



### Message from Alliance for Retired Americans Leaders

#### President Biden, Senator Sanders Tout Lower Health Care Cost Accomplishments



Robert Roach, Jr.  
 President, ARA

President Joe Biden teamed up with Sen. Bernie Sanders (VT) at the White House on Wednesday to promote the administration's efforts to lower the cost of inhalers and other health care needs. **Alliance Executive Director Richard Fiesta** represented the Alliance at the event.

President Biden and Sen. Sanders **touted the lower health care costs and prescription drug prices** that have resulted from the Inflation Reduction Act

Instead of seniors with diabetes paying as much as \$400 a month for their insulin they so badly need, they now only have to pay \$35 a month.

Period.

I want to extend those savings to everyone who needs lifesaving insulin, whether you're a senior or not.



(IRA) Biden signed into law in 2022. They also emphasized the need to strengthen the Affordable Care Act, Medicare, and Medicaid to provide coverage and lower costs to more Americans.

Biden reminded attendees that the law gave his administration the power to finally take on the

powerful drug industry. With Americans paying the most of any nation for identical treatments, he stressed that Medicare has been given the power to negotiate lower prices for costly drugs from arthritis to heart disease, adding that the negotiations will both save lives and bring Medicare \$200 billion in savings. He noted that the IRA limits annual Medicare Part D out-of-pocket drug costs to \$2,000 in 2025.

Biden discussed the IRA-mandated \$35 out of pocket cap on insulin for seniors with Medicare, stating that every Republican in Congress voted against the law and the party remains opposed to lower insulin prices for all Americans. The GOP opposition continues despite the fact that insulin only costs \$10 to make, yet patients not covered by Medicare pay \$400 or more a month for insulin on average.

He also pledged to protect the Affordable Care Act and called on Congress to make the Affordable Care Act's tax credits permanent.

"One in four Americans has reported not taking at least one drug as prescribed because they couldn't afford it," said **Robert Roach, Jr., President of the Alliance**. "It was only after President Biden took on the powerful pharmaceutical industry that seniors began to see lower drug costs."

#### Washington State Alliance Victory: New Residents Get Relief in Voting Rights Case

Thanks to an important agreement reached last month in

a legal case brought by the Washington State Alliance, eligible voters will not be turned away when they show up at the polls.

On March 15 a federal judge approved an **agreement** that ensures Washington election officials will no longer enforce a state law requiring voters to reside in Washington — or in a specific precinct or county within the state — for at **least 30 days** before registering to vote in the next election.

The judgment gives the Washington State Alliance the voting rights protection it sought prior to the 2024 elections in the case of Washington State Alliance for Retired Americans v. Hobbs et al.

As the plaintiff in this case, the Washington State Alliance asserted that the pre-election residency requirement violates the U.S. Constitution. It also violates a provision of the Voting Rights Act that prohibits states from preventing otherwise eligible voters from voting in presidential elections based on how long they have resided in the state before Election Day.

"This agreement is a win for democracy in a year when voting rights continue to be under attack," said **Richard Fiesta, Executive Director of the Alliance**. "The Alliance will never stop fighting to protect our hard won constitutional rights and our democracy."

"By going to court, we took the necessary steps to prevent

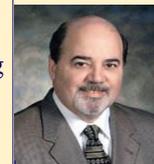
unnecessary burdens from being placed on seniors and all Washingtonians who make the effort to exercise their precious right to vote after moving," added Jackie Boschok, President of the Washington State Alliance.

#### Alliance Webinar Tells How to Spot and Fight Artificial Intelligence Election Disinformation

The Alliance's March 28 interactive webinar, "How to Spot and Fight AI (Artificial Intelligence) Election Disinformation," discussed how to navigate artificial intelligence and spot election disinformation generated by AI. The webinar explained what AI is, how it is eroding trust in democracy and what is being done to prevent it.

If you were unable to take part, you can find a recording of the event here and a copy of the presentation here.

"Artificial intelligence is reshaping our society and politics is not immune. We need to be ready to recognize and combat disinformation no matter where it comes from," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "This webinar is a great way to educate ourselves and be more effective advocates."



Joseph Peters, Jr.  
 Secretary  
 Treasurer ARA



Rich Fiesta,  
 Executive  
 Director, ARA

ADD  
 YOUR  
 NAME

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

## Social Security's 2025 Cost-of-Living Adjustment (COLA) Is on Track to Yield a Double Dose of Disappointment

A Social Security dollar isn't what it used to be.

For most Americans, Social Security is a vital program they couldn't live without. An analysis from the Center on Budget and Policy Priorities found that it pulls 22.7 million people above the federal poverty line each year. Meanwhile, annual surveys from Gallup spanning more than two decades have shown that 80% to 90% of retirees count on their monthly payout from **Social Security** to cover at least some portion of their expenses.

Considering how important the monthly payouts provided by America's top retirement program are to the financial well-being of its more than 67 million beneficiaries, there's not an event that's more anticipated each year than the cost-of-living adjustment (COLA) reveal in October by the Social Security Administration (SSA).

### What is Social Security's cost-of-living adjustment (COLA) and how is it calculated?

In its simplest form, Social Security's COLA is the mechanism used to tie benefits to **inflation**. If, for example, the

price for a regularly purchased basket of goods and services by seniors increases from the previous year, Social Security benefits should, in an ideal world, rise by the same amount to ensure no loss of purchasing power. COLA is the tool that attempts to keep benefits on par with inflation.

Before 1975, COLAs were entirely arbitrary and determined by special sessions of Congress. Between 1940 and 1975, **only 11 COLAs were passed along to beneficiaries**, with none administered in the entirety of the 1940s.

Since 1975, the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) has served as the program's annual inflationary tether. The CPI-W has **more than a half-dozen major spending categories** and a multitude of subcategories, all of which have their own respective weightings. These weightings allow the CPI-W to be chiseled down to a single figure, which allows for easy comparisons to the previous month or year to determine if the



price for a broad spectrum of goods and services has risen (inflation) or declined (deflation).

What's interesting about Social Security's COLA calculation is it **only uses readings from the third quarter** (July through September). While the other nine months can help identify pricing trends, they won't factor into the COLA calculation.

If the average CPI-W reading form the third quarter (Q3) of the current year is higher than the average CPI-W reading from Q3 of the previous year, prices have risen and beneficiaries will see a beefier monthly check in the following year. The amount of the increase is simply the year-over-year percentage difference, rounded to the nearest tenth of a percent.

In the rare event that prices fall from the prior year -- which has occurred three times since 1975 -- benefits will remain unchanged in the upcoming year.

### Two estimates lay out how big Social Security's COLA may be in 2025

Although we're still quite a way

from the first month (July) when CPI-W readings actually matter, it hasn't stopped various organizations from issuing estimates for Social Security's 2025 COLA.

