

August 1, 2021 E-Newsletter

56th Anniversary of Medicare Brings Fight to Lower Drug Prices into High Gear

Americans continue to pay the highest prices in the industrialized world for prescription drugs, and as Medicare's 56th anniversary approaches on July 30, the pharmaceutical industry is **spending millions** to protect their sky-high profits.

More than 54 million seniors rely on Medicare for guaranteed, quality health coverage, and while the program is highly regarded, seniors are still

struggling to afford their prescription drugs. A new analysis found that women on Medicare spent an average of \$6,175 a year on out-of-pocket health care costs while men spent \$5,375, much of it on prescription medications.

"Lower drug prices are an essential part of retirement security, and there is no reason for them to be this high. We know that if Medicare were allowed to negotiate lower

prices, the way that the Veterans Administration does today, it would save \$450 billion over the next ten years," said **Richard Fiesta**, Executive Director of the Alliance. "Seniors are bearing the brunt of these costs and they cannot afford to continue paying these exorbitant prices."

The Nevada, Ohio and Oregon Alliance chapters have already held Medicare birthday events. Sen. **Catherine Cortez Masto**

joined the Nevada Alliance's event that included the Women of Washoe earlier this month.

Additional Alliance anniversary events are planned during the next week in Florida, Iowa, Kentucky, Vermont and Wisconsin, and several more will follow in August and September. Social Security's 86th anniversary is August 14.



Rich Fiesta,

American Medical Debt Twice as High as Previously Thought, Concentrated in States Without Medicaid Expansion

New research published Tuesday in *The Journal of the American Medical Association* finds that collection agencies held \$140 billion in unpaid medical bills last year - a number that has grown rapidly in just a few years. **An earlier study** examining debts in 2016 estimated that Americans had \$81 billion in medical debt.

The new paper also found that almost 18% of all Americans had medical debt in collections, making medical debt the largest

source of American debt owed to collection agencies. The \$140 billion figure is not all-inclusive, since it only includes debt sold to collection agencies. The paper used data from before the COVID-19 pandemic.

Medical debt was primarily held in states that have yet to expand Medicaid under the Affordable Care Act. In fact, the amount of medical debt held in states that did not accept federal funding to expand Medicaid is now around 20% more than in

states that did expand it. In 2020, Americans living in states that did not expand Medicaid owed an average of \$375 more than those in states that participated in the expansion.

Medical debts are different than other debts: Failing to pay your utility bills could result in shut-offs, and failing to pay your auto loan could cause your car to be repossessed. Medical debts, in contrast, tend mostly to harm people's credit reports and peace of mind

"These numbers are astounding. No person should choose between financial ruin and their health," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "This paper makes it clear that Medicaid expansion can really help people, and we need **the twelve remaining holdout states** to end their opposition to it."



Joseph Peters, Jr.

Happy 86th Birthday Social Security Happy 56th Birthday Medicare



ADD
YOUR
NAME

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

Medicare Rights Urges Congress to Prioritize Critical Medicare Updates



This week, as Congress continued to discuss strategies to improve health coverage, Medicare Rights **weighed in**, urging them to prioritize critical Medicare updates.

The letter, signed by leading Medicare beneficiary advocacy organizations, calls on Congress and the Biden administration to “seize the opportunity to modernize the program, deliver on the promises to improve coverage and reduce prescription drug prices and out-of-pocket costs so that beneficiaries can afford what their doctors prescribe. The significant gaps in coverage must be addressed, specifically regarding oral health, hearing, and vision services. And barriers to low-income assistance—which is particularly important to older adults of color—must be eliminated.”

To achieve these goals, the letter recommends specific policy changes, including:

◆ **Fill Harmful Gaps in Coverage** by adding a comprehensive oral health benefit, as well as expanded hearing and vision coverage, to Part B.

◆ **Reduce Prescription Drug Prices and Costs** by allowing Medicare to negotiate drug prices; capping and smoothing beneficiary out-of-pocket costs; restructuring the Part D benefit to reduce Medicare’s liability and better align pricing incentives; and repealing safe harbors for pharmaceutical rebates, using those savings primarily for beneficiary improvements.

◆ **Streamline Part D Appeals** by strengthening data collection, transparency, and oversight; requiring independent redeterminations; allowing tiering exceptions and raising the specialty tier threshold; and

improving plan communications with enrollees, **including at the pharmacy counter**.

◆ **Improve Access to Medicare’s Low-income Programs** by eliminating the unduly restrictive asset and eligibility tests for the Part D Low-Income Subsidy (LIS) and Medicare Savings Programs (MSPs), raising the income eligibility limit for the Qualified Medicare Beneficiary (QMB) program to 138% of poverty, and aligning enrollment standards and administrative functions across the programs.

◆ **Make Coverage More Affordable** by establishing a limit on beneficiary out-of-pocket costs, program-wide.

◆ **Modernize Medigap Rules** by expanding protections and purchase rights—including open enrollment, guaranteed

issue, and community rating—to all people with Medicare.

◆ **Expand Access to the Home Health Benefit** by relaxing or eliminating the homebound and/or skilled care eligibility triggers and by removing the “at home” restriction for durable medical equipment.

◆ **Enhance Chronic Care** by strengthening the Medicare Annual Wellness Visit; improving access to Medicare behavioral health services and the Medicare Diabetes Self-Management Training program; and by ensuring the availability of supplemental benefits for those in traditional Medicare.

