

## April 2, 2023 E-Newsletter



### Message from Alliance for Retired Americans Leaders

#### Mike Pence Doubles Down on Benefit Cuts



Robert Roach,  
President, ARA

During an event at Washington & Lee University in Virginia on Tuesday, Former Vice President Mike Pence called for so-called

"common sense" Social Security and Medicare changes. This isn't the first time that he's indicated that if elected, he intends to dramatically change the earned benefit programs older Americans rely on.

In February, Pence told CNBC that Social Security and Medicare changes should be "on the table in the long term." He also suggested privatizing Social Security and having workers put money in private retirement accounts instead. This would be a financial boon for Wall Street and end the promise of guaranteed benefits for life.

In Congress, Pence pushed for a more aggressive version of Social Security privatization and attacked earned benefits regularly. He left office with a

3% lifetime pro-retiree score in the Alliance's annual Congressional Voting Record.

"Gutting Social Security and Medicare is not a 'common sense' idea," said Robert Roach Jr., President of the Alliance. "If Mike Pence and other Republicans were serious about strengthening Social Security and Medicare, they would be advocating for real solutions like scrapping the payroll tax cap for high earners."

#### Larger COLA Increase Helps Seniors Weather Inflation



Rich Fiesta,  
Executive Director, ARA

New research from the Bank of America Institute shows that this year's 8.7% cost-of-living adjustment for Social Security, the largest in four decades, coincided with a slight bump in older Americans' spending. The data demonstrates that the larger-than-normal Social Security Cost-of-Living Adjustment (COLA) for 2023 is helping seniors stay afloat financially during a period of high inflation.

But a large increase for a single year does not mean Social Security beneficiaries will continue to be shielded from the effects of higher prices. The Social Security Administration currently uses a formula to calculate annual COLAs that does not reflect the change in prices affecting seniors. Older Americans have different spending patterns than other Americans. For example, they must pay for expensive prescription drugs which have increased in price faster than the rate of inflation for many years.

"This research confirms that seniors need both a benefit increase and a COLA that accurately reflects the price of goods they actually spend their money on," said Richard Fiesta, Executive Director of the Alliance. "Congress should mandate cost-of-living based on the Consumer Price Index (CPI-E), which would ensure that seniors' Social Security benefits will be more likely to keep up with inflation."

#### Starbucks Workers Hold Day of Action



Joseph Peters  
ARA  
Sec.-Trea.

On Wednesday, March 22, 2023, Starbucks workers across the country held a National Day of Action. More than 100 stores went on strike to urge the new CEO, Laxman Narasimhan, to stop the corporation's extreme union-busting activities. Workers also rallied outside of the Seattle headquarters ahead of the annual shareholders meeting on Thursday.

Alliance members in Connecticut participated in the day of action, rallying at the Corbin's Corner Starbucks location in West Hartford which has voted to form a union. Supporting the Starbucks workers at this store is a priority for the Connecticut Alliance.

"The Alliance stands in solidarity with Starbucks workers and demands an end to the corporation's rampant union busting," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance.

### Experts Propose Tax Cap as Social Security Solution — Which Americans Would Be Most Affected?

If nothing is done to change course, Americans on Social Security may see their monthly benefits drop by 25% in the years ahead. That's because the Social Security trust fund reserves could become insolvent within the next decade. Some experts say raising the Social Security payroll tax cap could help solve the problem.

Currently, workers pay 6.2% of their wages, and their employers

match that contribution. However, any earnings over the income cap of \$160,200 are exempt from the tax (a limit that roughly 6% of wage earners hit).

#### Raising The Cap

Raising the income cap to \$250,000 (or more) or eliminating it altogether could replenish the trust fund reserves and keep the program running at



full capacity beyond the next decade. Doing so would also shift some of the burden of funding Social Security from the middle class to wealthy, high-wage earners.

Currently, those earning over the cap pay an effective Social Security payroll tax rate of 1% or less. However, those earning under the cap get stuck footing a bill that's six times higher.

#### Other Potential Solutions

Not all experts and lawmakers agree that increasing the Social Security payroll tax cap is the best way to solve the problem.

Other proposed solutions include:

- ◆ Raising the full retirement age to 70 (now 66 to 67).
- ◆ Increasing the payroll tax rate to 15.6% (from 12.4%).
- ◆ Privatizing Social Security.

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## The Affordable Care Act Turns 13!

March 23, 2023 marked the thirteenth anniversary of the Affordable Care Act (ACA). The landmark health law introduced significant access and affordability reforms, including new insurance Marketplaces for individuals and critical Medicare and Medicaid modernizations. These policies have improved care and lowered costs for millions of Americans.

In recognition of the anniversary, the Biden administration released a new **report** highlighting the law's enrollment gains. It finds that as of early 2023, more than 40 million people have ACA-related coverage, the highest total on record.

Nearly 16 million of these consumers have Marketplace plans, while 19 million (across 38 participating states and the District of Columbia) were enrolled in Medicaid due to the ACA's eligibility changes, which allow states to cover low-income adults.

A large and growing body of **research** shows those who gained coverage are healthier and more financially secure as a

result. In a review of the literature focused on the ACA's Medicaid expansion, the **Council of Economic Advisors** found substantial benefits for individuals, families, and states. In part, they note the evidence "shows that Medicaid expansion improves insurance coverage and overall health. Medicaid expansion also improves the financial outlook for recipients and provides long-term benefits for children that last generations."

For those who don't qualify for Medicaid or Medicare but struggle to afford insurance, the ACA's premium tax credit subsidies for Marketplace coverage have been a lifeline. Recently extended by the Inflation Reduction Act (IRA), this assistance has **helped** over 80% of older adult Marketplace enrollees find an affordable plan, and saves older consumers \$950 a year, on average. The IRA's continuation ensures even more people will have access to affordable, high-quality plans. The ACA also improved coverage and benefits across



insurance types. For people with Medicare, it made **preventive care services** available at no cost and prescription drugs more affordable. In addition to the enriching the beneficiary experience, these changes fortified the program, allowing subsequent policies to build upon an even stronger foundation. For example, the ACA restructured Part D to close the donut hole, reducing beneficiary exposure to out-of-pocket costs. This allowed the IRA to go **further**, by capping beneficiary copayments at \$2,000 a year, limiting monthly insulin prescriptions to \$35, and expanding eligibility for the full Part D Low-Income Subsidy (LIS). Similarly, the IRA made additional preventive care—Part D vaccines—available without cost-sharing; separate administration proposals would extend no-cost Medicare coverage to other treatments, like PrEP. Presciently, the ACA also sought to bolster Medicare solvency through Medicare Advantage (MA) payment refinements. Those efforts align with the

proposals in the 2024 Advance Notice that aim to curb excessive MA overpayments. As Medicare Rights outlined in our **template** and own **comments**, the amounts overpaid to MA plans total billions of dollars each year, costs that are borne by and to the detriment of beneficiaries, taxpayers, and Medicare. While comprehensive reforms are needed to address the full range of MA financing flaws, the modest payment accuracy and insurer accountability improvements in the 2024 Advance Notice represent a critical step forward. We urge the administration to finalize these proposals without delay.

