Rhode Island Alliance *for* Retired Americans®

RI ARA

Affiliated with the Rhode Island AFL-CIO
“Fighting for the future of our members.”
“NOW, more than ever!!!”

August 3, 2025 E-Newsletter

Publication 2025 Issue 17
Published in house by the RI ARA

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

As Medicare and Medicaid Turn 60, Retirees Fight Against Attempts to Cut Them

Robert Roach, Jr
President, ARA

This Wednesday marked the 60th anniversary of Medicare and Medicaid, and Alliance members mobilized to protect the health care programs from the biggest threats they have faced since President Lyndon B. Johnson **signed** them into law in 1965.

72 million Americans are enrolled in Medicaid and more than **68 million** are enrolled in Medicare. The recently passed Republican budget and tax plan included $930 billion in Medicaid cuts, which is likely to lead to the closure of more than 300 rural hospitals and one in four nursing homes across the country. It also included half a billion dollars in automatic, across the board cuts to Medicare.

Alliance members across the country marked the event with Protect Medicare and Medicaid rallies and press conferences. William Spreter, president of the central New York chapter of the New York State Alliance spoke during an event co-sponsored with Citizen Action last weekend. On Wednesday, the Nevada Alliance held a Protect Medicare rally in Reno and the Arizona Alliance executive director Dora Vasquez spoke at a news conference in Phoenix. The Illinois Alliance held four rallies on Wednesday, including a protest outside of Rep. Darin LaHood's (IL) district office and a Hands Off Medicaid event with Rep. Eric Sorensen (IL). More events are scheduled in the coming days.

“Before Medicare and Medicaid, only half the nation’s seniors had health insurance,” said **Robert Roach, Jr., President of the Alliance**. “We must stop the disastrous impacts that will result from these cuts. Now is the time to urge lawmakers to protect these essential programs.

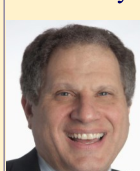
Bessent Reveals Trump Accounts are a “Backdoor” to Privatizing Social Security

On Wednesday, Treasury Secretary Scott Bessent **said** that “Trump Accounts” created by the Republican budget bill are a “backdoor for privatizing Social Security,” **claiming** they could eventually supplement or even replace the earned benefits. He later attempted to **backtrack** in a post on X, saying that the Administration is dedicated to protecting the program.
The private investment accounts will allow the federal government to **provide** $1,000 to babies born between 2025 and 2028. Parents would be able to **contribute** additional funding and would have to invest the money in stock funds.

Privatizing Social Security would put Americans’ guaranteed benefits at risk at a time when seniors are heavily reliant on them to make ends meet. **65 percent** of older Americans rely heavily on Social Security, up from 58 percent in 2010. The Administration has already taken multiple steps to weaken the earned benefit system, slashing the Social Security Administration workforce, making it harder for beneficiaries to file claims, and enacting a tax and budget plan that hastens the insolvency date of the Social Security Trust Fund by one year.

“Social Security isn’t a handout. Americans work a lifetime to earn our modest benefits,” said **Richard Fiesta, Executive Director of the Alliance, in a statement** issued on Wednesday. “We will not let this or any administration cut or privatize Social Security without a fight.”

Bessent Reveals Trump Accounts are a “Backdoor” to Privatizing Social Security
On Wednesday, Treasury Secretary Scott Bessent **said** that “Trump Accounts” created by the Republican budget bill are a “backdoor for privatizing Social Security,” **claiming** they could eventually supplement or even replace the earned benefits. He later attempted to **backtrack** in a post on X, saying that the Administration is dedicated to protecting the program.
The private investment accounts will allow the federal government to **provide** $1,000 to babies born between 2025 and 2028. Parents would be able to **contribute** additional funding and would have to invest the money in stock funds.
Privatizing Social Security would put Americans’ guaranteed benefits at risk at a time when seniors are heavily reliant on them to make ends meet. **65 percent** of older Americans rely heavily on Social Security, up from 58 percent in 2010. The Administration has already taken multiple steps to weaken the earned benefit system, slashing the Social Security Administration workforce, making it harder for beneficiaries to file claims, and enacting a tax and budget plan that hastens the insolvency date of the Social Security Trust Fund by one year.



Rich Fiesta,
Executive
Director, ARA

“Social Security isn’t a handout. Americans work a lifetime to earn our modest benefits,” said **Richard Fiesta, Executive Director of the Alliance, in a statement** issued on Wednesday. “We will not let this or any administration cut or privatize Social Security without a fight.”

Alliance Webinar Draws Attention to How Republicans’ “One Big Beautiful Bill” Will Hurt Older Americans

On Thursday, the Alliance hosted a special educational Zoom webinar entitled “The Ugly Truth About the ‘One Big Beautiful Bill,’” outlining the harms created by the Republican budget bill and next steps for fighting back.

The bill gives more than $4 trillion in tax cuts to the wealthiest Americans while increasing the federal deficit by more than $3 trillion, triggering automatic cuts of $490 billion from Medicare over the next ten years, weakening Medicare’s ability to negotiate lower drug prices, gutting food assistance, and creating millions of job losses in the health care, agriculture, and clean energy manufacturing industries. It will also enact the largest Medicaid cut in history, endangering nursing home care, rural hospitals, and home and community based services like Meals on Wheels and senior centers.

“We need to continue to reach out and lobby and let people know what's going on and how all these cuts are going to impact Americans,” said David Simon, Legislative Representative for the Alliance. “Statistics show that only 30 to 40 percent are even aware of this bill, so it's really important to go out and contact members of the media and Congress and make sure that people know what's happening.” **Click here to watch the recording.**

3 Things Retirees Should Know About the "Big, Beautiful Bill" That's Now Law

.In the hours or days following the passing of President Donald Trump's self-proclaimed "big, beautiful bill," you may have noticed a rather misleading email from the Social Security Administration (SSA). According to this email, the megabill passed by Congress and signed by Trump eliminates federal income taxes on **Social Security benefits** for most beneficiaries.

While there's some truth in the declaration, the reality is more nuanced. Here's a breakdown of who will benefit from the new law and who will be left out in the cold.

1. The "no tax on Social Security benefits" promise didn't happen

While Trump spent months on the campaign trail promising no tax on Social Security benefits, the new bill doesn't exempt taxes on benefits. Instead, it adds a tax deduction for some people 65 and over. A new deduction of up to $6,000 annually for individuals 65 and older making a certain amount of money means seniors who fall below the income limits set by the bill will pay lower taxes.

According to the White House Council of Economic Advisers estimates, the new law -- tacked on top of existing rules -- means that 88% of seniors receiving Social Security benefits will receive exemptions and deductions totaling more than their taxable Social Security income. That 88% can bit a bit misleading, as 66% of Social Security recipients already pay no taxes on their benefits, simply because they don't make enough money to owe taxes.

As with most things in life, it's the details that matter. Here's how the tax **deduction** shakes out. To receive the full deduction, an individual can have a modified gross adjusted income **(MAGI)** of up to $75,000. A couple filing jointly is allowed an income of up to $150,000.