In February, the Congressional Budget Office (CBO) issued its annual Budget and Economic Outlook from 2024 through 2034 for Social Security's Old-Age and Survivors Insurance Trust Fund, which covers benefit payments to retired-worker beneficiaries and the survivors of deceased workers. Among these projections was a call for Social Security's

To offer some context to the CBO's projection, the roughly 50.5 million retired-worker beneficiaries who brought home monthly checks in February received an average of \$1,910.79. A 2.5% cost-of-living adjustment added atop this figure would boost benefits for retired workers by almost \$48 per month to \$1,958.55.....**Read More**

## Dear Marci: Should federal retirees enroll in Medicare?

Dear Marci,

*I'm a federal employee with medical coverage and am going to retire soon. Do I need to get onto Medicare to have primary health insurance?*

-Natalia (San Jose, CA)

Dear Natalia,

The quick answer is no. Employees covered under the Federal Employees Health Benefits (FEHB) program can keep their benefits after retirement if they've had FEHB for at least 5 years and the whole time they have been eligible for that coverage. Unlike other employer-based coverage, FEHB will continue to operate as a **primary payer** after your retirement if you don't enroll in all or part of Medicare. However, declining Medicare Part B when you're not covered as a result of current work means that you'll likely owe a **late enrollment penalty** (LEP) if you enroll later.

The decision to enroll in Medicare when you retire from

federal employment depends on your unique circumstances and preferences. Here are your options:

#### ◆ Keep FEHB and turn down Medicare.

- FEHB is unlike most **other retiree coverage** in that it can remain as your primary insurance if you don't enroll in Medicare.
- If you decide to do this, you might still want to enroll in Medicare Part A, while declining Part B, since **Part A is premium-free** for many. If you enroll in Medicare Part B later, you will likely have to pay a late enrollment penalty.

#### ◆ Keep FEHB and enroll in Medicare Part A and Part B.

- You'll have to pay both premiums.
- Medicare will be primary,

MEDICARE RIGHTS  
MEDICARE  
Interactive

and the FEHB plan will cover your deductibles and cost sharing.

- FEHB may cover some things that Medicare does not, and vice versa.
- Your FEHB drug coverage is **creditable** for Part D, and you will not need to enroll in a separate Part D plan.
- Note that **FEHB drug coverage** cannot be suspended separately from FEHB health coverage. If you want to keep your FEHB health coverage, you must keep drug coverage, even if you enroll in Part D.

#### ◆ Disenroll from FEHB and enroll in Medicare.

- Keep in mind that you may lose the option of signing up for FEHB again in the future. Speak to the office of Personnel Management

(OPM) to learn more about your FEHB-specific rights and options.

When you think about the pros and cons for each option, you might want to ask yourself the following questions:

- ◆ Which insurance do my providers (and providers I wish to see in the future) accept?
- ◆ What would be my costs for the health care services I use the most?
- ◆ Which option offers flexibility for the future if I need it?

You can contact the **U.S. Office of Personnel Management (OPM)** if you're a federal employee or retiree and want to learn more about your health benefits by calling 317-212-0454.

Good luck deciding!

-Marci

## Social Security Reform Plan Proposed to Congress

Oklahoma **Republican** Congressman Tom Cole has said that the U.S. needs to have "serious discussions" about Social Security as concerns over its viability continue to hover in policy discussions, with experts saying funds for the program may be exhausted in a decade.

Cole pointed out that over the next three decades, Social Security will have to confront a deficit of \$19 trillion. Experts within the Social Security Administration have suggested that **without reforms to the program by 2033**, the \$2.8-trillion fund will deplete its reserves.

"If we are truly going to produce a balanced budget, which we should be striving to do, we need to be having serious discussions about these entitlement programs, which

make up approximately 60 percent of all spending," Cole wrote in a note he published on his congressional website.

A suggestion by the Oklahoma Republican is the introduction of the Bipartisan Social Security Commission Act, which aims to form a 13-person commission to be formed with input from the president and leaders in **Congress** that will be tasked with providing recommendations over what to do with Social Security.

"Within one year of its first meeting, the commission would have to report to Congress with a proposal to ensure Social Security's trust funds are solvent for the next 75 years," Cole said. "This proposal would have to be made with the support of commission members, and then



the proposal would receive expedited consideration in Congress for a vote." Cole said in his note that he is against cuts to Social Security, but suggested that doing nothing will lead to a drop in what American retirees will receive from the fund in the future.

"I want to be clear—I do not want to cut Social Security. I want to prevent the very real cuts that are coming in a decade from now, while at the same time help save us from the catastrophic debt crisis our nation is facing," he wrote.

Cole argued that without effort to change the current trajectory, "beneficiaries will only receive 77 cents on every dollar they are due. In conclusion, this would cut

\$391 from the average retired American's \$1,700 check."

The Oklahoma legislator first introduced the bill to establish the commission in January 2023. He suggested in this week's note that political debates should not color how policymakers approach the issue.

"We are at a critical point in time. If we ignore the very real, scheduled cuts that are coming, beneficiaries will actually see the cuts," he wrote. "I do not want to eliminate this program that is so crucial to the livelihoods of retired Americans, but we must move forward on addressing this issue."

***"I have a few suggestions. Stop giving out \$1.9 TRILLION tax breaks to the wealthy and SCRAP THE CAP ON FICA" said RI ARA President, John A. Pernorio.***

## CMS finalizes rule for 2025 Medicare Advantage, prescription drug plans

On April 4, 2024, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that revises the Medicare Advantage Program, Medicare Prescription Drug Benefit Program (Medicare Part D), Medicare Cost Plan Program, Programs of All-Inclusive Care for the Elderly (PACE), and Health Information Technology

Standards and Implementation Specifications. Additionally, this final rule addresses several key provisions that remain from the CY 2024 Medicare Advantage and Part D proposed rule, CMS-4201-P, published on December 14, 2022. Together, the changes in this final rule build on existing



Biden-Harris Administration policies to strengthen protections and guardrails, promote healthy competition, and ensure Medicare Advantage and Part D plans best meet the needs of enrollees. In addition, these policies promote access to behavioral health care providers, promote equity in coverage, and

improve supplemental benefits.

This fact sheet discusses the major provisions of the 2025 final rule which can be downloaded here: <https://www.federalregister.gov/public-inspection/2024-07105/medicare-program-medicare-advantage-and-the-medicare-prescription-drug-benefit-program-for-contract>

## Poll: Health care concerns rank high, embedded in concerns about immigration, government and the economy

A new **Gallup poll** on the top issues in the US appears to show that likely voters are far less focused on health care as a dominant concern than immigration, government leadership, the economy, the high cost of living and poverty. As Robert Pearl, MD reports for **Forbes**, health care now ranks 16th, down from being listed as a top concern. But, Pearl makes a compelling case that health care remains a dominant concern of Americans, embedded in other top concerns.