These long-overdue, commonsense reforms would strengthen Medicare and promote beneficiary well-being. Join Medicare Rights in urging Congress to prioritize these improvements. **Learn more and weigh in today.**

Staggering Medical Debt Demonstrates More Need to Expand Medicaid

New research in JAMA, the Journal of the American Medical Association, reveals that medical debt in the United States before the COVID-19 pandemic was **much higher than previous estimates**. The study found that nearly 18% of individuals had medical debt in collections, with an average of \$429 per person. Medical debt is the number one cause of debt collection nationally, outpacing all other debts combined. Previously, it was estimated that Americans owed around \$81 billion in medical debt. This new research indicates that the number is closer to \$140

billion—not accounting for medical debt incurred during the COVID-19 pandemic.

Debt rates and average debt amounts varied widely nationally and across incomes. People in the South were the most likely to have medical debt in collections (23.8%) and had the highest average medical debt in collections (\$616). By contrast, people in the Northeast were the least likely to have medical debt in collections (10.8%) and owed the least (\$167). Unsurprisingly, zip codes with lower incomes showed higher levels of debt (\$677) compared to zip codes



with higher incomes (\$126).

While the pre-pandemic debt numbers were drifting down from a peak in 2010, people in states that did not expand Medicaid were being left behind. Between 2013 and 2020, Medicaid expansion states showed a 34% greater decline in average medical debt in collections (from \$330 to \$175) than non-expansion states (from \$613 to \$550). And the gap between lower and higher income zip codes was shrinking in expansion states while growing in non-expansion states. These striking differences show

another reason for states to expand Medicaid access. While medical debt has not disappeared in states that have expanded Medicaid, the expansion has, presumably, reduced the burden on eligible beneficiaries. Medical debt is only one symptom of **health care proving unaffordable** and inaccessible for too many, **including older adults**. We urge policymakers to work toward deep, long-lasting solutions to ensure that all people can gain access to the care and coverage they need for their well-being and financial stability. **Read more about the study.**

Over 50 medical groups call for mandatory vaccinations for health care workers

More than 50 medical groups, including the American Medical Association and the American Nurses Association, called for U.S. health workers to be required to take the COVID-19 vaccine in a **joint statement** Monday.

Why it matters: Mainstream groups representing millions of medical workers are taking a harder line on the issue of mandatory vaccines, as the pace

of shots stalls and the Delta variant drives a national surge in coronavirus infections.

What they're saying: “We call for all health care and long-term care employers to require their employees to be vaccinated against covid-19,” the groups wrote. “The health and safety of U.S. workers, families, communities, and the nation depends on it.”



Between the lines: In a study of roughly **28,000 vaccinated health care workers** in India —

where the Delta variant caused some of the largest spikes of the entire pandemic — just 5% developed symptomatic infections after being vaccinated. Only 83 people had to be admitted to a hospital, and none died.

State of play: More than 161 million Americans, or 49.1% of the total population, are fully vaccinated, **per data** from the Centers for Disease Control and Prevention.

Less than 9% of hospitals have required employees to get vaccinated, according to the American Hospital Association, which **announced last week** it supports mandating vaccinations for health care workers.

Delta variant sweeps through states that dialed back health powers

Even though Covid hospitalizations and deaths are surging in Texas, Gov. Greg Abbott just barred counties, cities and school districts from requiring masks.

The Delta strain of the coronavirus is racing across the country, driving a surge of new cases and hospitalizations. But local and state officials this time have fewer options to slow the spread.

In Texas, where Covid hospitalizations are up 30 percent and deaths up 10 percent over the past week, **Gov. Greg Abbott recently barred** counties, cities and school districts from requiring masks. **Montana did the**

same for vaccine and mask mandates, while letting local officials overrule health department orders. And Florida Gov. Ron DeSantis, whose state accounts for one in five of new U.S. infections, asserted power to nix local health orders if he concludes they infringe on individual rights.

Many conservative lawmakers spent the first half of the year restricting public health powers such as mask requirements or indoor capacity limits — measures that blunted Covid's impact when it emerged in the U.S. but quickly became the scorn of the right. Arkansas,



Arizona, Idaho, Kansas, Missouri, South Carolina and Utah have in recent months also enacted new laws limiting local authority over the Covid response or any future health emergency.

"I'd rather have a dangerous freedom than a comfortable safety," said Arkansas state Sen. Trent Garner, who successfully pressed a ban on mask mandates and, like many like-minded officials, is adamant it stay in place.

That's left an increasingly fractured response, with some cities defying state bans and certain wary businesses stipulating that returning

workers provide proof of vaccination. Meanwhile, the bans threaten longstanding public health practices that extend beyond the pandemic, from shutting down restaurants that have foodborne illnesses to vaccinating children against diseases that took decades to bring under control.

"We can do the surveillance but we can't take any action, and small outbreaks could become much bigger problems. This is the bread and butter of our public health work and we're in danger of losing it," said Marcus Plescia, chief medical officer of Association of State and Territorial Health Officials.... **Read More**

Money Can Buy Americans Longer Life: Study

Money may not buy happiness but new research suggests it may at least help Americans live longer.

"Our results suggest that building wealth is important for health at the individual level, even after accounting for where one starts out in life," said Greg Miller, a faculty fellow at Northwestern University's Institute for Policy Research, in Chicago. "So, from a public health perspective, policies that support and protect individuals' ability to achieve financial security are needed."

But far too many Americans are living paycheck to paycheck with little or nothing to fall back

on in times of need, added Miller, senior author of the new study.

For the study, Miller's team analyzed data from 5,400 adult participants in the Midlife in the United States project.

The researchers compared the net worth of participants (average age, 47 years) in the mid-1990s and their death rates 24 years later.

The takeaway: Those with greater wealth at midlife tended to live longer.

But the researchers wondered if other factors — perhaps familial — might also be at play.

When they focused on a subset of nearly 2,500 siblings and twin



pairs, they found a similar association, suggesting that the connection between wealth and longevity goes beyond genetics or shared family experiences.