The ACA remains a cornerstone of improved health care access, quality, and affordability. The Medicare Rights Center celebrates its anniversary while also looking to Congress and the administration to continue to advance its aims through improvements in equity and education to ensure that all consumers can access the care and coverage that is right for them.

## Sen. Sanders Shows Fire, but Seeks Modest Goals, in His Debut Drug Hearing as Health Chair

Sen. Bernie Sanders, who rose to national prominence criticizing big business in general and the pharmaceutical industry in particular, claimed the spotlight Wednesday on what might at first seem a powerful new stage from which to advance his agenda: chairmanship of the Senate health committee

But the hearing Sanders used to excoriate a billionaire pharmaceutical executive for raising the price of a covid-19 vaccine showed the challenges the Vermont independent faces.

Though its formal name is the Committee on Health, Education, Labor, and Pensions (HELP), the panel Sanders chairs has little if any authority over drug prices. In the Senate, most of that leverage lies with the Finance Committee, which oversees Medicaid, Medicare, and Obamacare.

As far as drug prices go, the platform Sanders commands is essentially a bully pulpit. So Sanders was left to bully his way toward results. And while some

committee Republicans sympathized with his complaints, others bristled at his approach.

By the end of the hearing, seeming to acknowledge the limits of his power, the former presidential candidate was pleading with Moderna chief executive Stéphane Bancel for a relatively modest concession on vaccine pricing.

The CEO made no promises. Then again, pulpit proclamations can lead to corporate action, even if delayed and informal; in the weeks following President Joe Biden's State of the Union call for cheaper insulin, the companies that make it drastically cut their prices.

Sanders began Wednesday's hearing with his usual fire and brimstone.

"All over this country people are getting sicker, and in some cases dying, because they can't afford the outrageous cost of prescription drugs, while



companies make huge profits and executives become billionaires," Sanders thundered. Bancel had won his place in the witness chair with

federal assistance. Moderna, which was founded in 2010 and had not brought a drug to market before the pandemic, received billions in government funds for research, guaranteed purchases, and expert advice to help develop and produce its successful covid vaccine. The payoff has been handsome. As of March 8, Bancel held \$3 billion in Moderna stock. He also held options to buy millions of additional shares.

Government research and support are foundational to many of the expensive drugs and vaccines in use today. But Bancel made himself the perfect foil for Sanders when he announced in January that Moderna planned to increase the price of its latest covid shot from about \$26 to \$110 — or as much as \$130.

Denouncing greed, Sanders

expounded on his dream of a system in which the government fully funds drug development — and in exchange controls drug prices. "Is there another model out there where, when a lifesaving drug is made, it becomes accessible to all those who need it?" he asked. "What am I missing in thinking that it's cruel to make a medicine that people can't afford?"

Sanders' overt moralizing and harsh attacks on big business make him an outlier in the Senate, even in his own party. Yet distaste for soaring drug prices extends across the aisle. On the HELP Committee, at least, Republican politicians seem about evenly split between populist and pro-business takes on the problem, showing both the possibilities and the pitfalls that Sanders faces....**Read More**



## Biden Plan to Cut Billions in Medicare Fraud Ignites Lobbying Frenzy

The Biden administration has proposed changes to how it would pay private Medicare Advantage plans

“How’s the knee?” one bowler asked another across the lanes. Their conversation in a **Super Bowl ad** focused on a Biden administration proposal that one bowler warned another would “cut Medicare Advantage.”

“Somebody in Washington is smarter than that,” the friend responded, before a narrator

urged viewers to call the White House to voice their displeasure.

The multimillion-dollar ad buy is part of an aggressive campaign by the health insurance industry and its allies to stop the Biden proposal. It would significantly lower payments — by billions of dollars a year — to Medicare Advantage, the private plans that now cover about half of the



government’s health program for older Americans.

The **change** in payment formulas is an effort, Biden administration officials say, to tackle widespread abuses and fraud in the increasingly popular private program. In the last decade, reams of evidence uncovered in lawsuits and audits revealed systematic overbilling of the government. A final decision on the payments is

expected shortly, and is one of a series of **tough new rules** aimed at reining in the industry. The changes fit into a **broader effort** by the White House to shore up the Medicare trust fund.

Without reforms, taxpayers will spend about \$25 billion next year in “excess” payments to the private plans, according to the Medicare Payment Advisory Commission, a nonpartisan research group that advises Congress....**Read More**

## New Campaign Urges Commonsense Medicare Advantage Reforms

The Action Network Initiative (ANI), a non-partisan advocacy network that supports the mission of **Arnold Ventures** (AV) to maximize opportunity and minimize injustice through evidence-based policy reform, recently launched a **campaign** highlighting needed Medicare Advantage (MA) modernizations.

This effort comes on the heels of CMS’s proposed 2024 MA payment updates. In draft rules earlier this year (known as the **Advance Notice**), CMS recommended small but important changes to how MA payments are calculated. Overall, these policies would **increase** plan payments by 1%—about \$4 billion—in 2024. This is a lower growth rate than in recent years, a key step towards correcting MA overpayments.

MA payment inaccuracy is a recognized and actionable problem. AV **explains**, “[t]he evidence is clear that **Medicare**

**Advantage plans are overpaid**. Abusive and in some cases **fraudulent billing practices** by insurance companies have been well documented. Reforms are urgently needed to improve program integrity and hold Medicare Advantage plans accountable for providing value to beneficiaries and taxpayers.” Several AN provisions would help advance these goals. AV notes the adjustments “would begin to crack down on the fraud and waste by insurance companies and reduce improper and inflated payments to insurers,” and that additional solutions could more fully “hold insurance companies accountable.”

A new national **survey** shows current and future Medicare beneficiaries agree—they overwhelmingly support addressing MA payment flaws, including as **outlined** in the 2024 AN:



◆ 90% favor reforms to reduce MA overpayments.

◆ 70% want policymakers to prevent fraudulent MA plan billing practices.

◆ 65% say MA plans should be held accountable for providing value to beneficiaries and taxpayers.

Despite this consensus, and the inherent reasonableness of the underlying policies, MA insurers are pushing back on the AN, often disingenuously. Some **plans** have even threatened to eliminate benefits or raise premiums in response. As HHS Secretary Becerra told Senators yesterday, any such cost-shifting is entirely the plan’s choice. During a **hearing** on the President’s FY24 budget request, Secretary Becerra explained that under the AN, “the benefits that Medicare calls for in the law are not changed” and any cutbacks enrollees may see are “because

the provider has decided to make cuts in certain areas.” He categorized assertions that plans are being forced to make such updates as “an unequivocal untruth.”