- A reduced deduction will be available to single filers earning up to $175,000 and couples earning up to $250,000. Those earning above these thresholds are ineligible.
- Those 62, 63, or 64 at the end of the tax year will not qualify for the deduction, even if they're collecting Social Security benefits.
- A married couple, both 65 or older, could receive a deduction of up to $12,000.
- The taxpayer must have a Social Security number to be eligible for the deduction.
- The deduction is temporary, scheduled to end after the 2028 tax year unless Congress intervenes.
- According to calculations from The Urban-Brookings Tax Policy Center, those retirees who will enjoy the most significant benefit have incomes ranging from $80,000 to $130,000 annually. They can expect an average tax cut of approximately $1,100.

2. Food assistance is being reduced

The new law cuts federal funding for the Supplemental Nutrition Assistance Program (SNAP), previously known as food stamps. Currently, the federal government pays the total cost of SNAP benefits, but starting in October 2027, states are expected to pay at least 5% of benefit costs and take over a greater portion of administration expenses, which is expected to result in cuts.

In addition, the legislation raises the work requirement age limit from 55 to 64, meaning people up to age 64 will be required to work at least 20 hours per week to receive these benefits for more than three months in a three-year period. While there are exemptions, they are tight and may be difficult to qualify for. The National Council on Aging says only about 4.8 million adults over age 59 are enrolled in SNAP.

3. There are more flexible 529 rules

A 529 plan is a tax-advantaged investment designed to help save for education expenses. Grandparents (and others) are allowed to contribute to a child's fund, so you might see any grandkids you're helping out benefit.

While a 529 adds to how a family can fund their children's education, it has always required participants to follow strict rules. The new bill allows 529 withdrawals to cover K-12 tutoring, classes for credentialing, and other formerly disallowed expenses.

Given that the "big, beautiful bill" is nearly 900 pages long, these changes are just the tip of the iceberg. As new portions of the law are put into motion and more Americans experience the policies for themselves, there are sure to be thousands of stories highlighting their impact on everyday lives -- both positive and negative.

Taxes on Social Security benefits were not eliminated despite what you've heard

All the misleading buzz about Social Security and tax cuts for seniors in "One Big Beautiful Bill" foreshadows one ugly scene after another at tax preparation offices next year.

It's not going to be pretty when many ill-informed retirees file 2025 tax returns. "What do you mean I'm paying taxes on my Social Security benefits?" some will no doubt ask.

Already in July, I've spotted social media posts by tax professionals who dread the day when they will have to say "welcome to reality" to clients. "'Yes, your Social Security is still **85% taxable.** Yes, I know that's what Trump's still saying. But pay attention to what he signed, not what he says,' he yelled for the 792,682,314th time into the void," posted Adam Markowitz, an enrolled agent in Florida, on X.

"'Yes, your Social Security is still **85% taxable.** Yes, I know that's what Trump's still saying. But pay attention to what he signed, not what he says,' he yelled for the 792,682,314th time into the void," posted Adam Markowitz, an enrolled agent in Florida, on X.

What's sparking confusion for retirees about taxes

The White House proclaimed, once again, **"NO tax on Social Security"** on July 4 when President **Donald Trump** signed what he calls "The One Big Beautiful Bill" into law. It's not an accurate statement. He also sent a mass email on July 12 making the same point.

The Social Security Administration sent a gushy, questionable email July 4 to millions of people collecting Social Security benefits and others. Soon afterward, I heard from some retirees who couldn't believe how a federal agency was doing a hard sell about the supposed benefits and creating even more confusion.

"The bill ensures that nearly **90% of Social Security** beneficiaries will no longer pay federal income taxes on their benefits, providing meaningful and immediate relief to seniors who have spent a lifetime contributing to our nation's economy," Social Security stated in its email and online.

Ninety percent, really? More on that one later.

At one point, the email seemed to suggest that retirees were getting two tax breaks.

"The new law includes a provision that eliminates federal income taxes on Social Security benefits for most beneficiaries, providing relief to individuals and couples. Additionally, it provides an enhanced deduction for taxpayers aged 65 and older, ensuring that retirees can keep more of what they have earned," according to a copy of the email forwarded to me.

Additionally? There is no "additionally."

The tax cut is an enhanced deduction for taxpayers aged 65 and older. That's it. The law doesn't eliminate the risk that some will pay taxes on their Social Security benefits.

The Social Security blog online now refers to a correction without saying what was wrong….**Read More**

Social Security issues update on changes impacting recipients

The **Social Security Administration** announced a major update to its technological advancements on Wednesday as part of its larger mission, led by new Commissioner Frank Bisignano, to modernize the agency.

"Our vision is centered on providing outstanding service that works for everyone we serve—whether they call, walk into a field office, or choose to manage their benefits online," said Bisignano in a statement. "We are transforming the customer experience, investing in technology to build frontline capacity, and using real-time data to monitor performance across the board. We are delivering higher levels of customer service—and this will continue."

Why It Matters

Approximately 69 million people receive **Social Security payments** each month. Since President **Donald Trump** took office again, the SSA has been undergoing a **period of restructuring**, with thousands of employees no longer working for the agency due to the Department of Government Efficiency's (DOGE) cost-saving initiatives.

What To Know

In its announcement, the SSA said it had implemented new telephone technology on the national 800 number and in its field offices. The SSA stated that this resulted "in improved service to the American people," according to its release.

Specifically, the SSA is handling more calls with a faster response time. Last week, the agency handled nearly 1.3 million calls on the national 800 number, which was 70 percent more than the same week last fiscal year.

The average speed of answer also dropped to 6 minutes from an average of 30 minutes last year.

Field office wait times are also down. While the average wait time was 30 minutes last year, now Americans are waiting just 23 minutes.

The agency also eliminated its longstanding scheduled downtime of 29 hours a week for the my Social Security portal. In the first week alone, the SSA said 125,000 more customers were able to access their online accounts.

Despite these improvements, some experts have sounded the alarm on the tech upgrades while the SSA faces a funding crisis projected to hit as early as the early 2030s.

"This modernization is happening while Social Security faces its worst funding crisis in decades. The trustees in 2024 projected the program's combined retirement and disability trust funds may last until 2035," Michael Ryan, a finance expert and the founder of MichaelRyanMoney.com, told *Newsweek*.

"Think about that. The agency is investing millions in new technology while knowing it might only be able to pay 83 cents on the dollar in 10 years. It's like renovating the kitchen while the house is on fire."

In recent months, the SSA also said it would be sending 3.1 million payments to recipients eligible under the Social Security Fairness Act ahead of schedule. This law enabled public service workers, such as teachers and firefighters, to receive money they were owed but had previously been denied due to the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO).

The disability backlog has also decreased to 940,000 pending cases, down from more than 1.2 million cases last year, the SSA said.

What People Are Saying

SSA Commissioner Frank Bisignano said in a statement: "Our strategy is clear: serve customer needs quickly and completely, no matter how they contact us. We will continue to evaluate our tools, technology, and processes to empower our workforce to provide best-in-class customer service to the American people."

