

### Friday Alert Message from the Alliance *for* Retired Americans Leaders

#### New Report: Social Security Administration Field Offices Lost An Estimated 20% of Staff This Year



Robert Roach, Jr  
 President, ARA

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Meanwhile, the uncertainty created by the Administration's disinformation and changes at the

SSA have put more demands on the agency with more Americans visiting field offices and an 18 percent increase in benefit claims. SSA workers report that the influx of in person visitors combined with reduced office staffing has resulted in longer appointment wait times and walk-in visitors being turned away. Beneficiaries have to wait an average of 35 days for an in person appointment, as of July 2025.

"This new data reminds us that DOGE workforce cuts have caused massive damage and made it harder for Social Security beneficiaries to get the benefits they have earned. We need more people at SSA answering the phones and staffing field offices, not fewer," said **Robert Roach, Jr., President of the Alliance**. "Congress must take action to demand that Social Security field offices are fully staffed."

**Fiesta Speaks at A. Philip Randolph Convention**  
**Alliance Executive Director Richard Fiesta** participated in

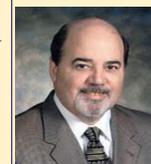


the A. Philip Randolph Institute National Education Conference in Chicago this week, giving a talk on threats to Social Security, Medicare, and Medicaid from policies being enacted by Congress and the Trump Administration. Founded by A. Philip Randolph and Bayard Rustin in 1965, APRI is an organization of Black trade unionists and allies fighting for racial equality and economic

justice. "For more than 70 percent of Black beneficiaries, Social Security makes up at least half of their income, while 30 percent rely on Social Security for all of their income," said **Fiesta**. "The benefits we worked a lifetime to earn are under attack and we must organize and fight back."

#### New Poll Shows Most Americans Are Stressed About Grocery Prices

A new AP-NORC poll shows that Americans are concerned about the high cost of groceries, with more than half of those surveyed reporting that buying groceries is a major source of stress. A large portion of those surveyed also reported that the cost of housing (47 percent), the amount of money they have saved or made (43 percent), and the cost of health care (42 percent) are significant sources of stress. Respondents were not as concerned about the cost of childcare, student debt, and credit card debt, with less than 30% specifying these factors as a major financial burden. Despite President Trump's campaign promise to lower grocery prices and bring costs down "starting on day one," prices have risen each month since January. In June, food prices were up by 3 percent compared to 2024. "Sky high grocery prices are putting a real strain on Americans, especially seniors living on fixed incomes,"



Joseph Peters, Jr.  
 Secretary  
 Treasurer ARA

said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "This is unacceptable. Americans should be able to afford basic necessities."

# Trump's baby savings accounts are just a 'back door to privatizing Social Security,' treasury secretary admits

President **Donald Trump's baby savings accounts** are a "back door for privatizing Social Security," Treasury Secretary Scott Bessent admitted.

The accounts, originally called MAGA accounts, are part of **Trump's One Big, Beautiful Bill** and give newborns a \$1,000 savings account. The money will grow over time and will be available when the child turns 18 years old. The money can then be used for college costs, to buy a home or other designated services.

Parents can contribute up to \$5,000 a year to the accounts, and employers and charitable **organizations can also contribute.**

The accounts are expected to be treated similarly to the rules for an individual retirement account, and can eventually be tapped for distribution in adulthood.

Bessent suggested Wednesday that they could eventually be **the way Americans save for retirement.**

"In a way, it is a back door for privatizing Social Security," Bessent said at an event hosted by Breitbart News. "If, all of a

sudden, these accounts grow and you have in the hundreds of thousands of dollars for your retirement, that's a game-changer, too."

Bessent reasoned that the accounts could boost financial literacy among young people who are "disillusioned with the system."

Democrats seized on the comment as a signal that Republicans want to privatize Social Security—an unpopular GOP idea that was floated 20 years ago and swiftly abandoned.

"Today, the Treasury Secretary said the quiet part out loud: Republicans' ultimate goal is to privatize Social Security, and there isn't a backdoor they won't try to make Wall Street's dream a reality," said Rep. Richard Neal of Massachusetts, the top Democrat on the House Ways and Means Committee.

"For everyone else though, it's yet another warning sign that they cannot be trusted to safeguard the program millions rely on and have paid into over a lifetime of work," Neal added.

"Bessent actually slipped and told the truth: Donald Trump and



his government want to privatize Social Security," said Senate Minority Leader Chuck Schumer.

Hours later, following criticism, Bessent was compelled to clarify on X that the Trump administration was "committed" to protecting Social Security

"Trump Baby Accounts are an additive benefit for future generations, which will supplement the sanctity of Social Security's guaranteed payments," he wrote. "This is not an either-or question: our Administration is committed to protecting Social Security and to making sure seniors have more money."

The Treasury said Bessent's comments had been taken out of context.

"Trump Accounts are an additive government program that work in conjunction with Social Security to broaden and increase the savings and wealth of Americans," a spokesperson said. "Social Security is a critical safety net for Americans and always will be."

George W. Bush's administration considered proposals to privatize Social Security more than 20 years ago.

Republicans have since moved away from talking about the issue publicly after it proved politically unpopular.

Privatizing social security would involve taking investments out of government and putting it into the stock market in some form.

"On one hand, what they are doing is they are making Social Security less solvent and a riskier proposition for people," Howard Gleckman, a senior fellow at the Urban-Brookings Tax Policy Center, told the **Washington Post**. "On the other hand, the treasury secretary seems to be musing out loud about the idea of beginning to privatize the system."

If Social Security was privatized, a main benefit would be the possibility of greater returns on investments. However, experts note that it wouldn't be without risk and could eliminate a guaranteed monthly income for retired Americans.

"You could make more or you could lose it all," Michael Liner, founder of Social Security disability law firm Liner Legal, told **U.S. News**.

## 600,000 Medicare Advantage affected people will have their accounts canceled

**UnitedHealthcare (UHC)** has announced the cancellation of certain **Medicare Advantage plans**, affecting over 600,000 individuals nationwide. As the largest provider of these plans, covering more than 8 million people, UHC's decision underscores the importance of these cuts. Beneficiaries are urged to contact UHC to verify if their plans are impacted. This proactive step is crucial to ensure continued healthcare coverage and to explore alternative options if necessary.

According to reports from The Minnesota Star Tribune, UHC is under financial pressure due to increased healthcare usage and rate cuts. The decision to reduce Medicare Advantage plans is part of a broader financial adjustment strategy. This move aims to address rising medical costs, which have significantly

impacted the company's financial health. The cuts primarily target less managed products, such as PPO offerings, as stated by Tim Noel, UHC's executive director of medical insurance.