The findings were published July 23 in *JAMA Health Forum*.

"The within-family association provides strong evidence that an association between wealth accumulation and life expectancy exists, because comparing siblings within the same family to each other controls for all of the life experience and biology that they share," corresponding author Eric Finegood, a postdoctoral fellow, said in a university news

release.

The researchers also re-examined the data using only people without cancer or heart disease. This was done to find out whether these health conditions and their related costs could reduce a person's ability to gain wealth and possibly skew any link between wealth and longevity.

But even in this group of healthy people, the familial link between wealth and longevity remained.

More information

HealthinAging.org offers resources on **wellness and prevention**.

This Seemingly Flawless Social Security Strategy Could Backfire on You

Many seniors rely on **Social Security** to provide a fair chunk of their retirement income. And there's a good chance you'll eventually do the same. As such, it's important to get as much money out of the program as you can.

Now you'll often hear that a guaranteed way to snag a higher monthly benefit is to file for Social Security after **full retirement age**, or FRA. FRA is when you can collect the monthly benefit you're entitled to based on your earnings history. If you were born in 1960 or later, FRA kicks in at 67.

Of course, many seniors rush to claim their benefits ahead of FRA -- you can do so starting at **age 62** -- and shrink those monthly payments in the process. But for each month you delay your filing beyond FRA, your benefit will increase by about 2/3 of 1%. Or, to put it another way, for each year you delay your filing, your benefits will grow by 8%.

The delayed retirement credits you'll accrue by postponing your filing will stop accumulating once you turn 70. As such, 70 is generally considered the latest age to sign up for Social



Security, even though you could technically opt to delay your filing beyond that point. And if you're looking at a FRA of 67, filing at 70 means boosting your benefits by a rather impressive 24%.

But while you'll often hear that delaying your filing until age 70 is a surefire way to grow your benefits, that strategy could also come back to bite you. Here's why.

Look at the big picture. Delaying your filing beyond FRA will give you a higher benefit on a monthly basis. But will it give you a

higher *lifetime* benefit? Maybe not. Filing for Social Security at age 70 makes sense when you expect to live a reasonably long life. But if you don't think that'll happen, whether due to preexisting health issues or your family history, then delaying your filing as long as possible may not be the best way to get more money out of Social Security.

Say you're entitled to a \$1,500 monthly benefit at a FRA of 67. Waiting until age 70 to file will give you \$1,860 a month instead.... **Read More**

Over 20% of Women Take No Part in Couples' Retirement Planning, Study Shows

American couples may not be as in touch with their financial lives together as they believe they are, according to the findings from the latest Fidelity Investments Couples & Money study. Even though 57% of the survey's 3,426 respondents said they are "joint decision makers on retirement and other long-term financial goals," more than half of all non-retired couples disagreed on **how much money they need to retire comfortably**, according to a press release.

"One thing that stands out is that while many couples claim to communicate quite well when it comes to finances, when you take a deeper look, you realize

so many have a discomfort level when it comes to talking about money," Stacey Watson, senior vice president of Life Event Planning at Fidelity, said in an interview with GOBankingRates. "Even couples who say they are totally comfortable discussing their finances don't always dig deeply enough to make sure they are truly on the same page."

Communication Gaps Can Lead to Struggles

Even worse than communication gaps when it comes to money is failing to work together. The study found



that 40% of people in same-sex marriages and 27% of people in opposite-sex marriages said they have only one primary retirement decision maker.

Overall, 22% of women said they have little or no involvement in retirement planning, according to the study.

It wasn't just retirement planning that showed a disconnect between couples' money beliefs and the reality of how they manage finances. While 71% of partners claimed they communicate "at least very well" with their other half about money, 39% of respondents didn't know their partner's

salary.

The disconnect between how couples believe they manage money together and how they actually communicate can cause problems, as 18% identify money as their greatest relationship challenge. Also, 44% admit to arguing about money at least occasionally.

"Money discussions are not always easy, but the fact so many couples feel they are in sync and are comfortable talking about financial topics is encouraging, even if the conversations do occasionally end in disagreement," Watson said....[Read More](#)

Social Security spousal benefits: Here's what spouses can get

Social Security provides benefits not only to retired workers but also to spouses who have not contributed to the program. Spouses are one of the many beneficiaries of Social Security, and even ex-spouses can claim a payout from the program in some circumstances.

When you apply for Social Security, you automatically apply for the greater of your benefit or half your spouse's benefit. The **average monthly payout for all retired workers** was \$1,553.68 in May 2021 according to the Social Security Administration (SSA), while those claiming spousal benefits received an average

check of \$795.89.

Here's how Social Security works for those looking to claim a spousal benefit.

Claiming spousal benefits from Social Security: How it works

When a worker files for benefits from **Social Security**, the worker's spouse may be able to claim a benefit based on the worker's contributions. For spouses to receive the benefit, they must be at least age 62 or care for a child under age 16 (or one receiving Social Security disability benefits). In addition, spouses cannot claim the spousal benefit until the worker files for



her or his benefit. There are other important caveats about the spousal benefit as well.

"Spousal benefits are capped at half your spouse's benefit at full retirement age. If (the worker) waits beyond that to claim, the spousal benefit cannot grow further," says Claire Toth, managing principal and wealth strategist at New Jersey-based Peapack-Gladstone Bank.

Toth is referring to the strategy of a retiree not claiming benefits until past full retirement age in order to claim a bigger monthly benefit. Social Security will boost your benefit

substantially if you delay filing until as late as age 70. It's **one way to juice your payout** without working more.

