

August 13, 2023 E-Newsletter



Message from the Alliance for Retired Americans Leaders

Pension Benefit Guaranty Corporation's FY 2022 Projections Report Shows Continued Strength in its Pension Insurance Programs



Robert Roach,
President, ARA

On Wednesday, the Pension Benefit Guaranty Corporation (PBGC) reported a continuing positive outlook for both its Single-

Employer and Multiemployer pension insurance programs, which together protect the pensions of over 33.5 million workers and retirees. The PBGC protects the retirement incomes of American workers in private sector defined benefit pension plans.

The new projections in the agency's Fiscal Year 2022 Projections Report indicate that the Multiemployer Insurance Program, which covers 11.2 million participants, is likely to remain solvent for more than 40 years due to the 2021 enactment of the Special Financial Assistance (SFA) Program, part of the American Rescue Plan Act (ARP) signed into law in 2021. Prior to the law's enactment, the PBGC projected that its Multiemployer Program would become insolvent in 2026.

The FY 2022 Projections Report also shows that the PBGC's Single-Employer Insurance Program is expected to remain strong throughout the 10-year projected period. The Single-Employer Program covers 22.3 million participants.

"Every American who is part of a multiemployer pension plan

should be grateful to President Biden," said **Robert Roach, Jr., President of the Alliance.**

"Without his commitment to workers and retirees, millions of Americans' retirement security was at risk. The Alliance will continue our work to protect and strengthen traditional pensions and fight for those Americans who do not have access to one.

"We are also grateful for the grassroots efforts of pension warrior Rita Lewis, the widow of Butch Lewis, for whom the historic pension legislation was named, and officials from the National United Committee to Protect Pensions (NUCPP). The Alliance has formed a partnership with NUCPP," President Roach added. The

PBGC's full report is available [here](#)

Pennsylvania Alliance Elects Officers at Their Convention



Rich Fiesta,
Executive
Director, ARA

Alliance Executive Director Richard Fiesta and Field Manager Tommy McLaughlin

attended the

Pennsylvania Alliance's 2023 Convention, Celebrating the PAST - Looking Forward to the FUTURE!

Fiesta provided an update on retiree issues including Social Security expansion, progress on the Inflation Reduction Act's provisions to lower prescription drug prices amid pharmaceutical industry opposition, and upcoming elections. McLaughlin offered pointers for telling personal stories about retirement security to influence

policymakers.

The convention concluded with a panel discussion on the future of retirement security with former state Senator Roy Afflerbach, President of the Afflerbach Group; George Piasecki, Secretary-Treasurer of the Pennsylvania AFL-CIO; Mike Crossey, past President of the Pennsylvania State Education Association (PSEA); and Fiesta.

Alliance Members Mark Medicare Anniversary

Medicare's 58th anniversary was July 30, and Alliance members highlighted the occasion with events around the country.

The Kentucky Alliance co-sponsored a birthday celebration at the Louisville Free Public Library with the showing of the documentary movie "Power to Heal." The documentary describes how the creation of Medicare sparked a dramatic coordinated effort that desegregated thousands of hospitals in a matter of months.

The Florida Alliance hosted an anniversary event with Rep. Kathy Castor and a virtual meeting and anniversary celebration with Rep. Debbie Wasserman Schultz. Members presented Reps. Castor and Wasserman Schultz with Retiree Hero Awards recognizing their 100% pro-retiree scores in the Alliance's 2022 Congressional Voting Record.

In New York state, Alliance members marked the Medicare and upcoming Social Security anniversaries by raising awareness of the earned benefits programs at a Tri-City Valley

Cats minor league baseball game. In Arizona, Rep. Greg Stanton joined Arizona Alliance left to right: Barb Toepke, Rep. Castor and Lynn Winderbaum (UFT) in Tampa members, Protect Our Care Arizona, experts, and advocates virtually to discuss the Biden-Harris administration's progress implementing the Inflation Reduction Act's (IRA's) Medicare Drug Price Negotiation Program.

"Alliance members will always defend Medicare's guaranteed health benefits and the landmark IRA against drug industry **lawsuits** that aim to block

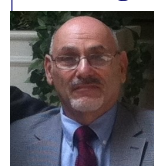
Medicare price negotiation," said

Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "We will also fight any politician who tries to cut Medicare, raise the eligibility age, or privatize the system."



Joseph Peters
ARA
Sec.-Trea.

Rhode Island ARA Host the 2023 New England Regional Conference



John A. Pernorio
RI ARA
President

On August 10th, the RI ARA hosted the New England ARA Regional Conference to to discuss changes and how they have affected our members and what

the future has in store for our members by way of legislation. RI Senators Reed, Whitehouse and RI Representative Magaziner attended. A SS, Medicare & Medicaid birthday was served.

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

Rhode Island Alliance for Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-480-8381

riarajap@hotmail.com • <http://www.facebook.com/groups/354516807278/>

People with both Medicare and Medicaid can get Traditional Medicare at little cost

More than 12 million Americans with Medicare also have Medicaid. These “dual-eligibles” typically have few out-of-pocket health care costs, whether they are in Traditional Medicare or a Medicare Advantage plan. Still, the Kaiser Family Foundation **reports** that half of them choose a Medicare Advantage plan, even though Medicare Advantage restricts their access to health care providers and imposes other barriers to care.

People with Medicare and Medicaid, “dual-eligibles,” can get coverage through Traditional Medicare, with Medicaid picking up deductibles and coinsurance costs, through standard Medicare Advantage plans, or through Medicare Advantage plans designed specifically for dual-eligibles. Because there is so much we don’t know about Medicare Advantage plans, including denial rates and wait

times for coverage, much less how quality differs among these plans, dual-eligibles should be better off in Traditional Medicare, where it is far easier to get care than in a Medicare Advantage plan.

In the ideal world, health systems would do a good job of coordinating people’s care. But, that’s not the world we live in. Still, a lot of people with Medicare and Medicaid opt for a Medicare Advantage plan. Misleading ads and sales agents can be convincing.

About half of dual-eligibles are enrolled in corporate-run Medicare Advantage plans when they would likely have easier access to care in Traditional Medicare. Traditional Medicare covers your care from almost all health care providers in the US without prior authorization requirements. Black, Hispanic and Asian/Pacific Islanders are more likely to sign up for

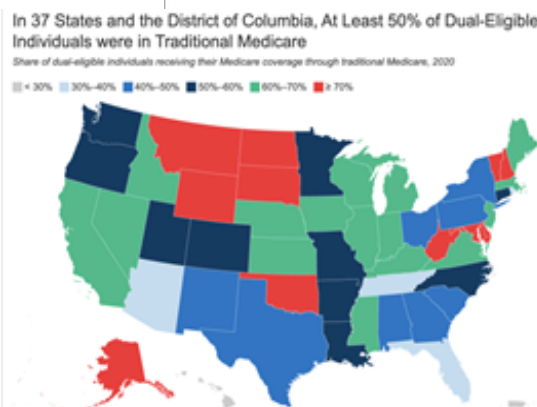
Medicare Advantage plans than non-Hispanic White people.