Health care ranked as a top concern in 2018, 2020 and 2022, as Pearl points out. Here's the share of Americans who ranked other issues ahead of health care in this recent poll: "Immigration (28%), the government (20%),

the economy in general (12%), inflation (11%), poverty, hunger and homelessness (5%), unifying the country (4%), crime/violence (4%)."

But, as the Kaiser Family Foundation found last month, **health care costs are a top economic priority for voters.**

Health care remains as important a concern as ever, as Pearl recognizes. It's now interwoven in other concerns, such as the economy, the high cost of living and poverty. Think about how Covid-19 has affected our country—our government, our economy, and our health. Covid has also affected government investment and inflation.

Health care costs are now tied to pressures on the economy,

such as high housing, food and gasoline costs. Covid-19 affected our incomes and resources as well as our mental health. It bred social isolation, loneliness and more. It undid whatever social solidarity we felt as a nation and promoted greater fissures, including fear of immigrants.

Covid-19 fostered a lack of trust in government leadership. Mixed messages about how to protect yourself from Covid, the government's inability to protect people, the high number of Covid deaths, ever-changing Covid policies, combined with shortages of Covid test kits and lack of bipartisan

agreement on Covid policy reforms, all led voters to lose faith in government. Voters now feel a strong desire to unify our nation.

In sum, Pearl sees the Gallup poll results revealing "the extent to which the pandemic unraveled the social fabric and collective psyche of our nation." Voters are not happy with our health care system. Nearly three in four of them (73 percent) say that it is not meeting their needs—mental, physical and economic.

Americans' Unprompted Views of Nation's Top Problem

What do you think is the most important problem facing this country today? (Open-ended)

	Jan 2-22, 2024	Feb 1-20, 2024	Mar 1-20, 2024
	%	%	%
Immigration	20	28	28
The government/Poor leadership	21	20	19
Economy in general	12	12	14
High cost of living/inflation	13	11	11
Poverty/hunger/homelessness	5	6	6
Unifying the country	6	4	4

## CMS Invites Hospitals To Raise Prices And Buy Physician Practices

Mounting hospital bills, crushing medical debt, ballooning insurance premiums. While we are wrestling with these widespread healthcare affordability problems, it's helpful to keep in mind that they are often caused by public policies. The most recent example is the financing scheme of **Medicaid expansion in North Carolina**.

As in many other markets in the U.S., hospitals in North Carolina are highly consolidated and politically powerful. Medicaid expansion would not have become law in North Carolina without the support from

hospitals. To win their support, the state and the Centers for Medicare and Medicaid Services (CMS) decided to reimburse hospitals for their Medicaid services at the commercial payment rates. Most of the funding comes from federal taxpayers. Healthcare policy expert **Ann Kempfski** and I provided more details in a recent **Health Affairs Forefront article**. Similar schemes permeate in **many other states**.

This horse-trading scheme benefits hospitals, the state, and the Biden Administration, at the expense of North Carolina workers, employers, independent



physicians, and federal taxpayers.

Hospitals enjoy commercial rates for serving Medicaid patients, **more than twice** what Medicare would pay. They not only possess extra cash to buy independent physician practices, but also gain government-protected pricing advantages to crush competing physicians, who are not paid at commercial rates by the Medicaid program. With a more consolidated market, hospitals can further raise commercial rates, which translate to more revenue from workers and employers, as well as from the

Medicaid program by default.

The North Carolina state government reaped financial gain by obtaining federal matching funds and controlling their use. The Biden Administration reaped political gain by touting its success in bringing Medicaid expansion to North Carolina.

North Carolina workers and employers, who are already paying **high commercial prices**, will face even greater pricing challenges down the road. Every dollar squeezed by hospitals at the negotiating table with commercial purchasers will bring them more Medicaid payment.

## Need skilled nursing care? Medicare Advantage insurers often won't cover it

Insurers offering Medicare Advantage plans are causing nursing homes to lose money at a rapid pace, reports Amy Stulick for **Skilled Nursing News**. These insurers are not only paying Medicare-nursing homes less than the traditional Medicare rate, they are too often not covering enrollees' care in nursing homes, even when they are required to do so. If our government does not step in to insist that insurers pay nursing homes the Medicare rate, it could spell the end Medicare-covered nursing home care because of a lack of providers.

Today, Medicare covers care in skilled nursing facilities in limited situations. To qualify for

Medicare skilled nursing care, patients must need daily skilled nursing or therapy services and receive these services in a Medicare-certified skilled nurse facility. Moreover, they must be hospitalized for at least three days in the 30 days prior to admission to a skilled nursing facility. So long as they qualify, Medicare covers up to 100 days of care per benefit period.

But, insurers offering Medicare Advantage plans don't like to spend the money they receive to cover Medicare services. Every service they do not cover is money in their pockets. So, people in Medicare Advantage



plans often do not get nursing home care or get very limited nursing home care or get poor quality

Marc Zimmet, the president of Zimmet Healthcare says that nursing homes are losing \$274.9 million for every one percent increase in Medicare Advantage enrollment. Traditional Medicare pays about 87 percent more (\$841) for nursing home care than insurers offering Medicare Advantage (\$448). Not surprisingly, Medicare Advantage enrollees not only get less nursing home care than traditional Medicare enrollees, they are forced to use lower quality nursing homes.

People enrolled in Medicare Advantage need to recognize that they are taking a big risk with their health. They can't count on getting high quality physician and hospital care; they can't count on continuity of care; they can't count on getting care. Yes, it is true that some people do perfectly well in Medicare Advantage; it's also true that hundreds of thousands, if not millions, experience serious deterioration of their health and **tens of thousands die needlessly**. With Medicare Advantage, you are always playing the odds; you could end up in a killer plan.

## America's Social Security Timebomb

The Social Security Administration (SSA) is facing a grave insolvency threat as more Americans begin claiming their government-funded retirement benefits, and millions of beneficiaries could face monumental cuts if action is not taken.

Social Security forms the bedrock on which millions of Americans fund their retirement plans.

In 2022, **the SSA paid out** retirement, survivor and disability benefits to 70.6 million beneficiaries in the U.S. Funded by a combination of taxes and government reserve funds, **Social Security** is by far the largest direct expense of the U.S. government's annual

budget, **amounting to \$1.3 trillion, or five percent of the 2023 GDP**. But despite being a hugely popular program of significant importance, the agency faces paying out more than ever due to an aging population. Coupled with a **widely noted funding cliff** that, if not resolved, could see benefits cut by a quarter in the next decade, the SSA faces multiple challenges in the coming years. America's aging population is the top contributing factor to the SSA's problems—and the evidence cannot be ignored. In fact, the call has been coming from within since the mid 2000s, when the SSA published its own report looking



into America's aging population and its own ability to keep paying benefits at its current levels.

**According to the government agency**, in 2005, 12 percent of the total population was aged 65 or older, "but by 2080, it will be 23 percent." In its 2023 Trustees Report, the government agency **reiterated the facts**: "The number of retired workers will grow rapidly, as members of the post-World War II baby boom continue to retire in increasing numbers. The number of retired workers is projected to double in about 50 years. People are also living longer, and the birth rate is low."