**The Role of Medicare Advantage Plans**  
**Medicare Advantage plans** are private health insurance options approved by Medicare, offering an alternative for beneficiaries to receive their benefits. According to the Kaiser Family Foundation, by 2024, over half of eligible Medicare beneficiaries, approximately 32.8 million people, are expected to be enrolled in these plans. This highlights the critical role these plans play in the healthcare landscape, making UHC's decision particularly impactful.

Currently, it remains unclear



which specific markets will be affected by UHC's cuts. However, Insurance News Net suggests that the exits will primarily occur in health plans where

seniors have a broader range of healthcare providers. This uncertainty necessitates that beneficiaries remain vigilant and informed about potential changes to their healthcare coverage.

UnitedHealth Group, the parent company of UHC, is a major player in the healthcare industry, covering around 50 million people. Despite its size, the company faces financial challenges linked to rising medical costs. News Nation reports a 19% drop in profits for the company, despite a 13% increase in revenue during the second quarter. Medical costs, the company's largest operational expense, surged by 20%,

reaching \$78.6 billion.

Tim Noel highlighted the accelerating issue of healthcare costs in the U.S. during a recent earnings call. He stated,

This statement underscores the broader challenges facing the healthcare industry and the need for strategic adjustments to manage these rising costs effectively.

Beneficiaries of UHC's Medicare Advantage plans should take immediate action to understand their coverage status. Contacting UHC directly is essential to determine if their plan is among those being canceled. Exploring alternative Medicare Advantage plans or traditional Medicare options is advisable to ensure uninterrupted healthcare access. Staying informed and proactive is key to navigating these changes effectively.

## Trump administration rolls out new Social Security hurdles, then says they're optional

The **Trump** administration quietly rushed through a major change to Social Security's phone service policy, but after advocates for the elderly expressed concerns, the agency that oversees the program now says the change is "optional."

**Why it matters:** The policy would have forced millions more Americans to travel to the agency's already understaffed field offices to do routine things like change their address, obtain a tax form or generate a benefit verification letter.

◆ That would be a big obstacle, particularly for seniors, people struggling with mobility issues or those in rural areas who live far from a field office.

The Social Security Administration's **own filing** says 3.4 million more people would be forced to go to the field offices, which are already understaffed, and hard to get to for many Americans.

**How it works:** For decades, Social Security beneficiaries could phone the agency to do routine tasks.

Under the policy, described in the filing to the Office of Management and Budget, beneficiaries would first have to go **online** to get a one-time "Security Authentication PIN," or SAP.

◆ This was set to begin Aug. 18.

**The intrigue:** Earlier this week, AARP, the powerful advocacy group for older Americans, and other advocates for the elderly and disabled drew attention to the change.

◆ Now, the agency says that use of the SAP PIN is optional, and was always meant to be optional.

◆ "The intention of the expanded SAP feature in the filing was always to be optional," an agency spokesperson tells Axios in an email. "The



purpose of the feature is to improve the customer experience by providing a convenient and secure method for callers to verify their identity."

◆ "If a caller does not have a 'my Social Security account' or chooses not to use the SAP feature, the customer experience will be no different than it is today, and they will continue to use the existing authentication methods to verify their identity," they said.

**Yes, but:** The filing detailing the new policy has not yet been updated or changed.

**The big picture:** This latest dustup comes months after the agency **backed off** a similar plan after widespread outcry.

◆ It's part of the Trump administration's effort to combat fraud — ongoing even as Elon Musk's DOGE efforts have receded into the

background.

The agency instituted the policy without any announcement — a departure from how it has operated under prior administrations — and critics say that it hasn't provided **substantial evidence** for the fraud it's trying to combat.

**Between the lines:** In the past, including in the first Trump administration, a big policy change would be carefully tested and messaged to the public in blogs, the website and press releases.

The agency would typically reach out to stakeholders, like AARP, advocates for the poor and disabled and other lawyers who work with Americans on their benefit claims.

**What to watch:** The agency says it will amend its filing to make it clear that this policy is optional. Advocates are keeping an eye out for that.

## Medicare, Medicaid will reportedly pilot covering obesity drugs – a potential win for drugmakers

The Trump administration is planning to experiment with covering costly weight loss drugs under Medicare and Medicaid, the Washington Post **reported** on Friday. That plan could expand access to millions of Americans with obesity who can't currently afford Novo Nordisk's Wegovy and Eli Lilly's Zepbound, blockbuster GLP-1 drugs that cost around \$1,000 per month before insurance

In a statement to CNBC about the plan, the Department of

Health and Human Services said all drug coverages undergo a "cost-benefit review." The Centers for Medicare and Medicaid Services "does not comment on potential models or coverage," the department added.

The reported plan – if it ultimately takes effect – would be a huge win for Eli Lilly, Novo Nordisk and many Americans.

Spotty insurance coverage of obesity drugs remains the biggest



barrier to access for patients – and it's choking broader uptake and revenue growth for the two pharmaceutical giants. Many health plans, including Medicare, cover GLP-1s for treatment of diabetes, but not obesity. Medicaid coverage of obesity drugs is **limited and varies by state**, according to health policy research organization KFF.

But it's important to remember that this plan isn't exactly new.

In November, the Biden administration **proposed** having Medicare and Medicaid cover obesity treatments, which would have extended access to roughly **3.4 million Medicare beneficiaries and about 4 million Medicaid recipients**. The proposal was controversial at the time, as it would cost taxpayers as much as \$35 billion over the next decade, a congressional analysis found....**Read More**

## Social Security Is Owed Tens of Billions of Dollars, Trump Administration Aims to Collect.

For most retirees, their **Social Security income** is indispensable. When surveyed by national pollster Gallup in April, 86% of retirees said that their monthly check is a "major" or "minor" income source. In other words, it's a necessity, to some varied degree, to make ends meet.

However, this all-important retirement program isn't on the best financial footing. Based on the latest Social Security Board of Trustees Report, the program is staring down a \$25.1 trillion long-term (75-year) funding deficit, as well as the **prospect of**

**sweeping benefit cuts coming into play just eight years from now.** If nothing is done, retired workers and survivor beneficiaries can see their monthly payouts slashed by up to 23% in 2033.

**President Trump has overseen a flurry of Social Security changes since taking office**

Although politicians often shy away from tackling issues with Social Security since it can cost them votes in upcoming elections, President Donald Trump's administration **hasn't**



**veered away from making big changes to America's top retirement program.**

Since beginning his second (nonconsecutive) term,

Trump signed an executive order eliminating paper checks by Sept. 30, 2025. All federal distributions will need to be digitized (e.g., through direct deposit) in order to save costs, as well as reduce the possibility of fraud.