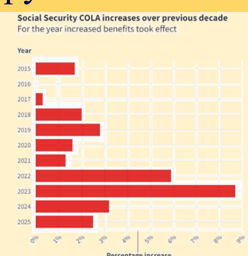
Seniors are not happy with their Social Security checks

American seniors are growing increasingly frustrated with their Social Security benefits, as a new report finds that nearly two-thirds of retirees are dissatisfied with the amount they receive.

While the average Social Security check has reached just in excess of $2,000 this year, a survey conducted by The Senior Citizen's League (TSCL) of 1,920 respondents over age 62 shows only 10 percent saying they were satisfied with their amount. Meanwhile, 63 percent reported being dissatisfied, and 27 percent said they were neither satisfied nor dissatisfied

"Rapidly increasing costs are cutting into everyone's budget, including those of seniors," Chris Motola, financial analyst at NationalBusinessCapital.com, told *Newsweek*. "Part of the problem is the near-disappearance of pensions for private sector employees, which means seniors are **increasingly reliant on Social Security** to fund their retirement expenses."

That reliance is significant. The report found that nearly 73 percent of seniors depend on Social Security for more than half their income. More than a third—39 percent—rely on it as their sole source of retirement income. Nineteen percent depend on it for at least three-quarters of their income, while 15 percent receive half to three-quarters of their income from the program.



Behind this dissatisfaction lies a deeper economic issue. According to TSCL, Social Security benefits have lost about 20 percent of their buying power since 2010 due to cost-of-living adjustments (COLAs) that have failed to keep pace with actual inflation—particularly in categories like housing and transportation, where prices have risen **more sharply than the overall inflation** rate for more than a decade. The COLA is a long-standing feature of Social Security, intended to preserve the purchasing power of benefits by adjusting payments in line with inflation. It is calculated using the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), which tracks spending patterns among working Americans. The Bureau of Labor Statistics surveys price fluctuations for around 80,000 products quarterly and compiles the results into an index.

Each year, the COLA is based on the average CPI-W from the third quarter of the current year compared to the same period the previous year. If there's an increase, it is rounded to the nearest tenth of a percent to determine the COLA. For 2025, this formula resulted in a 2.5 percent increase in benefits.

However, TSCL argues that these annual adjustments "often fail to keep up with inflation as seniors experience it."

"In particular, housing and transportation costs have increased faster than inflation over the last 15 years, which is especially difficult for seniors who rent their homes or live in areas with low walkability," the report reads.

Colin Ruggiero, co-founder of DisabilityGuidance.org, which helps Americans with disabilities file their Social Security applications, told *Newsweek* that "even though the dollar amount of benefits has increased on paper, what those dollars can buy has eroded.

"For someone on a fixed income, every dollar counts. When you can't stretch your check as far as you could a decade ago it reinforces the belief that Social Security is falling short of its promise."

Many seniors share that belief. According to the report, only 20 percent of retirees feel that inflation has not outpaced the COLA, while 80 percent believe actual inflation in 2024 was higher than the 2.5 percent adjustment.

"Given the mismatch in their perceptions of inflation and inflation as reported by the CPI-W, it's unsurprising that seniors are worried **about the value of their Social Security checks**," TSCL said.

Warren Buffett sends blunt message on Social Security

Social Security is a program that millions of retired Americans rely on for income. In fact, many seniors rely on Social Security far more than they should.

Among beneficiaries ages 65 and over, almost 40% of men and 44% of women get half of their income or more from Social Security. Plus, many seniors get *all* of their monthly income from Social Security.

But with the average retiree only getting about $2,000 in monthly benefits, that leaves many older Americans in the lurch.

Meanwhile, stubborn inflation has been battering seniors in particular, forcing many retirees to make hard choices.

For some, that means having to choose medications that are less than optimal to save on costs. For others, it means going back to work at a time when they deserve to be fully retired and done actively earning a living.

Social Security faces massive cuts

Anyone who's been following the news on Social Security has surely heard by now that the program is facing its share of financial troubles. And the program's most recent Trustees report confirms it.

Social Security's Old-Age and Survivors Insurance trust fund is expected to run out of money in 2033, based on recent projections. Once that happens, seniors on Social Security could be looking at a staggering 23% cut to their monthly benefits.

That's hugely problematic, because as it is, many retirees are having a difficult time making ends meet based on their current Social Security paychecks.

There are many seniors who do not manage to bring savings into retirement, and through the years, employer pensions have become a lot harder to secure. That's left many of today's retirees overly dependent on Social Security.

People in this situation simply cannot afford a 23% pay cut — especially not at a time when inflation does not seem to be cooling off. And with tariffs thrown into the mix, it's possible that living costs will rise even more in the near term.

Warren Buffett sounds harsh warning on Social Security cuts

Investing legend Warren Buffett is clearly not someone who has to rely on Social Security, given that he has billions of dollars in wealth. However, the financial giant is aware that millions of older Americans today depend on those monthly benefits to make ends meet.

The threat of Social Security cuts has been looming for decades. And during the 2005 Berkshire Hathaway annual shareholder meeting, Buffett made a point to sound a major warning on Social Security.

"I basically believe that anything that would take Social Security payments below their present guaranteed level is a mistake," he said.

As the possibility of benefit cuts gets closer, that message rings even truer today.

The reality is that lawmakers can make changes to potentially prevent Social Security cuts. These include changes to the way employee wages are taxed and changes to the rules of claiming benefits.

"I basically believe that anything that would take Social Security payments below their present guaranteed level is a mistake," he said.

As the possibility of benefit cuts gets closer, that message rings even truer today.

Why Medicare hikes could negate your Social Security raise in 2026

Social Security benefits are designed to increase annually, ensuring retirees maintain their purchasing power as inflation pushes up the cost of living. However, in 2026, a sharp rise in Medicare premiums could effectively neutralize this planned increase for millions of older Americans, even though the dollar amount of benefits technically goes up.

Each year, Social Security's cost-of-living adjustment (COLA) is calculated based on third-quarter changes to the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). Early projections based on current trends suggest a 2.7% COLA for 2026, offering a modest raise for beneficiaries.

***But that gain may be short-lived*.**

According to the Medicare Trustees' 2025 report, Medicare Part B premiums are set to rise from $185.00 to $206.50 per month, an 11.6% increase, the steepest since 2022. Since Medicare premiums are deducted directly from Social Security payments for most enrollees, the premium hike could offset the COLA increase entirely.

This creates a paradox: benefits increase on paper, but the net amount many retirees receive could stay the same, or even shrink, depending on their current benefit level. Lower-income retirees face the greatest risk, as their monthly payments may not be sufficient to absorb the higher healthcare costs.

However, one key provision will prevent actual benefit cuts for the majority of retirees.