More recently, a January 2024 report by the Congressional Budget Office (CBO) found that this year, the ratio of people ages 25-64 to people age 65 or older will be 2.9 to 1. By 2054, it will be 2.2 to 1. To put a fine point on the matter, fewer taxpayers equal less revenue to fund retirement benefits.

"The Baby Boomers have been crossing the age of 65 for 15 years now and the first of that generation starts turning 80 in 2025. They are living longer into retirement than Social Security was designed to be able to support," Chris Orestis, president of Retirement Genius, told *Newsweek*. ... **Read More**

## Medicare Advantage: Expect lots of care denials

If you're in a Medicare Advantage plan or any other corporate health insurance plan and need costly care, you can expect a denial from your insurer about once every seven times you seek treatment, reports Jeff Lagasse for [HealthcareFinanceNews](#). A new national survey by Premier found that insurers deny almost 15 percent of claims for reimbursement, including claims for care that the insurers had authorized. And, insurers offering Medicare Advantage plans require prior authorization about 25 percent of the time.

Insurers sometimes do not pay hospitals, health systems and nursing homes even after they have okayed provision of care. To be clear, insurers can deny payment with impunity, allowing

them to hold onto assets. They challenge providers to appeal their decisions, a tactic that serves insurers' bottom lines well.

Insurers end up paying more than half of the claims that they deny initially. However, they only do so if providers are willing and able to go through a time-consuming and costly appeal process. It's usually worth it since insurer denials are generally for costly charges.

Health care providers spend nearly \$20 billion each year appealing insurance corporation denials. That breaks down to \$43.84 per claim on about three billion claims. Providers incur additional costs from the need for more clinical work—\$13.29 for an inpatient stay and \$51.20 for



inpatient surgery, according to [American Medical Association estimates](#). Even when providers generally can wait as long as six months after treating patients to get paid. Not surprisingly, many hospitals are hurting. In stark contrast, UnitedHealth and Cigna have around 25 percent more cash on hand today than they did five years ago.

People with corporate health insurance not yet eligible for Medicare might not get the care they need for fear of having to pay out of pocket for it. About half say that they couldn't pay a \$1,000 hospital bill in 30 days time, according to a Commonwealth Fund report. Forty-six percent say they skip or

delay needed care because they can't afford to pay for it.

People with Medicare should never be responsible for bills Medicare or their Medicare Advantage plans don't pay. But, their doctors and hospitals might not provide them needed care, concerned that they won't be paid for it.

Premier's survey found that people in Medicare Advantage plans needing skilled nursing facility care are especially likely to face denials. Insurers deny about one in five provider requests for discharge from a hospital to a skilled nursing facility.

CMS needs to collect data on MA insurer payment delays and denials. Inappropriate delays and denials should violate insurers' contractual obligations.

## The Most Common Medicare Mistakes and How to Avoid Them

Medicare mistakes can cost you money and coverage. Here we break down the most common medicare mistakes and how to avoid them.

Although pushing our health care needs to the bottom of our packed to-do lists is easy, it is never a good idea, especially when making a mistake could cost you a lot of money. Whether it's missing the [Medicare fall open enrollment period](#) or not picking the health insurance plan

best suited for your needs, some Medicare mistakes can be costly.

Sidestepping a few common problems may ensure you get the [Medicare health coverage you need without paying too much](#).

### 9 Common Medicare Mistakes People Make

Here are nine of the most common mistakes that experts see people make during their [Medicare](#) enrollment period:



- ◆ [Not signing up on time.](#)
- ◆ [Not enrolling in a stand-alone Medicare Part D prescription drug plan with original Medicare.](#)
- ◆ [Not signing up during the special enrollment period.](#)
- ◆ [Not understanding how Medicare coordinates with your current coverage.](#)
- ◆ [Not educating yourself on the differences between original Medicare and](#)

### [Medicare Advantage.](#)

- ◆ [Not checking the insurer's formulary.](#)
  - ◆ [Signing up for automatic renewal.](#)
  - ◆ [Not reading the small print on Medicare Advantage plans.](#)
  - ◆ [Falling prey to flashy advertisements.](#)
- ...[Read More on each of the above](#)

## Medicare Advantage Payments to Remain on the Rise in 2025

Last week, the Centers for Medicare & Medicaid Services (CMS) [announced the 2025](#) payment rates for Medicare Advantage (MA) and Part D plans. The final policies [largely align](#) with those proposed in the Advance Notice and are expected to increase Medicare payments to MA plans by 3.7%—over \$16 billion—next year.

The Medicare Rights Center appreciates the finalization of provisions that would help rein in soaring and unnecessary MA costs, and [continues to urge](#) additional, comprehensive reforms.

[The research](#) from independent experts is clear: Medicare overpays MA plans by [billions of dollars](#) each year, [negatively impacting](#) Medicare's

finances [while driving up](#) beneficiary premiums and taxpayer costs. In 2024 alone, the Medicare Payment Advisory Commission (MedPAC) projects that MA plans will [be paid 123%](#) of Original Medicare costs, inflating Part B premiums by [\\$13 billion](#). Curbing this wasteful spending becomes more urgent by the day. Overpayments will only grow as MA plan and enrollment numbers do, and [both are surging](#). Policymakers must effectively respond to these realities and to the concerns many have about [rising Medicare costs, the program's future, and the need for solutions](#).

In our comments on the 2025 Advance Notice, we encouraged



CMS to do just that. We applaud the agency's responsiveness through the continued phase-in of [planned changes](#) to the MA risk adjustment model. Once fully in place, those modernizations will better align MA with current health care practices and yield more accurate plan payments. However, as in prior years, we are disappointed that CMS will again apply the 5.9% statutory minimum coding intensity adjustment in 2025, rather than a higher and more effective rate. Unchanged since 2018, this minimum amount is [not keeping pace](#) with coding intensity or the resulting excess plan payments. [In 2020](#), risk scores for MA enrollees were already

13% higher than they should have been, generating \$16 billion in overpayments. By 2022 scores and additional payments had jumped to 18% and \$37 billion, respectively. [In 2024](#) MA coding intensity is expected to be 20% higher than OM, resulting in an extra \$54 billion. CMS must meaningfully intervene without delay.

We applaud CMS for finalizing a 2024 Advance Notice that largely recognizes beneficiary priorities and flaws in MA financing. We strongly urge the Biden administration and Congress to build upon these policies to more fully improve payment accuracy, insurer accountability, and access to care.

## Seniors Targeted by Scams that could Cost Medicare Billions

According to an article in *Newsweek*, seniors relying on Medicare for their health care are being targeted by a widespread "phantom billing" scam that has the potential to rob them of thousands of dollars.

Phantom billing occurs when fraudulent charges are filed to Medicare by health care providers/doctors and medical equipment companies without the recipient's knowledge. Some seniors targeted reported being billed for urinary catheters they never asked for.