And the president has overseen the revamp of personal identification methods via the Social Security Administration (SSA). For example, changing your direct deposit information

(with few exceptions) will require an in-person visit to the SSA or two-factor authentication via a "my Social Security" account.

Furthermore, Trump is responsible for the creation of the Department of Government Efficiency (DOGE), which preempted the SSA to announce a reduction of 7,000 employees and the shuttering of some of its offices. These actions fit with the Trump administration's theme of reining in federal costs and making Capitol Hill more efficient....**Read More**

## A Big Change Is Coming To Medicare In 2026

To combat fraud and cut costs, the U.S. Centers for Medicare & Medicaid Services (CMS) will launch a new pilot program in 2026 that will delay some treatments for retirees and other Medicare recipients. Currently, most treatments are performed for patients on Medicare prior to any approvals from CMS.

However, starting in 2026, medical providers that choose to participate in CMS' new program, the Wasteful and Inappropriate Service Reduction Model or WISeR, will instead hold off on providing services until after they receive approval from CMS -- who has stated the program will consult with AI, medical professionals, and machine learning programs -- to see if the treatment in question is deemed necessary.

The purpose of this program, and pre-screening process, is to slash wasteful and fraudulent spending, which represents up to 25% of health care spending in the United States, per [CMS](#), which amounted to up to \$5.8

billion in 2022. The WISeR pilot program will be limited to medical providers located in New Jersey, Ohio, Oklahoma, Texas, Arizona and Washington, for two different three-year agreement periods, according to [CMS' Center for Medicare & Medicaid Innovation](#).

The [Center for Medicare and Medicaid Innovation](#) listed 17 specific treatments that will be targeted under the WISeR program. This includes five stimulator services such as deep brain stimulation for Parkinson's Disease and Urinary Incontinence, two skin and tissue substitutes related to wounds in the lower extremities, as well as lavage (visually guided saline injections) and debridement procedures related to treating osteoarthritis of the knee. Steroid injections for pain management, cervical fusions, incontinence control devices, and treatment of impotence will also be scrutinized.



These specific treatments were selected since they may have minimal benefit to some patients, and are at a higher risk for fraud and abuse, according to [CMS](#). Typical procedures needed for medical care won't be affected by this program, nor will seasonal vaccinations, cancer and diabetes screenings and any other [essential healthcare benefits that are free with Medicare](#).

The goal is also to use companies familiar with AI, and other technologies, to speed up and enhance the review process. Companies that participate in the program will be paid a portion of the spending reductions saved through the review process.

Enacted in 1965, Medicare is a health care program that is available to U.S. citizens, and green card holders residing in the United States for more than five years, who are over the age of 65. The program is also available to those under 65 with

disabilities, end-stage renal disease, or Lou Gehrig's disease. Although the program is meant to provide affordable healthcare, there was a Medicare price hike for seniors in 2025 thanks to rising drug prices and other health related costs. And while [Social Security's COLA estimates have increased for 2026](#), most of that increase will be used to combat rising Medicare Part B premiums for non-hospital medical care, per [USA Today](#).

While some retirees [may be eligible for new senior tax deductions under the One Big Beautiful Bill Act](#), low-income seniors likely won't receive any tax breaks. Meanwhile, these OBBBA cuts to tax revenue will only speed up the insolvency of Social Security and Medicare's trust funds. This could lead to a 24% cut in benefits for retirees, as well as an 11% cut in Medicare Hospital Insurance payments by 2033, according to the [Committee for a Responsible Federal Budget](#).

## Bipartisan bill attempts to fix widespread insurer underpayments to providers in Medicare Advantage

Whatever you think about Medicare Advantage plans, HMOs and PPOs administered by corporate health insurers, they can be deadly for both patients and providers. Insurers in Medicare Advantage use a number of tools to underpay providers, which in turn endangers patient access to care. A new bipartisan bill attempts to fix widespread insurer underpayments to providers in Medicare Advantage.

[The Prompt and Fair Pay Act](#) requires insurers to pay Medicare Advantage providers at least as much as they would be

paid for the same services in Traditional Medicare, the government-administered program that covers care from providers throughout the US. The bill also requires insurers to pay in-network providers promptly when they submit clean claims.

Congressman Greg Murphy, MD, the Republican co-sponsor of the Prompt and Fair Pay Act, explains a fundamental problem with Medicare Advantage that the bill addresses: "Medicare Advantage was conceived with good intentions, but absent updates and reforms, insurers will



continue to exploit and abuse the program to bilk the federal government at the expense of patients and physicians. Doctors who see MA beneficiaries not only experience major delays in reimbursement and senseless prior authorization denials, but often receive less compensation for services rendered than they earn through traditional Medicare. ... [T]he Prompt and Fair Pay Act ... guarantee[s] parity between MA reimbursements and Medicare Parts A and B, ensure[s] our physicians are treated with

dignity, and preserve[s] access to high-quality, affordable care for patients."

**Problem:** Medicare Advantage can impose undue and, sometimes, dangerous burdens on hospitals, physicians and other health care providers across the US; insurers too often do not pay providers promptly or fairly, as required. Insurers endanger access to care for older adults and people with disabilities enrolled in Medicare Advantage.... [Read More](#)

## Inflation vs. Benefits: Unveiling the Truth Behind the Upcoming Social Security Increase

Although the final data for the calculation is not yet available, estimates provide a glimpse of what to expect. Initially, the [Senior Citizens League \(TSCL\)](#), a non-partisan group, projected a low COLA of 2.1% for 2026, which would have been the smallest since 2021. However, that figure has gradually increased. The latest TSCL projection places the 2026

COLA at 2.6%, slightly higher than what seniors received last year. To put this in perspective, a person receiving the average monthly benefit of \$2,005 (as of June 2025) would gain an additional \$52 per month, raising their benefit to \$2,057 monthly.

While a 2.6% increase is better than 2.1%, it's crucial to



understand that it is unlikely to significantly improve personal finances. The main reason is that higher COLAs often signal higher inflation. This means the extra money beneficiaries receive will likely go towards covering rising costs of food, utilities, and other essential expenses. Even if the official COLA turns out to be

slightly higher, say 3%, it would only add about \$60 to the average check. For many, especially those with limited savings to supplement their benefits, this additional amount may not be enough to significantly ease financial pressure.

## This little-noticed update to Medicaid rules could burden seniors with thousands in medical debt

President Donald Trump's One Big Beautiful Bill Act left Medicare relatively unscathed, but a little-noticed change to Medicaid in the law is expected to result in seniors accruing thousands of dollars in out-of-pocket costs and medical debt.