However, if you file before full retirement age, your spouse will likely receive a permanently reduced benefit. Benefits may be reduced so that the spouse receives as little as 32.5 percent of the retiree's benefit. The spousal benefit is reduced by about seven-tenths of one percent for each month before full retirement age, up to 36 months. If you exceed the 36 months, Social Security will dock about four-tenths of one percent for further months....[Read More](#)

GOP pro-vaccine message clouded by emphasis on choice and privacy

Personal choices about vaccines have big implications for the public health of all, experts note

The tone of some Republican leaders on COVID-19 vaccines has shifted in response to the highly infectious delta variant, but a continued emphasis on values like personal liberty and privacy could muddle the message.

The delta variant is proliferating, comprising 83 percent of cases in the United States and an even higher percentage in places with lower vaccination rates, according to

the Centers for Disease Control and Prevention, with repercussions for the country's most vulnerable people as well as the economy's fragile recovery.

At the same time, nearly half of the House Republican caucus has yet to say publicly if they are themselves vaccinated, according to CNN. Republican lawmakers who have expressed support for the vaccine also stress the importance of individual freedom.

"I think the vaccines are great. People should absolutely consider getting vaccinated,"



said Rep. **Tom Emmer** of Minnesota, chairman of the National Republican Congressional Committee.

"That being said, it is a personal decision for them. I think the best we can do is continue to encourage people and remind them that they're safe and talk about all our family and friends that have had the vaccine and have had no negative reaction to it."

Republican members of Congress who are also physicians, the GOP Doctors Caucus, held a press conference Thursday to emphasize the

importance of vaccines in light of the rapid spread of the delta variant, but the remarks mostly focused on investigating the origins of the pandemic in Wuhan.

Concerns about lagging vaccinations and climbing COVID-19 caseloads threaten to distract from Republican calls for an investigation into the so-called "lab leak" hypothesis that the pandemic resulted from coronavirus research in China, just as more evidence has emerged adding some credibility to the possibility....[Read More](#)

Biden steps in on drug prices

David Dayen reports in the **American Prospect** on new developments at the White House regarding legislation that would lower prescription drug prices. President Joe Biden's executive order on economic competition takes (baby) steps towards the federal government removing patents on excessively priced brand-name drugs so that other companies could manufacture them at lower cost. This threat to pharmaceutical company patents, in turn, could move Congress to take bold action on drug prices.

The potential for executive action on drug prices derives from legislation that gives the government "march-in rights," to seize drug patents when drugs are developed with government funding and the drugs are not publicly available on "reasonable terms." There has been a long

debate over the meaning of "reasonable terms," with the sponsors of the Bayh-Dole Act of 1980 and others claiming that it somehow excludes excessive pricing. But, Kamala Harris in her campaign platform supported its use for this purpose.

Before Trump left office, his administration tried to kill any further discussion on the use of march-in rights to address high-priced drugs through NIST, the National Institute of Standards and Technology. Now, President Biden is asking NIST not to finalize Trump's proposed new rule.

Right now, there is a request pending for the government to march-in and break the patent on the prostate cancer drug, Xtandi. Its price in the US is \$150,000 for a year's treatment and, with insurance, copays can easily be



\$10,000. Other wealthy countries sell it for as low as \$30,000.

To date, the Department of Defense has not acted on the march-in request for Xtandi. President Biden's intervention on the NIST rule might change that. Let us see.

In addition to requesting that NIST not finalize the Trump rule on march-in rights, President Biden's executive order seeks:

- ◆ The FTC to end pay-for-delay, which permits pharmaceutical companies holding patents on brand-name drugs to pay generic manufacturers to delay bringing competitor generic drugs to market.
- ◆ Opens the door to drug imports from Canada. This sounds good, but, people can import drugs from Canada today without worry about FDA

action. Americans should be able to import drugs from any country, not just Canada.

◆ Directs Secretary Xavier Becerra at the Department of Health and Human Services to recommend how the US should proceed on drug prices. Becerra could support march-in rights as well as compulsory licensing. He could also propose that drugs for people with Medicare cost no more than they do in any other wealthy nation.

One thing's clear: If Democrats want to keep control of the House in 2022, it would help a lot if they passed legislation to lower drug prices. The overwhelming majority of Americans support this report. If drug prices remain high, the odds of their winning will likely come way down.

Changes Designed to Stop "Surprise Billing" Coming Next Year

Last year TSCL supported legislation to stop "surprise billing," which happened when patients were billed for medical procedures they had thought were covered by their health care insurance, but actually were not.

Congress passed the legislation and it will go into effect next year. While surprise billing

happened more frequently to those who were covered by employer-provided insurance, it did happen occasionally to those covered by Medicare.

New information has just come out about what changes can be expected starting January 1 of next year.



All health care providers must make information on patients' rights with respect to balance billing publicly available.

Health plans are expected to share more information on their websites explaining surprise billing (when a patient is responsible for an amount over

what a health plan pays). Plus, health plan ID cards will show deductibles and out-of-pocket maximums. We assume these new changes will also apply to Medicare although we have not seen information specifically about that.

The Senior Citizens League Supports Social Security Legislation

Last week TSCL was contacted by the office of Rep. Al Lawson (D-Fla.), to ask if we would once again endorse his bill, the *Social Security for Future Generations Act*. The Congressman first introduced his bill in 2019 but because it did not pass at that time he has now reintroduced it.

This legislation would make targeted benefits increases to students and widow(ers), update the cost-of-living adjustments formula (COLAs) to all beneficiaries, and will close a tax loophole that allows the wealthiest Americans to pay a lower Social Security tax rate.

It includes the following provisions:

◆ **Extension of Student Benefit to Age 22:** Social Security provides benefits directly to

about 3 million dependents under age 18 who have lost parental support because of death, disability, or retirement. Originally, this benefit was extended to dependents up to age 22, but that ceased after April 1985. This provision will reinstate benefits for dependents enrolled in college, up to age 22 so that they can afford skyrocketing tuition and college costs.

