5% in April, representing an increase from about 2,000 to 1.28 million telehealth visits per week.

Meanwhile, there was a "precipitous" drop in in-person visits for primary care in mid-March as COVID-19 took hold in the U.S., then a rise from mid-April through May, according to the report from the Office of the Assistant Secretary for Planning and Evaluation. Use of telehealth in primary care "declined somewhat but appears to have leveled off at a persistent and significant level by the beginning of June," the report noted. It still accounted for 22.7% of Medicare beneficiaries' primary care visits as of June 3rd. Overall, weekly primary care visit rates have not yet returned to pre-pandemic levels.

"Based on early experience with Medicare primary care telehealth at the start of the COVID-19 public health emergency, there is evidence that Medicare's new telehealth flexibilities played a critical role in helping to maintain access to primary health care services -- when many beneficiaries and providers were concerned with trans-

mission of COVID-19," the authors noted.



"The stable and sustained use of telehealth after in-person primary care visits started to resume in mid-April suggests there may be continued demand for telehealth in Medicare, even after the pandemic ends."

The findings overall match those from healthcare provider databases suggesting a 60% to 70% drop in health care office visits, partially offset by telehealth visits, with the start of the pandemic. Drug market research firm IQVIA has reported from physician surveys that about 9% of patient interactions were via telehealth prior to the pandemic but 51% during the shutdown, with expectation of a 21% rate after the pandemic, the HHS report noted. There have been calls for Medicare to make the loosened rules around telemedicine permanent, and some legislative movement in that direction, but private insurers have signaled the opposite.

Fred Pelzman, MD, an internal medicine physician at Weill Cornell Medicine in New York City (and MedPage Today columnist),

said an informal survey of his patients indicated they would be willing to do up to 50% of their care via video tools.

"We went from a handful of video visits in our practice to several thousand over the course of the months," he said. "It's a great way to take care of people, kept a lot of people safe, we think. What has happened is that as we started to open our practice back up again and offer appointments, the floodgates have opened and patients are declining video visits."



Those patients opting for in-person visits tend to be older, braving what feels like a quiet time in the pandemic for the state to take care of necessary visits, he noted. "I think ultimately that we'll plateau. It will probably come down a little more." The study included Medicare FFS Part B claims from January through May 2020 for primary care services along with preliminary Medicare Part B primary care claims data up to June 3. Primary care services included evaluation and management, preventive services, and advance care planning.

Telehealth usage increased most in urban counties early in the pandemic and saw smaller declines in May compared with rural counties across the country. Among cities, Boston had the greatest proportion of primary care visits by telehealth (73.1%) and Phoenix the lowest (37%).

Notably, the rate "was not strongly associated with differences in COVID-19 severity across cities as measured by rate of hospitalizations per thousand Medicare FFS beneficiaries," the report pointed out. (Courtesy <https://www.medpagetoday.com/>)

Related

Telehealth up 53%, growing faster than any other place of care

A striking indicator of telehealth's building momentum suggests that now is the time for physicians to understand how care delivered at a distance can fit it into a wide variety of

practices.



A national study of insurance claims filed for alternative settings of care found telehealth rocketed up 53% from 2016 to 2017. That growth greatly outpaced other places studied—14% at urgent care centers, 7% at retail clinics, and 6% at ambulatory surgical centers (ASCs). In a telling sign of the shift in the delivery of care, emergency departments were the one setting reported on that experienced a decline—it was 2%. The data—drawn from claim lines, the separate procedures listed within a claim—and analysis comes from a white paper, "FH Healthcare Indicators and FH Medical Price Index 2019: An Annual View of Place of Service Trends and Medical Pricing." The paper was issued by Fair Health, a New York nonprofit that operates a vast database of commercial and Medicare claims.



Telehealth is rapidly growing in terms of claims, and advancing its signature combination of health information and telecommunications. It can encompass consultations such as video-conferencing with patients and fellow physicians—though generally not simply phone calls, emails or texts—as well the collection of health data and images that can be shared in real time or stored and transmitted.

Related Coverage

Which Medical Specialties Use Telemedicine The Most?