Starting in 2027, the law will shorten Medicaid's retroactive-coverage period to two months for traditional enrollees and to one month for expansion enrollees. The program currently pays a beneficiary's healthcare costs up to three months prior to when they applied for Medicaid if they were eligible during that period. Most low-income seniors are enrolled in traditional

Medicaid, while Medicaid expansion under the Affordable Care Act accounts for most adults under age 65 with incomes up to 138% of the poverty level.

Experts agree that older adults will be disproportionately impacted by the OBBBA's change to Medicaid's retroactive coverage. Seniors on Medicaid tend to accrue higher medical costs than the average beneficiary because they use it to cover nursing-home stays.

The retroactive coverage can also be helpful after sudden medical emergencies such as a fall, heart attack or stroke, when



seniors' loved ones are likely to be more focused on immediate medical needs than on applying for Medicaid on their behalf. The Medicaid application, especially for long-term-care coverage, is complex and can take weeks or months to complete.

It's difficult to quantify how the loss of these protections will affect beneficiaries, but Indiana's Medicaid program — which received special federal permission in 2015 to waive the three-month coverage period for many people — provides a hint. Data on the waiver, which has been continuously renewed, show

that on average, the nearly 14% of beneficiaries who would otherwise have received retroactive coverage missed out on an average of \$1,561 per person in reimbursements.

"The impact is going to be massive," said Harry Nelson, a partner at the law firm Leech Tishman Nelson Hardiman, said of the OBBBA's change to retroactive Medicaid coverage. "It means that anybody who was slow to enroll, and delayed even by a couple weeks, [is] now potentially liable for thousands, tens of thousands, even hundreds of thousands of dollars of uncovered healthcare costs."...

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## Federal Court Reverses Federal Medical Debt Protections

This month, a **federal court blocked a rule** that was designed to protect people with medical debt by keeping it off credit reports and out of credit decisions. This means that credit reporting agencies and lenders are again free to use unpaid medical bills when determining credit worthiness—a practice that especially harms people with high medical needs and expenses.

### CFPB Rule Overturned in Court

Early this year, just before

President Biden left office, the Consumer Financial Protection Bureau (CFPB) **finalized a rule** that barred the inclusion of medical debt in credit scores or from appearing on credit reports. It also barred prospective creditors from using medical debt to decide whether an individual was qualified for credit. CFPB said that **15 million Americans would see \$49 billion in medical debt removed from their records** as a result.



A **lawsuit followed immediately**, arguing CFPB had exceeded its authority, and, under the Trump administration, the agency changed direction.

Instead of defending the rule in court, **the agency agreed with plaintiffs that the rule should be blocked**, and the court agreed.

### Medical Debt Common, Even for Insured

Most people 65 and older have Medicare coverage. But even so, **CFPB data** show that nearly

four million people in that age bracket had medical bills that they were unable to pay in full in 2020. That year, older adults had \$53.8 billion in unpaid bills. This burden was not evenly spread; people with unpaid bills were more likely to be older adults of color, to be in poor health, to have other debts, or to have incomes between 100 and 200% of the federal poverty level....

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## 2025: More older adults gamble with their health in Medicare Advantage

Medicare Advantage (MA) plans can be deadly. Yet the upfront costs of enrolling in MA are low as compared with traditional Medicare and most people do not understand the risks they are taking when they enroll in MA. So, large numbers of older adults and people with disabilities are gambling with their health.

A new report from the **Kaiser Family Foundation** (KFF) explains that Medicare Advantage is costing taxpayers 20 percent more per person than Traditional Medicare, a total of \$84 billion more this year. To be clear, the higher cost of Medicare Advantage is primarily benefiting corporate health insurers, which continue to profit wildly from the program.

The report does not explain that in addition to MA's excessive financial cost, it takes a

huge toll on the lives of enrollees who develop costly and complex conditions. The data and news stories make clear that many MA enrollees struggle to get the care they need, and **tens of thousands of them die needlessly each year**.

Eventually, Congress could fix the defective payment system in Medicare Advantage and cut payments to corporate health insurers. When it does, corporate health insurers will simply shift more costs onto their enrollees. Tens of millions of older adults will likely see their costs rise exponentially when they need health care.

Right now, insurers can and do still bill the government higher rates than they should. They add diagnosis codes to their enrollee medical records that make them appear sicker and in need of more



care than people in traditional Medicare. The insurers "upcode," **driving up Medicare premiums for everyone and eating into the Medicare Trust Fund**.

### Here are some MA trends:

More than half of people with Medicare (54 percent) are now enrolled in MA. Interestingly, enrollment growth in MA has slowed some. Perhaps, more people are reading the news and recognizing the many ways they might not get the care they need in MA. The data show that insurers too often inappropriately **deny and delay needed care**, overruling treating physicians and leaving their enrollees to either forgo care altogether or pay out of pocket to get critical health care services.

A large and growing cohort of people with both Medicare and Medicaid are now enrolled in

MA Special Needs Plans (SNPs). The insurers make even more money from these plans.

Nearly six million of the 34 million MA enrollees effectively had no choice but to enroll. In order to save money on retiree benefits, their former employers or unions negotiated a deal to move their retirees into MA. The insurers operating these MA plans saved money on marketing and provided these retirees with "extra benefits" as a way to get the books of business.

Why some people with Medicare should get "extra" benefits and others not seems of no concern to Congress. But, it's only a matter of time before they fall away for everyone.

UnitedHealth Group (29 percent) and Humana (17 percent) are the two insurers with the largest number of MA enrollees.

## Social Security Update: Thousands see their payments reduced

Some Social Security recipients are to face steep benefit reductions this month, as the Social Security Administration (SSA) rolls out a new policy to recover billions in overpaid benefits.

Beginning in late July, the agency started **withholding 50 percent of monthly payments** from those with outstanding overpayment debts, a fivefold increase from the previous standard. The SSA announced the change in April, following years of scrutiny over its handling of

### How Do Overpayments Happen?

Overpayments are often caused by reporting delays, benefit miscalculations, or unreported income, particularly for those on disability or early retirement.

"Social Security overpayments tend to occur from errors in reporting, such as a time lag that

naturally comes from reporting income via W-2, incorrect benefit calculations, failure to offset other government pensions, or changes in family status, i.e. divorce, death of a beneficiary, or children aging out of eligibility," Thomas Savidge, economist at the American Institute for Economic Research, told *Newsweek*.

Withholding is when the SSA keeps part of a monthly benefit payment back until the debt is paid off.

In March, the SSA initially proposed withholding 100 percent of monthly benefits until debts were repaid, but later revised the plan. Under the Biden administration, the withholding rate was set to 10 **percent following widespread reporting** on the profound impact overpayment debts had on Social Security recipients, many



of whom had no idea they were being paid too much money.