The Hold Harmless rule, a safeguard built into Social Security law, ensures that a retiree's net benefit cannot decrease due to rising Medicare premiums. If the premium increase outpaces the COLA, the full premium simply isn't charged, at least not immediately. Instead, affected retirees will underpay Medicare temporarily until their benefit increases catch up in future years.

Still, this provision has limits. It does not apply to:

- New Medicare enrollees (starting from 2022)
- Beneficiaries paying income-related Medicare surcharges
- Individuals whose premiums are covered by Medicaid

For these groups, higher Medicare premiums could result in actual reductions in their Social Security checks next year.

With inflation still impacting everyday costs and Medicare premiums on the rise, retirees are urged to monitor updates this fall when final COLA figures are released. While the Hold Harmless rule provides protection for many, understanding its limits is critical for accurate retirement planning.

Patients With Diabetes More Likely to Experience Adverse Financial Outcomes

Patients with type 2 diabetes may experience substantially more adverse financial outcomes compared with patients without diabetes, according to a study published online July 28 in *JAMA Network Open*.

Matthew Pesavento, Ph.D., from The Ohio State University in Columbus, and colleagues investigated the association of type 2 diabetes and adverse financial outcomes. The analysis included electronic health records linked to credit records for 166,285 adults with at least one medical encounter at a primary care medical center (from Oct. 1, 2017, to Dec. 31, 2021).

The researchers found that for patients with versus without diabetes, estimated probabilities were significantly higher for any adverse financial outcomes (64.5 versus 49.9 percent), below-prime credit scores (59.7 versus 45.9 percent), medical collections (36.9 versus 23.9 percent), nonmedical collections (38.4 versus 27.7 percent), delinquent debt (23.3 versus 15.6 percent), debt charge-offs (15.4 versus 10.1 percent), bankruptcy filings (2.1 versus 1.4 percent), and foreclosures (0.5 versus 0.3 percent). Overall, among patients of Black race, enrolled in Medicaid, of Hispanic ethnicity, younger than 65 years, without earned income, and of female sex, the adjusted prevalence of adverse financial outcomes was higher.

"This information also may inform holistic treatment approaches that might ease the financial vulnerability of individuals with diabetes," the authors write.

Social Security's 2026 COLA Has the Makings of a No-Win Situation

When you're waiting on big news that affects your day-to-day finances, it's never easy to sit tight and keep calm.

Say you're anticipating a large holiday bonus from your employer and you know that announcement is coming in a matter of months. It can be difficult to push thoughts of that bonus out of your mind and focus on other things.

Similarly, seniors on **Social Security** are ready to know what their 2026 cost-of-living adjustment (COLA) is going to amount to -- and we're getting closer to when an official announcement will be made.

ecent inflation data just gave us a big clue as to what to expect out of next year's Social Security COLA. Unfortunately, the news isn't so great -- even though it might seem positive at first.

Why seniors on Social Security won't win out in 2025

The purpose of Social Security COLAs is to help beneficiaries maintain their buying power as inflation makes life more expensive across the board.

Social Security COLAs are based on third-quarter changes to the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). Because we don't have any third-quarter CPI-W data yet, it's too soon to figure out what the upcoming COLA will be.

That said, experts can use the most current inflation data to make an educated guess about 2026's COLA. Based on June's inflation numbers, the Senior Citizens League, an advocacy group, is estimating a 2.6% COLA for 2026.

On the one hand, that's good news, since the group's last estimate pointed to a 2026 COLA of just 2.5%. On the other hand, a larger Social Security increase is not necessarily a good thing.

Because COLAs and inflation go hand in hand, a larger COLA is an indication that living costs are rising at a more uncomfortable pace. Put another way, what seniors on Social Security gain in the form of a more generous COLA, they might easily lose in the form of paying more for food, utilities, fuel, and other essentials.

It's important to have realistic expectations

There are people who hope each year that their Social Security COLA will help them gain buying power. But that's unlikely to happen.

The purpose of COLAs isn't to help Social Security recipients get ahead financially. Rather, it's simply to make sure they don't fall behind.

Over the years, Social Security COLAs have failed seniors due to problems in the way they're measured. There's unfortunately a good chance that 2026's COLA will fall short as well, no matter what it amounts to.

For this reason, in the context of COLAs, there are unlikely to be any real winners in 2026 -- and it's important to recognize that and have realistic expectations. In a best-case scenario, seniors will break even next year. But that's not particularly helpful for retirees on Social Security who feel financially strained already.

Anyone in that boat should look at cutting expenses or seeking out part-time work, rather than banking on a COLA. Even if next year's number is surprisingly high, it ultimately may not do a world of good.

How should Social Security be reformed? Seniors consider 7 option

Social Security is facing a projected funding shortfall in less than a decade, and older Americans are weighing in on how the program should be reformed.

According to the latest Social Security Trustees report, the program's two trust funds—the Old-Age and Survivors Insurance (OASI) and Disability Insurance (DI) funds—**are projected to reach insolvency by 2034**. At that point, benefits would rely entirely on incoming payroll taxes, resulting in an automatic cut of approximately 21 percent, unless **Congress** intervenes.

The looming shortfall has sparked renewed debate about how to keep the program solvent, and a new survey from The Senior Citizens League (TSCL), one of the nation's largest nonpartisan seniors groups, shows that older Americans have strong opinions on the matter.

Among 1,920 respondents over the age of 62, 50 percent support eliminating the cap on earnings subject to payroll taxes, making it the most popular reform option by a wide margin.

Currently, only the first $176,100 of a worker's annual income is subject to the 6.2 percent Social Security payroll tax, which is matched by employers to make a total contribution of 12.4 percent. High earners pay no tax on income above that threshold. Removing this cap would mean those with higher incomes **contribute more to the system**.

"Eliminating the payroll tax cap is one of the most straightforward and fair ways to strengthen Social Security," JB Beckett, founder of Beckett Financial Group, a financial planning firm in South Carolina, told *Newsweek*. "While it's not a silver bullet, incremental reforms like this could prevent across-the-board benefit cuts."

Colin Ruggiero, co-founder of DisabilityGuidance.org, agrees: "Eliminating or lifting the payroll tax cap is widely seen as one of the fairest and most direct ways to improve the program's solvency."

What Do Seniors Think?

While there is near-universal agreement that something must be done, seniors have differing opinions on how to solve the problem.

After eliminating the payroll tax cap, the next most popular proposals in the TSCL survey included:

- Creating a fast-track process for Congress to vote on Social Security legislation (38 percent)
- Increasing the payroll tax rate (31 percent)
- Applying the 6.2 percent tax to investment income for high earners (29 percent)

Less popular were more drastic or market-linked measures. Just 19 percent supported allowing the government to invest payroll taxes in stocks, bonds, or other assets. Even fewer—18 percent—supported raising the full retirement age to 70, while a mere 1 percent backed **reducing cost-of-living adjustments (COLAs)**. Fifteen percent opposed all of the potential reforms TSCL presented.

Low support for raising the retirement age and investing in the markets reflects deep concern among retirees about fairness and stability, experts said.