Indeed, plan profit **margins** and past **behaviors**, as well as independent **modeling**, indicate the insurers could operate well within the increased 2024 payment rate parameters or achieve savings internally, without disrupting beneficiary access or coverage.

Industry claims that a \$4 billion rate hike is insufficient—essentially, that absent improper overpayments beneficiaries will suffer—while simultaneously **spending millions** to mislead policymakers and the public, ring hollow. We urge CMS to reject these bad faith arguments, and to instead move forward with beneficiary-centered reforms.

Learn more about the Action Network Initiative’s **campaign**.

## Here's a Lesser-Known Reason to Claim Social Security Early

Many seniors will inevitably become heavily reliant on Social Security to cover their living costs in retirement. And you might one day join their ranks.

That's why it's so important to file for **Social Security** strategically. You're entitled to your full monthly benefit based on your personal wage history once full retirement age, or FRA, arrives. That age is 67 for anyone born in 1960 or later.

However, once you reach the age of 62, you can sign up for

Social Security whenever you want. Filing for benefits ahead of FRA, however, has consequences.

Specifically, you'll face a reduction in benefits, the extent of which will depend on how **early** you file.

When the numbers make sense

You might reduce your Social Security income substantially by claiming benefits before FRA arrives. But if you're carrying a whopping set of balances on credit cards with high interest



rates attached to them, getting your benefits early might serve the purpose of allowing you to chip away at your debt.

And you might actually come out ahead financially by virtue of the savings you reap.

If you claim Social Security at age 62 with a FRA of 67, your benefits will take a 30% hit. If you file for benefits before FRA but at a later age than 62, that reduction will be less severe.

You'll often hear that filing for Social Security early is not a

good idea. After all, you'll be slashing a guaranteed income stream for life, and you'll be putting more pressure on your savings -- which may or may not be plentiful.

But in some cases, claiming Social Security ahead of FRA is a smart idea. If you're carrying high-interest debt, filing for benefits early to dig out of it is an option you may want to consider....**Read More**

## Are My Medicare Premiums Tax Deductible?

If you're nearing the age for Medicare eligibility, there are some things you should know about Medicare. One of those things is whether Medicare premiums are **tax-deductible**. You want to ensure you file your taxes correctly, but you also want to be certain you take advantage of every deduction available to you. Let's break down what Medicare tax deductions you can take, what expenses aren't deductible and other things you should consider for your taxes.

### Can You Deduct Medicare Premiums?

Yes, Medicare premiums are tax deductible as a medical expense as long as you meet two requirements. First, you must itemize your deductions on your tax return to deduct them from your **taxable income**. Second, only medical expenses that exceed 7.5% of your **adjusted gross income (AGI)** are deductible.

Let's break that down a bit. By itemizing your deductions, you're forgoing the **standard deduction** in favor of listing your personal deductible expenses. If you have enough deductible expenses, this can improve your standing at tax time. To do this, you'll need to keep receipts and records to prove the expenses.

If you have an AGI of \$60,000, for example, you'll be able to deduct any medical expenses that exceed \$4,500. That first \$4,500 isn't deductible. So, if you have \$7,500 in medical expenses — including Medicare premiums — only \$3,000 is deductible.

### Are Medicare Premiums Tax Deductible If You're Self-Employed?

Yes, they are. In fact, if you're self-employed, you may not have to meet the mark of having 7.5% of your AGI go to medical expenses. That includes whether you're fully employed, or if you're retired and doing some



consulting or freelancing on the side.

To qualify for the deduction, neither you nor your spouse may be eligible for health insurance through an employer. This deduction includes any premiums you pay with Medicare parts A, B, C and D, as well as **Medicare Advantage and Medigap premiums**. You claim this deduction on Schedule 1 when filing Form 1040. Even if you receive Medicare, you may be facing a variety of medical expenses that Medicare doesn't cover. Along with Medicare premiums, some of these **medical expenses are tax deductible**. Costs like long-term care, transportation for appointments and home improvement changes you've had to make due to a disability can be tax-deductible. Here are some other out-of-pocket expenses that you can deduct:

- ◆ **Dental care:** Co-pays,

extractions, fillings and any other dental expenses can be deductible.

- ◆ **Ear and eye care:** Glasses, contacts, hearing aids, eye and ear exams and more can be deductible.
- ◆ **Medical equipment:** Walkers, wheelchairs, braces and any other sort of equipment you need can be tax deductible.
- ◆ **Mental health:** Psychiatric care, psychoanalysis and therapy for medical treatment can be a tax-deductible medical expense.
- ◆ **Chiropractic services, vasectomies and more:** The IRS' list of tax-deductible medical expenses is fairly comprehensive. If you think the expense qualifies, do some research.

Remember that these expenses combined will have to make up over 7.5% of your AGI to be deductible....**Read More**

## Social Security Solvency: Raised Retirement Age More Likely as Congress Fails to Compromise

There has been no shortage of **partisan bickering** over Social Security in recent weeks, as Republicans and Democrats have **traded barbs** over which party wants to fix the troubled program and which wants to undermine it.

The rhetoric got ratcheted up last week when a pair of Republican lawmakers accused Biden administration officials of being dishonest about the Social Security debate.

During a Senate Finance Committee hearing, U.S. Sen. Bill Cassidy (R-La.) accused Treasury Secretary Janet Yellen of lying about President Joe Biden's willingness to work with lawmakers on Social Security reform, Reuters reported.

That followed a similar exchange between Sen. Mitt Romney (R-Utah) and Shalanda Young, director of the White House Office of Management and Budget (OMB), in discussions centering on Biden's fiscal 2024 budget proposal. In a separate hearing, Romney said **Young was "simply wrong" and "not honest"** to

suggest that current members of Congress want to cut Social Security and Medicare.

With so much animus between the political parties, it's hard to see any hope of bipartisan Social Security reform. The only solution with even a whiff of bipartisan support is a proposal to raise the full retirement age for Social Security benefits.

That proposal, announced last month, is being pushed by Cassidy, the Louisiana Republican, and Sen. Angus King, a Maine independent who caucuses with Democrats. The two are leading a group of legislators that aim to **raise the full retirement age to 70 from 67**.

Raising the FRA is seen as one way to lessen the impact of the coming insolvency of Social Security's Old-Age and Survivors Insurance (OASI) Trust Fund, which finances about 20% to 25% of Social Security benefits. The fund is expected to run out of money by the middle of the next decade, meaning



Social Security will have to rely solely on payroll taxes for funding.

**\*\*Raising the FRA might convince more seniors to wait an extra couple of years to start claiming Social Security benefits so they can get bigger monthly payments. With fewer people signing up for benefits before turning 70, the Social Security Administration will have fewer benefits to pay out.**

Raising the full retirement age has bipartisan support among registered voters, though not necessarily raising it all the way to age 70. A 2022 survey of more than 2,500 registered voters, conducted by the University of Maryland's Program for Public Consultation, found that 75% of respondents favored gradually raising the retirement age from 67 to 68, a move that would eliminate an estimated 14% of the funding shortfall. Support was evenly split between Republicans (75%) and Democrats (76%).