The No. 1 diagnostic category for telehealth was mental health in 2016, but that dropped to No. 5 in this most recent Fair Health report, accounting for 7% of the claim lines in 2017 compared with 31% in 2016. Other categories of telehealth grew in 2017, with 13% of telehealth diagnoses being related to injuries

or digestive system issues.

Increasingly, the focus is on mobile devices—referred to as mHealth—allowing for ease and continuity of tracking patient data, and to facilitate communication with the health care team as well as researchers. For example, blood-pressure data can be collected at home, sent to a patient's mobile phone and then be transmitted through an app.

Even with all those developments, telehealth is still a tiny share of care provided. It accounts for 0.11% of the Fair Health claims lines data for 2017. That compares with 2.6% at emergency departments, 1.2% at urgent care centers, 0.91% at ASCs and 0.033% percent at retail clinics.

Payment catches up with telehealth

The AMA advocated for—and the Centers for Medicare & Medicaid Services has accepted—five new Current Procedural Terminology (CPT®) codes for 2019 that will allow physicians to be paid for their delivery of health care services using virtual technologies including remote patient monitoring (RPM) and e-consults. These include three CPT codes for RPM and two for e-consults with another health care professional.

In the Fair Health white paper, telehealth claims were identified by CPT codes such as CPT 99441—telephone evaluation and management service provided by a physician to an established patient—or telehealth modifiers such as GQ.

Follow the AMA Playbook for digital success

The objective of the AMA's 100-page Playbook is to provide "key steps, best practices and resources" for physicians who want to start and move forward in a quick and informed manner.



The authoritative guide discusses implementation, evaluating vendors and scaling up telehealth as a practice's competencies and confidence grow. Also included are up-to-date CPT coding information, checklists and worksheets and other resources. (Courtesy <https://www.ama-assn.org/>)

美南地區 112 年僑青元年正式開跑 期許世代交替續傳承



羅復文頒發僑務榮譽職聘書(左起:王盈蓉、林翠梅、楊明耕、羅復文、趙婉兒、楊崇肯、陸忠、王慶隆)



與會人員大合照

(本報訊)為感謝美南地區僑領、僑青與僑胞的支持,使今年各項僑務服務工作圓滿完成,中心特舉辦「111年僑青、文化志工、僑務榮譽職人員感恩分享會」。分享會由駐處處長羅復文處長,僑教中心主任王盈蓉及副主任黃依莉陪同出席,活動採實體及線上方式進行,除邀請美南地區11月初返臺參加僑務委員會會議的劉秀美、陳美芬、陳建賓、陳世修、黎淑瑛、孟敏寬等僑務委員與僑務諮詢委員以及榮獲全球傑出僑生校友社會公益獎趙婉兒會長進行分享外,也邀請當地僑界二代僑青與會自我介紹,計有參與僑

青基地活動僑青、臺灣文化導覽志工、FAS-CA學員及諮詢導師等逾70人參加。

羅復文首先感謝各位對中心的支持與愛護,他表示今晚在場有許多新加入僑社活動的僑青二代、FASCA學員及參加僑青基地活動的年輕面孔,為美南地區帶來更多新希望,也期盼今晚過後能帶動一股風潮,鼓勵大家持續找尋有能力的僑青,將當地年輕一代挖掘出來,在長輩引領下為臺美社區服務,使僑務工作年輕化、朝氣化,讓臺灣的文化與精神持續傳遞下去,他隨後更當場宣布「112年為美南僑青元年」。

王盈蓉表示回顧111年一整年,美南地區陸續完成各項僑務服務工作,包含3月僑教中心文化藝廊揭幕啟用、9月啟動僑青基地白領居並陸續辦理8場講座、10月國慶系列活動等,每項活動皆有各位鼎力支持,才能順利圓滿完成;接著進行美南地區僑務工作報告與展望,介紹僑務委員會Line專線(ID: Taiwan-World)、休士頓華僑文教服務中心Line專線(ID: Taiwan-Houston)、i僑卡、僑胞服務手冊、臺灣華語文學習中心、Senior FASCA培訓、擴大培育與留用僑生等業務,並鼓勵參加全球僑校學生作文比賽、