While the 50 percent rate is less severe, it still raises alarm among experts and advocates concerned about the policy's impact on low-income retirees and disabled individuals who rely on Social Security as their primary income.

"Collecting 50 percent of someone's Social Security benefits is very extreme. Most people on Social Security that has had an overpayment has no other income. Taking 50 percent of someone's income leaves them without the means to survive," Ashley F. Morgan, an attorney and owner of Ashley F Morgan Law, told *Newsweek*.

Morgan said her firm frequently sees these cases, particularly among people receiving disability benefits.

She also cautioned early

retirees: "If you are currently 64 and collecting Social Security retirement and also working, you need to monitor your earnings. If you work too much, they will reduce next year's earnings to offset the overpayment."

"If you earn more than allowed for a period of time, then your benefits have to stop," Morgan said. "Too often people earn money and fail to report the earnings to the Social Security Administration and the government only finds out after the overpayment has happened.

or those struggling to manage repayments, both experts highlighted potential options.

"For those who feel that 50 percent withholding is unjust or causes severe hardship, there is legal recourse," said Savidge. "They can request a lower withholding rate, a waiver of recovery, and even appeal the overpayment decision."

## Goodbye to Social Security – the threat of privatizing Social Security in the US returns

Social Security is again at the center of a fight over the future of **retirement income** in America. The program can pay full benefits until **2034**; after that, incoming payroll taxes would only cover about **81%** of scheduled checks unless Congress acts. That deadline is powering a new round of ideas—some modest, some sweeping—about personal accounts and privatization.

Social Security — what's actually on the table

Privatization doesn't mean scrapping Social Security overnight. In most proposals, a small slice of today's payroll tax would flow into **personal investment accounts** owned by workers, while the rest keeps funding traditional benefits.

At retirement, workers would draw from both pots. The appeal is simple: markets may deliver higher long-term returns than the **program's built-in formula**. The risk is simple too: markets fall, sometimes at the worst possible moment.

Why this is back now

Two things converged. First, the Trustees pegged the combined trust funds' depletion to **2034**, keeping pressure on lawmakers to find a fix. Second,

the administration's new baby investment accounts drew headlines when

Treasury Secretary Scott Bessent called them "a backdoor for privatizing Social Security," before the White House clarified they're meant to **supplement, not substitute** Social Security. The stir reopened an old debate.

How privatization could work in practice

A typical blueprint diverts 2–4 percentage points of the payroll tax into a low-fee **default index fund** with lifecycle options. Accounts would be portable, inheritable, and overseen by a central clearinghouse to keep costs low. At retirement, balances could be **annuitized** to ensure a monthly check for life, paired with a smaller traditional Social Security benefit that still covers disability and survivor insurance.

Some advantages of this strategy are:

◆ **Ownership and choice.** Workers build an asset they can pass on.

◆ **Potentially higher returns.** Over long horizons, diversified stock/bond mixes often outpace pay-as-you-go promises.



◆ **National saving.** More automatic investing could deepen household wealth and the capital base.

◆ However, it's not all upside.

Here are some of the drawbacks that a few economists point out:

◆ **Transition costs.** Carving out payroll taxes means less cash to pay current retirees, forcing big temporary borrowing or immediate cuts.

◆ **Market risk.** Bad timing can slash balances; not everyone can stomach volatility.

◆ **Insurance gaps.** Social Security isn't just a retirement program—it protects disabled workers and survivors; redesigns must preserve that safety net.

◆ **Longevity risk.** Without sound annuity rules, some retirees could outlive their savings.

Younger workers with decades to invest could benefit most from compounding. Higher earners may like the ownership and estate features.

Meanwhile, near-retirees and low-wage workers (who rely on Social Security's **progressive formula** and insurance protections) tend to worry about cuts and volatility. Current

beneficiaries would likely be **held harmless** in any serious bill, but the transition bill for taxpayers could be steep.

### FAQ

◆ **Are current Social Security checks in danger now?** No. Nothing passed. The program keeps paying full benefits until 2034, then about 81% absent action.

◆ **Would I have to pick stocks?** Most account designs use simple default index funds with age-based mixes.

◆ **Could accounts replace Social Security completely?** Proposals on the table keep a scaled traditional benefit for insurance and stability; details matter.

Social Security isn't vanishing tomorrow, but lawmakers must act before 2034. Personal accounts could add ownership and growth, yet they also bring market risk and big transition costs. As the debate returns to center stage, keep an eye on guarantees, insurance protections and who pays the bill—because that, more than the slogans, will decide the future of Social Security.

## Millions of Americans face higher medical bills.

Noam Levey reports for **KFF Health News** that President Trump's policies will lead millions of Americans to face higher medical bills. Today, some 100 million Americans have some form of medical debt. As new Republican policies kick in, still more Americans will likely incur medical debt.

The Congressional Budget Office projects that **17 million people will lose health insurance** in the next ten years as a result of Trump's tax bill, signed into law earlier this month. People with Medicaid and Medicare will suffer significantly. An additional 2.2 to

4 million in ACA plans through state health exchanges will lose their premium subsidies beginning in 2026 and, most likely, their health insurance.

In addition, corporate health insurers are raising their premiums a lot. That too will take a big toll as more Americans with health insurance face high deductibles and larger out-of-pocket costs.

There's more. The federal government is allowing insurers to charge for Covid vaccines, meaning that more Americans are likely to have to pay for this



protection or forgo the vaccine. And, states can charge as much as a \$35 copay to people with Medicaid receiving physician services.

Moreover, watch out if you need a loan and you have incurred medical debt. The Trump administration reversed a Biden administration consumer protection, set to take effect shortly, which would have made it easier and less expensive for people with medical debt to take out loans. As a result, your medical debt will appear on consumer credit reports, raising your interest rate on a loan and

possibly preventing you from getting a loan altogether.

That puts Americans who cannot pay their medical bills at risk of lower credit scores, hindering their ability to get a loan or forcing them to pay higher interest rates. Buying a home or a car becomes all the more difficult.

As a result of Republican policies, the financial security of millions of Americans is at grave risk. The health security of millions more Americans is also at grave risk. People with costly conditions will forgo needed care because they fear incurring more debt.

## New EU tariffs on prescription products could drive up drug costs further

If you've been reading **Just Care** or the news about the Trump reconciliation bill, you already know that Americans are likely to face higher drug costs. You might not know, however, that Trump's 15 percent EU tariff could drive up the cost of prescription drugs even higher. The tariff will go into effect after a national security investigation, reports Daniel Payne for **Stat News**.