About three in ten dual eligibles are enrolled in Medicare Advantage Special Needs Plans or SNPs, which are corporate health plans intended to coordinate their care and to work well with Medicaid in their states. But, it’s not clear how well these plans work. In fact, the Office of the Inspector General recently released **a report expressing concerns about high**

inappropriate denial rates in some Medicaid health plans.

One great Medicare program that coordinates care for dual-eligibles is PACE, the **Program of All-Inclusive Care for the Elderly**. If you

are a dual-eligible, look into the non-profit PACE programs in your area. They are often unable to take new enrollees, but if you can get on a waitlist, do so. To qualify for the medical and social services they provide, you must be at least 55 years old and be able to live in your home safely but need a nursing home level of care. For more information on PACE, **click here**. Note: Beware of **for-profit PACE programs**.



Senator Sheldon Whitehouse (D-RI) Introduces Medicare and Social Security Fair Share Act

S.1174, Medicare and Social Security Fair Share Act would reverse inequities in the tax system so that high earners contribute a fairer share

Washington, DC – As the deadline approaches for Americans to file their taxes, U.S. Senator Sheldon Whitehouse (D-RI) announced new legislation to protect the solvency of Social Security and Medicare by making the nation’s highest earners contribute their fair share. The bill will be filed on Tax Day, when Chairman Whitehouse will hold a **Budget Committee hearing** on how tax dodging by the wealthy and big corporations holds down the broader economy.

“The ultra-wealthy shouldn’t be able to get out of paying Social Security and Medicare taxes on most of their income,” said Whitehouse. **“As President Biden has proposed, my legislation would extend the solvency of Medicare by 20 years and level the playing field so that teachers, police officers, and firefighters aren’t paying a much larger share of their income in taxes than**

billionaires.”

Medicare and Social Security are twin pillars of economic fairness and retirement security, providing lifelines to seniors, their dependents, and people with disabilities. In 2021, Social Security lifted 26.3 million Americans out of poverty, and nearly 40 percent of seniors rely on the program for the majority of their incomes – benefits they have earned that let them retire with dignity. Medicare protects its over 60 million beneficiaries, one in five of whom have less than \$15,000 in savings, from potentially catastrophic health care costs.

Despite the bedrock importance of these programs, both are at risk of being unable to fully pay out benefits within the next 15 years. Without new revenue, the Hospital Insurance trust fund and the Old Age and Survivors Insurance trust fund are expected to become insolvent in 2028 and 2033, respectively.

Whitehouse’s Medicare and Social Security Fair Share Act will:

◆ **Preserve Medicare and Social Security while safeguarding**



benefits.

• Significantly extend Social Security solvency and extend Medicare solvency by an estimated 20 years.

◆ **Require taxpayers with over \$400,000 in income to contribute a fairer share to Social Security.**

• Ensure that no matter the source of their income, high-income taxpayers would pay the same tax rate on their income exceeding that threshold.

◆ **Require taxpayers with incomes above \$400,000 to contribute more to Medicare and close a loophole in the law that favors high-earners, as proposed by President Biden.**

• Increase the rate for income above \$400,000 by 1.2 percent.

• Ensure that wealthy owners of pass-through businesses like hedge funds and private equity firms with more than \$400,000 in annual income cannot avoid Medicare taxes.

The bill has been endorsed by

Social Security Works, American Federation of State, County and Municipal Employees, American Federation of Government Employees, NETWORK Lobby for Catholic Social Justice, and Americans for Tax Fairness.

Read the fact sheet **here**.

Whitehouse will also re-introduce his Paying a Fair Share Act to codify the “Buffett Rule,” which would ensure that multi-million-dollar earners pay at least a 30 percent effective federal tax rate. The Paying a Fair Share Act would apply only to taxpayers with income over \$1 million, including capital gains and dividends, and would phase in over their second million dollars in income.

In February, Whitehouse **introduced** the No Tax Breaks for Outsourcing Act, which would level the playing field for American workers and small businesses by making sure multinational corporations pay the same tax rate on profits earned abroad as they do in the United States.

CMS announces lower Medicare Part D premium for 2024

CMS also releases the 2024 Part D national average monthly bid amount to help Plan D sponsors finalize their premiums.

The projected average total Part D beneficiary premium is **projected to decrease** by 1.8% in 2024, from \$56.49 in 2023 to \$55.50 in 2024, according to an announcement Monday from the Centers for Medicare and Medicaid Services.

The average total monthly premium for Medicare Part D coverage in 2024 of \$55.50 represents the sum of the average basic premium and the average supplemental premium for plans with enhanced coverage. It is the most accurate current projection of what people will pay in 2024 for Part D premiums, CMS said.

CMS has also announced that the Part D national average monthly bid amount for 2024 is \$64.28, the 2024 Part D base beneficiary premium is \$34.70 and the de minimis amount for low income beneficiaries is \$2.

CMS is **releasing** the Part D

national average monthly bid amount to help Part D plan sponsors finalize their premiums and prepare for Medicare Open Enrollment from October 15 to December 7, for coverage beginning January 1, 2024.

CMS said it anticipates releasing the 2024 premium and cost-sharing information for 2024 Medicare Advantage and Part D plans in September.

WHY THIS MATTERS

CMS on Monday **released** the 2024 Part D national average monthly bid amount, the Medicare Part D base beneficiary premium, the Part D regional low-income premium subsidy amounts, the Medicare Advantage regional Preferred Provider Organization benchmarks and the MA employer group waiver plan regional payment rates.

A Part D **pharmacy** price concessions policy will also be implemented in 2024.

This change is expected to lower beneficiary **out-of-**



pocket prescription drug costs and improve price transparency and market competition in the Part D program, CMS said.

In recent years, more Part D plans have been entering into arrangements with pharmacies where the Part D plans may pay less money for dispensed drugs if pharmacies do not meet certain criteria. The negotiated price for a drug is the price reported to CMS at the point of sale, which is used to calculate beneficiary cost-sharing and generally adjudicate the Part D benefit.

With the emergence of these payment arrangements, the negotiated price is frequently higher than the final payment to pharmacies. Higher negotiated prices lead to higher beneficiary cost-sharing, CMS said.

In 2022, CMS finalized a policy that requires Part D plans to apply all price concessions they receive from network pharmacies to the negotiated price at the point of sale so that the beneficiary can also share in

the savings at the pharmacy. This change is projected to decrease Part D beneficiary out-of-pocket costs by \$2.62 billion in 2024.

Plans will have until Monday, August 7, to complete rebate reallocation. Plans will have from Monday, August 7, 2023, to Monday, August 14, to inform CMS of their intent to participate in the voluntary de minimis program.

THE LARGER TREND

Stable premiums for Medicare prescription drug coverage in 2024 are supported by improvements to the Part D program in the Inflation Reduction Act that allow people with Medicare to benefit from reduced costs, CMS said.