全球僑校學生暨僑生歌唱大賽、海外臺商精品獎、全球青商潛力之星等賽事。

隨後播放111年僑務委員會議精華集錦影片及進行僑務委員會議與會心得分享,透過各委員逐一介紹,使與會者對於僑委會業務及當前僑務政策更有所了解,有利於當地僑社未來協助推動僑務工作之規劃。當晚也邀請數位在各產業有所作為的僑青與會,藉此機會相互認識及接近僑社活動,他們暢所欲言,對僑務工作提出建言,當晚老中青三代相互交流,使僑務工作更加年輕化,為112年美南僑青元年打響第一槍。

王力仁告別儀式上周六上午在永福殯儀館舉行



圖為上周六上午在永福殯儀館王力仁告別儀式現場。(記者秦鴻鈞攝)

(休士頓/秦鴻鈞報導)休士頓師大附中、台大校友、「美南華文作協」會友王力仁先生的告別儀式,於上周六(12月17日)上午十時,在永福殯儀館舉行,由王力仁多年好友唐心琴主持。當天出席者多為王力仁多年的校友

及好友們。

唐心琴首先在儀式上介紹王力仁生平:王力仁,本名王德慶,祖籍浙江省新昌縣上石寅村人。於1947年國曆九月九日(農曆7月25日)生於河南商丘,在1949年因國共內戰,和父母親暨家人隨國軍退守台灣。

畢業於北師附小,師大附中初中部。考大學時,以台大農工機械系為第一志願,以系狀元錄取,亦以系第一名畢業。在就讀台大時,勤勉向學,年年獲得台大書卷獎。退伍後,考取高考,在中央印製廠服務不及一年,即申請到佛羅里達州立大學優渥獎學金,赴美留學。1970年,在農業工程系碩士班就讀,也選修電腦課程。1975年搬來休士頓,繼續從事電腦工作。

1977年與林琴女士結婚,育有一兒。婚後非常顧家,曾有長期時間身兼二職,白天上班晚上在社區大學兼職非常辛苦。後來並在中華文化學院週末開班授課,並且熱心幫助學生找到相關工作,不少學生受益。

王力仁的性格非常直爽正直,從不奉承別人。力仁對自己從不講究吃穿用度,穿著隨性,他對家人從不小器,很捨得花錢,他是一個脾氣耿直但心地善良的人。

王力仁的興非常廣泛,熱愛划雪,喜愛旅遊,跑過許多國家,歐亞美非澳洲都留有他的足跡,旅遊時更不忘攝影,他也經常替各種社團做攝影服務。退休後更是全職上網,投入股市,又喜歡編寫網路部落格。

王力仁有糖尿病,高血壓,心律不整等毛病,導致中風。他在今年五月二十三日第一次中風,送醫急救,這次第二次中風,左頸動脈及腦部血管阻塞,腦細胞缺血壞死,遠去另一個世界。願他一路好走。

王力仁的夫人林琴女士表示:力仁驟然辭世,一切發生的如此突然,令她慌亂失措。幸好有諸多親朋好友及同學們熱心關懷,不辭辛勞連夜



圖為王力仁的家屬上香獻花獻果。(記者秦鴻鈞攝)

趕製影片事宜,以及商討定奪各種細節過程,在此特別謝謝來幫忙的同學,親戚及朋友們,更感激當天到場的同學、親友,來送別王力仁最後一程,各位的情誼永記於心。

而王力仁當年的同事、鄰居、同學伍安邦、白釗明、馬定遠、陳元華等人也紛紛上台致詞,悼念他,最後所有出席者,在「送別」的樂聲中,瞻仰遺容後禮成。

大型商場貸款、建築貸款、裝修貸款，不查收入 專家朱瑞薇 20 年經驗，服務好！



(本報休士頓報導)您可知,想要買房的人,如果不具美國身分、或是沒有信用分數,其實還是可以貸款的,可用新一代不查收入貸款,買下你期待已久的房,不查收入,也不問工作證明。

