



## April 30, 2023 E-Newsletter



### Message from Alliance *for* Retired Americans Leaders

#### Alliance Announces Partnership with National United Committee to Protect Pensions



Robert Roach,  
President, ARA

This week the Alliance and [the National United Committee to Protect Pensions](#) (NUCPP) Board of Directors announced a partnership to address the nation's retirement security crisis.

"With politicians, despite their denials, trying to slash our hard earned Social Security benefits, we have decided to take the bull by the horns and team up," said **Robert Roach, Jr., President of the Alliance.** "The [national median 401\(k\) account balance](#) is less than \$34,000. That is not acceptable when defined benefit pensions are being offered to fewer and fewer workers."

The NUCPP was formed in 2016 to ensure that hard-working Americans' pension funds remain solvent and to educate, inform and advocate for accountability, reform, and restoration of multi-employer pension funds. It also acts as a watchdog on retirement security issues, including pensions, Social Security, and Medicare.

"Fortunately, a pension crisis was averted in 2021 when the Butch Lewis Act, an important part of President Biden's American Rescue Plan, was signed into law," added President Roach. "However, a national retirement security emergency remains in effect, and we need to [expand Social Security in response.](#)"

Biden Event Provides

#### Sharp Contrast with House GOP Proposals



Rich Fiesta,  
Executive  
Director, ARA

Alliance Executive Director **Richard Fiesta** joined President Biden in [Accokeek, Maryland](#) Wednesday as Biden derided Republicans' plans to raise the nation's debt limit only in exchange for spending cuts and other policy concessions.

The week's events, which began with McCarthy delivering a speech on Wall Street, clearly showed how Biden and the Speaker are addressing two very different audiences. Standing in a steel garage and workshop, President Biden stressed the contrast, telling the members of International Union of Operating Engineers, Local 77 that while "I'm here in the union hall with you, Speaker McCarthy just got finished speaking to Wall Street two days ago."

"All the House GOP cuts would not even reduce the deficit, they would just pay for more tax giveaways that overwhelmingly benefit the super-wealthy and biggest corporations," said Executive Director Fiesta. "President Biden's plan would cut the deficit by nearly \$3 trillion over 10 years by asking the wealthiest Americans and large corporations to pay their fair share, and cutting wasteful spending on special interests like Big Pharma and Big Oil."

**McCarthy Goes After Most Vulnerable Americans as Condition for Raising the Debt Ceiling**



Joseph Peters  
ARA  
Sec.-Trea.

Speaker Kevin McCarthy has released a plan to raise the national debt limit by \$1.5 trillion in exchange for an array of drastic budget cuts across dozens of domestic programs, setting off a frantic attempt in the House to gather GOP votes. The Republican proposal [includes](#) familiar targets for conservatives: Medicaid and SNAP (food stamps), both of which are lifelines for older Americans.

One way to cut funding is to institute additional work requirements on recipients for both Medicaid and SNAP. Overall, the deep cuts to Medicaid would dramatically affect 8 million seniors' health care.

Estimates say that more than 2 million people would lose health coverage completely by failing to meet the Medicaid work requirement, sometimes for administrative reasons. The Congressional Budget Office has previously [estimated](#) that requiring non-disabled, non-elderly childless adults to work in order to receive Medicaid benefits would reduce the program's spending by \$135 billion over 10 years.

However, the proposal ignores the fact that voters in state after state, when asked whether they should expand Medicaid to working-age, childless adults to give more people access to health insurance, have voted in favor of doing so. People who don't have employer-based insurance, but whose income is too high for

them to qualify for Medicaid under stricter means testing, can get health coverage through Medicaid through the Affordable Care Act. Many of these adults are working in full-time jobs that do not provide health insurance. Medicaid enrollment has roughly doubled from about [46 million people](#) in 2007 to more than [92 million today](#), with North Carolina becoming the most recent state opting to join the program.

The House's work requirement proposal — called a "community engagement" requirement in the bill's text — would roll back those coverage gains by requiring many recipients to be working, looking for work, or participating in another kind of community service. Children under 18, adults over 56, people with mental or physical disabilities, and parents of dependent children would be exempted.

In Arkansas, where implementation of a work requirement was eventually blocked by a court order, nearly 17,000 people lost coverage after the requirement was put in place. Analyses later found that the policy didn't lead to an improvement in Medicaid beneficiaries' economic status; they simply became uninsured.

"There is a major risk for House Republicans if they continue down this path of destruction," said **Joseph Peters, Jr., Secretary-Treasurer** of the Alliance. "Medicaid spending cuts are deeply unpopular with both the American public and lawmakers. Two-thirds of Americans oppose cutting Medicaid's spending."

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NAME

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

# Retiree Groups Announce New Collaboration to Take on the Nation's Retirement Security Emergency

Washington, DC – The National United Committee to Protect Pensions (NUCPP) Board of Directors and the Alliance for Retired Americans (Alliance) are pleased to announce a partnership to address the nation's retirement security crisis.

"With politicians, despite their denials, trying to slash our hard earned Social Security benefits, we have decided to take the bull by the horns and team up," said **Robert Roach, Jr., President of the Alliance.** "The national median 401(k) account balance is less than \$34,000. That is not acceptable when defined benefit pensions are being offered to fewer and fewer workers."

"When Congress passed the Multiemployer Pension Reform

Act of 2014, endangering millions of hard earned pensions, we formed a grassroots movement to fight back that included retired truck drivers, warehousemen, dock workers and other dedicated Pension Warriors," said Kenneth Stribling, NUCPP President.

"Now we want to take that movement to the next level."

"Fortunately, a pension crisis was averted in 2021 when the Butch Lewis Act, an important part of President Biden's American Rescue Plan, was signed into law," added President Roach. "However, a national retirement security emergency remains in effect, and we need to expand Social Security in



**NUCPP®**  
National United Committee  
To Protect Pensions

response."

The NUCPP was formed in 2016 to ensure that hard-working Americans' pension funds remain solvent and to educate, inform and advocate for accountability, reform, and restoration of multi-employer pension funds. It also acts as a watchdog on retirement security issues, including pensions, Social Security, and Medicare.

The Alliance for Retired Americans, with 4.4 million members nationwide, has 39 state alliances and members in every state and retiree activists from all walks of life, working to protect and expand Social Security and Medicare and defend pensions from attack.

"Bringing together the Alliance's national members and NUCPP's members, who were at the forefront of the grassroots movement to save over 10.1 million American pensions, will provide greater strength in even bigger numbers, while increasing our ability to find legislative solutions," added President Stribling.

"Rita Lewis, wife and activist of deceased Teamster Butch Lewis, had a slogan — **'A Promise is a Promise is a Promise.'**" Stribling concluded. "Just like our pensions, Social Security was promised to us, and we will do whatever is necessary to protect and expand it, so it is there for current and future retirees."