◆ **Updated Benefit Formula for Widow and Widowers:** Under the current benefit formula, Social Security benefits at widow(er)hood will be one-third to one-half less than the combined benefits to the couple. This provision would ensure that benefits are



directed toward a vulnerable group of women (and men), so that they receive a minimum amount of Social Security retirement in the case of spousal death.

◆ **COLA Adjustment:** CPI-E is a more accurate measure of spending that is produced by the Department of Labor. This measure is projected to increase the annual COLA benefit by ~0.2 percentage points, on average. An average senior at the age of 80 could see a \$43 a month increase, while the average senior at age 90 could see a \$73 a month increase in benefits.

◆ **Apply Payroll Tax to Wages above \$250K:** Currently, there is a maximum amount of earnings (\$127,200 in 2017)

that can be taxed; any earnings above this taxable maximum are not subject to the payroll tax. According to the Center for Economic Policy Research, subjecting all income over \$250,000 to the Social Security payroll tax would impact only an estimated top 1.5 percent of wage earners.

◆ **Special Minimum Benefit:** This is alternative benefit formula increases benefits paid to workers who had low earnings and who have worked long enough to secure Social Security retirement. This provision will ensure low-income workers qualify for benefits.

TSCL has once again endorsed this important legislation and we are grateful to the Congressman for his authorship of the bill.

Drug Makers Reach \$26 Billion Deal on Opioid Lawsuits

(HealthDay News) -- A proposed \$26 billion settlement on opioid-related lawsuits has been reached with four large drug companies, a group of state attorneys general announced Wednesday.

If enough states sign on to the deal with the country's three major drug distributors -- Cardinal Health, AmerisourceBergen and McKesson -- and pharmaceutical giant Johnson & Johnson, the companies could be released from all legal liability in the nation's opioid crisis that's killed hundreds of thousands of people, *The New York Times* reported.

If states and cities accept the settlement that took two years to reach, they would drop thousands of lawsuits against the companies and promise not to launch any future legal action

against them, the *Times* said. The money from the companies would be used by communities for addiction treatment, prevention services and other significant costs associated with the epidemic.

"We recognize the opioid crisis is a tremendously complex public health issue, and we have deep sympathy for everyone affected. This settlement will directly support state and local efforts to make meaningful progress in addressing the opioid crisis in the United States," Michael Ullmann, executive vice president and general counsel of Johnson & Johnson, told the *Times*.

"While the companies strongly dispute the allegations made in these lawsuits, they believe the proposed settlement agreement



and settlement process it establishes are important steps toward achieving broad resolution of governmental opioid claims and delivering meaningful relief to communities across the United States," the three drug distributors said in a joint statement, the *Times* reported.

The states will now have 30 days to review the agreement, including how much each would be paid over 17 years. While many permit their attorneys general to sign off on such deals, others require that legislators must be consulted. An unspecified number of states must sign on for the deal to stick, the *Times* reported. If that threshold is not met, the drug companies could walk away.

Only these four companies would be bound by the settlement. Thousands of other

lawsuits against other defendants, including drug manufacturers and drugstore chains, remain unresolved, the *Times* reported.

The lawsuits alleged that for two decades, the three drug distributors did nothing while pharmacies nationwide ordered millions of pills for their communities. Johnson & Johnson was accused of making its own fentanyl patches for pain patients and then downplaying the addictive properties of opioid painkillers to doctors and patients.

There were 500,000 overdoses from prescription and street opioids in the United States between 1999 and 2019, federal data show. Opioid overdose deaths reached a **record high in 2020**, according to the U.S. Centers for Disease Control and Prevention.

Seniors Say These 4 Things Make for a Happy Retirement

Seniors Say These 4 Things Make for a Happy Retirement

Many of us dream of retirement as the pot of gold at the end of the rainbow. After decades of work, we hope for a time of relaxation, with the freedom to do exactly as we please.

Recently, hundreds of retirees revealed the four elements they say are especially important to a fulfilling life during your post-work years. The results were published in a **new report**, "The Four Pillars of the New Retirement: What a Difference a Year Makes" from Edward Jones and Age Wave.

Following are the things today's retirees say are crucial to their well-being during retirement.

4. Being financially secure
Percentage who say this is important for their well-being: 59%

Surprised to see this way down

in fourth place? There is a good chance that many of today's pre-retirees would expect this item to finish first overall. After all, the notion that more money equals happiness is a cornerstone of both retirement planning and American life.

And while **money is important to happiness** in your golden years, today's retirees say other things matter more. Read on to find out what those things are.

3. Having a sense of purpose
Percentage who say this is important for their well-being: 69%

Many of us turn our jobs into a sense of purpose and derive much of our identity based on how we perform at work. But once you retire, that driving force suddenly disappears.

So, to make retirement happy, you will need a new purpose. One of the best ways to find it is



to volunteer. But it is best to start giving back long before you retire, so you are in the habit. As we

have reported:

"Among people who did not volunteer during their working years, just one-third finally begin volunteering during retirement."

2. Having family and friends that care about me

Percentage who say this is important for their well-being: 77%

Perhaps you sit upon a mountain of cash, able to afford endless vacations and any fancy toy you desire. Maybe you have a beautiful home on the water, and the leisure time to indulge your favorite hobbies. Does it mean anything without the company of family and friends?

Apparently not, as more than three-quarters of today's retirees say companionship is crucial to retirement happiness.

Love is a powerful, important

thing. But it's not *the* most important thing when it comes to retirement well-being.