The Medicare Part D program helps people with Medicare pay for both brand-name and generic prescription drugs. Part D remains one of Medicare's most popular programs, with more than 51 million Medicare beneficiaries enrolled for prescription drug coverage.

With So Much Left to do, Congress takes a Vacation for the Next Six Weeks

The members of Congress left town late last week for their annual August recess. However, they left a huge pile of work with little time left to finish it.

The House of Representatives isn't scheduled to return to work until Sept. 12, leaving only 12 days to finish work on the 12 bills needed to fund the government by the start of the new fiscal year on Oct. 1.

While the Senate is much

farther ahead in its work on the 12 bills, most Congressional observers believe there is so much to do that a government shutdown is likely unless they can manage to, once again, pass stopgap funding legislation.

However, passing stopgap legislation is also in question because a number of ultra-conservative Republicans in the House aren't bothered by a



shutdown.

According to *Bloomberg News*, "President Joe Biden and congressional leaders had hoped a hard-fought compromise on spending caps as part of a deal to avoid a US debt default would pave the way for a relatively smooth budget process. But a push by conservatives to make deeper cuts and attach language on abortion, transgender, and other social

issues has upended those plans."

Those ultra-conservative members want to slash the House spending bills — which are already lower than the deal negotiated by President Biden and Congress in the debt ceiling deal — by an additional \$115 billion.

Meanwhile, the House spent part of its time last week investigating UFOs.

You May Not Like This Proposal to Save Social Security

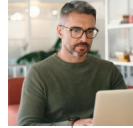
To be clear, the program is not in danger of going away. But benefit cuts are a big possibility.

How did we get here?

In a nutshell, Social Security's resources are being drained due to a mass exodus of baby boomers from the labor force. The program's primary revenue source is the income it collects via payroll taxes -- the ones workers' pay on the money they earn. But as baby boomers exit the workforce and not enough workers come in to replace them, that revenue source is likely to continue to shrink.

Now **Social Security** has trust funds it can fall back on to keep up with scheduled benefits -- that is, until those trust funds run dry. The program's Trustees expect that to happen in 2034, though that timeline could change for better or worse in the coming years.

The good news is that lawmakers have floated several proposals designed to pump more revenue into Social Security and prevent benefit cuts. The bad news is that one of their most feasible ideas could leave you



paying into the program even more.

Social Security taxes amount to 12.4% of wages up to a certain point that changes every year. This year, workers pay Social Security tax on up to \$160,200 of income. Those who have employers split that 12.4% tax evenly with the companies they work for, while people who are self-employed have to fork over that entire 12.4% themselves. Raising the wage cap for Social Security tax purposes could do the job of shoring up the program's finances

and avoiding benefit cuts. But going this route may not be as effective as some might think, since it's a relatively small portion of the population that earns more than \$160,200.

A more far-reaching solution could be to raise the amount of Social Security tax *all* workers pay from 12.4% to a higher percentage. That change would impact not just higher earners, but workers across the board. And as such, it's the solution lawmakers may be most inclined to move forward with.....**Read More**

Medicare premiums could increase in 2024

Medicare beneficiaries might pay more for their coverage next year, according to an advocacy group.

Medicare Part B premiums could rise by about \$15 a month in 2024 to a total of about \$179.80 per month, according to a projection from The Senior Citizens League, a nonprofit that advocates on issues affecting seniors. Medicare Trustees projected a premium increase of about \$10 a month earlier this year, but that was before the Food and Drug Administration approved a new Alzheimer's drug.

The drug, Leqembi, is expected to cost \$26,000 for someone without insurance, The Senior Citizens League said. Medicare's cost to administer and monitor patients taking the drug will add another \$5 a month to the trustees previous projection, the league said.

The increase would mean a yearly premium cost of \$2,157.60 next year, about \$180 more than 2023.

Medicare Part B covers numerous items, including doctor visits and outpatient services like lab tests and diagnostic screenings.



Part B premiums declined by about 3% this year.

Annual spending on the new Alzheimer's drug may make it the third most costly drug covered by Medicare Part B, according to KFF, a nonprofit provider of health research, CNBC said. Medicare Part B premiums are expected to cover approximately 25% of the program's costs.

Medicare will cover the drug for patients with mild cognitive impairment or mild dementia with confirmed amyloid plaques, according to KFF, CNBC said. Even with coverage, patients

may still have to pay over \$5,000 a year for the treatment.

The federal government typically announces new Medicare premiums each year in the fall. Retirees and other beneficiaries won't know their actual costs for 2024 until then.

Although Medicare premiums are likely to increase, seniors will also likely see a bump in their Social Security benefits in 2024 due to continued inflation. The Senior Citizens League projected a cost-of-living increase for next year of 3%.

Increases in Social Security benefits are also typically announced in the fall.

Dems launch attack ads against Senators Cruz and Scott for proposing to take away Medicare

Axios reports that the Democratic Senatorial Campaign Committee has launched attack ads against Senator Ted Cruz of Texas and Senator Rick Scott of Florida for planning to take away Medicare. Cruz and Scott are the two Republican Senators whose seats are at risk in the 2024 election. And, when it comes to Medicare and Social Security, they can't be trusted.

Both Scott and Cruz have called for the end of Medicare in one form or another, as have most Republicans. For a long while, one of their goals has been to privatize Medicare and allocate

a fixed amount of money to each person with Medicare that they can spend on their health care, "premium support". Premium support policies would mean higher costs for older adults and less comprehensive Medicare coverage. People with Medicare who developed costly or complex conditions would likely either have to forgo care or pay for it themselves.

The Democrats' digital ads are designed to appeal to older Americans and call out Senators Cruz and Scott for being a "threat to Medicare." The ads also attack Republicans more broadly for



their positions on Medicare. Senator Scott has called for federal legislation that would have Medicare and Social Security go away after five years. In his words, "All federal legislation sunsets in five years. If a law is worth keeping, Congress could pass it again." Given how difficult it is to pass any legislation in Congress, Scott's policy proposal is a sure recipe to end Medicare and Social Security.

It's worth noting that Medicare Advantage plans already put Medicare on a dangerous trajectory, both from a sustainability perspective and

from a coverage perspective. The HHS Office of the Inspector General has now twice reported that Medicare Advantage plans often inappropriately delay and deny care that Traditional Medicare would have covered. And countless agencies and organizations have found overpayments to Medicare Advantage plans are today more than \$70 billion a year and growing, endangering the Medicare Trust Fund.

CMS Responding to Data Breach at Contractor

CMS Notifying Potentially Involved Beneficiaries and Providing Information on Free Credit Monitoring

The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) have responded to a May 2023 data breach in Progress Software's MOVEit Transfer software on the corporate network of Maximus Federal Services, Inc. (Maximus), a contractor to the Medicare program, that involved Medicare beneficiaries' personally identifiable information (PII) and/or protected health information (PHI). No HHS or CMS systems were impacted. Maximus is among the many organizations in the United States that have been impacted by the MOVEit vulnerability. This week, CMS

and Maximus are sending letters to individuals who may have been impacted notifying them of the breach, and explaining actions being taken in response. CMS estimates the MOVEit breach impacted approximately 612,000 current Medicare beneficiaries.