## Caregivers for Severely Disabled Vets Getting Expanded Mental Health Services as Part of Biden Order

An executive order signed Tuesday by President Joe Biden will expand mental health services via telehealth for some caregivers of disabled veterans and suggests that the **Department of Veterans Affairs** broaden veterans' access to its family caregiver program as well as home health services.

Under the order, the VA must develop a new pilot program offering telehealth psychotherapy -- therapy provided over the phone -- for caregivers who are enrolled in the Program of Comprehensive Assistance for Family Caregivers, also known as the Family Caregiver Program.

The requirement, along with others in the executive order, seek to ease the physical and emotional strain of caregiving, according to Biden.

"It is the policy of my Administration to enable families -- including our military and veteran families -- to have access to affordable, high-quality care and to have support and resources as caregivers themselves," Biden wrote in the order.

The new program is one of several White House initiatives aimed at improving child-care services nationwide and supporting those who care for disabled or elderly Americans.

The directive also recognizes the potential for other VA programs to help home-bound

disabled veterans, recommending the expansion of several established home health programs at the department. But it fell short in mandating the improvements, using phrases like "shall consider" and "encouraged to" in order to avoid burdening agencies with unfunded requirements.

The order suggests that the VA expand its Home-Based Primary Care program, which provides veterans medical treatment at their homes, by adding 75 new care teams; recommends that VA expand its Directed Care Program, an initiative that gives veterans who need help with activities of daily living access to home health aides; and proposes widening a program that allows veterans to budget for and choose who provides that care.

Biden, while acknowledging that those changes are not required, encouraged the department to comply.

"Nearly every other advanced country makes greater public investments in care than the United States. Investing in care is an investment in the future of America's families, workforce, and economy," Biden said.

Many of the recommendations in the executive order mirror provisions in a bipartisan bill introduced earlier this year in the House and Senate, the Elizabeth



Dole Home Care Act, which would expand disabled veterans' access to and increase support for home- and community-based care for veterans.

The bill calls for assessments of VA's caregiver and long-term care programs and review staffing and funding needs for the department's Office of Geriatrics and Extended Care and Caregiver Support Program Office.

Bill supporters say it allows veterans to safely age in their homes and provides them flexibility in deciding who cares for them. On Tuesday, Senate Veterans Affairs Committee Chairman Sen. Jon Tester, D-Mont., who co-sponsored the legislation along with the committee's ranking Republican, Sen. Jerry Moran of Kansas, praised the executive order as "critical" to ensuring that veterans age with dignity.

"This is great news for our aging and disabled veterans who deserve and have earned access to quality home-based care," Tester said in a statement released by his office.

Critics of the bill, however, including the advocacy group Veteran Warriors Inc., say it would shortchange the Family Caregiver Program by diverting funds to caregiver nonprofits, including the Elizabeth Dole Foundation, as well as home

health corporations.

"Makes you wonder, is #Congress here to benefit the 'preferred partners' or the 'Veteran community?'" the advocacy group Veteran Warriors Inc. stated on its Facebook page in March shortly after the bill was introduced.

The administration estimates that 5.5 million Americans support disabled veterans in some way, providing care and assistance to those who need help with their day-to-day functions, from getting bathed and dressed, to cooking and cleaning, supervising and taking them to appointments.

At the VA, one of the most popular caregiver programs is the Family Caregiver Program, which provides health care and financial assistance to roughly 33,000 caregivers.

In the past three years, VA has expanded the program beyond its initial focus on severely injured or ill post-9/11 combat veterans to include war veterans of all eras. As part of the expansion process, the department rewrote eligibility criteria for the program that was more restrictive than the previous requirements

and initiated a review of 19,000 "legacy" participants to determine whether they still qualified.... [Read More](#)

# OMB: Rescinding COVID Funds as Part of Debt Limit Deal is an Attack on Pensions

Last Friday, the White House Office of Management and Budget (OMB) released their monthly report detailing the unspent COVID money — \$70 billion of American Rescue Plan (ARP) funds — that House Republicans want to cut as part of a debt limit deal.

Two-thirds of the money, \$46.7 billion out of \$72.8 billion, is from the Pension Benefit

Guaranty Corporation's Special Financial Assistance Program, which was always intended to spend slowly over time, a major reason for the funds not being spent yet. Since that's most of the unspent ARP money, many seniors see the GOP's "rescind unspent COVID balances" message as code for "cut support for union



pensions."

"After 10 plus years of living with uncertainty, 10.1 million pensioners were given a lifeline with the Butch Lewis Act," said NUCPP President Kenneth Stribling. "Now the Republicans have targeted these seniors once more by trying to take their earned pensions away again. This is why we are pleased to

announce the partnership this week with the Alliance, as well as other retiree groups with similar interests in keeping retirement security benefits safe. The NUCPP and its pension warriors have proven that they will fight for what we earned and were promised."

## Senate legislation would cap insulin at \$35 per month for people with private insurance

insurance.

"Americans living with diabetes and the ones who love them cannot wait any longer for Congress to act — the time is now,"

Shaheen and Collins said in a statement on Friday.

"We are calling on Senate leadership to bring this bill to the floor for consideration as swiftly as possible," the senators said. The legislation was introduced on Thursday.



Biden's Inflation Reduction Act, which became law last year, capped the price of insulin at \$35 a month for seniors on Medicare.

But efforts to include people with private insurance died in Congress last year due to Republican opposition.

More than 2 million patients with diabetes who take insulin are privately insured, [according to the Health and Human](#)

### Services Department.

About 150,000 patients who take insulin do not have insurance, according to HHS.

In March, [Eli Lilly, Novo Nordisk](#) and [Sanofi](#) announced they would slash prices of their most widely used insulin products in response to growing public pressure to address rising costs

## Social Security's 2023 COLA Is Outpacing Inflation. But Will Seniors End Up Disappointed in 2024?

Many retirees struggled financially in 2022 as inflation surged, driving up the cost of living across the board. But this year, seniors may be faring a bit better. That's because Social Security recipients got a giant raise at the start of 2023, and so far, it seems to be holding up nicely.

Social Security's most recent cost-of-living adjustment (COLA) was 8.7%. That was

actually the largest raise to arrive in decades.

Of course, it was justifiable. [Social Security](#) COLAs are calculated based on changes in inflation. So while seniors no doubt had a difficult time keeping up with higher living costs in 2022, the silver lining was that high levels of inflation set the stage for a large COLA in 2023.



Meanwhile, the pace of annual inflation has been slowing since the start of 2023. And that means that seniors' current Social Security COLA may finally be helping them gain buying power compared to the previous year.

But next year's Social Security COLA could look very different from the raise that arrived in early 2023. And that's something

seniors need to brace for.

### Is your Social Security COLA going to shrink in 2024?

Social Security COLAs are calculated based on third quarter data from the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). Last year, that index registered a high enough uptick in inflation that it allowed Social Security benefits to increase 8.7% this year....[Read More](#)

Poverty is the fourth-greatest cause of death in the United States, according to new research.