Other solutions with bipartisan support among voters include

making more wages subject to the Social Security payroll tax, increasing Social Security withholding, and reducing benefits for high earners.

But for now, much of the focus is on whether to raise the full retirement age. Not everyone supports the idea. Social Security advocates and many lawmakers have pushed back against the proposal because of the potential financial impact it would have on seniors who are already struggling to make ends meet.

Raising the FRA to age 70 "significantly cuts benefits for anyone retiring before their new full retirement age," according to the National Committee to Preserve Social Security and Medicare (NCPSSM), a nonprofit advocacy group.

But spokespersons for Cassidy and King have countered that their plan doesn't include any cuts for Americans currently receiving Social Security benefits and that many will receive additional benefits.

**\*\* Because they will be DEAD!!**



## End of Covid Emergency Will Usher in Changes Across the US Health System

The Biden administration's decision to end the covid-19 public health emergency in May will institute sweeping changes across the health care system that go far beyond many people having to **pay more** for covid tests.

In response to the pandemic, the federal government in 2020 suspended many of its rules on how care is delivered. That transformed essentially every corner of American health care — from hospitals and nursing homes to public health and treatment for people recovering from addiction.

Now, as the government prepares to reverse some of those steps, here's a glimpse at ways patients will be affected:

### Training Rules for Nursing Home Staff Get Stricter

The end of the emergency means nursing homes will have to

meet higher standards for training workers.

Advocates for nursing home residents are eager to see the old, tougher training requirements reinstated, but the industry says that move could worsen staffing shortages plaguing facilities nationwide.

In the early days of the pandemic, to help nursing homes function under the virus's onslaught, the federal government relaxed training requirements. The Centers for Medicare & Medicaid Services instituted a national policy saying nursing homes needn't follow regulations requiring nurse aides to undergo at least 75 hours of state-approved training. Normally, a nursing home couldn't employ aides for more than four months unless they met those requirements.



Last year, CMS decided the relaxed training rules would no longer apply nationwide, but states and facilities could ask for

permission to be held to the lower standards. As of March, 17 states had such exemptions, according to CMS — Georgia, Indiana, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, and Washington — as did 356 individual nursing homes in Arizona, California, Delaware, Florida, Illinois, Iowa, Kansas, Kentucky, Michigan, Nebraska, New Hampshire, North Carolina, Ohio, Oregon, Virginia, Wisconsin, and Washington, D.C.

Nurse aides often provide the most direct and labor-intensive

care for residents, including bathing and other hygiene-related tasks, feeding, monitoring vital signs, and keeping rooms clean. Research has shown that nursing homes with **staffing instability** maintain a lower quality of care.

Advocates for nursing home residents are pleased the training exceptions will end but fear that the quality of care could nevertheless deteriorate. That's because **CMS has signaled** that, after the looser standards expire, some of the hours that nurse aides logged during the pandemic could count toward their 75 hours of required training. On-the-job experience, however, is not necessarily a sound substitute for the training workers missed, advocates argue....**Read More**

## Social Security: 20% Cuts to Your Payments May Come Sooner Than Expected

In more alarming news about **the state of Social Security**, some experts are warning that up to 20% in payment cuts could be coming as early as 2032, per CNN, unless **Congress intervenes** with measures to preserve funding for the program.

Upwards of 66 million people currently receive benefits, with the average coming in around \$1,691, according to January 2023 data from the Social Security Administration (SSA). Cuts of 20% would see payments shrink to \$1,352, which is going backwards from the progress made to increase benefits through cost of living

adjustments (COLAs), the latest of which came earlier this year and bumped payment amounts by 8.7%. More than half of retirees say even that higher adjustment isn't enough to get by on, as GOBankingRates reported.

Social Security has been the subject of debate in recent weeks as the U.S. hit its debt ceiling limit. Despite accusations of politicians being poised to target the program for budget cuts, both President Joe Biden and House Republicans have vowed not to touch Social Security as they battle over national spending.

Both Biden and Senator Joe



Manchin have proposed raising taxes — and the cap on which the wealthiest Americans pay into the Social Security system — in order to ensure Social Security's longevity. Social Security could become insolvent as early as 2033 to 2035, according to the Committee for a Responsible Budget (CFRB), citing Congressional Budget Office (CBO) data. There are a few reasons for this, as reported by CNN: People are living longer, meaning they need benefits for a longer period of time, and are working fewer years, which affects the money flow coming

in. The scenario is creating a “ballooning number of beneficiaries,” per CNN. Insolvency would mean a significant reduction in benefits: “CBO estimates that benefits would be automatically cut by 23 percent across the board upon insolvency,” the CFRB indicated.

The last time Congress performed a major overhaul of Social Security was in 1983 (48 years after its official launch in 1935). In 1983, Congress raised the full retirement age from 65 to 67 and increased payroll taxes taken from American workers.

## Seniors on Social Security Might Have to Reduce Their Spending in 2024. Here's Why.

That's not an ideal scenario. It's better to have a healthy nest egg to fall back on in retirement and let **Social Security** serve as just one of several sources of income. But for many seniors, those monthly benefits do a lot. And when those benefits increase, it gives seniors more buying power.

This may be the case today. Recent **data** from **Bank of America** shows that spending has picked up more among older Americans since November than any other age group.

Some of that may have

occurred because this age group is seeing higher costs — notably in healthcare, which is commonly a big expense for older Americans. But some seniors may be taking more liberties on the spending front due to having more money from Social Security. And that's not necessarily great because many seniors need to seize the opportunity to bank some cash reserves this year.

When a large raise goes a long way



In 2023, Social Security beneficiaries received an 8.7%

cost-of-living-adjustment (COLA). That's the largest increase to come down the pike in decades. It might also explain why spending is up among seniors — they can finally afford it, even with **inflation** continuing to surge.

While Social Security recipients may have gotten a large raise in 2023, they shouldn't expect a repeat in 2024. They should anticipate a reduction in

spending to compensate.

Next-year's COLA may be lower.

Many seniors get most of their monthly income from Social Security. And for some people, those benefits represent *all* of their retirement income.

Social Security COLAs are calculated based on third-quarter data from the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). Because inflation surged so much in 2022, it allowed for a giant raise in 2023....**Read More**

## Does U.S. Tax Code Discriminate Against Seniors?

### 58% of Older Taxpayers Say Income Thresholds for Taxation of Social Security Benefits Should Be Adjusted New Survey by The Senior Citizens League

A new survey by The Senior Citizens League, (TSLC) indicates that 58 percent of survey participants think the income thresholds that subject Social Security benefits to taxation are long overdue for an adjustment to today's dollars. Unlike income tax brackets and standard deductions which are adjusted annually, the Social Security income thresholds have never been adjusted for inflation since benefits first became taxable almost 4 decades ago, in 1984.

