

Friday Alert Message from the Alliance for Retired Americans Leaders

Save the Date: Alliance Retirement Security Symposium on November 19



Robert Roach, Jr
 President, ARA

The Alliance's annual Retirement Security Symposium will be held on Wednesday, November 19, from 9:00 a.m. - 4:00 p.m. Eastern Time, at the AFL-CIO headquarters in Washington, D.C. and also streamed online.

The event will examine the looming retirement security crisis and bring together labor movement leaders, policy experts, and many others. Participants will hear about important labor and retirement security issues, including defined benefit pensions and Social Security.

"This symposium will provide resources and tools for individuals and organizations so they are better prepared to strengthen retirement security for the nation and themselves. This mission has become even more critical as 10,000 Americans turn 65 every day," said **Robert Roach, Jr., President of the Alliance**. "More details will follow as the event approaches."

To indicate your interest in attending the event and/or if you have any questions, please contact Joni Jones at jjones@retiredamericans.org / 202-637-5377.

New Report of DOGE Operatives Mishandling Americans' SSA Data Emerges

In June, Department of Government Efficiency (DOGE) operatives uploaded a copy of a Social Security Administration (SSA) database to a cloud server without proper security, exposing Americans' highly sensitive SSA data to potential identity theft and exploitation, according to a whistleblower complaint filed

by SSA Chief Data Officer Charles Borges.

The database, often referred to as the "Numident file," houses records that include full names, addresses, dates of birth, and many other private details for everyone who has ever held a Social Security number, living and deceased. The file likely contains hundreds of millions of records, as the agency has issued more than 500 million numbers since 1935.

DOGE leaders worked to copy the information to the server despite multiple warnings that Americans' personal information could be exposed in the process. Aram Moghaddassi, a former employee at Elon Musk's X and Neuralink corporations, was one of the DOGE officials who signed off on the effort to transfer data, saying "I have determined the business need is higher than the security risk associated with this implementation and I accept all risks."

The complaint also alleges that DOGE bypassed security protocols when it tried to access SSA data in March, and ignored a temporary restraining order issued in a lawsuit filed by the Alliance, the American Federation of State, County, and Municipal Employees (AFSCME), AFL-CIO, and the American Federation of Teachers (AFT) earlier this year. Judge Ellen Lipton Hollander issued the TRO on March 20, but DOGE staffers continued accessing data before being locked out on March 24.

This account corroborates previous testimony from Tiffany



Rich Fieta,
 Executive Director, ARA

Flick, a former SSA staffer who filed a declaration in the Alliance's case, stating that DOGE operatives displayed a blatant disregard for data security policies and

procedure.

"This latest revelation about DOGE's unprecedented access is deeply troubling and outrageous," said **Richard Fieta, Executive Director of the Alliance**. "President Trump just pledged to protect Social Security, but SSA is reeling from staffing cuts and now beneficiaries' personal information is at risk because of DOGE's actions. Older Americans should not have to worry about whether the benefits they have earned will actually be paid and whether their private data is handled with care."

Labor Day: Union Support Continues to Grow as Workers Face New Threats During the State of the Unions address on Wednesday.

AFL-CIO President Liz Shuler highlighted the continued surge in support for labor unions and connected it to the unprecedented threats that workers are currently facing from the Administration. She also drew attention to how workers are struggling to make ends meet amid rising prices and growing income inequality. The address featured a clip of Pennsylvania Alliance leader Jody Weinreich speaking about how important it is to protect Social Security for current and future generations of retirees.

A recent Gallup poll shows that



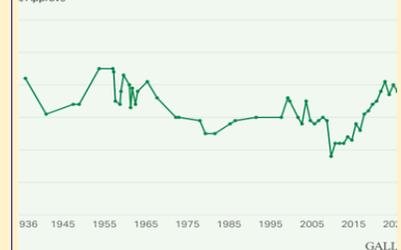
union approval growth has remained steady, staying within the 67 to 71 percent range for the past five years. AFL-CIO data confirms this surge in labor union popularity, showing that support is particularly high among the most vulnerable workers, with 75 percent of Americans who describe themselves as "very worried" about their economic future reporting that they view unions favorably.

The AFL-CIO is offering space for workers to mobilize and organize next week by hosting Workers Labor Day events

across the country centered around a common theme: "Workers Deserve: Freedom, Fairness, and Dignity."

"Next Monday is not just Labor Day, it's the start of Labor Week. Marches, rallies and trainings, hundreds of thousands of working people coming together from this coming weekend to the next, kicking off the single biggest year of action from now until next Labor Day in the history of this movement," said Shuler. "Every single thing working people have

Americans' Approval of Labor Unions, 1936-2025
 you approve or disapprove of labor unions?



won for ourselves in this country, it's not because we asked those in power, it's not because they were handed to us, it's because we fought for them relentlessly by organizing and mobilizing and using our collective power." Click here to find a Labor Day event near you.

Trump halts work on New England offshore wind project that's nearly complete

On Monday, August 25, 2025, Michael Sabitoni, President of the Rhode Island Building Trades Council and General Secretary-Treasurer of the Laborers International union of North America (LIUNA) led a press conference denouncing the Trumps Administrations decision to stop work on the Revolution Wind project. This offshore wind project was 80% complete at the time of the stop work order and puts the jobs of 1000 people in Rhode Island and Connecticut at risk. President Sabitoni was joined at the event by Rhode Island Governor Dan McKee, the entire Rhode Island Congressional Delegation, Senators Reed, Whitehouse, Congressman Magizner & Amo along with other labor leaders

and impacted Revolution Wind project workers.