Researchers at the University of California, Riverside estimate that poverty was associated with 183,000 deaths in 2019 among people 15 years and older.

And that's a conservative estimate, they say, because the year was just prior to the COVID-19 pandemic.

"Poverty kills as much as dementia, accidents, stroke, Alzheimer's and diabetes," said David Brady, the study's lead author and a UCR professor of public policy.

"Poverty silently killed 10

times as many people as all the homicides in 2019. And yet, homicide firearms and suicide get vastly more attention," he added in a university news release.

People living in poverty have incomes less than 50% of the U.S. median income, the researchers noted. (In 2021, the median household income was \$70,784 per household, according to the U.S. Census Bureau.)

Impoverished Americans have roughly the same survival rates as richer folks until they hit their 40s. Then they die at significantly higher rates, according to the study.



The analysis found that only heart disease, cancer, and smoking kill more people than poverty. Deaths related to obesity, diabetes, drug overdoses, suicides, firearms and homicides were all fewer than deaths associated with poverty.

Researchers analyzed income data from the Institute for Social Research at the University of Michigan and death data from household surveys from the Cross-National Equivalent File. They validated deaths using a database kept by the U.S. National Center for Health Statistics.

"Because certain ethnic and

racial minority groups are far more likely to be in poverty, our estimates can improve understanding of ethnic and racial inequalities in life expectancy," according to the paper.

Poverty should get more attention from policymakers, said Brady, director of UCR's Blum Initiative on Global and Regional Poverty.

"If we had less poverty, there'd be a lot better health and well-being, people could work more, and they could be more productive," Brady said. "All of those are benefits of investing in people through social policies."

# Most Americans Don't Pass This Social Security Quiz. Can You?

If you're approaching retirement age, chances are you need to brush up on your **Social Security** knowledge.

A recent MassMutual poll found that most people nearing **retirement** age don't know the ins and outs of this vital safety net program. In fact, 65% of people between 55 and 65 years old either nearly failed or outright flunked a 13-question quiz on Social Security. Respondents struggled the most on questions about deferred benefits, how benefits are taxed and whether non-citizens are eligible to receive Social Security.

## Can You Answer These 13 Questions?

MassMutual partnered with PSB Research to poll older adults on their understanding of Social Security. Of the 1,500 people who took part in the online poll between April 4 and 7, only 6% correctly answered 12 or more of the true/false questions. While 12% of participants got 11 of 13 questions right, 18% answered 10 questions correctly. However, 29% of people received a failing grade on the quiz by answering six or more questions incorrectly. Meanwhile, another 36% of respondents scored in just the 60th percentile by incorrectly answering four or more questions.

Here are the 13 true or false questions that were asked in the

survey (correct answers appear below):

1. In most cases, if I take benefits before my full retirement age, they will be reduced for early filing.
2. If I am receiving benefits before my full retirement age and continue to work, my benefits might be reduced based on how much I make.
3. If I have a spouse, he or she can receive benefits from my record even if he or she has no individual earnings history.
4. If I have a spouse and he or she passes away, I will receive both my full benefit and my deceased spouse's full benefit.
5. Generally, if I am in a same-sex marriage, there are different eligibility requirements when it comes to Social Security retirement benefits.
6. The money that comes out of my paycheck for Social Security goes into a specific account for me and remains there, earning interest, until I begin to receive Social Security benefits.
7. Under current law, Social Security benefits could be reduced by 20% or more for everyone by 2035.
8. If I file for retirement benefits and have dependent
9. If I get divorced, I might be able to collect Social Security benefits based on my ex-spouse's Social Security earnings history.
10. Under current Social Security law, full retirement age is 65 no matter when you were born.
11. If I delay taking Social Security benefits past the age of 70, I will continue to get delayed retirement credit increases each year I wait.
12. Social Security retirement benefits are subject to income tax just like withdrawals from a traditional IRA account.
13. I must be a U.S. citizen to collect Social Security retirement benefits.



children aged 18 or younger, they also may qualify for Social Security benefits

enough work credits over the course of their careers.

Meanwhile, more than half of respondents incorrectly thought that Social Security retirement benefits are subject to income tax like withdrawals from a traditional individual retirement account. In reality, **only a portion of a person's benefits** are potentially taxable. All money that's withdrawn from an IRA is subject to income tax.

An individual tax filer may pay taxes on up to 50% of their Social Security benefits if their total income is between \$25,000 and \$34,000. If their total income exceeds \$34,000, up to 85% of their Social Security benefits may be subject to income taxes.

Joint filers may see up to 50% of their benefits taxed if their combined income is between \$32,000 and \$44,000. For couples whose total income exceeds \$44,000, 85% of their benefits may be taxed.

Lastly, just over half of the participants in the poll incorrectly responded to the question asking whether delaying benefits past age 70 increases a person's eventual benefit. While it's true that delaying your benefit beyond your **full retirement age** will boost your eventual payment, benefits stop increasing in value once a person reaches age 70.

## Study: Over half of top selling Medicare drugs have low added therapeutic benefit

The researchers evaluated their therapeutic benefit compared to existing standards of care, based on ratings from the national health technology assessment (HTA) organizations of Canada, France, and Germany. The team found that 27 of the 50 drugs received low added therapeutic benefit ratings from these agencies despite comprising 11 percent of net Medicare prescription drug spending. Results are published in *JAMA*.

"Unlike many industrialized countries, the U.S. has long had no national process for assessing the clinical benefits of drugs compared with existing treatment options and then negotiating prices based on the added therapeutic benefits they offer to

patients," said first author Alexander C. Egilman, BA, of the Brigham Division of Pharmacoepidemiology and Pharmacoeconomics. "Therefore, our primary motivation was to understand the added benefits of high expenditure Medicare drugs according to foreign HTA organizations."

Most of the top-selling drugs were used to treat endocrine conditions including diabetes, cancer and respiratory diseases. Data from HTA organizations were available for 49 of the drugs.

The Inflation Reduction Act of 2022 will for the first time allow Medicare to negotiate the price of top-selling drugs. According to



initial guidance released by the Centers for Medicare and Medicaid services, negotiations will be heavily influenced by a drug's comparative effectiveness against therapeutic alternatives. The new study found that seven of the ten drugs likely to be selected for negotiation this September had low overall added benefit.

"The new model of price negotiation under the Inflation Reduction Act provides a great opportunity for Medicare to stop paying excessively for top-selling drugs that do not offer meaningful clinical benefits over less expensive treatments," said corresponding author Aaron S. Kesselheim, MD, JD, MPH, of the Brigham Division of

Pharmacoepidemiology and Pharmacoeconomics. "Our results suggest that Medicare has lots of bases on which to negotiate so top-selling drugs are, at a minimum, not priced higher than therapeutic alternatives."