"This failure to adjust the income thresholds is negatively

viewed by older taxpayers as a form of double taxation and even described as "ageist" in the comments we receive," according to The Senior Citizens League's Social Security and Medicare policy analyst Mary Johnson.

The number of older taxpayers who pay taxes on a portion of their benefits today is far higher today than the 10 percent that was originally estimated to be affected by the tax in 1984 when the tax became effective. Social Security recipients can owe taxes on up to 85 percent of their Social Security benefits when their "combined income" is greater than \$25,000 (single filers) or \$32,000 (couples filing jointly.)

Today about half of older



households can be subject to the tax on Social Security benefits according to a background brief by the Congressional Research Service. The number is growing as cost-of-living - adjustments (COLAs) increase Social Security benefits and income from pensions, savings, and other sources grows over time. Had these income thresholds been adjusted like tax brackets, the \$25,000 level today would be roughly \$73,000 and the \$32,000 level would be \$93,200.

The Senior Citizens League survey found that 51 percent of survey respondents worry they will pay more in taxes this tax season due to the 5.9 percent COLA received last year. That includes one - in - five who worry they may be subject to a

tax on their Social Security benefits for the first time this tax season. The worries will continue next year due to an 8.7 COLA this year.

The share of Social Security benefits that will be paid was estimated to be 6.6 percent by the Congressional Research Service in 2020. That share of benefits paid in federal taxes could climb this tax season and next year due in large part to the unusually high COLA increases in 2022 and 2023.

To determine if benefits are taxable, taxpayers should take half of the Social Security income and add it to other income to determine "provisional income." Other income includes pensions, wages, interest, dividends, and capital gains....[Read More](#)

## Understanding Long-Term Care Insurance and Medicare Coverage for Assisted Living

You just turned 65 and applied for **Medicare**. Now, if you need assisted living, you'll be set, right? Not quite.

Many people assume that Medicare covers **assisted living care**, but that misconception can be costly. Knowing the facts about Medicare, Medicaid, long-term care insurance and other coverage options will save you money and grief when it's time to consider assisted living.

### Long-Term Care and Assisted Living

Even if you are healthy today, it's important to plan for the "what ifs." According to the Administration for Community Living, about 70% of people age 65 or older will need some sort of long-term care in their lifetime. One such option is assisted living. This setting is traditionally designed for those individuals who are still somewhat independent but need assistance with **activities of daily living**, such as bathing, cooking, cleaning and laundry. This setting also provides a community setting where residents can enjoy socialization, group activities and meals with friends and family. Some communities even allow residents to have pets, as long as they can care for them.

While assisted living provides a homelike, comfortable setting for residents who can no longer live

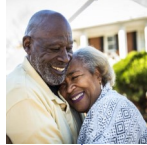
on their own but don't need 24/7 care - it can be **pricey**. In fact, the average expense, according to Genworth Financial, is about \$4,500 per month.

This doesn't include "extras" or unexpected costs, such as medications, housekeeping or cable TV - and it can go much higher for luxury communities.

According to the American Health Care Association and the National Center for Assisted Living, the average length of stay in an assisted living community is 22 months. This means a cost of almost \$100,000, and likely more. And this doesn't account for the **costs of care** if you have to transfer to a nursing home or other care setting.

### Does Medicare Pay for Assisted Living?

Most assisted living is private pay, meaning you need the funds to pay for care out-of-pocket. Medicare, the government-run health care insurance plan for people age 65 and over, as well as some low-income individuals and those with certain disabilities, doesn't cover most assisted living costs. Specifically, Medicare doesn't cover custodial, or nonskilled, care, such as bathing, dressing and other activities of daily living, the very things most people need in assisted living. What Medicare



does cover, to some degree, is **home health** and aide services, such as **physical** or occupational therapy.

"Assisted living residents generally need nonskilled help, and Medicare doesn't cover that," explains Diane Omdahl, Wisconsin-based co-founder and president of 65 Incorporated and author of "Medicare for You: A Smart Person's Guide."

**Medicare Advantage**, offered through private insurers, may help cover some custodial care costs, but you will need to explore specific plans to see if this will be of any help if you enter an assisted living community.

### How About Medicaid?

**Medicaid**, a federal program that is administered by states, may pay for some assisted living costs in some states.

"You may qualify for some personal care assistance that you receive in assisted living, but this depends on your state and your income, as every state has its own rules and requirements," Omdahl says.

Qualifying income varies by state; however, Omdahl notes that it is very low and anyone who has any income beyond their Social Security benefits may not make the cut. And even if you do get Medicaid to cover some costs, you likely will have to spend

down all of your assets before it kicks in. This means that your personal funds will be used to cover costs until you have nothing left, and that's when coverage starts.

To find out more about Medicaid in your state, visit [Medicaid.gov](https://www.Medicaid.gov) or the Social Security Administration website

### Is Long-Term Care Insurance the Answer?

Long-term care insurance policies are specifically designed to cover long-term care needs and services, such as rehab or help with activities of daily living and self-care tasks. This coverage can be costly, running between \$1,000 and \$2,000 annually or more. Among the factors that determine the cost of a policy include your age, gender, marital status, health conditions, which benefits you're interested in and where you live.

Not surprisingly, age is a big factor; the younger you are when you purchase your policy, the better. "For instance, a couple buying an average policy would save \$1,000 a year by buying at age 50 versus waiting until age 60," explains Jesse Slome, executive director of the American Association for Long-Term Care Insurance in Westlake Village, California....[Read More](#)



## Insulin manufacturers pressured to bring down prices

Eli Lilly, Novo Nordisk and Sonofi have all said they will bring down the price of insulin significantly. Since nine in 10 Americans in need of insulin rely on these companies for their insulin, this appears to be a huge win. Everyone on insulin should benefit, but Americans cannot rely on pharmaceutical companies to sell their drugs at fair prices.

Eli Lilly led the way to lower insulin prices when it announced it would cut the price of its insulin by as much as 75 percent. Novo Nordisk is lowering insulin prices 75 percent, beginning in 2024, bringing down the cost of its lowest-priced insulin to \$48.20. Sanofi says it is cutting its insulin prices **as much as 78 percent** beginning in 2024.

Of note, some say the companies offering these lower insulin prices will **profit more**, not less, from the lower prices. They will **save money on**

**Medicaid rebates.** Beginning in 2024, a federal law mandates much higher drug rebates in Medicaid.

To be clear, even a price reduction of 75 percent leaves the cost of insulin higher than it should be. **Kaiser Health News** reports California has just cut a deal with Civica Rx to manufacture insulin for its residents at a cost of \$30 a vial or \$55 for five injectable pens. Novo Nordisk's price is projected to come down to \$48 and Sanofi's to \$64 a vial, 60 percent and more than 100 percent higher, respectively. Eli Lilly's reduced price, however, will be \$25 a month.