1. Having good physical and mental health

Percentage who say this is important for their well-being: 85%

Anyone who has reached the milestone age of 50 has probably felt it: The fear that illness and the ravages of aging will slowly, or even suddenly, make life a lot less joyful.

Retirees understand the importance of good health better than anyone, which is why an overwhelming percentage of them say sound physical and mental health is crucial to happiness in older age.

Now that you know the elements of retirement well-being, it is time to learn how to put them into place.

You Should Check Your Social Security Balance Regularly — Here's Why

Social Security is the main source of income for a majority of the elderly in the U.S. According to data from the Social Security Administration, nearly 9 out of 10 people age 65

and older receive Social Security benefits, representing 33% of the income of the elderly. But is it enough?



Vanguard's latest report says that most Americans aren't prepared for retirement years, as reported by WFAA. The average retirement account

balance was a little more than \$106,000, but more than half (58%) had savings worth less than \$40,000, and a third had less than \$10,000 saved....**Read More**

Diabetes and Dementia Risk: Another Good Reason to Keep Blood Sugar in Check

There are many reasons to avoid getting diabetes, or to keep it controlled if you already have it: Higher risks for heart disease, stroke and for having a foot or leg amputation. But here's another one: It's a major risk factor for dementia.

While researchers are still investigating what causes that increased risk, one thing they do know is it's linked to highs – and lows – in the body's blood sugar levels.

"Whether it's Type 1 or Type 2 diabetes, glycemic control is very important" for maintaining good brain health, said Rachel Whitmer, chief of the division of epidemiology at University of California, Davis and associate

director of the school's Alzheimer's Disease Research Center. "This is another motivation to have good control."

Good management of blood glucose levels is one of seven lifestyle changes people can make to support better heart and brain health, called Life's Simple 7 by the American Heart Association. It's a step that could potentially help more than 34.2 million people in the U.S. living with diabetes.

According to the Centers for Disease Control and Prevention, the vast majority of people with diabetes have Type 2, which becomes more prevalent as people get older, as does



dementia. It happens when the body can't properly use the insulin it makes to control blood sugar levels. It develops over many years and is

often associated with being overweight or obese. Type 1 diabetes is an autoimmune disease in which the body stops making insulin.

Most of the research on the diabetes-dementia link involves Type 2 diabetes, which studies show roughly doubles the dementia risk and may cause it to develop a few years earlier. For people with Type 1 diabetes, treatment advances have led to longer lifespans, allowing researchers to begin delving into

how the disease affects their cognitive abilities as they age.

"They are now living to ages to be at risk for diseases that happen later in life,"

said Whitmer, who is also an adjunct investigator at the Division of Research for Kaiser Permanente Northern California.

Whitmer led a study for Kaiser that showed older adults with Type 1 diabetes who were hospitalized for just one blood sugar extreme were at higher risk for dementia – and those who were hospitalized for both highs and lows were six times more likely to later develop dementia....[Read More](#)

Pfizer Vaccine Offers 88% Protection Against Delta Variant, But 2 Doses Needed

(HealthDay News) -- Pfizer's coronavirus vaccine provides surprisingly robust protection against the highly infectious Delta variant of COVID-19 -- but only if you've gotten both doses.

Fresh data out of England shows that two doses of the messenger RNA (mRNA) vaccine is 88% effective in protecting people against the Delta variant, compared with about 94% effectiveness against the original strain of COVID.

However, effectiveness among folks who only got one dose was drastically lower, around 31%, researchers reported July 21 in the *New England Journal of Medicine*.

"The data is mounting that the mRNA vaccines are the solution to the Delta variant," said Dr. Amesh Adalja, a senior scholar

with the Johns Hopkins Center for Health Security in Baltimore. "It is also apparent that the second dose of these vaccines is needed to augment the immunity from the first dose, for a person to be resilient to the variant."

The Delta variant has developed seven different mutations in the coronavirus' "spike" protein, compared to the original Alpha strain, said Richard Kennedy, co-director of the Mayo Clinic Vaccine Research Group.

"Some of these mutations help the virus infect cells, produce more virus in infected cells, or spread from person to person more easily," Kennedy said.

"Several of these mutations occur at specific regions of the spike protein where antibodies



bind and prevent the virus from entering the cell." Vaccines will only remain effective if they can

withstand such attempts by the coronavirus to evolve around the immune system defenses created by inoculation, experts said.

In the case of the Pfizer vaccine, it appears that the two-dose series produces protection that can withstand the Delta variant's mutations, Kennedy said.

"This is likely because two doses create a lot more antibodies," Kennedy said. "Antibodies that don't work as well can still work, especially if you have enough of them."

This new study, which was led by Jamie Lopez Bernal from Public Health England, evaluated all COVID-19 cases in

the United Kingdom through May, with researchers checking to see if the infected folks have been previously vaccinated.

"Vaccine effectiveness against hospitalization for the Delta variant is uniformly high for the Pfizer vaccine. It's all good news," said Dr. Kathleen Neuzil, director of the Center for Vaccine Development and Global Health at the University of Maryland School of Medicine.

"These mRNA vaccines are really exceeding all of our expectations. It's terrific news that the effectiveness is this high despite these variants. It absolutely supports that our emphasis needs to be on getting the unvaccinated vaccinated," Neuzil continued....[Read More](#)

Are Antibiotics Really the Answer for UTIs in Women?

(HealthDay News) -- Urinary tract infections: They're the bane of millions of women, and a new study finds that many sufferers are unhappy that diagnosis and treatments are still limited for this painful condition.

One of the biggest concerns researchers found was that many women think frequent antibiotic use to treat urinary tract infections (UTIs) might not be the best solution. The study also noted frustration among women

that they weren't getting more help with prevention from their doctors. More than half of all women will experience a UTI in their lifetimes while a quarter will have recurring infections, the researchers noted.