Therapeutic benefits of each drug were determined based on the most favorable HTA rating, and ratings were not always available from all three countries. Extrapolating therapeutic ratings from foreign HTA agencies to the U.S. may not always be warranted, and the researchers suggested that the U.S. could benefit from establishing its own national HTA organization to determine therapeutic benefits.

## Is a retirement age a thing of the past?

There's a lot of numbers to juggle when it comes to retirement, but age may become more of an obsolete number as many people are working past traditional retirement ages.

While mandatory retirement is illegal in most cases, it still exists in some careers such as pilots, air-traffic controllers, federal law enforcement officers, forest rangers and some state judges and **partners at law firms**. "Age 65 doesn't mean much anymore. It's not even the age for claiming full Social Security retirement benefits anymore. It is an age that people still often retire at, often due to convention, but is gradually becoming more and more outdated as a meaningful age over time," said Patrick Button, an Associate Professor of Economics at Tulane University, who researches age discrimination.

The discussion around retirement age comes as the U.S. faces a retirement crisis of its own. Traditional pensions have all but disappeared, making workers responsible for amassing the bulk of the funding for old age, and the health of Social Security is in question, all while Americans are living longer, meaning they need more money to finance those years.

The full retirement age in the

U.S., or the age at which you can start claiming full Social Security benefits, has crept up to 67 for people born after 1960.

"Mandatory retirement ages are usually a bad policy, since work capacity and interest in working is going to vary a lot by age and by person. With improvements in health, lifespan, and healthcare, retiring at the common age of 65 is becoming less optimal. Older people often want to work longer—because they have lots of work capacity, experience, and interest in working," Button said.

"In other cases, they just can't retire at 65 because it wouldn't allow them to make ends meet in retirement," Button said.

The Social Security Act of 1935 set the minimum age for receiving full retirement benefits at 65. At that point in time, however, the average life expectancy for an American male was 59.9 years.

"When Social Security started, people didn't live very long and didn't have much quality of life left," Joanna Lahey, professor at the Bush School of Government and Public service at Texas A&M University. Lahey is an expert on age discrimination and the relationship between age and the labor market.



Now, average life expectancy in the United States is 76.1, according to the Centers for Disease Control and Prevention. For women, it's 79.1 and for men it's 73.2.

French President Emmanuel Macron's unpopular plan to raise France's retirement age from 62 to 64, which sparked national protests, was enacted into law on Saturday. The U.K. and China could raise their retirement ages, as well, in the coming years. The idea of raising the full retirement age in the U.S. has been **floated** by some politicians as a fix for the Social Security system. Social Security's combined trust funds will become **depleted** in 2034, one year earlier than expected, with 80% of benefits payable at that time.

"People are living longer and have a longer healthspan," said Joe Casey, managing partner of Retirement Wisdom in Princeton, N.J. "There's so many individual differences and what you do for a living really plays a role."

As far as Social Security goes, raising the full retirement age may be a fine solution for people with desk jobs. But workers in manual labor can't physically last as long in those careers.

As a result, raising the full

retirement age "disproportionately leans on the less affluent and people who work rigorous jobs. It's very contentious and unfair to a lot of people," Casey said.

Even the notion of mandatory retirement ages among C-suite executives is changing.

While many companies' chief executives and board members are still subject to mandatory retirement ages of 65, several recent exceptions include Target, Caterpillar and Boeing, which changed their rules to allow CEOs to serve longer. When Bob Iger, 71, returned as CEO at Disney, his age didn't disqualify him. And of course, Warren Buffett still helms Berkshire Hathaway at 92.

With an average tenure of 10.2 years, the average age of departing CEOs at the S&P 500 was 62.6, according to a 2022 study by executive search firm Spencer Stuart.

"People who make a lot of money and make a lot of decisions—we don't care about these people—they're rich and powerful. They will be OK," Lahey said.

"There's this idea to retire with dignity. For most of us, most people need the money more than they need the dignity," said Lahey.

## Veteran Benefits for Assisted Living: What You Need to Know

Explore the various veteran benefits available to help cover the costs of assisted living, including eligibility requirements and application processes.

If you served as a member of the United States Armed Services, you may be entitled to certain benefits that could make getting older a little easier.

The U.S. Department of Veterans Affairs offers some funding programs that can help offset the costs of specific kinds of care later in life. For some people, this benefit can be a real help when **weighing how to pay for assisted living** or other long-term care options.

### VA Benefits vs. Medicare and Medicaid

**Senior living options can get expensive**, so every little bit that can help balance these

sometimes hefty costs may be a relief for families.

"Veterans and their spouses have multiple financial benefits that can help cover the **cost of assisted living**," says Rick Wigginton, chief sales officer with Brookdale Senior Living, a Tennessee-based senior living company with 675 senior living communities in 41 states across the country.

These benefits are separate from **Medicare or Medicaid benefits**, adds Dana Taylor, a social worker and senior regional manager for Veterans Home Care based in St. Louis, Missouri. Medicare is a federal health insurance program for adults 65 and over. Medicaid is a combined state and federal program that provides health



coverage to low-income individuals, regardless of age.

"One of the biggest differences is in repayment," Taylor explains.

If a veteran uses VA-provided care, neither that veteran nor the family of the veteran is financially responsible when the veteran dies.

"That is not the case with Medicaid," Taylor says. "Additionally, there typically is not a set amount of time that these benefits can be used. They are at the veteran's disposal as needed. With Medicare, the payments for long-term care vary based on the length of stay."

The VA, however, will not pay for a veteran's rent in an assisted living community, Wigginton says. VA benefits "may pay for

some of the extra services they need, such as nursing assistance, help with bathing and toileting and possibly even meals," he notes.

Medicare provides similar coverage; it will not cover the cost of **assisted living** communities, but it might cover some qualified medical expenses incurred by residents.

### Aid & Attendance and Housebound Benefits

There are a range of benefits that may kick in depending on your specific service history and eligibility. Wigginton says that "the most commonly used benefits are the Aid & Attendance Pension and the Survivor's Pension, which is for spouses of a deceased veteran with wartime service." ...**Read More**

## Joe Biden Wants to Make This Big Social Security Change – and Most Americans Could Be on Board With It

Two surveys -- one in 2023 and another last year -- appear to show that Americans like one of the president's ideas to fix Social Security.

Social Security is in trouble. You know it. I know it. The program's trustees definitely know it, recently reporting that Social Security will **become insolvent one year earlier than previously forecast**.

The president is also aware that something needs to be done to preserve Social Security. While his administration hasn't proposed major reforms to Social Security yet, Joe Biden wants to make a big Social Security change based on his previous statements. And there's reason to believe that most Americans could be on board with it.

### Biden's big change

When Biden campaigned for president in 2020, he proposed several benefit increases for

Social Security recipients. For example, he wanted to boost the benefits for older Americans who had been retired for at least 20 years. He also sought to increase the minimum benefit, allow surviving spouses to receive higher benefits, and eliminate penalties for public-sector workers.