The Inflation Reduction Act capped the out-of-pocket cost of insulin for **people with Medicare at \$35 a month**, for each insulin product people use. It also imposed penalties on pharmaceutical companies that



raised their drug prices faster than inflation. But, it did nothing to lower the price of insulin for the uninsured or working people.

**The insulin crisis in the US:** Nearly 40 million Americans need insulin to treat their diabetes. One million of them say they **ration their insulin** because the cost is too high.

**What pressured pharmaceutical companies to lower their prices further?** The companies suggest that they were already offering their drugs at lower prices to pharmaceutical benefits managers, as well as through drug discount programs. Consequently, they might not be losing money by officially lowering insulin prices.

But, the biggest push for lowering the price of insulin is likely a change in the way Medicaid rebates are calculated

beginning in 2024. These rebates had been capped. But, the cap will be lifted in 2024. **Axios** reports that by lowering the price of insulin, "Eli Lilly is avoiding paying around \$430 million per year in new Medicaid rebates and Novo Nordisk would save \$350 million." So, it appears these companies no longer have a financial incentive to keep the price of their insulin high.

**Who will benefit from these prices cuts?** Both insured Americans and the uninsured should benefit from these price cuts. But, insured Americans already have their insulin copays set for this year, so they are not likely to see lower out-of-pocket costs until next year. The price cuts should not affect people with Medicare directly as their out-of-pocket insulin costs were capped. But, lower prices for insulin should mean lower Part D prescription drug premiums.

## Can eating the right foods improve your sleep?

Americans too often struggle to get the sleep they need, which can lead to all sorts of chronic diseases. Not surprisingly, all sorts of sleep aids saturate the marketplace. But, what if eating the right foods improved your sleep without having to pop a pill?

Today, the **Centers for Disease Control** reports that one in three Americans say they sleep

less than recommended. Adults of all ages need at least seven hours of sleep. Without that sleep, some are not able to focus at work, get into traffic accidents, or suffer other injuries.

**Consumer Reports** suggests that sometimes eating the right foods—foods that are plant-based—can improve your sleep, much as



it can improve your mental and physical health. Plant-based foods don't tend to affect your blood sugar. They have less saturated fat, less added sugar and more fiber.

For better sleep, you should try eating more avocados, olive oil, nuts, fruits and vegetables. Legumes are also extremely beneficial, including lentils,

beans, peas, soybeans, peanuts and whole grains. Legumes produce melatonin, a sleep hormone. Eating these foods puts you on the Mediterranean diet.

**What foods should you avoid?** Avoid red meat, white flour and **foods with added sugar**. And, of course, caffeine and alcohol....**Read More**

## Medication Shortage Means Many With Advanced Prostate Cancer Are Missing Treatments

An ongoing shortage of a drug for men with advanced prostate cancer is causing some patients to miss months of potentially life-extending treatment.

The drug's maker, Novartis Pharmaceuticals Corp., has said it can't keep up with demand for the medication, known as Pluvicto.

Doctors have had to reschedule some patients who were due to start their first doses of the treatment. Meanwhile, the company said it is prioritizing those who are already being treated with six cycles of the drug, but even some of those

patients have not been able to get their medication.

"We recognize that any rescheduled dose is distressing for patients and their loved ones and poses challenges for the treatment centers. We are striving to serve as many patients as possible as quickly as possible as we work through the current situation," Novartis said in a recent **news release**.

Among U.S. men, prostate cancer is the second most common cancer and the second leading cause of cancer death.



About 34,700 Americans die from the disease each year, according to the American Cancer Society. Prostate cancer has no cure at this advanced stage.

Pluvicto was designed to treat metastatic castration-resistant prostate cancer with targeted radioligand therapy, **according** to the company. The medication delivers radiation to targeted cells using radioactive atoms. The drug's entry into the marketplace was **approved by the U.S. Food and Drug Administration** in March 2022,

and its arrival was met with a lot of excitement, **Dr. Daniel Spratt**, chair of the department of radiation oncology at University Hospitals Seidman Cancer Center in Cleveland, told **CNN**.

"Some men and their physicians will feel that some hope was taken from them," Spratt said. "Cancer is the enemy here, not the company, but it's unfortunate to have that excitement that your physician will be able to prescribe it to you and just not be able to give it to them."...**Read More**

## Why aren't medical devices tested against placebos?

Lizzy Lawrence reports for **Stat News** on the value of testing medical devices against a placebo. Otherwise, it's difficult to know whether a medical device offers a benefit. Because the FDA does not require placebo trials, they are rarely performed. And, that suits the device manufacturers just fine. For sure, plenty of medical devices on the market are **unsafe** or of **questionable value**. They have not been tested thoroughly. And, sometimes, hundreds of thousands of people get them even though they could be harmful. Some experts argue for more device testing against a placebo. The device manufacturers say that a placebo test is challenging, given that a lot of these devices require

invasive procedures. But, how many people are getting medical devices that offer no benefit or worse still, put their health at risk?

A recent Abbott study to determine whether a device to treat a heart condition was safe and effective compared a cohort of patients using the device, TriClip, with a cohort who simply received diuretics or another medical therapy for heart failure. Both groups had about the same rates of death and hospitalization for heart failure.

Without a placebo, there's no way to know whether the device and the intervention work. The device makers don't want to incur the expense of a placebo trial, and claim it is hard to find patients to



participate. The FDA has not required placebo testing. Rather, the FDA has allowed countless "low-to-medium risk" medical devices into the market based on nothing other than their "**substantial equivalence**" to a device already on the market. And, the FDA takes a liberal view of the meaning of "substantial equivalence." It also does not appear to factor in the safety and efficacy of the device already on the market.

The FDA requires only "high-risk" medical devices to be shown to be safe and effective before approving them for use. Only one in 20 medical devices are classified as "high-risk." And, most of these devices are not

tested against a placebo for safety and efficacy.

Of course, placebo testing has risks as do medical devices that offer no benefit. Moreover, placebos are not always even possible, such as in the case of bypass surgery. What to do?

Interestingly, if patients think that they might have gotten a placebo, they are less likely to respond as well to it. To do a meaningful placebo test, it appears that patients need to hear enough about the procedure that they believe it really happened. They need to be told about all the steps taken; the fewer the steps, the less likely the patient will believe the treatment is for real.

## Health officials consider another round of bivalent boosters for the most vulnerable Americans

US officials are weighing whether to offer people who are at high risk of severe Covid-19 the chance to get another bivalent booster, according to a source familiar with the deliberations, who asked not to be named because they were not authorized to share the details of ongoing discussions.

While most Americans have gladly put pandemic precautions – including vaccines – in the rear view, some who are trying to protect themselves or their loved ones from severe illness have been anxiously wondering how soon they can get another shot.