"That's really what inspired us to do this study ... to dive into that a little bit more and understand," said lead author Dr. Victoria Scott, a urologist at Cedars-Sinai Medical Center in



Los Angeles. Doctors who specialize in urogynecology often see the most severe recurrent

UTI cases, after patients were seen by primary care physicians, Scott said. Experience treating women with recurrent UTIs led to holding six focus groups where participants were asked what they knew about UTIs, prevention strategies, treatment and the impact on their quality of life.

The research team found that the women in the focus groups were fearful and frustrated.

"The problem is waiting for the results ... and you're in a lot of pain and you could be getting worse," one study participant said.

Another participant said it had taken four or five months to get both her system and her head back to where they were supposed to be after infection and antibiotics....[Read More](#)

Even at Same Hospital, Black Patients Face More Complications Than Whites

Black Americans admitted for inpatient hospital care are far more likely than white patients to experience safety-related health complications -- even when both are treated in the same facility, a new report warns.

And having good insurance didn't appear to bridge racial differences in patient safety, investigators found: Even when Black patients had coverage similar to their white peers, they still faced a greater risk for in-hospital complications.

"Unfortunately, this is what health disparities look like in real life," said Delmonte Jefferson, executive director of The Center for Black Health & Equity, an

advocacy group headquartered in Durham, N.C.

"Even in environments where everything should be equal, we see unequal treatment and unequal health outcomes for Black people," said Jefferson, who wasn't involved in the new research. "We've got to get serious about addressing systemic racism and bias in all areas of medical care."

The new study was based on an analysis of discharge records collected by a U.S. federal agency for nearly 2,350 hospitals in 26 states during 2017.

The focus was on the kinds of complications "that simply



should never occur in hospitals," from bedsores to broken bones, said report author Anuj Gangopadhyaya, a senior research associate with the Urban Institute's Health Policy Center in Washington, D.C.

In other words, he noted, these are safety concerns that "are largely unrelated to patient health prior to a hospital visit."

The study, funded by the Robert Wood Johnson Foundation, is outlined in the Urban Institute's July report, which assessed safety records by 11 quality-of-care measures.

Four of those focused on "general patient safety" as

reflected in the risk for developing bedsores; catheter-related blood infections; in-hospital falls resulting in a broken hip, and/or traumatic damage in the area surrounding the lungs ("iatrogenic pneumothorax").

The remaining seven measures focused on illnesses or injuries that developed during or soon after surgery.

Based on these benchmarks, Gangopadhyaya identified several "clinically large and statistically significant" racial safety gaps that he said are suggestive of a systemwide problem...[Read More](#)

Drug Shows Promise in Easing Dementia-Linked Psychosis

(HealthDay News) -- A drug that eases hallucinations in people with Parkinson's disease may be able to do the same for those with dementia, a new clinical trial finds.

The medication, called Nuplazid (pimavanserin), is already approved in the United States for treating hallucinations and delusions related to Parkinson's.

The new study, published July 22 in the *New England Journal of Medicine*, suggests the drug may help dementia patients plagued by those same symptoms.

Researchers found that over 18 weeks, patients given Nuplazid

were 65% less likely to see a resurgence of their hallucinations and delusions, compared to those on a placebo.

The trial had been planned to run longer, but was stopped early when it became clear the drug was effective.

Experts said the findings offer hope of a new treatment for some of the more troubling symptoms of dementia. But longer-term studies are still needed.

"I don't want people to think this is a miracle drug. It isn't," said lead researcher Dr. Pierre Tariot, director of Banner Alzheimer's Institute in Phoenix.



But, he added, the findings suggest Nuplazid could help many patients with dementia-related

psychosis — possibly without all the risks of current medications.

Alzheimer's disease and other forms of dementia are commonly seen as memory disorders, but they affect the whole brain. And it's the psychiatric and behavioral symptoms — including delusions, hallucinations, agitation and aggression — that can be the most difficult for patients and caregivers.

It's common, for example, for patients to believe that people are constantly trying to steal

their possessions, said Dr. Joseph Friedman, an associate professor of psychiatry and neuroscience at Icahn School of Medicine at Mount Sinai in New York City.

It's a false belief, but one that can be very distressing, Friedman said.

Hallucinations, meanwhile, may involve seeing or hearing people who are not there. Friedman said that in some cases — if a person is seeing a long-dead loved one, for example — the hallucination may not be a negative experience.

In other cases, the imagined encounters can be frightening or trigger dangerous behaviors...[Read More](#)

Severe Sleep Apnea Could Damage Key Blood Vessels

(American Heart Association News) -- Severe sleep apnea is associated with major changes in key arteries and could speed up vascular aging, according to new research.

The study published Monday in the *Journal of the American Heart Association* sought to shed new light on the link between obstructive sleep apnea and "accelerated vascular aging," a thickening or stiffening in some blood vessels that causes changes in their function and structure.

Scientists already knew vascular aging plays a big role in cardiovascular disease. Sleep

apnea — which affects about 34% of middle-aged men and 17% of middle-aged women — also has been linked to cardiovascular disease, high blood pressure, stroke and diabetes.

According to a scientific statement published in June by the American Heart Association, between 40% and 80% of people with cardiovascular disease also have sleep apnea. Symptoms of sleep apnea include snoring, lapses in breathing and fragmented sleep.

However, past evidence was limited when it came to linking



sleep apnea and vascular aging. In the new report, researchers used

data from two large European studies for their analysis.

After looking at 8,615 people with no history of cardiovascular disease, they found those with sleep apnea showed "a marked accelerated aging of their arteries when compared to similar people without obstructive sleep apnea," said study co-author Quentin Lisan. For example, adults with sleep apnea had a 214% increased risk of an enlarged carotid diameter, a

structural sign of vascular aging, he said.