However, the biggest Social Security change in Biden's plan was to ask "Americans with especially high wages to pay the same taxes on those earnings that middle-class families pay." In particular, he proposed increasing the payroll tax cap to \$400,000. This cap is currently \$160,200.

Thus far in his presidency, Biden hasn't put forward a plan including this change. He did, though, include a similar idea for Medicare in his proposed 2023 budget. Biden called for a tax increase on all annual earnings



above \$400,000 to help preserve the federal healthcare program.

### What Americans think

A poll conducted by The Associated Press-NORC Center for Public Affairs Research last month appears to show that many Americans agree with the president's ideas. Although this poll didn't specifically ask about raising the Social Security payroll tax cap, the responses to other questions likely made the White House happy.

For example, a whopping 79% of Americans polled oppose reducing Social Security benefits. Three-quarters of those responding were against raising the full retirement age from 67 to 70. This aligns well with Biden's commitments to prevent any cuts to Social Security.

When asked about increasing taxes on households making more

than \$400,000 to help pay for Medicare, 58% of Americans favored the idea with another 19% on the fence. This doesn't necessarily mean that similar numbers of Americans would favor raising the payroll tax cap to \$400,000 to help fund Social Security. However, it seems to bode well for the president's chances to gain public support should he move forward with the proposal.

Another survey conducted by the University of Maryland's Program for Public Consultation (PPC) last year also looked good for Biden. The PPC survey found that 81% of respondents supported the proposal to apply payroll taxes to all income over \$400,000 to fund Social Security. Importantly, the idea received bipartisan support, with 79% of Republicans and 88% of Democrats in favor....[Read More](#)

## Medicare Allowance Explained: What You Need to Know

Get a clear explanation of Medicare allowance, including its eligibility requirements, coverage, and how to apply.

**Medicare** is a federal health insurance program, but many people are unaware that by taking the time to explore your options, you could get some extras from your plan. Some programs even provide food, fitness and other perks to eligible members. You probably have seen television

commercials featuring celebrities like Joe Namath and William Shatner touting **Medicare Advantage plans**, also called **Medicare Part C**. According to The Kaiser Family Foundation, these plans are chosen by 48% of Medicare beneficiaries.

One reason these plans are so popular is that they offer a variety of allowances, from food



and groceries to transportation and wellness programs. However, as Diane Omdahl, RN, MS, president and co-founder of the Medicare consulting firm 65 Incorporated and author of "Medicare for You: A Smart Person's Guide," explains, there are limits on these allowances....[Read More](#)

### Do Your Homework

Each Medicare allowance has

different criteria and requirements, so it's important to do your research and understand precisely what each covers. You can find ratings of Medicare Advantage plans from the **National Committee for Quality Assurance**. You can also get help via phone or in person from your **State Health Insurance Assistance Programs**. Those agencies often maintain office hours at senior centers or other locations.

## Activities of Daily Living for Seniors: Tips and Strategies

Discover helpful tips and strategies for assisting seniors with activities of daily living, including bathing, dressing and meal preparation.

Independence is a precious commodity that only increases in value as you age. When you're no longer able to complete routine tasks and activities – such as shopping for food, preparing meals or handling medications – it can be especially jarring and put you at risk for an accident, injury or illness. If you or an older family member or friend starts to have trouble performing such tasks, it may be time to talk about **moving to a senior**

**living or long-term care community**. However, that's not the only option. There may be resources and services that allow you to age in place at home. What avenue you pursue is an individual choice, but one of the key factors is your ability to manage activities of daily living. Activities of Daily Living Needed to Remain at Home

Activities of daily living, also referred to as ADLs, are the life tasks that people need to perform to live safely at home and maintain independence. How someone handles any or all of these basic self-care skills helps



determine what level of care or support they might need.

Activities of daily living examples include:

- ◆ Feeding.
- ◆ **Continence** (the ability to control bladder and bowel function).
- ◆ Walking independently.
- ◆ Toileting (the ability to get to and from the bathroom and use the toilet without assistance).
- ◆ Grooming (bathing, showering, **brushing teeth** and styling hair).
- ◆ Dressing.

### Instrumental Activities of Daily Living

In addition, the instrumental activities of daily living – or IADLs, for short – are equally important for older adults who live on their own. IADL skills include:

- ◆ **Using the telephone.**
  - ◆ **Shopping.**
  - ◆ **Preparing food.**
  - ◆ **Housekeeping.**
  - ◆ **Doing laundry.**
  - ◆ **Using transportation.**
  - ◆ **Handling medications.**
  - ◆ **Handling finances.**
- [Read More](#)

# RI ARA HealthLink Wellness News

## Extra COVID-19 booster now open to some high-risk Americans

Older Americans and people with weak immune systems can get an extra COVID-19 booster dose this spring.

The Centers for Disease Control and Prevention on Wednesday signed off on a more flexible booster schedule for people who remain at the highest risk from COVID-19 — giving them the choice of a second “bivalent” Pfizer or Moderna booster, the most up-to-date formula.

“Many in the population are experiencing vaccine fatigue but there is a subset who are eager to receive additional doses,” CDC’s Dr. Sara Oliver told an agency advisory panel that expressed support for the change.

The move came a day after the Food and Drug Administration took steps to make coronavirus

vaccinations simpler for everyone. From now on, anyone getting a Pfizer or Moderna dose — whether it’s a booster or their first-ever vaccination — will get an updated version rather than the outdated original shots.

Here are some things to know:

**WHO NEEDS A BOOSTER?**

Anyone who’s gotten their original vaccinations but hasn’t had an updated booster yet can still get one. Only 42% of Americans 65 and older — and just 20% of all adults — have gotten one of those updated boosters since September.

**WHO CAN GET A SECOND UPDATED BOOSTER?**

People 65 or older who already had one Pfizer or Moderna updated booster can roll up their sleeves again as long as it’s been



at least four months since that last shot.

The schedule is a little different for people with weak immune systems. Most can choose a second Pfizer or Moderna updated booster at least two months after their first. Under the latest FDA and CDC guidelines, they also could get additional doses if and when their physician decides they need one.

**WHY THE EXTRA LEEWAY?**

Older adults continue to have the highest rates of hospitalization from COVID-19, even as cases have declined. But a frail 85-year-old may want another booster right away while a robust 65-year-old may not see the need — or might instead time another shot for peak protection

ahead of a summer vacation or other special event.

CDC officials stressed there’s even more variety among immune-compromised patients, from people with only mild impairment to those trying to replenish immunity that grueling cancer treatment knocked out.

The changes put the U.S. in line with Britain and Canada, which also are offering certain vulnerable populations a spring shot. It’s a reasonable choice, Dr. Matthew Laurens, of the University of Maryland School of Medicine, said before the announcement.