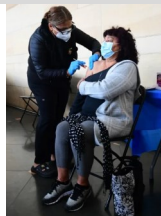
One of them is Michael Osterholm, who directs the University of Minnesota's

Center for Infectious Disease Research and Prevention.

The 70-year-old was quick to get an updated bivalent booster when they were rolled out in the US last fall. The bivalent booster is now recommended for all Americans 5 and older at least two months after their last dose of a vaccine or three months after a Covid-19 infection.

In February, roughly six months after his previous booster, Osterholm asked about topping off his protection with a second bivalent shot, but "I was turned down," he said.

Studies of the effectiveness of the Covid-19 vaccines show



that their protection against infection, emergency room visits and hospitalizations fades after six months as levels of neutralizing antibodies in the blood fall. Some protection is left in B-cells and T-cells, components of the immune system that retain a memory of past invaders, though the duration of that protection isn't fully understood.

Last week, Osterholm caught Covid-19 for the first time.

"I have no idea how I caught it," he said. "I was wearing N95s [masks], the whole nine yards."

Osterholm knows that even if he had been able to get a second bivalent booster, he still might have gotten sick –

the Covid-19 vaccines don't provide the kind of sterilizing immunity required to block infections completely – but he can't help but wonder whether he might have bounced back a little faster.

"I wonder what this would have been like if had gotten it," he said.

As the virus that causes Covid-19 has evolved, it has outsmarted every available kind of passive immunity, the antibodies doctors once gave vulnerable people to augment their own immune defenses. This makes vaccines one of a shrinking number of safeguards left for people at highest risk of severe Covid-19 infections....**Read More**

## E. Coli From Meat May Be Causing Many UTIs

E. coli bacteria are an infamous cause of food poisoning, but a new study suggests those same microbes lurking in meat may be behind nearly half a million cases of urinary tract infections (UTIs).

UTIs are very common, affecting more than half of all women at least once in their lives. And the vast majority of those infections are caused by E. coli bacteria.

Although E. coli may be best known for spurring outbreaks of food poisoning, most strains of the bacteria are actually harmless. In fact, E. coli lives happily in the human gut, as part of the vast array of beneficial bacteria that make up the body's "microbiome."

Sometimes, though, when that gut-dwelling E. coli is shed in your stool, it can migrate to your



urinary tract and cause a UTI.

That, at least, is the source of most UTIs, said study author **Lance Price**, a microbiologist and professor at George Washington University, in Washington, D.C.

Price's team found genetic evidence that some UTIs are caused by E. coli in the chicken, turkey and pork that people buy at the grocery store. The bacteria

find their way to the urinary tract the same way as other UTI-causing E. coli do — but the source is different.

The researchers estimated that around 8% of UTIs caused by E. coli can be traced to a food source. That would translate to about a half-million such infections among Americans each year, Price noted....**Read More**



## A Lot of Thought, Little Action: Proposals About Mental Health Go Unheeded

Thousands of people struggle to access mental health services in Florida. The treatment system is disjointed and complex. Some residents bounce between providers and are prescribed different medications with clinicians unaware of what happened. Jails and prisons have become de facto homes for many who need care.

These problems and more were identified in a scathing report released earlier this year by the Commission on Mental Health and Substance Abuse, a **19-person panel** that Florida lawmakers created in 2021 to push for reforms of the state's patchwork of behavioral health services for uninsured people and low-income families.

What's most troubling about the group's findings? They aren't new.

More than 20 years ago, the Florida Legislature set up a commission **with the same name** to examine the same issues

and publish recommendations on how to improve mental health care in the publicly funded system. The echoes between the two groups — over two decades apart — are unmistakable. And Florida isn't the only state struggling with the **criminalization of mental illness**, a **lack of coordination** between providers, and **insufficient access to treatment**.

Last year, the national advocacy group Mental Health America said Florida ranked 46th among the 50 states and the District of Columbia for access to such care. Arizona, Kansas, Georgia, Alabama, and Texas were worse off, according to the nonprofit, which based its rankings on access to insurance, treatment, and special education, along with the cost and quality of insurance and the number of mental health providers. Conversations about mental



health are at the forefront nationwide amid the **proliferation of mass shootings, pandemic-related stress, rising suicide rates**, and shifting viewpoints on the **role of police** in handling 911 calls.

"It comes down to how much investment, financially, legislators are willing to put into building a system that works," said Caren Howard, director of policy and advocacy at **Mental Health America**, a nonprofit just outside Washington, D.C.

In Florida, the 1999 Commission on Mental Health and Substance Abuse was launched when Jeb Bush was governor. In a **74-page report released in 2001**, the group called the state's treatment system "complex, fragmented, uncoordinated and often ineffective."

The commission found that jails and prisons were Florida's "largest mental hospitals"

after "**deinstitutionalization**" began — the 20<sup>th</sup>-century movement to shutter state psychiatric facilities and treat people instead through community services.

The **report also blasted Florida agencies** for not sharing patient data with one another and being unable to track whether those with severe mental illnesses like schizophrenia were truly getting needed help.

"A lot of the things that we're finding now, they found back then," said Charlotte County Sheriff Bill Prummell, a member of the latest commission who served as the chairperson for about 18 months.

The similarities raise questions for the group about whether its work will also end up on a shelf, collecting dust, as Florida lawmakers continue to wrestle with the same challenges again and again.

"Are they really going to take us seriously?" Prummell asked

## Weaker Bones, Weakening Brain? Study Makes the Connection

For some older adults, thinning bones may be a harbinger of waning memory, a new study suggests.

The study, of more than 3,600 older adults, found that those with relatively low bone density were at greater risk of being diagnosed with dementia within the next decade. The one-third of participants with the lowest bone mass at the hip faced double the risk of dementia as the third with the strongest hip bones.

Researchers said the findings -- published March 22 in the journal **Neurology** -- do not mean

that thinner bones help cause dementia.

Instead, they suspect that declining bone mass is one part of the early dementia process -- before problems with memory and thinking skills become apparent.

And that implies that doctors should pay attention to bone health as soon as older adults are diagnosed with dementia, said senior researcher **Dr. Mohammad Arfan Ikram**.

One of the main reasons that people with dementia end up in nursing homes is poor mobility



and falls, noted Ikram, a professor at Erasmus University Medical Center in Rotterdam, the Netherlands.

"We know that low bone mineral density is a strong risk factor for poor mobility, and falls and fractures," he said. "Therefore, it can be helpful in persons with early-stage dementia to also pay proper attention to their bone health -- and where possible optimize it."

The study is not the first to connect bone health to dementia risk.

"This is an association we've seen before. For example, osteoporosis has been linked to dementia risk," said **Heather Snyder**, vice president of medical and scientific relations at the Alzheimer's Association.

It's not completely clear why bone and brain health are connected, according to Snyder, who was not involved in the new research. But poor nutrition and lack of physical activity could be part of the story, she said....**Read More**

## Mental Health Woes Double Women's Odds for Cervical Cancer

Women with mental illness have a risk for cervical cancer that's twice as high as that for others, according to new research.