CMS and Maximus are notifying Medicare beneficiaries whose PII and/or PHI may have been exposed that they are being offered free-of-charge credit monitoring services for 24 months. This notification also contains information about how impacted individuals can obtain a free credit report, and, for those beneficiaries whose Medicare Beneficiary Identifier number may have been impacted, information on receiving a new



Medicare card with a new number.

Below please find a sample of the letter being sent to those who are potentially affected:

Dear <<Name 1>>

The Centers for Medicare & Medicaid Services (CMS), the federal agency that manages the Medicare program, and Maximus Federal Services, Inc. (Maximus), are writing to inform you of an incident involving your personal information related to services provided by Maximus. Maximus is a CMS contractor that provides appeals services in support of the Medicare program.

The incident involved a security vulnerability in the MOVEit software, a third-party application which allows for the transfer of files during the

Medicare appeals process. Maximus is among the many organizations in the United States that have been impacted by the MOVEit vulnerability.

We are sending you this letter so that you can understand more about this incident, how we are addressing it, and additional steps you can take to further protect your privacy. We are providing information with this notice on free credit monitoring services and, if your Medicare Beneficiary Identifier (MBI) was impacted, will be giving you a new Medicare card with a new Medicare Number. This does not impact your current Medicare benefits or coverage....**Read More**

Elder Abuse: Combating Injustice

*By Cheryl Tudino
Social Security Public
Affairs Specialist*

Elder abuse is the intentional mistreatment or harming of an older person. An older person is defined by the Social Security Act as someone over age 60. This abuse takes many forms – including physical, emotional, and sexual harm, neglect, and financial exploitation. More than 1 in 10 older adults experience some form of abuse each year. That number is likely much higher because elder abuse is often underreported – especially in underserved communities.

Abuse victims typically show emotional and behavioral red flags, such as depression, unusual fear or anxiety, or intentional

isolation. Many victims are abused by someone they know or trust. It's important to look for unusual changes in behavior around:

• **Family members.** • **Staff at inpatient facilities.** • **Hired or volunteer caregivers.** • **People in positions of trust like doctors or financial advisors.**

You can also help make a difference by checking in with older loved ones. Looking for warning signs of mistreatment is the first step to preventing abuse. Signs of physical abuse include bruises, burns, or other unexplained injuries.

There may also be signs of neglect like: • **Poor nutrition or hygiene.** • **Lack of necessary**



medical aids like glasses or medications that a caretaker should be providing. There may also be indications of financial abuse.

These may include: • **Unpaid rent.** • **Sudden changes to a will.** • **Unusual changes in money management.** • **Large, unexplained financial transactions.** • **Mortgages despite sufficient financial resources.**

If you suspect that someone is a victim of elder abuse, don't ignore it! If you or someone you care about is in a life-threatening situation, call 911. If you suspect that something isn't right – but nobody seems to be in immediate danger – contact:

- ◆ Your local Adult Protective Services at www.napsa-now.org/help-in-your-area.
- ◆ The National Center on Elder Abuse at 1-855-500-3537 (ELDR).

You can also find additional local resources by searching the Eldercare Locator for your community at eldercare.acl.gov/Public/index.aspx.

Take some time to call or visit with an older adult. Ask if they are okay and listen to what they tell you. Pay attention to signs of abuse or unusual behavior. Most of all, don't be afraid to report instances of suspected abuse. Please share this information with those who need it.

Even with Medicare, you'll spend a lot on health care

If you have Medicare, you should expect to spend a larger portion of your income on health care than if you are still working or have Medicaid. According to the **Kaiser Family Foundation**, as much as Americans love Medicare, they typically face challenges paying for their health care. Whether you have Traditional Medicare or are enrolled in a Medicare Advantage plan, out-of-pocket costs take a toll.

By the Kaiser Family Foundation's estimates, "Medicare households," households with people who all have Medicare, spend about twice as much on health care proportionally (15 percent) as non-Medicare households (seven

percent). And, in one third of Medicare households one fifth of spending went towards health care expenses. Given that Medicare does not pay for dental, vision and hearing benefits, the most vulnerable older adults have substantial health care expenses. (Medicare also does not pay for long-term care costs at home or in a nursing home, though those costs are not factored into the Kaiser Family Foundation's analysis.)

People with Medicare spent about \$6,557 for health care out of \$44,686 in total spending on average. People without Medicare spent, on average, \$4,598, out of \$67,769 in total health care spending. They paid



out of pocket for premiums, medical treatments, prescription drugs and medical supplies. Americans spend most on their homes as a proportion of their total spending. Interestingly, Medicare households spend a greater share of their money on housing (37 percent) than non-Medicare households (33 percent) and a smaller share of their money on transportation 13 percent v. 17 percent.

About 15 percent of spending for both Medicare and non-Medicare households goes to food.

Note: This analysis is based on data during Covid, when fewer people were getting medical treatment, so the numbers would

likely be higher now.

Congress should pass legislation that would put an out-of-pocket cap on traditional Medicare, in order to lower people's out-of-pocket costs, as well as give people dental, vision and hearing benefits and coverage for their long-term care. The tens of billions in overpayments to Medicare Advantage plans today could cover a large portion of those costs.

For now, people with Medicare with lower incomes can sometimes get help paying for their care through Medicaid or a **Medicare Savings Program**.

Which Type of Medicare Costs More in the Long Run?

The vast majority of Americans 65 and older get their medical coverage through Medicare, the federal retirement health insurance program.

However, as we have explained, Medicare **does not pay for all your health care expenses** during your golden years. Some retirees are surprised by the amount of out-of-pocket costs they accumulate despite being enrolled in Medicare.

As the Employee Benefit Research Institute notes, "health care costs in retirement can be considerable." And such expenses might be especially

high if you sign up for Original Medicare instead of Medicare Advantage, according to a recent **EBRI analysis**.

All retirees must choose between two main options — Original Medicare and Medicare Advantage — when signing up for Medicare coverage:

◆ Original Medicare is the traditional, fee-for-service health care coverage provided directly by the federal government. Many people with Original Medicare also purchase supplemental coverage, also known as a



Medigap policy, to cover the things that Original Medicare does not cover.

- ◆ Medicare Advantage plans are all-in-one coverage offered by private insurers that are approved by the federal Medicare program.
- ◆ For its analysis, the EBRI built its own simulation model and found that folks who enroll in Medicare Advantage typically do not need to save up as much cash to cover their out-of-pocket health care needs during retirement as folks who sign up for Original

Medicare and a Medigap policy.