“We do have vaccines that are available to protect against these severe consequences, so why not use them?” he said. “They don’t do any good just sitting on a shelf.”....[Read More](#)

## In Mouse Study, New Gel Therapy Stops Dangerous Brain Tumors

A gel applied directly into the brain could offer new hope for patients diagnosed with glioblastoma, the most common malignant brain tumor in adults.

The gel cured 100% of lab mice with glioblastoma when it was applied to the tumor cavity following surgery to remove the cancer, said senior researcher Honggang Cui, an associate professor of chemical and biomolecular engineering with Johns Hopkins University in Baltimore.

The gel provides a workaround to some special challenges inherent in the treatment of brain cancer. The blood-brain barrier hampers the ability of cancer drugs to get into the brain, and immune response to brain tumors tends to be blunted, the researchers noted.

Surgical removal of tumors is the standard of care for glioblastoma, but “the surgeon cannot remove all the tumor



cells,” Cui said. “Some are left behind, and the cancer may come back.” The experimental gel fills in tiny grooves and irregular surfaces left in the brain after a tumor is removed, reaching areas that surgery might miss to kill lingering cancer cells.

Glioblastomas are the fastest-growing brain tumors, and they are nearly always advanced when detected. Five-year survival rates are 22% for people ages 20 to

44, 9% for adults ages 45 to 54 and 6% for those ages 55 to 64, according to the American Cancer Society.

The hydrogel is made of paclitaxel, a chemotherapy drug. This allows the chemo -- which cannot get through the blood-brain barrier when administered by IV -- to be “self-delivered” to the site of the brain tumor, Cui said....[Read More](#)

## Blood-Based ‘Liquid Biopsy’ Might Spot Early-Stage Cancers

An experimental blood test may be able to catch a dozen different types of cancer with a high degree of accuracy — including some that are particularly tricky to detect, a preliminary study suggests.

Researchers found that the blood test was usually on the money in detecting “signals” from 12 cancers. Importantly, the test was highly accurate in picking up early-stage cancer — which is what any potential screening test needs to do.

It also performed well in detecting certain cancers that “shed” little evidence of their

presence into the blood — making them tougher to pick up.

But while that all sounds good, experts cautioned that the blood test — like others under development for cancer detection — is not ready for prime time.

“We have not put this to the test as a screening tool,” stressed lead researcher Dr. Ben Ho Park, director of the Vanderbilt-Ingram Cancer Center in Nashville, Tenn.

In the shorter term, he said, the blood test’s accuracy needs to be further validated. And the big



long-term question — for all such blood tests — is whether they ultimately extend people’s lives.

“If you act on these test results, does that change patients’ outcomes?” Park said. “That takes years of research to show.”

Park presented the findings Sunday at a meeting of the American Association for Cancer Research in Orlando, Fla. Studies released at meetings are generally considered preliminary until they are published in a peer-reviewed journal.

The study is one of the latest in the broader push to develop blood

tests that can serve as a one-stop screening for multiple cancers.

A number of companies are working on such multicancer early detection (MCED) tests.

Essentially, they are all based on the fact that tumors shed bits of genetic material into the blood, and that their DNA looks different from the DNA of normal body cells. If a test can detect those tumor signals, that could provide a simple, non-invasive way to screen for various cancer types at once — including many that now lack any screening method.,.,.[Read More](#)

## Easing A-Fib With Ablation Therapy Might Also Benefit the Brain

For people with the abnormal heartbeat atrial fibrillation, a procedure called catheter ablation may do more than return the heart to its normal rhythm. It may also ward off mental decline and dementia linked to A-fib, a new study says.

Researchers found that people who receive catheter ablation in addition to medical management for A-fib may be almost 40% less likely to develop cognitive impairment than those treated with drugs alone.

"Atrial fibrillation itself likely leads to changes in cerebral blood flow, which may be detrimental to the overall health of the brain and can lead to adverse outcomes, in this case, cognitive decline," said lead researcher **Dr. Bahadar Srichawla**, from the neurology department at the University of Massachusetts Chan Medical School.

In A-fib, the heart's upper chambers beat rapidly and irregularly, raising the risk for stroke and possibly dementia. The condition is treated with drugs that return the heart to its

normal rhythm or drugs that slow the heart. Another procedure called ablation uses heat applied through a tiny tube to destroy small areas of heart tissue that cause A-fib.

Ablation stops atrial fibrillation and restores the heart's normal rhythm, Srichawla said. "By doing so, the heart is able to effectively pump blood to the brain, thus improving overall brain health. For adults with atrial fibrillation, catheter ablation should be discussed with the primary care physician and/or cardiologist," he said.

For the study, Srichawla and his colleagues studied 887 patients, average age 75. Nearly 200 of them were treated with ablation.

Participants were given memory and thinking tests at the start of the study and again one and two years later. The assessments of short-term memory, attention, concentration and language were scored from zero to 30. Cognitive impairment was defined as a score of 23 or



less.

On average, people who had ablation had scores of 25, compared with 23 among people who did not have the procedure, the researchers found.

After accounting for factors like heart disease, kidney disease, sleep apnea and A-fib risk score, those who had catheter ablation were 36% less likely to develop cognitive impairment, Srichawla's team found.

The findings are slated for presentation Monday at the American Academy of Neurology annual meeting, in Boston. Findings presented at medical meetings are considered preliminary until published in a peer-reviewed journal.

Atrial fibrillation may be a marker of a system-wide vascular disorder, which could affect the blood vessels in the brain, said **Dr. Laurence Epstein**, system director of electrophysiology at Northwell Health in Manhasset, N.Y.

"We also know that people with atrial fibrillation are at

higher risk for stroke and not just kind of a massive stroke, but mini-strokes that are subclinical but could lead to cognitive decline and dementia," he said.

Restoring the heart's normal rhythm through ablation may help prevent cognitive decline and stroke, said Epstein, who was not involved with the study.

Moreover, restoring normal rhythm lets patients stop taking medications such as anti-arrhythmic drugs, which can have serious side effects, and beta-blockers, which can make people sluggish, he said.

"The minute you stop the drugs, people tend to feel better," Epstein said.

He noted that an earlier study found that patients who had ablation had better health and survival than patients treated with drugs alone.

"We have growing data now with ablation, showing that if you take even this cognitive or dementia piece out of the picture, that mortality and morbidity is reduced by maintaining normal rhythm," Epstein said.

## The Most Common Arthritis Symptoms You Should Know

Most people think of joint pain when they think of arthritis but, depending on the type of arthritis, other symptoms can crop up.

Here's how to spot some of the most common signs of different types of arthritis.

Arthritis can cause painful

symptoms that make daily activities challenging, according to the **National Institute of Arthritis and Musculoskeletal and Skin Diseases** (NIAMS).

**Dr. Paul DeMarco**, NIAMS Rheumatoid Fellowship Training Program director, explained that



"it is extremely important to understand the type of arthritis afflicting the sufferer, as some arthritis syndromes have effects throughout the body."