The US reached a trade agreement with the EU last weekend. Under the agreement, all EU products will face a 15 percent tariff after a national

security investigation. Pharmaceutical products are the largest export from Europe to the US. A national security investigation, which precedes the imposition of the tariff, is designed to understand the consequences of US reliance on critical products from abroad.

Notwithstanding President Trump's earlier claims, the president of the European Commission made clear the agreement includes prescription drugs and products. The administration now confirms that there will be a 15 percent tariff



on prescription drugs and products. Pharmaceutical companies understandably are

looking into the implications of the tariff. In the past, prescription drugs have not been included in tariffs. It's as yet unclear to what extent the tariff will affect access to medicine, but it is fair to assume that it will drive prescription drug costs up further in the US,

Pharmaceutical companies will feel the effects of the tariff differently, depending upon the extent to which they manufacture

pharmaceuticals abroad and rely on pharmaceutical imports. And, president Trump still could decide to hold off imposition of the tariffs on pharmaceutical companies willing to move manufacturing of their products to the US.

Some believe that the Trump administration could use the tariff as a negotiating tool to force drug companies to lower drug prices, giving them a choice between paying the tariff or lowering drug prices voluntarily. Time will tell.

## Auto-enrollment in Medicare Advantage is a bad idea

Most Republicans and Democrats in Congress appear to agree that all too often Medicare Advantage isn't working well. As a result of inappropriate **prior authorization policies**, inadequate **provider networks**, wrongful **delays and denials of care and coverage**, a **defective payment system** and more, millions of people in Medicare Advantage and the physicians and hospitals treating them are at risk. Yet, David Schweikert, a House Republican from Arizona, has introduced **a bill in Congress** that would give the Centers for Medicare and Medicaid Services (CMS) authority to enroll people automatically in Medicare Advantage when they turn 65, reports Allison Bell

for **ThinkAdvisor**.

The bill falls under the control of the House Ways and Means Committee and the House Energy and Commerce Committee. So far, it has no co-sponsors. But, if it takes off, the consequences could be deadly for millions of our parents and grandparents.

Today, almost everyone enrolling in Medicare at 65 is automatically enrolled in traditional Medicare. Traditional Medicare assures them access to care from virtually all hospitals and physicians in the US without the hassles of prior authorization and inappropriate delays and denials of care people face in a Medicare Advantage HMO or PPO. The data show that a large



cohort of people in Medicare HMOs and PPOs, who need costly services, face obstacles to care they don't face in traditional Medicare.

So, if the Schweikert bill were to become law, people could end up locked into a Medicare HMO that denies them the health care services to which they are entitled under Medicare. They could end up losing continuity of care from their treating physicians. Their assigned MA HMO could deny them needed care. They could die needlessly, as **tens of thousands of people in the worst-performing Medicare Advantage plans do every year**.

Yes, people would have the right to switch out of these plans

during some initial period of time after enrollment. But, it's easy to imagine that a lot of vulnerable people would have no clue what has happened to them until it's too late for them to disenroll. More likely, they would need to find new doctors and would face inappropriate delays and denials of care when they most needed it, as is too often the case today.

The Schweikert bill helps the insurers offering MA HMOs, putting more profits in their pockets. It would likely give insurers the opportunity to game the Medicare Advantage program further. As written, CMS would enroll people in the least expensive MA plans, making it easier for insurers to know how to design those plans to their benefit.



## Are Some 'Low-Grade' Prostate Cancers More Deadly Than Thought?

Men diagnosed with what are known as Grade Group one (GG1) **prostate tumors** are often told they don't require treatment, only "watchful waiting," because GG1 cancers are at low risk of spreading.

There's even been talk among experts of not calling GG1 tumors "cancers" at all.

However, new research suggests that in up to 30% of these cases the risks may be higher than thought, and a more nuanced view of GG1 tumors could help save men's lives.

"We don't want to miss aggressive cancers that initially present as Grade Group one on biopsy," explained study co-senior author **Dr. Bashir Al Hussein**, an assistant professor of urology and population health sciences at Weill Cornell Medicine in New York City. "Such underestimation of risk could lead to undertreatment and poor outcomes."

The new study outlining these uncertainties was published July 31 in *JAMA Oncology*.

Prostate cancer is often slow-growing and highly treatable, according to the **American Cancer Society**. However, it remains very common, with

313,780 new cases of prostate cancer expected this year and 35,770 related deaths.

A man's prostate biopsy can have varying results, from noncancerous to cancers that present a high level of risk and must be treated.

Currently, a GG1 biopsy result often means the patient is told to forgo treatment for now, but have the tumor periodically assessed to see if they are showing signs of progression.

This "active surveillance" might include blood tests to monitor levels of PSA (a cancer-linked protein produced by the prostate), follow-up biopsies and/or MRI scans, Al Hussein and his colleagues said.

However, the research team stressed that one biopsy cannot sample the prostate as a whole, and aggressive cancer cells might still be missed.

In the new study, Al Hussein's team took a close look at data on more than 300,000 men diagnosed with cancers that had not spread beyond the prostate.

About 117,000 of these patients were classified as having a GG1 tumor after initial biopsy.

However, the researchers also



used other factors — for example, circulating levels of PSA and tumor size — to better assess an individual's risk for the tumor to spread.

Based on the combined data, they estimate that more than 18,000 of the men had higher risk cancers that should be treated with radiation therapy or removal of the prostate.

In other words, "our data show that up to 30 percent of patients who were diagnosed with GG1 but were in the higher risk category underwent active surveillance [only], which means they were potentially undertreated," Al Hussein said in a Weill Cornell news release.

The new findings come at a time when some clinicians are debating dropping the cancer label for GG1 tumors altogether.

Study co-senior author **Dr. Jonathan Shoag**, associate professor of urology at Case Western Reserve University in Cleveland, is convinced it's time to put the brakes on that notion.

"There is a misunderstanding that 'low grade' and 'low risk' are the same. Here, we show clearly that they are not," Shoag said in the Weill Cornell release.

"Attempts to rename GG1 are misguided as many patients with GG1 cancers on biopsy have substantial risks of their cancers causing pain and suffering over their lifetime if untreated."

The notion, according to Shoag, that all GG1 tumors are low-risk stems from evidence that was largely based on tissue samples from removed prostates.

For an individual patient, that's not the same as relying on the results of a single biopsy, however.

"As clinicians, we must make decisions based on each patient and his biopsy results in that context," Shoag said.

Al Hussein agreed.

"We need to find a better way to inform patients about their prognosis when they have GG1 prostate cancer with adverse clinical features," he said.

"As physicians, the responsibility falls on us to educate patients and provide them with the information they need to understand their diagnosis and decide on the best approach for treatment, while continuing to advocate for active surveillance for those who are indeed low risk," Al Hussein added.