While fraud can be orchestrated by health care providers, doctors, and medical equipment companies, all can have substantial impact on the Medicare system and beneficiaries' financial situations.

This fraud contributes to millions of dollars lost, and

premiums could end up skyrocketing as a result. In Indiana, the Senior Medicare Patrol said it has received a substantial number of complaints about billing fraud in recent months, but it's likely these scam charges are taking place all over the country.

The National Association of Accountable Care Organizations and the Institute for Accountable Care saw Medicare payments for catheters, for instance, soar from \$153 million in 2021 to \$2.1 billion in 2023, reflecting the potential widespread phantom billing.

While only 40,000 patients in 2021 saw charges for catheters on their Medicare payments in 2021, just two years later, that number had soared to more than 450,000.



The Federal Trade Commission said fraud and errors end up costing Medicare roughly \$60 billion each year that is then passed on to taxpayers.

Senator Mike Braun (R- Ind.) previously requested an audit by the General Accounting Office and also introduced the Medicare Transaction Fraud Prevention Act, which would improve the government's watch of medical equipment purchases under Medicare.

Experts advise beneficiaries to check their monthly statements and report any unauthorized charges immediately. To report suspicious charges, call 1-800-MEDICARE (1-800-633-4227) and speak to an agent.

TSCL has been reporting on the coming insolvency of

Medicare if something is not done by Congress soon, but we can all do our part to help the looming Medicare funding crisis by examining the Explanation of Benefits (EoB) we receive from Medicare and make sure there are no charges on there that shouldn't be there.

As one security expert said, "Just as you periodically monitor your credit card statements and credit reports for unauthorized charges, you should be monitoring your Medicare usage," Jarvis told *Newsweek*.

"Medicare recipients can log in to the online Medicare portal to review claims or review explanation of benefits reports sent by Medicare. Any charges submitted by unfamiliar medical providers or for unrecognized services should be investigated by the insured."

## U.S. Postal Service wants to raise stamp prices again, to 73 cents

WASHINGTON — The U.S. Postal Service signaled plans Tuesday for a rate increase that includes hiking the cost of a first-class stamp from 68 cents to 73 cents, part of an overall 7.8% increase to take effect this summer.

The request was made to the Postal Regulatory Commission, which must approve the proposed increase that the

Postal Service contends is necessary to achieve financial stability. If approved, the 5-cent increase for a "forever" stamp and similar increases for postcards, metered letters and international mail would take effect July 14.

U.S. Postmaster General Louis DeJoy previously warned



postal customers to get used to "uncomfortable" rate hikes as the Postal Service

seeks to become self-sufficient. He said price increases were overdue after "at least 10 years of a defective pricing model."

In its filing, the Postal Service said it's also seeking price adjustments on special services

such as money order fees and certified mail. But there will be no price increase for post office box rentals, and postal insurance will be reduced by 10% when items are mailed, the postal service said.

## 7 Proposed Changes to Save Social Security – With Both Democrat and Republican Support

Lawmakers have a mere 10 years to fix the Social Security program before it can no longer pay full benefits, according to the most recent Social Security trustees' report.

After 2034, the **report** notes, the \$2.9 trillion trust fund will be depleted, and with no legislative action, Social Security would have to rely solely on current tax income to pay benefits. This income would result in an ability to pay out only about three-quarters of the scheduled benefits.

However, there is good news. There are several proposed policy changes to address the Social Security funding gap that voters on both sides of the aisle overwhelmingly support.

**Recent Survey Shows Americans in Agreement on Social Security Fixes** ©Image Credit: Shutterstock.

The University of Maryland's Program for Public Consultation (PPC) **surveyed** over 2,500 registered voters through an online 'policymaking simulation' process. Respondents were briefed on the state of the Social Security program and then asked their opinion on arguments for and against various proposals to address the budget shortfall.

Surprisingly, a large majority of Republicans and Democrats favored various proposals to increase revenue, trim benefits, and even increase benefits for low-income earners. According



to PPC researchers, these measures would eliminate 78-95% of the shortfall over the next 75 years, depending on the implemented policies.

Here are seven proposals that Americans agreed they were willing to make.

### 1. Raising the Payroll Tax Cap

**Overall Support:** 81% (Republicans 79%, Democrats 78%)

### 2. Reducing Benefits for High Earners.

**Overall Support:** 81% (Republicans 78%, Democrats 86%)

### 3. Raising the Retirement Age

**Overall Support:** 75% (Republicans 75%, Democrats 76%)

### 4. Increasing the Payroll Tax Rate

**Overall Support:** 73% (Republicans 70%, Democrats 78%)

### 5. Raising the Minimum Benefit.

**Overall Support:** 64% (Republicans 59%, Democrats 71%)

### 6. Changing Cost of Living Adjustments

**Overall Support:** 55% (Republicans 55%, Democrats 59%)

### 7. Increasing Benefits for the Very Old

**Overall Support:** 53% (Republicans 53%, Democrats 56%)

...**[Read More on each of the 7 Proposed Changes](#)**

## Cancer Cases Will Keep Rising Worldwide: Report

Cancer cases will continue to climb for the next two decades, spurred on by an aging worldwide population, a new report shows.

An estimated 20 million new cancer cases were diagnosed in 2022, and 9.7 million died from cancer around the globe, the *Global Cancer Statistics 2024* report from the American Cancer Society found.

By 2050, the number of cancer cases is predicted to reach 35 million annually, the report added.

"This rise in projected cancer cases by 2050 is solely due to the aging and growth of the population, assuming current incidence rates remain unchanged," said report co-author **Hyuna Sung**, a senior principal scientist for cancer surveillance at the American Cancer Society (ACS).

Unhealthy lifestyle choices will also continue to play a role in new cancers, Sung added.

"Notably, the prevalence of major risk factors such as consumption of unhealthy diet,

physical inactivity, heavy alcohol consumption and cigarette smoking are increasing in many parts of the world and will likely exacerbate the future burden of cancer, barring any large-scale interventions," Sung said in an ACS news release.

**Lung cancer** is the most commonly diagnosed cancer around the world, as well as the leading cause of cancer death overall and in men, the report said.

Lung cancer represents one in every eight cancers and one in five cancer deaths, with almost 2.5 million cases and 1.8 million deaths each year.

After lung cancer, men most often develop prostate and colon cancers and die from liver and colon cancers, the report said.

In women, breast cancer is the most commonly diagnosed cancer and the leading cause of cancer death, followed by lung, colon and cervical cancers.

"With more than half of cancer deaths worldwide being



potentially preventable, prevention offers the most cost-effective and sustainable strategy for cancer control," said senior study author **Dr. Ahmedin Jemal**, senior vice president of surveillance & health equity science at the ACS. "Elimination of tobacco use alone could prevent one in four cancer deaths, or approximately 2.6 million cancer deaths annually."