"Raising the retirement age feels like a benefit cut, especially for people in physically demanding jobs or with shorter life expectancies," Ruggiero told *Newsweek*. "It essentially asks people to work longer for less."

Beckett agreed: "Most retirees are skeptical of raising the retirement age, and for good reason—it can feel like a cut in benefits."

Both experts acknowledged that longer lifespans and demographic shifts complicate the situation. When Social Security was created in 1935, life expectancy was around 63 years, meaning some workers never lived long enough to collect benefits. Today, many live decades into retirement, while fewer workers contribute to the system per beneficiary.

What Comes Next?

With the clock ticking toward insolvency, advocates say the window for less painful reforms is closing.

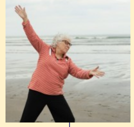
"The sooner we act, the more options we'll have, and the less painful the adjustments will be," said Beckett.

This isn't the first time Social Security has faced a financial crunch. In the early 1980s, the trust funds also came close to insolvency. In response, Congress enacted a series of reforms, including accelerating payroll tax hikes, gradually increasing the retirement age, and taxing a portion of Social Security benefits….**Read More**

How to extend your "joyspan"

As Americans get older, aging has become a very "in" topic. People are focused on long life spans and healthy lives. But, long and healthy lives are far better when they are joyful. And, the latest term to describe that long, healthy and joyful life is "joyspan," reports Jancee Dunn for the **New York Times**.

Kerry Burnight, a professor of gerontology at University of California came up with the term "joyspan" to describe the span of life that people enjoy. And, Burnight makes the case that even people with serious health conditions and other difficulties can enjoy their lives. It's a lifestyle choice.



As Burnight sees it, people can suffer through their health conditions and difficulties or thrive. Many people can't move forward in the face of tragedy or poor health. But, many other people manage to discover paths through it.

How do you extend your joyspan? No matter what your situation, you can:

1. Remain interested in the world around you and **grow**.
2. **Adapt** and give yourself permission to do things differently when the need arises.
3. Engage with others in ways that respond to their needs and **give**.
4. **Connect**, do not isolate yourself; talk to strangers, build relationships.

Grow means continue learning, which helps with cognition and mental health. Burnight suggests putting pen to paper over anything at all that gets your attention. Then, dig deeper. Stay engaged.

Adapt means accept what you cannot do and embrace what you can do. For example, think about how lucky you are to be able to have someone drive you where you need to go rather than have to drive yourself. And, don't get hung up when you can't remember someone's name!

Give means offer your wisdom, time, generosity, ear and anything else to others. Do whatever you're able to do and want to do for others.

Connect means engage with others, stay socially involved, build friendships. Put yourself out there. Talk to the postman and the grocer. Ask questions of those around you. Take notes so you can follow up with people.

Medicare Advantage delivers unreliable coverage

While most older adults and people with disabilities can choose from among 30 or more Medicare Advantage plans offered through around eight different insurers, a new **Kaiser Family Foundation** report shows that most Medicare Advantage markets are dominated by one or two insurers. The result is that your coverage in Medicare Advantage is unreliable.

What risks do high concentration markets in Medicare Advantage pose? They can be highly unreliable, undermining enrollees' continuity of care. Medicare Advantage enrollees cannot count on stable benefits, provider networks or out-of-pocket costs.

Insurers can pull out of the market altogether because they are unhappy with their profit margins. Or, they can switch up their provider networks and other benefits significantly. Or, provider groups can pull out of Medicare Advantage networks. Moreover, they can pay their insurance agents to steer you away from traditional Medicare, the government-administered Medicare program that covers your care from almost all doctors and hospitals in the country.

What's more, high concentration undermines competition. If there's only one or two insurers in the market serving most enrollees, insurers might not need to keep copayments down to lure you to join, or they might not need to offer extra benefits or enlist top specialists in their networks.

Virtually all Medicare Advantage counties (97 percent) are highly concentrated (2,524) or very highly concentrated (574). Two percent of counties (72) have virtually no Medicare Advantage enrollment. Close to nine in ten people with Medicare (89 percent) are in highly concentrated markets.

Rural counties have the highest concentration. Nearly four in ten of them (39 percent) are very highly concentrated, whereas only six percent of urban counties were very highly concentrated. But, 90 percent of people with Medicare (54.3 million) are in counties where one or two insurers dominate the market, with more than half of all enrollees.

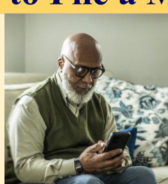
UnitedHealth and Humana enroll more people with Medicare in their Medicare Advantage plans than other insurers in more than half of the counties. UnitedHealth has the greatest enrollment in two out of three counties. UnitedHealth enrolled 41 percent of people. Humana enrolled 25 percent.

In some big counties, such as Dallas, Texas, Salt Lake City, Utah and Milwaukee, Wisconsin, more than half of Medicare Advantage enrollees were enrolled with the same health insurer.

How and Why to File a Medicare Appeal

Learn about the Medicare claims appeal process and how and when to submit an appeal. Health insurance companies don't always pay for items the first time coverage is requested, and they don't cover everything they're asked to. You, the consumer, may need to file an appeal to get the coverage you believe you're entitled to as a plan beneficiary. This is true for private health insurance, and it also sometimes happens with Medicare, the federal health insurance program designed for people age 65 and older and those with **qualifying disabilities**.

"There are few things more frustrating for Medicare beneficiaries on a fixed income than to find that a claim they expected to be paid was **denied for coverage**. No one likes a surprise medical bill," says Bob Rees, chief sales officer with eHealth, Inc., a health insurance broker and online resource provider headquartered in Santa Clara, California.



Here, we'll walk you through the Medicare appeals process, the information

How to Submit an Appeal on a Medicare Claim

Anytime your doctor bills Medicare for a service rendered, you'll get a statement from Medicare noting what was covered. If some or all of the claim is denied, but you thought an item would be covered under your policy, it may be time to submit an appeal to have Medicare reevaluate their decision to deny coverage and ask them to reconsider.

First, though, it's important to note that **Medicare doesn't cover everything.** While many people assume Medicare covers all their health care needs later in life, such as **costs associated with assisted living**, that's not the case, notes Tyler End, CEO and co-founder at Retirable, a retirement advisory company based in New York City. This "blind spot" can be a real problem for some people, he adds.

And just because you think a cost should be covered – for **acupuncture**, for example – doesn't mean it will be. You'll need to read the fine print of your plan's details before submitting an appeal.

If you have evidence that a claim shouldn't have been denied, there is a set process for filing an appeal. Rees notes this process can vary depending on the type of Medicare plan you have….Read More

Terminally Ill Nursing Home Patients Face Needless ER Visits, Hospital Stays

Terminally ill nursing home residents are being hounded to their graves with needless trips to the hospital, a new study says.

About 80% of ER visits by terminally ill nursing home residents are potentially avoidable, researchers report in the *Journal of the American Medical Directors Association*.

Likewise, nearly one-third of hospitalizations among these residents were needless, the study says.