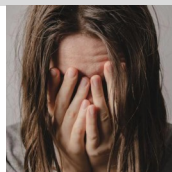
Swedish researchers noted that women with mental illness, neuropsychiatric disability or substance abuse were also less likely to get screening tests that can detect cervical cancer.

"Our results suggest that women with these diagnoses participate more seldom in screening programs at the same time as they have a higher

incidence of lesions in the cervix," said co-author **Kejia Hu**, a postdoctoral researcher at the Institute of Environmental Medicine at Karolinska Institute in Solna, Sweden. "We thus found that they have twice the risk of developing cervical cancer."

The study included more than 4 million women born between 1940 and 1995.

Researchers calculated their risk of cervical cancer and



precancerous cervical lesions, as well as women's participation in screening programs. They compared women diagnosed with a

substance use or mental health disorder or disability with women who did not have these diagnoses.

Cancer risk was elevated with all of these diagnoses, researchers found, most of all with substance abuse.

In 2020, the World Health Organization announced a global

strategy for eliminating cervical cancer. It aims to screen 70% of women for the disease at least once before age 35 and twice before age 45.

Unequal care is a major obstacle to reaching this goal, the authors said.

"Our study identified a high-risk group that needs extra attention if we're to succeed in eliminating cervical cancer," Hu said in an institute news release....**Read More**

## Dealing With Caregiver Stress & Burnout: A Guide

If you've been suffering from caregiver stress, you've got plenty of company.

It affects about 36% of the 53 million unpaid family caregivers in the United States, according to a recent report by the [AARP and the National Alliance for Caregiving](#) -- and it can ultimately lead to caregiver burnout.

To give you some tools to better recognize caregiver stress and burnout, let's explore some of the symptoms. Plus, experts offer several ways you can better manage caregiver stress, and when it's time to seek help to prevent it from reaching the level

of burnout.

### What is caregiver stress?

Caregiver stress occurs when the emotional, mental and physical impacts of being a caregiver become overwhelming.

It can happen to anyone who takes care of a person with a disability, health condition or injury or someone who is elderly. However, more women say they experience stress from caregiving than men, according to the U.S. Department of Health and Human Services [Office of Women's Health](#).

One of the main challenges for a lot of caregivers is having too



little time for themselves or their family and friends.

"Family caregivers spend an average of over 24 hours a week providing care -- that's more than an entire day you don't have for yourself," [Laura Kotler-Klein](#), a social work manager at the Hospital of the University of Pennsylvania, said in a Penn Medicine [article](#).

Caregiver stress may be experienced in a variety of ways, including:

- ◆ Overeating or not eating enough
- ◆ Losing interest in the activities and people you

once enjoyed

- ◆ Experiencing feelings of isolation, depression or other negative emotions
- ◆ Treating the person you're caring for poorly
- ◆ Feeling a loss of control
- ◆ Using substances like alcohol and medications to try to relieve stress.

According to the [Alzheimer's Association](#), signs of caregiver stress may also include increased levels of irritability, anger, frustration, insomnia, anxiety and even denial of your loved one's condition....[Read More](#)

## Similar Processes Could Link MS With Heart Disease

Multiple sclerosis (MS) and atherosclerosis both involve an abnormal hardening of body tissue, and recent research suggests they may be linked.

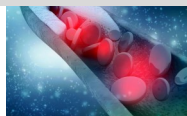
MS is a neurodegenerative disease that attacks the brain and spinal cord. Atherosclerosis is hardening of the arteries.

Studies show connections between the two, according to Ochsner Health System in New Orleans. In 2018, a team of Romanian researchers led by [Dr. Raluca Ileana Mincu](#) of the University of Medicine and Pharmacy Carol Davila,

Bucharest, used state-of-the-art echocardiography to conduct heart and vascular assessments in patients with MS.

[The exams](#), which show how blood flows through the heart and valves, found that MS patients had more impairments on both sides of the heart compared to healthy people.

A more [recent study](#) followed more than 84,000 people for 10 years, comparing heart health in participants with and without MS. People with MS were 50% more likely to die from heart



disease, researchers found. They were 28% more likely to have a heart attack and 59%

more likely to have a stroke. [Raffaele Palladino](#) of Imperial College London led the study.

The findings highlight the importance of comprehensive heart exams for people with MS. Advanced techniques can help prevent life-threatening heart disease in patients who are at high risk.

This preliminary research doesn't show that MS causes

atherosclerosis, but a strong association between the two diseases is emerging, according to Ochsner Health.

More studies are needed to understand the underlying processes that link these two conditions.

In atherosclerosis, fatty deposits build up in the arteries, causing a thickening of the blood vessel wall, curtailing blood flow. As a result, lower levels of oxygen and important nutrients are able to reach various parts of the body....[Read More](#)

## Gambling: When Does Play Become Addiction?

While some gamble socially and others do it for a living, it's a serious addiction for those who have an uncontrollable urge to keep going at the risk of losing everything.

"In our brain, the centers involved with gambling addiction are the same centers involved with substance addiction," said [Dr. Asim Shah](#), professor and executive vice chair of psychiatry and behavioral

sciences at Baylor College of Medicine in Houston.

"The warning signs can be the same as any addiction," he said in a college news release.

Gambling stimulates the brain's reward center, resulting in a rush that makes someone want to keep doing it.

Shah said there are three types of gamblers.



While skilled professional gamblers demonstrate self-control, patience and rational

thinking, problem gamblers are compulsive, rely on the habit for their livelihood and have no self-control around it.

A social gambler, meanwhile, spends a moderate amount of time and money in casinos or enjoys occasionally making bets.

While problem gamblers may

think they fit in one of these other categories, there are warning signs of gambling addiction. They may feel helpless or hopeless, become restless or edgy. A problem gambler may max out their credit cards to feed this behavior.

A problem gambler may also bet more to recover money lost, lie to hide the problem or have others suggesting they should cut back....[Read More](#)

## Being 'Socially Frail' Comes With Health Risks for Older Adults

[By Judith Graham](#)

Consider three hypothetical women in their mid-70s, all living alone in identical economic circumstances with the same array of ailments: diabetes, arthritis, and high blood pressure.

Ms. Green stays home most of the time and sometimes goes a

week without seeing people. But she's in frequent touch by phone with friends and relatives, and she takes a virtual class with a discussion group from a nearby college.

Ms. Smith also stays home, but rarely talks to anyone. She has



lost contact with friends, stopped going to church, and spends most of her time watching TV. Ms.

Johnson has a wide circle of friends and a busy schedule. She walks with neighbors regularly, volunteers at a school twice a week, goes to church, and is in

close touch with her children, who don't live nearby.

Three sets of social circumstances, three levels of risk should the women experience a fall, bout of pneumonia, or serious deterioration in health. Read more [here](#).