- ◆ For example, to have a 90% chance of covering his health care spending needs during retirement, a man enrolled in a Medigap policy with average premium costs will need to save \$166,000, the EBRI says. For a woman, that amount rises to \$197,000....**Read More**

Health Care Costs Disproportionately Burden People with Medicare

Many of Medicare's 65 million enrollees can struggle to pay for coverage and care. The program's benefit design and lack of financial protections leave beneficiaries exposed to high premiums and cost-sharing and on the hook for the full cost of services that **Medicare does not cover**, such as **comprehensive dental, vision, and hearing care**, as well as **long-term services and supports**.

A new KFF **analysis** examines the financial burden of these and other health care costs on people with Medicare, both as a dollar amount and as a percentage of their total spending. Key findings include:

- ◆ **Health care spending burdens are twice as large among Medicare households than non-Medicare households.** In 2021, Medicare households spent an average of \$6,557 on health care, accounting for 15% of their total spending (\$44,686), while non-Medicare households spent \$4,598, or

7% of total household spending (\$67,769).

- ◆ **Non-health-related spending is more aligned.** Housing is the largest expense for Medicare and non-Medicare households, totaling 37% and 33% of spending, respectively. Both households also spend similar shares on food (15%) and transportation (13% in Medicare households vs. 17% in non-Medicare households).

- ◆ **In one out of every three Medicare households, health care accounts for 20% or more of total spending, compared to 1 in 14 non-Medicare households.** Three out of four Medicare households spend at least 10% percent on health-related expenses, while only one in four non-Medicare households do so.

Medicare beneficiary health care costs are likely even greater and more disproportionate than the report suggests. This is in part



due to its reliance on expenditure information from 2021, when **utilization and spending rates** were unusually low due to the pandemic. Additionally, the underlying data does not capture the typically high cost of long-term care facilities. KFF notes this exclusion "is more likely to affect the spending burden estimates for Medicare households than non-Medicare households since spending on long-term care facilities is a **significant share** of average out-of-pocket health care costs for people with Medicare."

Health care affordability challenges can have significant consequences. Beneficiaries may be forced to go without needed treatments—leading to worse outcomes and quality of life. The cost to Medicare is also extreme, as beneficiaries who forgo care and experience declining health as a result may require more expensive interventions later, like emergency department or inpatient care.

The **Inflation Reduction Act** takes important, initial steps to lower beneficiary and Medicare costs. Provisions now or soon in effect will expand eligibility for the full Part D Low Income Subsidy, redesign Part D to eliminate the coverage gap and enrollee coinsurance in the catastrophic phase, cap annual spending on Part D drugs, limit Part B and Part D insulin costs, and make additional vaccines available at no charge.

The Medicare Rights Center urges policymakers to build on these reforms to further strengthen program and beneficiary well-being. This includes making financial assistance more available, limiting out-of-pocket costs for all enrollees, filling harmful gaps in coverage, and improving Medicare Advantage payment accuracy and accountability. Such changes will help ensure all people with Medicare can access and afford high-quality care.

The Most Important Social Security Table You'll Ever See

You can find many numbers, charts, and tables with Social Security information. In fact, some would argue that there are *too* many, sometimes causing more confusion with information overload. It doesn't help that this information seems to change often, either.

With all the information relevant to **Social Security**, one table reigns supreme. Here's the most important Social Security chart you'll see.

How the timing of your claim affects your benefits

This chart is significant because your **full retirement age** (FRA) dictates a lot in Social Security. Arguably the most important thing it dictates is the value of your monthly benefits based on when you claim relative to your FRA.

Your FRA determines when you're eligible for your full monthly benefit, or primary insurance amount (PIA). However, that's not when you *have* to claim it. You can claim benefits as early as 62 or delay them until you reach 70.

Claiming benefits early will

reduce them by 5/9 of 1% for each month within 36 months of your FRA. Beyond that point, each month will see a reduction of 5/12 of 1%. For example, someone born after 1960 who signs up at 62 would receive a monthly benefit 30% below their PIA.

For those born in 1943 or later, delaying benefits past your FRA will increase them by 2/3 of 1% each month. This works out to an 8% annual bump on top of your PIA until you reach 70.

Using your FRA to find your break-even age

Your FRA is also important because you can use it to find your break-even age, which is the age when the total amount received from claiming benefits at your FRA (or early) equals the amount received by delaying them.

As an example, let's assume someone's FRA is 67, and their monthly benefit is \$1,800. This means delaying their benefits until 70 will increase the monthly payout to \$2,232.

By age 82, they would've received \$324,000 in total



benefits by claiming at age 67 (180 months * \$1,800). Their total benefits at 82 would only be \$321,408 if they claimed at 70 (144 months * \$2,232). Fast forward one year, and the total benefits from claiming at 67 and 70 would be \$345,600 and \$348,192, respectively.

In this case, someone's break-even age would be 82.5, so any benefits received after that will make the total from delaying until 70 greater than taking them at your FRA.

When you claim Social Security isn't a straightforward decision

Your FRA should be a key part of your decision regarding when to claim Social Security, but it should only be one piece of the puzzle. Use it to get an idea of your monthly benefit at

certain claiming ages and find your break-even age, but don't let that be *the* deciding factor.

Consider health (both personal and family history), immediate financial needs, and other retirement income sources (like a **401(k) or IRA**). Retirement accounts lower than preferred? Maybe claiming early works in your favor. Got enough investment income to cover your expenses? Maybe delaying benefits is the right move.

It's all about your personal situation. Someone can give Social Security advice until their face is blue, but no two people's situations are exactly the same. You want to make Social Security claiming decisions that are right for you.

SOCIAL SECURITY FULL RETIREMENT AGE

If you were born in:	Your Full Retirement Age is:	You must retire at Full Retirement Age to receive your standard Social Security benefit. Full retirement age varies by birth year. Your FRA also affects how much you can earn from work without temporarily forfeiting part of your Social Security benefit.
1943-1954	66	
1955	66 & 2 months	
1956	66 & 4 months	
1957	66 & 6 months	
1958	66 & 8 months	
1959	66 & 10 months	
1960 & later	67	

Senator Sanders wants greater US investment in community health centers

Sen. Bernie Sanders, Chair of the Senate HELP Committee, is focused on expanding the number of primary care physicians in the US. His recent bill would put \$100 billion into community health centers, sometimes called Federally Qualified Health Centers or "FQHCs" in the next five years to train physicians, nurses and other health professionals. If you do not have a primary care doctor or simply need good primary care, **consider contacting your local FQHC.**

Today, millions of Americans cannot see a primary care doctor without a long wait. Not only can a long wait jeopardize their

health, it can cost our health care system more. Without prompt primary care to treat a variety of conditions, people can end up needing costly emergency room or hospital care.

No question that primary care doctors are in short supply. The Association of American Medical Colleges says that ten years from now we will face a shortage of as many as 48,000 primary care doctors.

Kaiser Health News reports that as many as 100 million people live in areas where it can be hard to find a primary care physician. One physician who



heads a center on primary care at Harvard Medical School reports that lack of access to PCPs can shorten your life expectancy by as much as a year.