Pneumonia, urinary tract infections (UTIs) and sepsis commonly resulted in needless trips to the hospital for terminally ill patients, but better health care and management at nursing homes could have kept these people out of the hospital, researchers argue.

These health problems "highlight some clear, actionable opportunities to improve care," senior researcher Dr. Joseph Ouslander said in a news release. He's a professor of geriatric medicine at Florida Atlantic University's Schmidt College of Medicine in Boca Raton.

"These are conditions we know how to manage better in nursing homes, using existing guidelines, care paths and preventive strategies," Ouslander said. "With the right tools and staffing, many of these hospital transfers could be avoided, reducing both resident suffering and unnecessary health care costs."

For the new study, researchers analyzed data on more than 6,000 severely impaired residents of 264 nursing homes, of whom more than 5,800 were terminally ill. About 1 in 3 of these residents were hospitalized during the 12-month study.

About 70% of ER visits among the severely impaired and 80% among the terminally ill were avoidable, researchers say. Likewise, about a third of hospitalizations were avoidable among both the severely impaired and terminally ill, results show.

Among severely impaired patients, feeding tube problems were the most common reason for ER visits, researchers found.

UTIs, seizures and low blood pressure also were common causes of hospitalization that could have been prevented with timely nursing home care, the study says.

Pneumonia, UTIs, kidney failure and heart failure were most often linked to avoidable hospitalizations among terminally ill residents. Head trauma and fractures caused by falls, breathing difficulties and altered mental status were also common.

Many of these hospitalizations could be prevented through clearer care protocols and timely symptom management, researchers said.

Communicating health care preferences with families and residents could also make a huge difference. Documented care preferences can help avoid crisis-driven decisions and reduce needless transfers, researchers said.

"To reduce potentially avoidable hospital transfers, we need to strengthen the capabilities of nursing home staff and ensure active involvement from skilled medical directors and clinicians," Ouslander said.

"This isn't just about individual effort – it requires support from nursing homes, provider organizations and policymakers," he added. "We need bold changes, like pragmatic national staffing standards, better-resourced facilities for complex care, and payment models that truly support high-quality, person-centered care for the most vulnerable residents

Social Security quietly backtracks on unpopular benefit change

The Social Security Administration made a big announcement recently, but it was not popular.

The announcement was intended to save the government money and improve efficiency — a big focus for the Trump administration, which came into office and made creating the Department of Government Efficiency its top priority.

Over half a million Social Security benefit recipients were slated to be impacted by the shift, but it has drawn many objections, including from lawmakers who have expressed serious concern about its impact.

In light of all this pushback, Social Security has now quietly backtracked. The change isn't going to happen starting September 30, 2025, after all.

Here's more about the proposed benefit change, along with insight into why it was scrapped.

Social Security planned a big change to benefits

Social Security had planned to revolutionize the benefits delivery process as part of its efforts to enhance efficiency. Specifically, the intent was for paper checks to be stopped permanently beginning September 30, 2025.

Lawmakers have long desired to make this change, and there has officially been a rule requiring electronic delivery of benefits for well over a decade since 2011. However, no one in the past took decisive action to stop sending paper checks.

The White House wanted to be the administration that put an end to physical checks.

A **July 2025 notice** posted on the Social Security Administration's website stated: "Starting September 30, 2025, the Social Security Administration (SSA) will no longer issue paper checks for benefit payments. This change is part of a broader government-wide initiative to modernize payment systems and enhance service delivery."

Why was the government going to stop sending out paper Social Security checks?

The announcement about shifting to paper checks outlined some of the reasons why the Social Security Administration made this plan, including:

- Improving speed and efficiency, as direct deposits are quicker
- Cost savings, because sending out a paper check costs the government $0.50, while it's possible for the government to make a direct deposit of a Social Security check for just $0.15
- Better security, since paper checks are 16 times more likely to be stolen

Because of these benefits, the government said that Social Security recipients would have two options for receiving payments after September — direct deposit or a Direct Express card.

The government has backtracked on the change to paper benefits

While there were clearly some good reasons for shifting away from paper checks, the decision was also a very unpopular one. The reason: There was serious concern that people who most need their benefits would lose access because they are unbanked or underbanked.

Some Social Security recipients face barriers to opening bank accounts. These include being unable to afford account fees, being ineligible due to previously overdrafting or other problems, or lacking a government-issued ID needed to open an account.

Lawmakers' objections were instrumental in canceling the Social Security change

Senator Elizabeth Warren was a vocal critic of the plan to switch, commenting on a press call, "There are about 600,000 Americans who still receive their paper checks — it's a small fraction of people who receive Social Security payments, but it's a population that often needs checks through paper."

Warren met with Social Security Commissioner Frank Bisignano, and after that meeting, the Administration backtracked on the change. Warren announced on July 23 that Commissioner Bisignano had agreed to keep sending out physical checks to those who need them, and an SSA spokesperson confirmed this to both CBS MoneyWatch and Kiplinger.

While the Administration has agreed to cancel the unpopular change, it will still be pushing people to switch to electronic means of receiving payments by communicating about the benefits of making the change and explaining how to do it.

Palliative Care or Hospice? What's the Distinction?

If a doctor diagnoses you with a serious illness and suggests palliative care, don't jump to conclusions.

It doesn't mean you have mere months to live, *NIH News in Health* emphasizes.

Palliative care, which is focused on comfort care and symptom management, may be recommended at any stage of a chronic or serious illness. But it is often confused with **hospice** care, which is comfort care for patients in the final months of life and requires that all treatments be discontinued.

"Embracing palliative care does not mean that you're giving up on treatment," said Alexis Bakos, an aging expert at the National Institutes of Health. "Ideally, palliative care should be offered at the very beginning of a diagnosis of any serious illness." Diagnoses like chronic heart and lung disease, cancer and neurodegenerative illnesses like **dementia** and **Parkinson's** a ll fall under the definition of "serious."

These illnesses lower a patient's quality of life or ability to perform everyday tasks like cooking or bathing.

A palliative care team can help patients cope with physical, psychological, emotional or spiritual suffering associated with these diagnoses, according to *News in Health*. They can not only help patients manage symptoms but also assist providers in coordinating complex care.

Dr. Matthew DeCamp, a physician at the University of Colorado, Anschutz Medical Campus, describes palliative care as a "holistic approach" to medicine and caregiving.

"It places the patient's quality of life and needs and values front and center," he told *News in Health*.

A pallative care provider typically meets with a patient soon after they are diagnosed with a serious disease to explain the many ways they can lend a hand — from help coordinating care to helping patients create an advance directive, which spells out their wishes for care if they become unable to speak for themselves.

"They will learn your preferences for care and communication," said **Dr. Lori Wiener**, a palliative care expert at the NIH.

Many patients welcome the assist, because planning for a serious illness is often complicated.

"Patients and families often remain unaware of how their serious illness may progress," DeCamp said. "They may not know how long they might be expected to live or how long or what types of symptoms they might have. Physicians, nurses and other members of the care team are also historically not very good at predicting the course of a disease."