萬里貸款負責人朱瑞薇女士表示,如果您是持中國護照+美簽者、美國公民、綠卡/工卡持有人、第一次購房者、退休人士、學生滿21歲、以公司名義買房者等等,均可使用不查收入貸款,不用遲疑。

朱瑞薇說明,如果你手上有大型房地產開發項目、購置、裝修、建造等,需要貸款、融資、私募Angel天使基金,都歡迎找萬里貸款朱瑞薇,最高額800 million 美金。

舉凡 F1 Visa 留學生貸款買房,別家貸款銀行做黃了的貸款、做不成的,裝修師傅專用貸款、建築師 builder 專用貸款等,朱瑞薇都有辦法貸成,讓你過戶!最低自備款 15% 的總花費額 total cost (總花費額=購房價+裝修費)。

因為疫情或是其他種種原因,不



少華裔民衆想貸款卻沒有辦法提供收入證明,這時候,不查收入貸款是他們買房子最好的方式,萬里貸款公司提供真正的不查收入貸款,正好能夠幫助這些民衆一償所願。

不僅美國公民、綠卡、工卡持有者可以貸款,持有美國以外國家護照者,也可以貸款,不查收入,不問工作,讓您圓滿美國置產夢!中國護照、加拿大護照等均可,不需美簽,不需要信用分數,只需要有美國的銀行帳戶,可以在自己國家簽字過戶。

許多華裔朋友移民到美國之後,希望貸款買房子,可是一般銀行所採取的是「查收入貸款」(Full Documentation Loan),審核時間較長,手續也複雜,同時要出示許多證明文件,

例如工資單、收入報稅表、銀行存款證明等等,很多人拿不出來文件,令想要貸款的人很傷腦筋。

而「不查收入貸款」(No Documentation Loan)能夠解決這些困擾,不一定需要提供這些文件,相對而言簡單方便得多。

新一代不查收入貸款特色有「三不」:

第一:不查收入。第二:不問工作。第三:不追查首付資金來源!

不查收入貸款分為兩大

類:

1、買自住房,最低首付 25%。要提供工作證明,但不看收入。
2、買投資房,不需要已有自住房了。可以是第一次購房者,最低首付 20%,不需要工作證明,不看收入。放 25% 首付。

怎樣是真正的不查收入貸款

朱瑞薇說明,當你的貸款銀行說不查收入,但又跟你要 24 個月銀行流水、或是要工作證明,這種貸款銀行不是不查收入貸款。做真正不查收入貸款是不看報稅、不要 W2、不要工作證明,只看一個月銀行流水。最低首付 20%,持外國護照者則是 30% 首付。

由專家處理就是不一樣

有貸款經驗的民衆會了解,有專家處理和沒有專家處理,貸款利率差別甚大,不少已經貸款成功的家庭,對朱瑞薇的服務都非常滿意,並感謝在她的協助之下,節省了這麼多錢。

朱瑞薇從 2006 年開始做貸款,專精 H1B、L1、L2、E1、E2 的簽證的貸款、及建築貸款,而且不查收入、不查身份,外國護照也可以貸款。如果有房貸已付清,想要重新貸款拿現金的,她都可以提供最有效率的服務。

推出多種貸款

目前房屋市場降價拋售,如果低價買進、裝修,再持有做長期出租房、或出手速賣,都是很不錯的方式,歡迎地主們洽詢,讓萬里貸款為你做建築貸款蓋房子。萬里貸款新推出:裝修師傅貸款、過橋短期貸款、商業樓貸款、大型公寓貸款、建築貸款、大麻工業建築物貸款。最少首付 10% LTC,快速放款,沒身份也可以做。信用分數只要 550 以上,不查報稅收入。朱瑞薇擁有 17 年住宅及商業的貸款經驗,專精大型公寓貸款,可做全美 50 州,她的個性非常熱心,熟按貸款作業流程,知道如何為客戶規劃出最好的方案,專業又周到,專門服務僑社及海外華裔朋友。如果讀者有需要貸款的,歡迎聯繫。

歡迎致電諮詢,電話是 915-621-8435、915-691-9072。Email 郵箱: rei@milesfunding.net。微信号 Nodocloan888