Around 70 million adults in the US—more than one in four adults—say they have no go-to doctor they can turn to when they need treatment or guidance with their health. They must use the emergency room at their hospital. In 2010, more people had primary care physicians than today, even though today more people have health insurance.

For sure, some of the adults

who don't have primary care physicians arguably have not needed them. Many men in their 20s, for example, might have no reason to see a primary care physician if they are healthy. But, even if you take them out of the equation, 47 million adults have no primary care physician to see.

People sometimes see nurse practitioners for primary care. If you include nurse practitioners in the mix of primary care providers, there is arguably less of a shortage than Senator Sanders claims, but the shortage is still meaningful in some parts of the country. The US needs to invest more in primary care.

'Windfall,' 'Offset' Elimination Provisions Added to Larger Social Security Bill

A Social Security reform bill (HR-4583) newly introduced with nearly all House Democrats as cosponsors would eliminate the **windfall elimination provision** and **government pension offset** provisions affecting benefits under that program for federal retirements under the CSRS system.

Those changes would be among a wide range of changes to the program, potentially offering better chances of enactment than in a previously introduced freestanding bill. That bill (HR-82) has not advanced despite having the support of the majority of the House, including several dozen Republicans.

The **WEP** reduces a Social

Security benefit the person earned through other employment—typically before or after a federal career but in some cases during a career through work on the side—if the person had less than 30 years of earnings above a designated level that this year is \$29,700. The maximum reduction works out to above \$500 a month and is not as severe for those with between 20 and 30 years of such earnings.

The GPO reduces Social Security spousal or survivor benefits by \$2 for each \$3 the beneficiary receives in an annuity from a retirement system that does not include Social Security. In many cases, the effect of



the **GPO** is to eliminate a spousal or survivor Social Security benefit through a spouse's Social Security-covered employment.

Repealing or at least softening those provisions has long been a priority for the National Active and Retired Federal Employees Association and federal unions.

Among other provisions of the "Social Security 2100 Act" offered by the ranking Democrat on the House Social Security subcommittee, Rep. John Larson of Connecticut, would be another priority of those organizations: basing Social Security COLAs on an inflation index based specifically on retiree spending patterns. In general, that would

increase the amount of those adjustments.

Other provisions include various benefit enhancements and additional funds for the SSA for customer service operations.

Those would be paid for by applying Social Security taxes on earnings above \$400,000—they currently cut off at \$167,200—with those earnings credited toward an increased benefit but at a reduced rate. It also would impose Social Security taxes on net investment earnings for taxpayers at that level.

The Senate counterpart is S-2280.

Social Security COLA Estimate for 2024 Climbs to 3%

According to new consumer price data released today, inflation in June continues to slow. Still, the Social Security cost of living adjustment may be slightly higher than estimated one month ago. The Senior Citizens League (TSLC) now estimates the Social Security cost of living adjustment (COLA) 2024 could be 3 percent.

The Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), the index that's used to determine the COLA, was up only 2.3 percent year over year. However, the average inflation rate over the past twelve months rose slightly and thus affected our COLA estimate, rising from 2.7% last

month to 3% based on the June data.

There are still three more months of data before the COLA is announced in October, and this estimate could change. The COLA is determined based on inflation in the third quarter — July, August, and September — as measured by the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). Inflation for those three months is added together and averaged, then compared with the third quarter average from one year ago. The percentage difference between the two is the amount of the COLA, which would be payable for the check



received in January 2024. The 2023 COLA computation can be found on the Social Security website.

A COLA of 3 percent would raise an average monthly benefit of \$1,787.00 by a little more than \$53.60. But Social Security recipients won't learn the bottom line until the Medicare Part B premiums are announced. Part B premiums are automatically deducted from most beneficiaries' Social Security benefit. In many years, the Part B premium increase can take most, or even all, the COLA leaving little else to cover other rising prices.

In its annual report released in

March of this year, the Medicare Trustees forecast monthly Part B premiums to increase from \$164.90 in 2023 to \$174.80 in 2024. But that's an estimate, and it doesn't include any significant new costs that come up after the estimate is released. One of the most significant new costs could be Medicare's coverage for another new Alzheimer's drug — Lecanemab, known by the brand name Leqembi which is expected to cost \$26,000 per year without insurance....**Read More**

More Older Adults Fill Insulin Prescriptions Under Inflation Reduction Act

As more features of the Inflation Reduction Act (IRA) are implemented, more people with Medicare are seeing the benefits of the law. According to **new research**, this includes better access to care. There have been thousands more insulin prescriptions filled for Medicare beneficiaries since the IRA's insulin cost-sharing limits went into effect this year.

As of January 1, cost-sharing for insulin has been limited to \$35 per month for a month's supply of an insulin product covered under Part D. **The new study** compared changes in insulin fills for Part D enrollees

aged 65 to 74 and found these beneficiaries filled nearly 4,000 more monthly prescriptions from January through April of 2023 than from September through December of 2022. This is an important improvement because **previous research** has shown that many insulin-dependent diabetics tragically ration their insulin due to high costs and that **over 20% of older adults** did not take one or more medications as prescribed in 2020 due to costs. (**At the beginning of July**, the cost-sharing limit also went into effect under Part B for insulin used with an infusion



pump, but any resulting access changes were not included in the study.)

The new study also looked at any access changes for people aged 60 to 64 years without Medicare and found that insulin fills declined for this cohort, pointing to the need for robust prescription drug affordability interventions across the health care system. The IRA made other changes **in 2023**, including **eliminating cost-sharing for all Medicare-covered vaccines** and the implementation of a program to **penalize drug companies for raising prices faster than**

inflation. Even more changes will take effect in January of 2024, including **extended eligibility** for the Part D Low-Income Subsidy (LIS) program (also called "Extra Help"), a cap on Part D out-of-pocket spending for enrollees, a lower cap in 2025, and drug price negotiation starting in 2026.

At Medicare Rights, we support these changes and others to rein in prescription drug costs that put medications out of reach for millions of people. We will continue to urge Congress to do more to make drugs affordable and available.

Foods High in Added Sugars Might Raise Your Odds for Kidney Stones

There is a long list of reasons to avoid high-sugar foods, and a new study may be adding one more: kidney stones.

Researchers found that among over 28,000 U.S. adults, those with a lot of added sugars in their diet were more likely to have a history of kidney stones. People in the group downing the most sugar were 39% more likely to have had stones, versus those who consumed the least sugar.

The findings -- published Aug. 4 in the journal **Frontiers in Nutrition** -- do not actually prove that sugar is the culprit.

And for people trying to prevent kidney stone recurrences, it's best to focus on more precise diet advice aimed at the stone-forming chemicals in their urine, according to **Dr. Johnathan Khusid**, who specializes in

treating kidney stones at the Mount Sinai Health System in New York City.

Still, limiting added sugars is certainly good for overall health, said Khusid, who was not involved in the study.

He noted that some of the health consequences linked to a sugar-laden diet -- such as obesity and type 2 diabetes -- are also risk factors for kidney stones.