In another example of preventable cancer, researchers noted that only 15% of eligible girls around the world have received the vaccine for human papillomavirus (HPV). Virtually all cervical cancers are caused by HPV. Every day in 2022, approximately 1,800 women were diagnosed with cervical cancer and nearly 1,000 women died from the disease worldwide, the report showed.

Cervical cancer continues to be the leading cause of cancer death in women in 37 countries in sub-Saharan Africa and in Latin America, the report said. Case rates are 10 to 16 times higher in

Eswatini, Zambia, Malawi, Zimbabwe and Tanzania than in the United States.

A lack of screening contributes to these deaths. Only 36% of women worldwide have been screened for cervical cancer, the report says.

In fact, inadequate early detection and treatment services cause many low-income countries to have high cancer death rates even though they have fewer overall cases of cancer.

For example, the breast cancer mortality rate is twice as high in Ethiopia as it is in the United States (24 versus 12 deaths per 100,000 people), even though Ethiopia has a 60% lower case rate for breast cancer (40 cases versus 100 cases per 100,000 people).

"Understanding the global cancer burden is critical to ensuring everyone has an opportunity to prevent, detect, treat and survive cancer," said **Karen Knudsen**, CEO of the ACS.

## Dementia Care: Tips for Home Caregivers

Learn about dementia care for patients at home. Get safety tips for loved ones, and find caregiver advice covering daily care, behavior changes, communication and well-being.

For most older adults, the idea of **aging in place** and staying at home for as long as possible is an attractive one.

In fact, a **March 2023 survey** of 2,000 adults ages 55 and older conducted by U.S. News & World Report found that 93% of respondents felt aging in place was an important goal for them. However, for seniors who've been diagnosed with Alzheimer's or another form of dementia, finding the balance between safety and support at home can be a challenging prospect.

Alzheimer's and dementia are progressive neurological diseases that slowly rob people of their ability to care for themselves. What may **start as**

**forgetfulness** or being occasionally tongue-tied can progress to a potentially dangerous situation in which the person needs **round-the-clock care**.

While many seniors can look forward to at least a few years before they need to consider making a **move to an assisted living community** or long-term care facility, the journey can often be difficult for caregivers to navigate.

Following are tips for caregivers of Alzheimer's or dementia patients to help support a loved one at home for as long as possible.

### Home Safety Tips: Ensure a Safe Environment at Home

Caring for a loved one at home means starting with a safe environment. Just like you might baby-proof your home when a toddler starts roaming about, **adjusting the living space** for a



senior with dementia is critical to ensuring their safety.

People with dementia or Alzheimer's disease "require a greater degree of care and supervision than other older individuals," says Dr. Elizabeth Landsverk, a geriatrician based in the San Francisco area

There's a number of reasons why, starting with the fact that people with dementia tend to wander. **Wandering and elopement**, which refers to when a person with Alzheimer's or dementia either intentionally or unintentionally leaves the facility or home, can be a normal aspect of the disease. This can be a means of addressing a variety of needs, including alleviating boredom, looking for an item or person or releasing excess energy.

While wandering can be managed in a safe environment, it

becomes problematic and dangerous when the senior isn't being supervised properly.

Nursing home staff are attuned to watch out for problematic wandering and elopement, but the average unpaid family caregiver may not realize the problem or understand how to head it off.

In addition, many homes are filled with potentially dangerous obstacles and hazards that a person with dementia may tangle with unintentionally. From rooms that are too dark to those that are too cluttered, there can be many ways a senior can harm themselves at home without meaning to.

To ameliorate these risks, Moraima Castañeda, the senior director of programs for the Center for Caregiver Advancement in Los Angeles, offers these practical tips:...**Read More**

## Early Menopause, Heart Disease a Bad Combo for Women's Brains

Women who enter menopause before their 50s and who also have heart disease risk factors may be at especially high risk for thinking declines and later dementia, new research shows.

"While cardiovascular risk factors are known to increase a person's risk for dementia, what is lesser known is why women have a greater risk for Alzheimer's disease than men," said study lead author **Jennifer Rabin**, of the University of Toronto. "We examined if the hormonal change of menopause, specifically the timing of menopause, may play a role in this increased risk."

Rabin's team found that it did.

"We found that going through this hormonal change earlier in life while also having cardiovascular risk factors is linked to greater cognitive problems when compared to men of the same age," she explained in a news release from the American Neurological Association.

Maintaining good blood flow to and within the brain is a known factor in neurological health. High blood pressure, smoking and diabetes can all impair brain blood flow.

In the new study, Rabin's team tracked the cognitive health of 16,720 people, averaging 65 years of age, evenly divided as to



gender. They further divided the female participants into three subgroups: Those who experienced earlier menopause between the ages of 35 and 48; those who entered menopause between ages 49 and 52 (which is typical); and those who had a later menopause, between the ages of 53 and 65.

For all participants, they also tracked heart risk factors such as high LDL ("bad") cholesterol, diabetes, obesity, smoking, high blood pressure, as well as prescriptions for blood pressure meds.

Everyone was also given a battery of cognitive tests at the

beginning and end of the three-year study.

The result: Two factors together -- **early menopause** and higher heart risk -- seemed linked to a drop in test scores for women over the three years of the study.

No such trend was seen among women from the average or late menopause groups.

The study was published April 3 in the journal **Neurology**.

"Our findings highlight that age at menopause, as well as cardiovascular risk, should be considered when developing prevention strategies for cognitive decline" in women, Rabin said.

## Doctors Still Beat AI in Offering Accurate Medical Advice: Study

It might be too soon to rely solely on machine learning for health advice, a new study finds.

After pitting the latest AI against actual human physicians, the doctors easily won, reports a team led by **Dr. Andrei Brateanu**, of the Cleveland Clinic Foundation.

For now anyway, "AI tools should not be seen as substitutes for medical professionals," he said. "Instead, they can be considered as additional resources that, when combined with human expertise, can enhance the overall quality of information provided."

As the researchers noted, consumers can already harness

the power of web searches or AI programs like ChatGPT-4 or Google Bard whenever they have medical questions.

But how accurate are the answers?

To find out, Brateanu's team posed 56 common medical questions to either ChatGPT-4 and Bard. They then had two physicians review the answers for accuracy (a third doctor was brought in to settle things when the two doctors disagreed).

Of the two AI programs, Bard seemed to outperform ChatGPT, although both had relatively low levels of accuracy, the study found.



For example, the physicians found 53.6% of Bard's answers accurate, 17.8%

inaccurate and 28.6% partially accurate.

ChatGPT performed worse: Just 28.6% of answers were accurate, 28.6% inaccurate, and 42.8% were partially accurate but incomplete, the researchers said.

They reported the findings recently in the **American Journal of Preventive Medicine**.

The bottom line, according to Brateanu: AI programs "can offer medical information that may look very accurate and convincing, when in fact it may

be occasionally inaccurate."