## How Old Is Your Heart? It Could Be Aging Faster Than You Are

Researchers who've developed a new "heart age" calculator say many Americans have unhealthy hearts that are physiologically older than their chronological age, with men faring worse than women.

The research team theorizes that telling folks their heart age might help spur them to healthier lifestyles and treatment.

"Many people who should be on medicine to lower their risk for heart attack, stroke or **heart failure** are not on these medications," explained study senior author **Dr. Sadiya Khan** in a news release. "We hope this new heart age calculator will help support discussions about prevention and ultimately improve health for all

people." The new heart age calculator, which is free to the public, is available **online**. Study findings were published July 30 in *JAMA Cardiology*.

Khan, a professor of cardiovascular epidemiology, and her colleagues at Northwestern University in Chicago, note that the calculator is based on the American Heart Association's PREVENT equations, which talk about a patient's heart risk in terms of percentages.

For example, a doctor might use the equation to tell a patient, "8 out of 10 people with your (cardiovascular) profile may have a heart event in the next 10 years."



Khan's group hoped that expressing the heart's condition as an age might be easier for folks to grasp.

To test the new heart age tool, they applied it to data on 14,000 nationally representative U.S. adults, ages 30 to 79, who participated in the National Health and Nutrition Examination Survey between 2011 and 2020.

None of the participants had any prior history heart disease at the time of the analysis.

In most cases, people's heart age was older than the number of candles on their birthday cake.

For example, over the whole cohort, women had an average heart age of 55.4 years, compared

to an average chronological age of 51.3, the study found.

The news was worse for men: Their average heart age was 56.7, compared to an average chronological age of 49.7.

Certain demographic factors were in play, Khan's group noted.

Among men, for example, nearly a third of those who had achieved a high school education or less had a heart age that was 10 years or more older than their chronological age, the study found.

For men and women alike, being Black or Hispanic also tended to widen the gap between heart age and chronological age.

"Khan said in the news release...**Read More**

## C. Diff Infections: What To Know About This Gut Bacteria

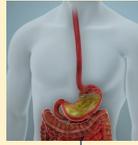
*C. diff*, which is short for *Clostridioides difficile*, is a type of bacteria that may cause serious problems in the digestive system. It is one of the most common causes of diarrhea linked to antibiotic use, particularly in hospitals and health care facilities.

While most healthy people have natural defenses that prevent infection, certain situations allow these bacteria to grow out of

control and cause harm.

The bacteria may lead to inflammation in the colon, known as colitis. Toxins cause this inflammation, which the bacteria produce when they multiply unchecked.

These bacteria usually live in the intestines alongside trillions of other microorganisms that help maintain digestive balance. But the balance of healthy bacteria



may be disrupted after taking antibiotics, leading to an overgrowth of *C. diff* and the release of toxins.

Antibiotics intended to treat infections elsewhere in the body can inadvertently kill off the “good” bacteria in the gut, making room for harmful bacteria, such as *C. diff*, to flourish.

These toxins damage the

lining of the colon and can cause a significant infection. Even a short course of antibiotics may lead to a *C. diff* infection, especially in people with weakened immune systems or those who have recently been hospitalized.

**Symptoms of *C. diff*...Read More**

## Do Millipedes Hold Key to Pain Relief, Parkinson's Treatment?

To fend off predators, millipedes release defensive compounds that could one day play a part in treating pain and neurological diseases.

"These compounds are quite complex, so they're going to take some time to synthesize in the lab," said chemist **Emily Meyers**, whose research specializes in leveraging the chemistry of underexplored ecological sources in the name of drug discovery.

She and her Virginia Tech colleagues recently identified complex structures in millipedes' natural secretions that can influence specific neuroreceptors

in ant brains, according to a campus news release.

The team published its findings earlier this month in the *Journal of the American Chemical Society*.

The newly discovered compounds are part of a class of naturally occurring alkaloids. The name Meyers' team gave them — andrognathans and andrognathines — is a tip of the hat to the millipede on Virginia Tech's Blackburg campus that they studied. Its scientific name is *Andrognathus corticarius*, but it's better known as the Hokie millipede, a nod to Virginia Tech's mascot.



For the study, researchers collected the critters from beneath fallen branches and leaves in campus woods. Then, they used a

variety of tools to suss out the compounds contained in the millipedes' defensive glands.

A surprising find: The bugs release the compounds not only to fend off predators but also to share their location with family members.

The compounds make ants — a presumed predator — disoriented. Some of them also interact with a single neuroreceptor called Sigma-1, which has been implicated in

such brain disorders as **depression**, schizophrenia, Parkinson's disease and Lou Gehrig's disease.

Meyers and entomologist **Paul Marek** have previously found that this family of compounds may have potential for treating pain and some neurological disorders. The next step is finding a lab to make them in larger quantities and to learn more about them.

Once larger quantities are in hand, her team hopes to learn more about their properties and potential in drug development.

## FIVE COMMON SIGNS OF COLON CANCER THAT ARE OFTEN IGNORED

Colon cancer, also known as colorectal cancer, is one of the leading causes of cancer-related deaths worldwide. In 2020, more than 1.9 million new cases of colorectal cancer were reported, and it claimed 930,000 lives worldwide, according to the World Health Organization (**WHO**). The agency also predicts that new colon cancer cases will rise to 3.2 million (an increase of 63%) per year by 2040, and the deaths will spike to 1.6 million per year (an increase of 73%). Early detection, therefore, is crucial to improve outcomes. However, many early symptoms are subtle, and the chances of it getting dismissed or mistaken for other, relatively less bothersome health concerns are high. This delays diagnosis, which negatively affects treatment plans and outcomes. Here are the five signs of colon cancer that are often ignored.

**1) Changes in bowel habits**  
Any changes in the bowel

habits should not be easily dismissed. Having persistent changes in bowel pattern, such as diarrhea, constipation, or a feeling that the bowel isn't completely empty, is an early symptom of colon cancer. People often attribute these changes to diet or stress. However, if diarrhea, constipation, or narrowing of the stool lingers for more than a week, you should consult a doctor.

### **2) Blood in the stool**

An early sign of colon cancer is blood in the stool. If you notice bright red or dark blood in the stool, you need immediate medical help. These signs are often dismissed as hemorrhoids or minor gastrointestinal issues. Though such concerns, too, can lead to blood in stool, rectal bleeding should never be ignored. According to WHO, blood in the stool, either bright red or dark and tar-like, is a



common symptom of colon cancer. Most colon cancer patients complain about rectal bleeding. Early investigation through a colonoscopy can clarify the cause and catch issues before they progress.