Kidney stones are common, affecting about 10% of people at some point, according to the National Kidney Foundation. Often, they can be passed in the urine. But if a large stone causes a urine blockage or unbearable agony, doctors may need to remove it.

Urine contains various



dissolved minerals and other substances. Kidney stones form when the normal chemistry of the urine is out of whack,

Khusid explained. There may be too much of one chemical, or not enough of another -- or too little fluid in the urine to dilute them all. From there, crystals begin to form and collect into the hard mass that is the kidney stone.

Most of those stones contain calcium -- a fact that has little to do with calcium in the diet, Khusid said.

There are, however, diet habits that do matter. The longstanding general advice on preventing kidney stones includes drinking plenty of water (to increase urine volume); limiting sodium, since it causes the kidneys to excrete more calcium into the urine, and

cutting down on animal proteins, due to their effects on urine chemistry.

But whether added sugars may be tied to kidney stone risk is unclear, according to researchers on the new study, led by **Dr. Shan Yin**, of Affiliated Hospital of North Sichuan Medical College in China.

The researchers dug into the question by analyzing data from a long-running U.S. government health study.

They focused on 28,300 adults, ages 20 and up, who were part of the study between 2007 and 2018. Participants reported on their health and lifestyle habits, including diet, and underwent physical exams....**Read More**

KFF Health News: The Real Costs of the New Alzheimer's Drug, Most of Which Will Fall to Taxpayers

By Arthur Allen

The first drug purporting to slow the advance of Alzheimer's disease is likely to cost the U.S. health care system billions annually even as it remains out of reach for many of the lower-income seniors most likely to suffer from dementia.

Medicare and Medicaid patients will make up 92% of the market for lecanemab, according to Eisai Co., which sells the drug under the brand name Leqembi. In addition to the company's

\$26,500 annual price tag for the drug, treatment could cost U.S. taxpayers \$82,500 per patient per year, on average, for genetic tests and frequent brain scans, safety monitoring, and other care, according to estimates from the Institute for Clinical and Economic Review, or ICER. The FDA gave the drug full approval July 6. About 1 million Alzheimer's patients in the U.S. could qualify to use it.



Patients with early Alzheimer's disease who took lecanemab **in a major clinical trial** declined an average of five months slower than other subjects over an 18-month period, but many suffered brain swelling and bleeding. Although those side effects usually resolved without obvious harm, they apparently caused three deaths. The great expense of the drug and its treatment raises questions about how it will be

paid for, and who will benefit.

"In the history of science, it's a significant achievement to slightly slow down progression of dementia," said John Mafi, a researcher and associate professor of medicine at the David Geffen School of Medicine at UCLA. "But the actual practical benefits to patients are very marginal, and there is a real risk and a real cost."**Read more here.**

Survey: Americans Want Weight Loss Drugs Despite High Cost

Many Americans really want to lose weight — and a new poll shows nearly half of adults would be interested in taking a prescription drug to help them do so.

It can be **republished for free.**

At the same time, enthusiasm dims sharply if the treatment comes as an injection, if it is not covered by insurance, or if the weight is likely to return after discontinuing treatment, a new **nationwide KFF poll** found.

Those findings display the enthusiasm for a new generation of pricey weight loss drugs hitting the market and illustrate possible stumbling blocks, as users potentially must deal with weekly self-injections, lack of insurance coverage, and the need to continue the medications

indefinitely.

For example, interest dropped to 14% when respondents were asked if they would still consider taking prescription medications if they knew they could regain weight after stopping the drugs.

One way to interpret that finding is “people want to lose a few pounds but don’t want to be on a drug for the rest of their life,” said Ashley Kirzinger, KFF’s director of survey methodology. The monthly poll reached out to 1,327 U.S. adults.

The U.S. represents a large market for drugmakers who want to sell weight loss prescriptions: An estimated 42% of the population is classified as obese, according to a controversial metric known as BMI, or body



mass index. In the KFF poll, 61% said they were currently trying to lose weight, although only 4% were taking a prescription medication to do so.

That gap between the 4% taking any kind of prescription weight loss treatment and the number of Americans deemed overweight or obese **is the sweet spot** drugmakers are targeting for the new drugs, which include several diabetes treatments repurposed as weight loss drugs.

The drugs have attracted much attention, both in mainstream publications and broadcasts and on social media, where they are often touted by celebrities and other influencers. Demand jumped and supplies have become limited. About 7 in 10 adults had heard at least “a little”

about the new drugs, according to the survey.

The newer treatments include Wegovy, a slightly higher dose of Novo Nordisk’s diabetes drug Ozempic, and Mounjaro, an Eli Lilly diabetes treatment for which the company is currently seeking FDA approval as a weight loss drug.

Weight loss with these injectable drugs surpasses those of earlier generations of weight loss medications. But they are also costlier than previous drugs. The monthly costs of the drugs set by the drugmakers can range from \$900 to more than \$1,300.

At, say, a wholesale price tag of \$1,350, the **tab per person could top \$323,000** over 20 years....**Read More**

While 8 in 10 Seniors See Wisdom of Dementia Screening, Few Have Been Tested: Poll

Most older adults think that screening for dementia is a good idea, according to a new poll on aging. But few actually take that step.

Only about 20% of those aged 65 to 80 had a screening test in the past year to see if their memory and thinking abilities have started to decline, according to the University of Michigan’s National Poll on Healthy Aging.

“As many as half of Americans with Alzheimer’s disease or another form of dementia don’t receive a formal diagnosis, even when they have clear symptoms,” said **J. Scott Roberts**, associate director of the poll and a professor at the

university’s School of Public Health.

“As more diagnostic and treatment options become available, it’s important to understand how older adults view them and how best to support those who undergo testing and receive results,” he added in a Michigan Medicine news release.

More than 1,200 older U.S. adults provided answers in the poll conducted in March. Among the findings:

- Eighty percent see the benefit of tests for older adults that assess memory and thinking.
- About 60% think that health



care providers should offer cognitive, or mental, screening to all older adults every year.

- The vast majority, 96%, said a memory test that showed signs of trouble would cause them to take action to protect their brain health. About 75% said it would lead them to adjust financial and health care planning.

- Nearly three-fifths of respondents said they had never received any screening of their mental abilities.

Medicare covers these brief tests as part of an annual wellness visit for all its enrollees.

More comprehensive tests are available for those who show cognitive decline.

Another screening option is to test blood for biomarkers of the brain proteins tau and amyloid, which are linked to Alzheimer’s disease.

But only 17% of those polled were familiar with these blood tests. Fewer than 1% had received one. About 9% said they would like one now.

The tests are only ordered by doctors who specialize in brain diseases. These blood tests should be made available to all adults over 65, said more than half of those polled...**Read More**

Researchers Explore New Nonaddictive Means of Fighting Pain

New research shows that an experimental drug fine-tuned to a specific pain pathway can ease post-surgery aches, a finding that may eventually offer an alternative to highly addictive opioids.