"The fact that both models produced responses with inaccuracies or omitted crucial information highlights the ongoing challenge of developing AI tools that can provide dependable medical advice," he added in a journal news release.

His advice? Head to AI for medical information, but always run it by your doctor afterwards.

"As we incorporate AI technology into healthcare, it's crucial to ensure that the essence of healthcare continues to be fundamentally human," Brateanu said.

## Cancer Cases Set to Soar 77% by 2050, Thanks to Aging Population

As the world's population ages, a new report warns that the number of people with cancer could climb 77% by 2050.

In the report, published Thursday in the journal **CA: A Cancer Journal for Clinicians**, researchers from the American Cancer Society found there were about 20 million cancer cases and 9.7 million cancer deaths in 2022, the latest year for which data is available.

However, "we think that number will go up to 35 million by 2050, largely due to an increasing population in the aging population," **Dr. William Dahut**, chief scientific officer for the American Cancer Society, told **CNN**.

"A lot of the drivers for cancer

that we've traditionally seen in high-income countries, such as tobacco and obesity, these same cancer drivers are now moving into the low-income countries," Dahut noted. "These are countries that do not have the tools to find cancer early, treat cancer appropriately and prevent it in ways that are often being done in other countries."

The good news is that those risk factors can be minimized with lifestyle changes, experts said. "With more than half of cancer deaths worldwide being potentially preventable, prevention offers the most cost-



effective and sustainable strategy for cancer control," senior study author **Dr. Ahmedin Jemal**, senior vice

president of surveillance & health equity science at the ACS, said in a **news release**. "Elimination of tobacco use alone could prevent 1 in 4 cancer deaths, or approximately 2.6 million cancer deaths annually."

Another expert concurred.

While the causes of cancer can be complex, genetic or environmental, "about 50% of cancers are preventable," **Dr. Bilal Siddiqui**, an oncologist and assistant professor at the University of Texas MD Anderson Cancer Center,

told **CNN**.

"All patients should talk to their doctors to ensure they receive age-appropriate cancer screenings, and it's important to make the key lifestyle changes that can reduce our risk for cancer, including stopping smoking, reducing alcohol intake and staying physically active," he said.

In the new report, researchers turned to global data on cancer incidence and death from the **Global Cancer Observatory**, a World Health Organization database.

What did the data show?...**Read More**

## Test Might Allow Some Patients With Aggressive Breast Cancer Skip Chemo

A new test might allow some women with an aggressive form of **breast cancer** to skip chemotherapy without harm, researchers say.

Women with early-stage triple-negative breast cancer appear to have better survival rates and a lower risk of recurrence if they carry high levels of cancer-killing immune cells, results show.

Their survival rates remained high even when they didn't receive follow-up chemo after undergoing radiation or surgery to rid themselves of their breast tumor, researchers report April 2 in the ***Journal of the American Medical Association***.

These immune cells, called tumor-infiltrating lymphocytes (TILs), are naturally able to target and attack cancer cells, researchers said.

"The study's findings may inspire future clinical trials to explore whether patients with a favorable prognosis [high TILs] can avoid intensive chemotherapy regimens," said lead researcher **Dr. Roberto Leon-**

**Ferre**, a breast cancer doctor at the Mayo Clinic Comprehensive Cancer Center.

About 15% of women with breast cancer have triple-negative breast cancer, which does not respond to drugs that target either female hormones or HER2, a protein that promotes cancer growth.

Triple-negative breast cancers are more likely to grow rapidly and spread to other parts of the body, and also are more likely to recur following treatment, researchers said in background notes.

A high level of TILs has long been associated with better outcomes in breast cancer patients, the researchers said in a Mayo Clinic news release.

However, until now no one has thought to examine whether TILs could be used to help doctors better plan a patient's cancer treatment.

"TILs are not currently measured or reported in the routine examination of tissue



samples of breast cancer," said co-senior study author **Dr. Matthew Goetz**, an oncologist at Mayo

Clinic Comprehensive Cancer Center.

For the study, researchers collected data on nearly 2,000 patients with early-stage triple-negative breast cancer who received surgery with or without radiation therapy but did not get any chemo. These patients were followed for an average of 18 years.

Five years after surgery, 95% of patients with high TIL levels were still alive, compared to 82% of patients whose tumors had low TIL levels, researchers found.

Further, the recurrence rate for breast cancer was significantly lower among those with high TIL levels, results show.

"The results of this study could lead to a recommendation to include TILs in the pathology reports of early-stage [triple-negative breast cancer] worldwide, as it has the potential

to inform clinicians and patients when they discuss treatment options," said co-lead researcher **Dr. Roberto Salgado**, co-chair of the International Immuno-Oncology Biomarker Working Group.

What's more, it's easy and cheap to look for TILs, the researchers added. A pathologist can check a person's TIL levels by simply examining a breast tumor biopsy under a microscope.

Because triple-negative breast cancers are tougher to treat, most people with early-stage tumors undergo chemotherapy before or after surgery. Many receive multiple chemo drugs, which can cause significant side effects.

Currently, doctors take into account tumor size and whether cancer has spread to the lymph nodes when they decide whether a patient needs chemo, researchers said.

The researchers plan to test in clinical trials whether TILs can be used as a marker to judge the need for chemotherapy.

## Blood Test Spots Early Pancreatic Cancers With 97% Accuracy

A blood test appears capable of detecting early-stage pancreatic cancers with up to 97% accuracy, a new study reports.

The test looks for eight small RNA particles and eight larger DNA markers shed by pancreatic cancers, which together create a genetic "signature" for the disease, researchers said.

Currently, it's tough to catch pancreatic cancer before it has reached an advanced stage. The organ is located deep in the abdomen, and the cancer has symptoms that can be mistakenly attributed to other diseases.

"Pancreatic cancer is one of the most fatal malignancies, in large part because the majority of patients are diagnosed only after

the cancer has already metastasized," senior researcher **Ajay Goel**, chair of molecular diagnostics and experimental therapeutics at City of Hope Cancer Center said in a news release.

The five-year survival rate for patients diagnosed with early-stage pancreatic cancer is 44%, but that drops to 3% if the cancer is caught after it has spread elsewhere in the body, researchers noted.

An earlier trial of this blood test in 95 patients from the U.S. and Japan found a detection rate of 98%.

This latest trial involved 523 people with pancreatic cancer and



461 healthy people from Japan, the U.S., South Korea and China.

The blood test detected:

- ◆ 93% of pancreatic cancers among the U.S. participants.
- ◆ 91% of pancreatic cancers among the South Koreans.
- ◆ 88% of pancreatic cancers in the Chinese group.

When researchers combined the blood test with a test for an already-established pancreatic cancer marker called CA 19-9, the accuracy increased to 97% of stage 1 and 2 cancers among the U.S. participants.

Stage 1 pancreatic cancers are confined to the organ, while stage 2 have spread to nearby lymph

nodes but not elsewhere.