While Lisan wasn't surprised by the findings, given past research, he said the new study was notable for its large size and that it looked at numerous markers of vascular aging.

"Our findings could explain, in part, why people with sleep apnea have an increased risk of mortality and cardiovascular diseases," said Lisan, a head and neck surgeon and researcher at Foch Hospital in Suresnes, France, a suburb of Paris...[Read More](#)

COVID Antibodies From Vaccination Are Almost 3 Times Higher Than From Infection

People who've been fully vaccinated against COVID-19 have a much stronger immune system response against the new coronavirus than those who've previously been infected, according to a new study.

"Vaccinated individuals had the highest antibody levels, nearly three times higher than that of convalescent individuals recovering from symptomatic COVID-19," an Israeli team reported.

What's more, while 99.4% of vaccinated people tested positive for COVID-fighting antibodies in blood samples just six days after their second dose of vaccine, the number of these "seropositive" people fell to just under 76% for people recovering

from a COVID-19 infection.

These findings might encourage people who believe they're already well-protected because of a prior encounter with SARS-CoV-2 to go ahead and get vaccinated, one expert said.

"This is an encouraging study that further confirms that vaccination against COVID-19 provides a stronger immune response than recovering from infection," said COVID-19 expert Dr. Eric Cioe-Peña, who directs Global Health at Northwell Health, in New Hyde Park, N.Y. He wasn't involved in the new research.

The study also found that men and women have different



antibody levels after either vaccination or infection.

"It's well-known that there are differences in immune response that vary with sex," noted virologist Dr. Amesh Adalja, who wasn't involved in the research.

"This is likely the result of differential proportions of hormones like estrogen and testosterone," said Adalja, a senior scholar at the Johns Hopkins Center for Health Security, in Baltimore.

The new research was led by Noam Shomron, head of the Computational Genomics Laboratory at Tel Aviv University, and Dr. Adina Bar Chaim, from the Shamir Medical

Center in Tel Aviv. Their team assessed COVID-19 antibody levels in more than 26,000 blood samples from vaccinated and unvaccinated people, along with people who'd recovered from their COVID-19 infections.

The researchers also found age-related differences between convalescent or vaccinated men and women.

Among those older than 51, antibody levels were found to be higher in women than in men. This may be related to the change in levels of the female hormone estrogen, which occur around this age and affect the immune system, the study authors said. ...[Read More](#)

Four studies explore women's brain and heart health during midlife

Midlife health may be an important determinant of cognitive and heart health later on in life, suggests new findings from the [NIH-supported Study of Women's Health Across the Nation \(SWAN\)](#). This study, which has been examining women's health during midlife since the late 1990s, has been collecting data on more than 3,000 multiethnic women at seven centers across the United States. The study focuses on the physical, biological, psychological, and social changes that occur before, during, and after menopause.

By monitoring certain lifestyle choices, such as physical activity, and assessing risk factors, such as high blood pressure, over time, researchers can analyze the possible effects on the development of common diseases. By including women who are Black/African American, Chinese, Japanese, and white, the SWAN study also makes it possible to explore whether racial or ethnic differences may exist.

Cognitive health

As people grow older, their performance on tests of cognition tends to decline. Many



components make up cognition, including learning, memory, attention, and thinking speed. Because not everyone shows decline in the same components as they age, SWAN researchers used tests that measured short-term memory, thinking speed, and memory for events. Participants were asked to remember a list of numbers and repeat them in reverse order, match numbers with geometrical shapes, and recall facts from a short story after a delay of several minutes.

SWAN has enabled researchers to examine cognitive

changes that occur during midlife, before symptoms of age-related decline begin.

Physical activity

A research team led by investigators at the University of California, Los Angeles, set out to understand the relationship between physical activity and cognitive function during midlife and later. Whereas previous studies have mainly tested women older than 65, this study filled a research gap by monitoring 1,718 multiethnic women who were in their 40s and 50s at the beginning of the 15-year testing period. ...[Read More](#)

Coffee Won't Upset Your Heartbeat. It Might Even Calm It

For decades, doctors have warned folks suffering from heart rhythm problems to avoid coffee, out of concern that a caffeine jolt might prompt a herky-jerky heartbeat.

But a large new study has found that most people can enjoy their morning joe or afternoon diet cola free from worry -- caffeine doesn't seem to increase most people's risk of arrhythmias.

"We see no evidence for this broad-based recommendation to avoid coffee or caffeine," said study co-author Dr. Gregory Marcus, associate chief of

cardiology for research at the University of California, San Francisco. "There could be some individuals where caffeine is their trigger, but I think the growing evidence is those cases are actually quite rare."

In fact, results indicate that every additional cup of coffee a person drinks daily might *lower* their risk of arrhythmia by about 3% on average, according to the study published July 19 in *JAMA Internal Medicine*.

"The majority of people, even



those with arrhythmias, should be able to enjoy their cup of coffee, and maybe there are some people for whom caffeine or coffee may actually help reduce their risk," Marcus said.

Coffee is one of the most widely consumed beverages worldwide, but its properties as a stimulant have prompted many doctors to warn heart patients against drinking java, Marcus said.

To see whether caffeine really can cause the heart to race or beat abnormally, Marcus and his colleagues analyzed data from

more than 386,000 people participating in a long-term British health study.

Of that large group, about 17,000 developed a heart rhythm problem during an average follow-up of 4.5 years, researchers said.

All participants were asked about their coffee consumption when they entered the study. Researchers compared their response to their likelihood of developing an abnormal heart rhythm down the line. ...[Read More](#)