The pill, known for now as VX-548, targets a particular sodium channel that is active only in the body’s peripheral sensory nerves, where it helps transmit pain signals to the brain. The idea is that inhibiting the channel might ease pain without serious systemic side effects -- including the risk of addiction and abuse

associated with opioids.

In an early trial, researchers found some promising evidence that the drug can take the edge off of post-surgery pain.

Among 577 patients undergoing bunion surgery or tummy tucks, those given the highest dose of VX-548 got more pain relief over the next 48 hours, versus those given a placebo pills. And the side effects, mainly headache and constipation, were on the mild side.

The findings, published Aug. 2



in the *New England Journal of Medicine*, are not the final word on the medication. An ongoing phase 3 trial is comparing the effectiveness of VX-548 against a standard opioid painkiller.

“But these findings are an important step forward in showing proof-of-principle,” said **Dr. Stephen Waxman**, a professor of neurology and neuroscience at Yale University School of Medicine.

Waxman, who was not involved in the trial, wrote a

commentary that was published with the findings and gives an overview of the science behind the experimental drug.

“Sodium channels are the molecular batteries that allow neurons [nerve cells] to communicate,” Waxman explained.

The concept of blocking sodium channels to disrupt pain signaling is not new or exotic. Ordinary novocaine works that way, Waxman said....**Read More**

Yoga Might Do Wonders for Women's Aging Brains

Yoga is known for its benefits to both the mind and body. And a gentle form of yoga may be an ideal early intervention technique for older women at risk of Alzheimer's disease, new research suggests.

In a small study involving kundalini yoga, participants reported that its stress-relieving effects translated to more efficient memory.

"Women tend to practice yoga more readily than men. And I've done other studies previously in people, older adults with mild cognitive [mental] impairment and in caregivers with similar interventions," said **Dr. Helen**

Lavretsky, the lead psychiatrist on the study.

"We are focusing now on women who are not as impaired as in my previous study, but still at risk for cognitive decline. And the idea is to get to the level where doing yoga would prevent future cognitive decline and development of Alzheimer's disease," said Lavretsky, a professor-in-residence at the University of California, Los Angeles.

Kundalini yoga involves chanting, singing, breathing exercises, meditation and gentle poses with the aim of increasing awareness in the mind and body.



Previous scientific research has found that yoga can help regulate blood pressure and increase cardiorespiratory fitness, as well as benefit the hippocampus, or the region in the brain that is associated with memory.

In this study, scientists examined the effects of kundalini yoga versus memory enhancement training (MET) on the hippocampus in 22 women mostly in their 60s. All had reported a decline in memory function, and also had one or more cardiovascular risk factors, such as a recent heart attack and diabetes, which are known to

increase the likelihood of developing Alzheimer's.

Both the yoga and MET groups had an hour training session a week, in addition to daily homework or practice sessions, for a total of 12 weeks.

Using MRI scans, the researchers studied participants before and after the 12-week period and found that yoga may benefit the region of the hippocampus impacted by stress. They also saw more of an increase in connectivity in the region, compared to participants who did MET, which may suggest long-term neural benefits of the practice....[Read More](#)

Just 1 in 5 Americans Struggling With Opioid Misuse Gets Meds That Can Help

The U.S. opioid abuse epidemic wages on, and overdose deaths continue to rise, yet just 1 in 5 people receives potentially lifesaving medication such as methadone, buprenorphine or naltrexone to treat their addiction, a new study finds.

"These medications are effective for prescription opioids like hydrocodone [Vicodin] and oxycodone [OxyContin] and all those medications we rely on for pain, or street opioids such as fentanyl, heroin and a handful of others," said study author **Dr. Wilson Compton**.

"Despite the availability of medication, the vast majority of people with opioid use disorder are not using medications that could help treat this serious health

disorder," added Compton, deputy director of the U.S. National Institute on Drug Abuse.

For the study, researchers analyzed data from the 2021 National Survey on Drug Use and Health, an annual survey by the Substance Abuse and Mental Health Services Administration.

About 2.5 million people aged 18 and older had opioid use disorder in the prior year, and nearly 107,000 people died of a drug overdose in 2021, with 75% of those deaths involving an opioid. Despite these statistics, only 36% received any substance use treatment, and only 22% received medications for opioid use disorder, the survey showed.



Some groups were much less likely to receive medication for opioid use disorder, including Black adults, women, unemployed people, and those who lived in nonmetropolitan areas.

Specifically, white adults were 14 times more likely to receive medications for opioid use disorder than Black adults, and men were six times more likely than women.

Medications for opioid use disorder are most often prescribed to people with moderate-to-severe opioid use disorder. Adults with severe opioid use disorder were five times more likely to receive medications for opioid use disorder compared to those with

mild opioid use disorder, the survey showed.

There's always the risk of a fatal overdose if folks don't get help in time.

During the COVID-19 pandemic, the federal government relaxed some of the regulations around telemedicine, and it improved access to medications for opioid use disorder. Folks receiving substance use treatment via telehealth were approximately 38 times more likely to receive medications for opioid use disorder compared to those who did not receive treatment via telehealth....[Read More](#)

Lawsuit Against Makers of Ozempic, Mounjaro Claim Meds Caused 'Stomach Paralysis'

A Louisiana woman is suing the makers of two type 2 diabetes drugs used off-label for obesity, saying they failed to adequately warn about the risk of severe stomach problems.

The **lawsuit** seeks "very significant" but unspecified compensation from the makers of both Ozempic and Mounjaro, said attorney **Paul Pennock** of the Orlando, Fla.-based firm Morgan & Morgan.

Pennock filed the lawsuit Wednesday on behalf of Jaclyn Bjorklund, 44, *NBC News* reported.

The lawsuit against Novo Nordisk and Eli Lilly claims Bjorklund was "severely injured"

after taking the two diabetes drugs, which are part of a new class of medication called GLP-1 agonists.

Pennock said she is suffering "persistent" vomiting and severe gastroparesis, also known as stomach paralysis.

Gastroparesis slows or stops food from moving out of the stomach and into the small intestines. It can be caused by underlying medical issues, including diabetes, according to the American College of Gastroenterology. Infections and some medication can also cause it.

The GLP-1 agonists slow



food's movement and have been found to cause some GI issues in clinical trials. Those are listed as side effects on the drug labels.

Both Ozempic and Mounjaro have the phrase "delays gastric emptying" on their prescribing information, though they don't specifically use the word "gastroparesis," *NBC News* reported.

A U.S. Food and Drug Administration spokeswoman said it was unclear whether the GLP-1 medications contribute to gastroparesis.

"If newly identified safety signals are identified, the FDA will determine what actions are

appropriate after a thorough review of the body of evidence," spokeswoman **Chanapa Tantibanchachai** said in a statement.

Eli Lilly did not respond to an *NBC News* request for comment, and a Novo Nordisk spokeswoman said the company was unaware of the lawsuit.

"Patient safety is of utmost importance to Novo Nordisk," said spokeswoman **Natalia Salomao**. "We recommend patients take these medications for their approved indications and under the supervision of a health care professional."