### **3) Abdominal discomfort**

Frequent abdominal cramps, pain, or bloating that does not go away is a red flag. This could be an indication of colon cancer. When this abdominal pain persists, even after administering remedies, it's concerning. Many mistake this for irritable bowel syndrome or gas. If you have persistent abdominal pain and have other symptoms, you should consult a doctor and investigate the cause.

### **4) Unexplained weight loss**

Remember, losing weight without trying is never a good sign. Sudden, unintentional weight loss may be a warning sign of cancer, including **colon cancer**. If you lose 10 pounds or

more without changes in diet or exercise, you should talk to your doctor. This sign is often overlooked, and people tend to think it's a positive change. If this symptom is combined with other colon cancer symptoms, it's worth investigating. Also

### **5) Chronic fatigue**

Feeling tired all the time, even after rest, is a red flag. Fatigue is another overlooked symptom, and people tend to attribute it to work or stress. Colon cancer can cause internal bleeding, leading to anemia and reduced energy levels. **Studies** have consistently shown that colon cancer patients have reported fatigue as an early symptom. It is easy to overlook this symptom for busy lifestyles. But if this sign is paired with other symptoms, it demands attention.

## Coming Soon: An At-Home Patch to Spot Skin Cancers?

Someday, you might apply a small patch onto your skin to find out whether that odd little spot is a cancer or not.

That's the hope from a new technology being developed by researchers at the University of Michigan.

The tiny silicone patch is embedded with micro needles that test the lesion for the presence of biomarker compounds that might signal cancer.

The device, called the ExoPatch, has already proven successful in distinguishing melanomas from healthy tissues in mice.

If successful, it could revolutionize skin cancer detection, said study co-senior author Sunitha Nagrath, professor of chemical engineering at the

university.

"A fair-skinned person with moles must [now] go to the doctor about every six months to send off a biopsy to see if they're malignant or benign," she explained in a news release. "With this test, they could instead test at home, get the results right away and follow up with a dermatologist for a positive result."

A study on the new technology is published in the October 2025 issue of the journal Biosensors and Bioelectronics.

The new patch tests what are known as exosomes, microscopic packages released by cells (including skin cells) that contain bits of genetic material that can be related to cancer.

Each ExoPatch contains a gel that attracts skin cell exosomes to



microneedles on the patch. After the patch is removed, it's placed in an acid that allows the exosomes to be released into a solution.

Similar to how at-home COVID tests work, a test strip dipped into the solution will reveal two bars if signs of melanoma are present, or just one bar if they are not.

No blood is needed, the research team stressed.

"The star-shaped needles make puncture easier and less painful, but they are so small that they only go through the top-most layer of the skin, the epidermis, and do not draw blood," Nagrath said.

Studies were conducted in mice — some that were cancer-free and some that had been injected

with a fragment of a human melanoma tumor.

The result: Exopatch could effectively tell which mouse skin was cancerous versus noncancerous, with a 3.5-fold darker line forming after contact with melanoma-laden samples.

"This is the first patch designed to capture disease-specific exosomes from fluid under the skin. The potential applications are huge," Nagrath said.

A pilot study in humans is planned, to be followed by clinical trials. Results of research conducted in animals may differ in humans.

The research is funded by the U.S. National Institutes of Health, and the reserach team has applied for patent protection.

## Fall Prevention for Older Adults: 13 Strategies to Stay Safe

Is your elderly loved one at risk of falling? Learn about strategies and safety measures to help prevent falls.

Losing your balance can be an unsettling experience. If you fall, it can be dangerous as well. And unfortunately, falls and fall-related injuries are common occurrences. According to the World Health Organization, falls are the world's second leading cause of unintentional injury deaths. Falls are also the leading cause of injury in adults 65 and older, notes the Centers for Disease Control and Prevention.

However, Katharine Forth,

who has a PhD in motor control and completed her postdoc at NASA, where she studied how the body controls itself for balance, likes to remind people that just because fall-related injuries are common doesn't mean they are normal. Especially for older adults, she encourages people not to assume they are destined to fall based on their age.

"Balance and postural control, that's something that I've been looking at from many different angles — from an athletic standpoint, from an older adult standpoint, from an astronaut standpoint," Forth says. "There's



many different ways that you can view it, and it's not just a question of the human body once we hit 80, suddenly you're at risk."

Understanding balance challenges and fall risks for people of all ages is vital, Forth adds, both in keeping the greatest number of people safe from disastrous falls and in having respectful, productive conversations with older adults about the potential for falling.

"We write a lot about ageism in health care and how that gets expressed with fall prevention," Forth says.

She adds that when people

start assuming that fall risks are inevitable with age, they cut off a conversation about how people of all ages can reduce their fall risks.

"Your balance can change every day — it can change throughout the day," Forth says.

By assessing your current fall risk and prioritizing your physical or cognitive health to maintain or improve your balance, you may be able to reduce your risk for falls at any age. Below, explore how the aging process impacts your fall risk and how you can support your body to prevent falls....[Read More](#)

## New Drug May Fight a Deadly Bone Marrow Disorder

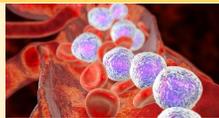
A recently approved leukemia pill also might help some patients diagnosed with a deadly bone marrow disorder, a new pilot study says.

About 3 in 5 patients with myelodysplastic syndrome (MDS) responded to treatment with olutasidenib (Rezlidhia), which the U.S. Food and Drug Administration (FDA) approved in 2022 for patients with acute myeloid leukemia, researchers reported recently in the journal Blood Advances.

What's more, about two-thirds of patients who previously

required regular blood transfusions for the condition no longer needed them, results show.

"We saw really quite remarkable outcomes in a very high-risk MDS population, not only in response rates, but also in blood count improvement, long duration of response and improved overall survival," lead researcher Dr. Justin Watts, chief of the leukemia section at the University of Miami Sylvester Comprehensive Cancer Center, said in a news release.



The drug targets a faulty gene for isocitrate dehydrogenase-1 (IDH1), a mutant protein that prompts cancer cells to grow and divide.

About 10% of patients with acute myeloid leukemia (AML) have IDH1 mutations, researchers said in background notes.

But those mutations also occur in about 3% to 5% of patients with MDS, leading the research team to suspect that olutasidenib also might be effective at treating

that disorder as well.

MDS, also sometimes called pre-leukemia or smoldering leukemia, occurs when blood-forming cells in bone marrow become abnormal, according to the American Cancer Society.

This results in marrow not being able to make enough healthy new blood cells, resulting in anemia, infections, and abnormal bleeding or bruising, the ACS says....[Read More](#)