These days, AI tools can help with that. But not all doctors use them and when they do, patients might misinterpret findings they spot in their medical records, said DeCamp, who is studying ethical issues surrounding use of AI.

Weiner's team, which is studying ways to help kids with cancer communicate their wishes to family and health care providers, has created a guide called "**Voicing My CHOiCES**" that helps teens and young adults consider and spell out their hopes, fears and values.

It has also developed an electronic screening tool called "Checking IN," which helps doctors understand what, specifically, distresses their young patients so they can be better prepared for visits.

Palliative care specialists can help patients understand their prognosis and their treatment options — and help them be comfortable.

So NIH experts urge patients who are diagnosed with serious illnesses to ask their doctor about palliative care if it isn't offered to them right away.

"Earlier NIH research was focused on making sure that primary care clinicians were aware of palliative care," Bakos said, adding that NIH is looking now at ways to involve more specialists such as E.R. doctors, neurologists and ICU providers into discussions of palliative care.

Dementia Diagnosis Typically Comes 3.5 Years After Symptoms

It takes an average of three-and-a-half years for typical dementia symptoms to lead to a diagnosis, a new report finds.

Diagnosis often comes even later for early-onset **dementias**.

Speeding up the process is important, because "timely diagnosis can improve access to treatments and for some people prolong the time living with mild dementia before symptoms worsen," explained study lead author **Vasiliki Orgeta**. She's a professor of psychiatry at University College London in the U.K.

Her study is the first large-scale effort to calculate the lag between symptom onset and dementia diagnosis, the report's authors said.

The study is what's known as a meta-analysis: Data was pooled from 13 separate studies on the issue conducted in Europe, the United States, Australia and China. In total, the data involved more than 30,000 participants.

In a UCL news release, Orgeta noted that the "timely diagnosis of dementia remains a major global challenge, shaped by a complex set of factors, and specific health care strategies are urgently needed to improve it."

She noted that certain studies suggest that only 50%-65% of cases "are ever diagnosed in high-income countries, with many countries having even lower diagnostic rates."

The advent of medications that might slow the progress of **Alzheimer's disease** (if given during the dementia's early stages) makes early diagnosis more important than ever.

But the new report found that, overall, it takes an average of three-and-a-half years after symptoms first appear for a patient to be properly diagnosed with dementia. That lag stretched to just over four years when the person was younger and experiencing early-onset dementia, the researchers said.

Younger age, as well having a form of illness known as frontotemporal dementia, were each linked to a longer time to diagnosis, Orgeta's team said.

One of the studies also found that Black patients faced longer wait times to a dementia diagnosis.

Why are patients waiting so long to have their dementia spotted and treated?

"Symptoms of dementia are often mistaken for normal aging, while fear, stigma and low public awareness can discourage people from seeking help," said study co-author Phuong Leung, also of the UCL division of psychiatry.

Other factors might include inefficient doctor referral systems when dementia is suspected, language barriers between patient and doctor, and under-staffed memory clinics, the research team said.

"To speed up dementia diagnosis, we need action on multiple fronts, " Orgeta said.

"Public awareness campaigns can help improve understanding of early symptoms and reduce stigma, encouraging people to seek help sooner," she continued. "Clinician training is critical to improve early recognition and referral, along with access to early intervention and individualized support so that people with dementia and their families can get the help they need."

Number Of Family Caregivers Has Skyrocketed in The U.S.

The number of Americans caring for an older or disabled family member has risen dramatically during the past 10 years, according to a new AARP policy report.

There's been a 45% increase in the number of family **caregivers** between 2015 and 2025, with 63 million Americans now looking after an aging or ailing relative, **Rita Choula**, senior director of caregiving at the **AARP Public Policy Institute,** told HealthDay Now in an interview.

Overall, 1 in 4 Americans (24%) is now a family caregiver, according to the ***Caregiving in the U.S. 2025*** report from the AARP and the **National Alliance on Caregiving**.

"That is a huge number when you think about the individuals that are providing this care," Choula said. "We also know that family caregivers are doing higher intensity care, so they're doing more complex tasks in addition to things such as providing transportation or taking individuals to appointments. And they're doing it for longer periods of time."

The aging of the U.S. Baby Boomers is driving this increase, she said.

Nearly half of the care recipients are 75 or older, and many face multiple chronic health conditions, the report says.

"People are living longer and with that, they're getting sicker and they're living with illnesses that decades ago they might not have lived that long for," Choula said. "And so now we see individuals that are still in the home with very serious illnesses that need individuals to provide that care."

There's also been a reassessment in terms of the importance of caregiving from family members, she added.

"Even up until 2020, when we talked about somebody being a family caregiver and really recognizing the different things that they did, they didn't necessarily associate that with a caregiving role," Choula said. "They were being the daughter, they were being the spouse, they were doing the things that they were called to do."

About 70% of caregivers 18 to 64 juggle a full- or part-time job with their care responsibilities, the report found.

"Imagine being that family member who is working a full-time 40-hour a week job and you're having to provide transportation, you're having to give and manage heavy medication regimens," Choula said. "You're having to do this while you're working, and that means that there could be potential impacts upon your work."

What does that look like?

"It means you may have to take off work more often. It may mean that you're not able to move up the so-called ladder in your career because you're having to be very focused in how you provide that care," Choula said. "We hear this especially from millennial and Gen Z caregivers who really take a hard hit when it comes to being able to advance in their careers."

Choula understands about the stresses and strains of caregiving, as she spent 15 years caring for a mother with a form of dementia called frontotemporal degeneration.

"During that entire time I was working a full-time job," Choula said. In the midst of caring for her mom, Choula gave birth to a daughter and son.

"I had at one point a mother with dementia and two children under 2," while maintaining a job, Choula said.

Nearly half of caregivers report at least one negative financial impact from their care responsibilities, including one-third who have stopped saving money and one-quarter who have run through their short-term savings, the report says….**Read More**

Vitamin D Might Offer Protection Against COVID-19

Low vitamin D levels might increase a person's odds of a severe bout with **COVID-19**, a new study says.

People with a vitamin D deficiency are 36% more likely to require hospitalization from a COVID infection, researchers report in the journal ***PLOS One***.

"Vitamin D plays a key role in regulating the immune system, so it's plausible that low levels may influence how the body responds to infections like COVID-19," investigator **Kerri Beckmann,** a senior research fellow at the University of South Australia, said in a news release.

However, the study also found no increased risk of COVID infection among people with low vitamin D levels.

"Our study found that people with a vitamin D deficiency or insufficiency were more likely to be hospitalized with COVID-19 than those with healthy levels of Vitamin D – but they weren't more likely to catch the virus in the first place," Beckmann said.

About 1 in 5 (22%) of Americans are vitamin D deficient, according to a 2022 **study** published in *Frontiers in Nutrition*.

For the study, researchers analyzed data from more than 150,000 people participating in UK Biobank, a long-range study of health in the United Kingdom.

The team looked at the risk COVID poses among people who are either fully vitamin D deficient or have insufficient levels of the vitamin and compared it to risk seen among their counterparts who have normal levels of vitamin D.