To help you better understand just how arthritis can affect the body, here is a list of eight of the

most common types:  
Inflammatory arthritis • Psoriatic arthritis • Rheumatoid arthritis • Osteoarthritis • Gout• Juvenile arthritis • Infectious arthritis • Reactive arthritis...[Read More on each of these types.](#)

## Scientists Get Closer to a 'Universal' Flu Vaccine

Researchers are reporting progress on the path to a "universal" flu vaccine -- one that would battle all strains of the virus and give the world a weapon against future flu pandemics.

In an early clinical trial, U.S. government scientists found that their experimental flu vaccine was able to coax recipients' immune systems to produce "cross-reactive" antibodies. That is, they made antibodies against many strains of influenza type A - one of the two major groups of the virus.

Experts called the **findings** promising, in that the vaccine did exactly what you'd want in this early phase of

testing.

However, it has not yet been shown to actually protect people from the flu, stressed researcher **Sarah Andrews** of the U.S. National Institute of Allergy and Infectious Diseases' Vaccine Research Center.

She estimated that it could take five to 10 more years of development before, if all goes well, the vaccine is ready for the real world.

Right now, the available flu vaccines prime the body to fight four flu strains: two type A influenza strains, and two type B.

The problem is, there are many strains within those two groups, and different ones are in high



circulation each flu season. So the flu vaccine has to be updated annually to include the four strains that scientists think are likely to dominate in the upcoming season.

It's essentially an educated guess. "And that guess isn't always correct," said **Dr. Mirella Salvatore**, an associate professor at Weill Cornell Medicine in New York City, and a spokeswoman for the Infectious Diseases Society of America. Salvatore, who was not involved in the new research, said that a universal flu vaccine could not only get rid of the yearly

guessing game, but also help arm people for the next flu pandemic. Several such vaccines are in various stages of development. The one Andrews and her colleagues are working on has now passed an early test, according to Salvatore.

"They're showing it produces an antibody response, and the antibodies last a long time," she said.

One year after being vaccinated, study participants were still showing neutralizing antibodies against type A flu strains, according to findings published April 19 in the journal [Science Translational Medicine](#)....[Read More](#)

# Rheumatoid Arthritis: Types, Causes, Symptoms & Treatments

When you mention arthritis, most people think of osteoarthritis, where aging and wear-and-tear on the joints take their toll, but there is another type of arthritis that causes devastating damage after your immune system starts attacking your joints.

Rheumatoid arthritis is the most common form of autoimmune inflammatory arthritis, according to the [Arthritis Foundation](#). Here's what you need to know about rheumatoid arthritis, including its symptoms, types and treatments.

What is rheumatoid arthritis?

Rheumatoid arthritis (**RA**) is a chronic autoimmune disease that

mostly affects joints. Commonly affected joints are the hands, knees or ankles. Usually both sides are affected.

Over time, RA progresses and leaves patients with irreversible joint tissue damage, chronic pain, loss of function and deformities. Other areas of the body that may be involved are eyes, heart, circulatory system and/or the lungs.

Rheumatoid arthritis types There are **two main types** of

RA, seropositive and seronegative. When RA occurs in patients under 16, it is called Juvenile Idiopathic Arthritis.

Seropositive means your blood



has two types of antibodies — anti-cyclic citrullinated peptides (anti-CCPs) and rheumatoid factor (RF)

— which cause the symptoms of RA. Most people with RA have one or both of these antibodies. It is possible for these to show up in your blood tests anywhere from five to 10 years before symptoms appear.

Seronegative simply means that the anti-CCPs and RF do not show up in your blood. Doctors will look for other ways to determine if you have RA.

Rheumatoid arthritis causes

RA is the result of an **immune response** in which the body

attacks its own healthy cells. While researchers don't know why this occurs, studies show that it could be a combination of factors, including genes, environment (smoking) and sex hormones, according to the U.S. National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).

Risk factors include family history, age, sex (women are more likely to have RA), previous joint injury and obesity, according to the [Mayo Clinic](#).

A recent study published in the journal [Science Translational Medicine](#) determined that **gut bacteria** may be partly to blame as well....[Read More](#)

## Too Many 'Bad' Carbs, Too Much Meat: Diet Choices Are Driving Rise in Type 2 Diabetes

Most cases of type 2 diabetes can be linked to making poor food choices, a new study finds.

Researchers from Tufts University in Boston linked poor diet to 14 million cases of type 2 diabetes — about 70% of new diagnoses globally — in 2018.

The biggest impact came from insufficient intake of whole grains, too much refined rice and wheat, and overconsumption of processed meat.

"Our study suggests poor carbohydrate quality is a leading driver of diet-attributable type 2 diabetes globally, and with important variation by nation and over time," said study co-author **Dr. Dariush Mozaffarian**, a professor of

nutrition and dean for policy at Tufts' School of Nutrition Science and Policy.

"These new findings reveal critical areas for national and global focus to improve nutrition and reduce devastating burdens of diabetes," Mozaffarian said in a Tufts news release.

In type 2 diabetes, the body's cells are resistant to insulin, a hormone necessary to convert the food you eat into fuel for the body.

The scientists looked at data from 1990 and 2018, using a research model of dietary intake in 184 countries that was developed at Tufts.

All of the countries studied saw



an increase in type 2 diabetes cases during that time frame.

Poor diet is causing a larger proportion of total type 2 diabetes incidence in men versus women, in younger versus older adults and in urban versus rural residents, according to the research.

Other dietary factors, such as drinking too much fruit juice and not eating enough non-starchy vegetables, nuts or seeds, had less of an impact on new cases of the disease.

The investigators found the greatest number of type 2 diabetes cases linked to diet in Central Asia, and Central and Eastern Europe, especially in

Poland and Russia where diets are rich in red and processed meats and potatoes.

They also found high numbers in Latin America and the Caribbean, especially in Colombia and Mexico. This was attributed to high consumption of sugary drinks and processed meat, as well as low whole grain intake.

Diet had less impact on type 2 diabetes in South Asia and sub-Saharan Africa. However, researchers saw the largest increases in diabetes due to diet between 1990 and 2018 in sub-Saharan Africa....[Read More](#)

## Lots of Older Americans Would Like to Take Fewer Meds, Poll Finds

A new study finds that Americans over 50 are interested in cutting back on prescription medications, dovetailing with a movement toward "deprescribing."

About 67% said they would seek their doctor's advice before dropping a pill, according to Michigan Medicine's National Poll on Healthy Aging.

Yet more than one-third of older adults said they had quit taking a medication they had been using for more than a year without talking first to a doctor, pharmacist or nurse practitioner.

"Deprescribing, which can include prescription medications, over-the-counter medications, and

dietary supplements, should be based on dialogue between patients and providers, and sometimes family members," said **Sarah Vordenberg**, a clinical associate professor at the University of Michigan College of Pharmacy who worked on the poll.