"Our approach offers a liquid biopsy test superior to CA19-9 measurement alone for early-stage disease," Goel said.

However, researchers said more research is needed to validate the test before it can be deployed to the general population.

Researchers were scheduled to present the trial results Monday at a meeting of the American Association for Cancer Research in San Diego. Findings presented at medical meetings should be considered preliminary until published in a peer-reviewed journal.

## Many Cancer Drugs Still Unproven 5 Years After Accelerated Approval

New research questions the effectiveness of the U.S. Food and Drug Administration's accelerated drug approval program after finding that many cancer drugs remain unproven five years later.

The study, published Sunday in the ***Journal of the American Medical Association*** and presented simultaneously at the

American Association of Cancer Research's annual meeting in San Diego, found that 46 cancer drugs were granted accelerated approval between 2013 and 2017.

Of those, 41% showed no benefit after five years of follow-up. And of the 63% that were converted to regular approval, less



than half (43%) demonstrated any clinical benefit in confirmatory trials.

"Five years after the initial accelerated approval, you should have a definitive answer," **Dr. Ezekiel Emanuel**, a cancer specialist and bioethicist at the University of Pennsylvania

who was not involved in the study, told the *Associated Press*. "Thousands of people are getting those drugs. That seems a mistake if we don't know whether they work or not."...**Read More**

## Most Folks With Heart Disease Consume Too Much Salt

Cutting back on sodium is crucial to treating heart disease, but most heart patients aren't able to limit their salt intake, a new study finds.

On average, people with heart disease consume more than double the daily recommended amount of salt, researchers report.

Sodium is essential for human health, but taking in too much can raise blood pressure, which damages blood vessels and forces the heart to work harder, researchers noted.

Too much salt also causes the body to retain fluid, which can exacerbate conditions like **heart failure**.

The U.S. Dietary Guidelines recommend that heart disease patients limit sodium to 1,500 milligrams (mg) per day, and that even healthy people keep their salt intake at less than 2,300 mg/day.

But among a sample of more than 3,100 heart patients, nine out of 10 (89%) reported consuming

more than the recommended daily maximum of 1,500 mg/day, researchers said.

In fact, heart patients consumed an average 3,096 mg/day of salt, only slightly lower than the national average of 3,400 mg/day previously reported by the U.S. Centers for Disease Control and Prevention, the researchers noted.

"The relatively small difference in sodium intake suggests that people with cardiovascular disease are not limiting their intake very much compared with the general population and are also consuming more than double what is recommended," said lead researcher **Dr. Elsie Kodjoe**, an internal medicine resident at Piedmont Athens Regional Hospital in Athens, Ga.

For this study, researchers analyzed dietary data from people diagnosed with heart problems who participated in the National Health and Nutrition Examination



Survey between 2009 and 2018.

Researchers said it can be tough for heart patients to estimate the amount of

salt contained in supermarket goods or takeout meals.

"Adhering to a low-sodium diet remains challenging even for individuals with cardiovascular disease who have a strong incentive to adhere," Kodjoe said.

"To make it easier for patients to adhere to dietary guidelines, we need to find more practical ways for the general public to estimate dietary sodium levels or perhaps consider a reduction in the sodium content of the food we consume right from the source," Kodjoe added.

There didn't appear to be any significant differences in salt intake based on people's income, gender, race or education, researchers noted.

The study will be presented Sunday at the American College of Cardiology (ACC) annual

meeting in Atlanta. Findings presented at medical meetings should be considered preliminary until published in a peer-reviewed journal.

People from all backgrounds can help protect their heart health by preparing more meals at home, where they can better control salt levels, researchers said.

Folks can also read food labels more closely, and limit their intake of foods with sodium levels higher than 140 milligrams.

"Cardiovascular disease is real, and it is the number one cause of morbidity and mortality [illness and death] worldwide according to the World Health Organization," Kodjoe said in an ACC news release. "Adhering to sodium guidelines is one of the easier strategies individuals could readily adopt to reduce hospitalizations, health care costs, morbidity and mortality associated with cardiovascular disease."

## Have Only Well-Off Americans Gained From Recent Strides Against Heart Disease?

America is making headway against **heart disease**, with heart-related deaths declining over the past three decades.

But it appears that only the well-to-do have benefitted, a new study shows.

Heart attack rates have stayed the same or gotten worse among the poor during the same 30-year period, researchers found.

"The decline in cardiovascular health has not been shared equally over the last three decades," said researcher **Dr.**

**Adam Richards**, a George Washington University associate professor of global health and medicine.

The 10-year risk of heart disease fell from 7.7% to 5.1% for the wealthiest folks, and from 7.6% to 6.1% for people of above-average wealth, researchers found.

But heart disease risk remained stagnant among people with the lowest incomes, at more than 8%.

These results were drawn from



data gathered during a regular federal health survey, including nearly 27,000 people ages 40 to 75 who hadn't suffered a prior heart attack or stroke, researchers said.

Overall, national trends showed improvement in heart disease, but when researchers divided people into income groups they found that heart benefits were not experienced equally across society.

The new study was published

April 3 in the journal ***Circulation: Cardiovascular Quality and Outcomes***.

"This study shows we need to be looking long and hard about ways to improve access to healthcare and other social determinants of health that play a role in higher cardiovascular risks for low-income households," Richards said in a journal news release.... **[Read More](#)**

## Vaccine-by-Mouth Could Replace Antibiotics in Fighting UTIs

A new oral vaccine could prove a potential alternative to antibiotics for people with recurring urinary tract infections, a new study says.

More than half of patients with recurring UTIs (54%) wound up infection-free for nine years after receiving the oral spray vaccine, with no notable side effects, researchers report.

"Before having the vaccine, all our participants suffered from recurrent UTIs, and for many women, these can be difficult to treat," co-lead researcher **Bob Yang**, a consulting urologist at

the Royal Berkshire NHS Foundation Trust in the U.K., said in a news release.

"Nine years after first receiving this new UTI vaccine, around half of the participants remained infection-free," Yang continued. "Overall, this vaccine is safe in the long term and our participants reported having fewer UTIs that were less severe. Many of those who did get a UTI told us that simply drinking plenty of water was enough to treat it."

Developed by the Spanish



pharmaceutical company Immunotek, the MV140 vaccine contains four bacterial species in a pineapple-flavored suspension of water, researchers said. These bacteria prompt the body to produce infection-fighting antibodies.

The vaccine is administered with two spritzes under the tongue every day for three months.

UTIs are the most common bacterial infection, experienced by half of all women and 1 in 5 men. Recurring infections

requiring antibiotics develop in 20% to 30% of cases.

The new trial involved 72 women and 17 men being treated at Royal Berkshire Hospital in the UK for urinary tract infections. These patients had all taken part in an original clinical trial for MV140 and had been followed up for a year.

For this nine-year follow-up study, researchers analyzed the health records of the 89 participants and interviewed them.... **[Read More](#)**