Results indicate that vitamin D levels could contribute to better COVID outcomes, in much the same way that vaccine boosters play a role….**Read More**

'Forever Chemicals' Identified in Reusable Feminine Hygiene Products

Greatest rates of intentional PFAS use seen for period underwear and reusable pads

Reusable feminine hygiene products often contain per- and polyfluoroalkyl substances (PFAS), according to a study published online July 22 in *Environmental Science & Technology Letters*.

Alyssa Wicks, Ph.D., from the University of Notre Dame in Indiana, and colleagues examined PFAS content in reusable feminine hygiene products in the United States and abroad. Fifty-nine reusable feminine hygiene products across five product categories underwent total fluorine screening via particle-induced gamma-ray emission spectroscopy.

The researchers found the greatest rates of intentional PFAS use (>110 ppm total fluorine) for period underwear and reusable pads (33 and 25 percent, respectively). Nineteen of these products were chosen for a targeted analysis of 31 ionic and 11 neutral PFAS; 100 percent of the extracted products had PFAS, with the most abundant compounds 6:2 and 8:2 fluorotelomer alcohols. Tested products were sourced from North America, South America, and Europe, all of which had one or more item with levels consistent with intentional fluorination. At least one product in each category did not contain intentional fluorine.

"Since reusable products are on the rise due to their increased sustainability compared to single-use products, it's important to ensure that these products are safe," coauthor Marta Venier, Ph.D., from Indiana University in Bloomington, said in a statement. "This is crucial, especially for adolescents and young women, who are more vulnerable to potential negative health effects."

When to worry you have dementia and when not?

As we age, we are more likely to struggle to remember things. That doesn't mean we have dementia or Alzheimer's disease. It might simply be that we're forgetting things, reports Sarah Bradley for **Women's Health**.

So, if you are over 65 and can't remember the name of the bartender at the pub you frequent, is that dementia? Likely not, at least according to one neurologist at the University of Michigan. More likely, it's simply that your brain is changing as you age.

Don't fret. It's entirely normal for you to process information less quickly and to struggle to recall names a little more as you get older. If you had Alzheimer's, you probably would forget major happenings in your life.

Here's when to worry: You forget about a trip you just took or having gone to a big family event in the recent past. Or, you put the eggs in the oven or your toothbrush in the fridge. Or, you don't know what day it is.

You also should see a doctor if you are having trouble speaking or seeing. Your vision blurs or you can't say what you want to and need to do a work-around. No problem if you can't see something far away or mistakenly write down something incorrectly. That's normal.

You might want to see a doctor if you can't think straight or finish an activity or are feeling like your judgment is impaired. Here, we are talking about the big stuff. If you can't decide when to leave the house or what to eat for lunch, that could be a problem. It's also concerning if you can't follow a recipe or a google map direction.

Some people with early dementia experience a desire not to engage socially. Of course, it could also be that you have less energy as you get older. You should be concerned if you can't recall that you are supposed to be at a meeting or a party or you don't want to talk to other people. If you sense that your behavior is changing dramatically, talk to your doctor.

Similarly, if your character or your mood is changing significantly and you are acting or feeling unlike yourself, something could be amiss. It could be an early sign of dementia.

World's Most Common Pain Relief Drug May Induce Risky Behavior, Research Suggests

The **most commonly taken analgesic worldwide** – and one of the most consumed drugs in the US – could be doing a lot more than just pain relief.

Acetaminophen, also known as paracetamol and sold widely under the brand names Tylenol and Panadol, may also increase risk-taking, according to research from 2020 that measured changes in people's behavior when under the influence of the medication.

"Acetaminophen seems to make people feel less negative emotion when they consider risky activities – they just don't feel as scared," **explained** neuroscientist Baldwin Way from The Ohio State University when the findings were published.

"With nearly 25 percent of the population in the US taking acetaminophen each week, reduced risk perceptions and increased risk-taking could have important effects on society."

The findings add to a growing body of research suggesting that acetaminophen's effects on pain reduction also extend to various psychological processes, lowering people's **receptivity to hurt feelings,** experiencing reduced empathy, and even **blunting cognitive functions.**

n a similar way, the research suggests people's affective ability to perceive and evaluate risks may potentially be altered or impaired when they take acetaminophen.

While the effects might be slight – and should be considered hypothetical for now – they're worth noting, given acetaminophen is the **most common drug ingredient in America**, found in over 600 different kinds of over-the-counter and prescription medicines.

In a series of experiments involving over 500 university students as participants, Way and his team measured how a single 1,000 mg dose of acetaminophen (the recommended maximum adult single dosage) randomly assigned to participants affected their risk-taking behavior, compared against placebos randomly given to a control group.

In each of the experiments, participants had to pump up an un-inflated balloon on a computer screen, with each single pump earning imaginary money.

Their instructions were to earn as much imaginary money as possible by pumping the balloon as much as possible, but to make sure not to pop the balloon, in which case they would lose the money.

The results showed that the students who took acetaminophen engaged in significantly more risk-taking during the exercise, relative to the more cautious and conservative **placebo** group. On the whole, those on acetaminophen pumped (and burst) their balloons more than the controls….**Read More**

Most Liver Cancers Are Preventable, Study Says

Liver cancer: In most cases, it doesn't have to happen, a new global study finds.

Research suggests that 60% of cases of this often deadly disease are preventable by avoiding or treating big risk factors.

Those risk factors include viral **hepatitis** infection, alcohol misuse or a dangerous, obesity-linked buildup of fat in the liver.

The finding highlights "a huge opportunity for countries to target these risk factors, prevent cases of liver cancer and save lives," said study first author **Dr. Stephen Chan** of the Chinese University of Hong Kong.

His team issued its findings July 28 in a special report on liver cancer published by ***The Lancet***.

As Chan's team notes, liver malignancies rank as the sixth most common cancer worldwide and the third-leading cause of cancer deaths.

Some countries are being hit much harder than others: China, in particular, is burdened with more than 40% of the world's liver cancer cases, largely due to widespread hepatitis B illness.

Without further intervention, cases of liver cancer are expected to nearly double globally by 2050 to more than 1.5 million cases annually, the report found.

When cancer affects the body's blood-cleansing organ, it can be very difficult to treat.

"It is one of the most challenging cancers to treat, with five-year survival rates ranging from approximately 5% to 30%," noted report co-author **Dr. Jian Zhou** of Fudan University in China. "We risk seeing close to a doubling of cases and deaths from liver cancer over the next quarter of a century without urgent action to reverse this trend."

Many cases of liver cancer can be avoided.

One preventable cause is metabolic dysfunction-associated steatotic liver disease (MASLD) — a slow, steady buildup of fat within the liver, often tied to obesity.

Up to a third of people worldwide have some level of MASLD, according to the researchers, and as obesity rates rise, cases of the condition are expected to follow suit.

By 2040, it is projected that 55% of Americans will have MASLD, upping their odds for liver cancer, the report's authors said….**Read More**