About 82% of people between 50 and 80 years of age take at least one prescription medicine regularly, the poll found.

About 28% think they take too many medicines.

More than half of respondents take three or more prescription medications.

About 11% regularly take three



or more over-the-counter medicines. About 38% take three or more vitamins, minerals or supplements, according to the poll.

It was administered online and by phone in January to more than 2,500 adults aged 50 to 80, then weighted to reflect the U.S. population.

"While we found that over 90% of older adults who take at least one prescription medicine expect their provider to review their list of medicines at least annually, research has shown this is often not the case," Vordenberg said in a university news release. "This drives home the importance of comprehensive medication

reviews, which can often be billed to insurance by clinics and pharmacies as a separate patient encounter."

Reasons for deprescribing or reducing a medication include resolution of a temporary health condition; potential problems with other medicines; or the overall benefits and risks of taking it have changed.

The authors emphasized that it's important for patients and providers to communicate about deprescribing. Medicare and other insurers offer a comprehensive medication review by a pharmacist or other provider, according to the authors....[Read More](#)

## Dietary Supplements Used by Most Adults, One-Third of Kids: Survey

Taking vitamins may drain your wallet without helping your health, yet a new government survey shows most American adults take them, as do about one-third of children.

Researchers who were led by Suruchi Mishra, from the U.S. National Center for Health Statistics, found vitamin use was common from 2017 to March 2020, prior to the pandemic when vitamin use may have even increased.

"It's promoted as a natural product. It's promoted as something that is different than what you're going to get from your doctor, and the notion is that there's no side effects because it's all natural, and therefore it can only do good and can never do harm," Dr. Paul Offit, a doctor at

Children's Hospital of Philadelphia, told CNN. "You can't beat that," added Offit, who is also the author of *Do You Believe in Magic? Vitamins, Supplements, and All Things Natural: A Look Behind the Curtain*.

In reality, there is "insufficient evidence" to recommend for or against taking a multivitamin with folic acid, antioxidant combination vitamins or individual supplements for vitamins A, C or E to prevent cancer or heart disease in someone who is healthy but not pregnant, according to the U.S. Preventive Services Task Force (USPSTF).

An exception may be vitamin D: Offit said it is thought to



improve bone health by helping the body absorb calcium and phosphorous. Vitamin D can be consumed through certain foods, but most people don't eat enough salmon, tuna or fortified milk and orange juice to get the right amount, CNN reported. The sun can also provide a dose of vitamin D, but not for everyone, including people with darker skin or older adults.

The minimum daily recommendation of vitamin D is 10 micrograms (mcg) up to age 1, 15 mcg up to age 70 and 20 mcg for adults 71 and older, CNN reported.

Another important supplement is folic acid for pregnant women, who should supplement with 400 to 800 mcg daily. The task

force recommends this for preventing neural tube defects in babies.

Other supplements, such as beta carotene, may be harmful. The USPSTF said there is a possible higher risk of mortality, cardiovascular mortality and lung cancer in those who take it.

Offit recommends telling your doctor if you're taking any vitamin supplements.

"I think people don't think of them as medicines. But some of them can interfere with therapies like a medicine can, including chemotherapies," Offit said. "It's really important for doctors to know what you are taking."

## Electric Car Chargers Safe for Folks With Heart Devices: Study

Cars are going electric at record speed, but are the high-powered charging devices the cars need safe for people who have implanted heart devices?

Yes, claims new research that also found home car chargers are likely also safe, as long as the person with the defibrillator or pacemaker does not stand next to the charger for long periods of time.

"This study was designed as a worst-case scenario to maximize the chance of electromagnetic interference. Despite this, we found no clinically relevant

electromagnetic interference and no device malfunction during the use of high-power chargers, suggesting that no restrictions should be placed on their use for patients with cardiac devices," said study author Dr. Carsten Lennerz, of the German Heart Centre Munich.

Between 1 million and 1.4 million pacemakers will be implanted globally in 2023, according to the study authors. People living with one have an average life expectancy of 8.5



years. That means that about 8 million to 12 million people have pacemakers worldwide. Another 150,000 to 200,000 receive an implantable cardioverter defibrillator each year.

While older and home chargers use alternating current (AC), new chargers use direct current (DC), which allows for higher-power delivery, the researchers noted.

A greater charging current can mean a stronger magnetic field and a higher risk of electromagnetic interference, but

there have been no official recommendations on the use of high-power chargers for patients with heart devices. The concern was that the high-power chargers could cause the pacemakers to lose pace or defibrillators to deliver painful shock therapy by accident.

"The new high-power charging stations for electric cars have the potential to create strong electromagnetic fields and cause electromagnetic interference in pacemakers and defibrillators, leading them to malfunction," Lennerz said....Read More

## Arthritis Treatments: How to Get Pain Relief From Arthritis

There are more than 100 types of arthritis and related conditions, and they affect at least 54 million adults and 300,000 children in the United States, according to the Arthritis Foundation.

Fortunately, there are also many medications, non-medication options, lifestyle changes and surgeries available to help you manage arthritis pain and other symptoms.

"We've really come a long way in the past decade in terms of helping our patients live relatively symptom-free lives," Scripps Clinic rheumatologist Dr. Kavitta Allem explained in an interview for San Diego Health.

Let's take a look at the most common arthritis treatments

recommended by experts, whether they're for osteoarthritis, rheumatoid arthritis or psoriatic arthritis.

### Arthritis medications

The Arthritis Foundation lists six main types of medication to help treat arthritis symptoms:

Analgesics: painkillers such as over-the-counter acetaminophen and prescribed opioids

Nonsteroidal anti-inflammatory drugs (NSAIDs): inflammation and pain-reducing medications, including over-the-counter aspirin and certain prescribed drugs like celecoxib (Celebrex)

Corticosteroids: fast-acting medications that mimic your natural cortisol to help reduce



joint inflammation, especially over the short term  
Disease-modifying anti-rheumatic drugs (DMARDs): slow-acting anti-inflammatory medications to treat arthritis symptoms over the longer term

Targeted DMARDs: synthetic DMARDs that block parts of the immune system to reduce inflammation

Biologics: natural (cell-derived) DMARDs that block parts of the immune system to reduce inflammation.

U.S. National Institutes of Health (NIH) joint specialist Dr. Michael Ombrello noted in a newsletter that biologics can be particularly helpful for treating

severe arthritis in children.

"Biologics have really changed the face of juvenile arthritis," he said, explaining that the medication helps reduce children's reliance on wheelchairs and crutches.

For additional on arthritis medications, American Physical Therapy Association (APTA) spokesperson Maura Iversen recommends the Arthritis Foundation's Drug Guide as a useful tool to help understand "what the medication is, what it targets in your body, how long it takes to work, [and] what are some potential side effects." ...Read More