At the event, President Sabitoni said: "Hardworking men and women have dedicated time, effort, and training in a very difficult environment to build this complex offshore wind project. The biggest little state in the union has a saying, 'We are small, but extremely sophisticated.' Rhode Island is the birthplace of the offshore wind industry, and it's going to be Rhode Island that sends a message that this is our energy future. We need to continue to provide reliable, cost-effective energy for the citizens of Rhode Island and the New England region."

Rhode Island has been a



national leader in developing offshore wind, and the Rhode Island labor movement is working to ensure that Rhode Island develops a

clean energy alternative that provides lower cost, home grown energy to fuel the economy. If the project is allowed to continue, it will provide energy for 350,000 homes across southern New England and reduce the region's dependence on foreign oil. The oceans off the coast of Rhode Island are one of the planet's best places to develop offshore wind given its geography and constant sound of wind power. Wind energy is also less expensive and less subject to massive cost spikes, making it an affordable and clean way for

Rhode Island to meet its goals in building a sustainable economy.

Michael Sabitoni, President of the Rhode Island Building Trades Council and General Secretary-Treasurer of the Laborers International union of North America.



Michael Sabitoni

"Yesterday I made it clear: halting #RevolutionWind is a direct hit on #union families. It's BS!

We won't stand by while good jobs are ripped away. Labor's voice will be heard until this work stop order is reversed!" View the Press Conference here

New Bipartisan Bill Would Improve Medicare Enrollment

The Medicare Rights Center applauds the **recent introduction** of the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) 2.0 Act (**H.R. 4960**) in the U.S. House of Representatives.

Led by Reps. Gus Bilirakis (R-FL), Raul Ruiz, M.D. (D-CA), Dwight Evans (D-PA), and Brad Schneider (D-IL), this bipartisan bill would require the federal government to provide advance notice to people approaching Medicare eligibility about basic enrollment rules, filling a longstanding gap in outreach and

education.

The Information Gap

While most older adults and people with disabilities are automatically enrolled in Medicare Part B, a growing number are not. These individuals must make an active enrollment choice, taking into consideration specific timelines, complex Medicare rules, and their existing coverage.

Beneficiaries may face financial penalties, higher-than-expected medical costs, and lapses in health coverage.

Far too many people make



mistakes when trying to navigate this confusing system. Every year, the Medicare Rights

Center's national helpline hears from people who believed they were following the rules, only to discover too late they missed a key deadline or decision point. The consequences can be severe: Beneficiaries may face steep financial penalties, higher-than-expected medical costs, and lapses in health coverage. For many, these missteps are rooted in a lack of timely, actionable enrollment information.

A Bipartisan Solution

Building on Progress

The BENES 2.0 Act would help prevent these costly errors by empowering informed enrollment and coverage choices. In ensuring that people nearing Medicare eligibility receive critical guidance about how and when to enroll, the BENES 2.0 Act offers a common-sense solution to an enduring and widespread issue. Its policies build upon the successes and goals of the original **BENES Act**, further modernizing Medicare enrollment to bolster enrollee health, well-being, and economic security...**Read More**

Expected to Increase Next Year, But Retirees Could Still Struggle

The Social Security **cost-of-living adjustment (COLA)** is projected to be higher next year, but benefits still might not be enough for many older Americans to live off.

Each year, the Social Security Administration adjusts benefits based on inflation. This year's COLA was a 2.5% increase. While the official numbers aren't released until the fall, The Senior Citizens League predicts the increase for next year **will be even higher** at 2.7%.

Retirees received an average of \$2,006.69 in benefits during July. A 2.7% COLA would

raise that average monthly check by roughly \$54.

TSCL estimates that nearly 22 million seniors live solely off their Social Security benefits. However, **Consumer Expenditure Surveys (CES)** data show that the average retired household spends approximately **\$5,000 per month** on necessities. (This is based on data collected on 2023 spending and is the most recent available.)

A new survey from Nationwide revealed that 55% of current Social Security recipients said their benefits don't cover their



basic retirement needs. Additionally, 63% said they believe continually rising tariffs

will drive inflation beyond what the COLA will cover.

Investopedia asked Shannon Benton, the executive director of TSCL, for her thoughts on the estimated COLA. This interview has been edited for brevity and clarity.

INVESTOPEDIA: Do you believe persistent inflation could outweigh a potential increased COLA?

SHANNON BENTON: Yes, 100%. Anyone who is going to

the grocery store knows the price of things has increased by more than 2.7%.

The other main problem with this is that the Medicare Part B premium is also expected to go up, which may wipe out the entire benefit of COLA [for some people], making it so they never even see that adjustment.

[Medicare Part B premiums are automatically taken out of Social Security benefits before a recipient receives their checks.] ...**Read More**

Map shows 6 states testing new Medicare model in 2026

Six states will be **testing** a new model, developed by the Centers for Medicare and Medicaid Services (CMS), for the federal health program Medicare in 2026.

At the end of June, CMS **announced** the new model, which came as part of the agency's bid to protect both Medicare beneficiaries and federal taxpayers from "unnecessary services, fraud, waste, and abuse."

The states selected to test the new model include New Jersey, Ohio, Oklahoma, Texas, Arizona, and Washington—these states did not choose to participate in the model, but were chosen by CMS, Dr Vinay K. Rath, a professor in the Department of Otolaryngology at the Ohio State University Wexner Medical Center, told *Newsweek*.

Newsweek has contacted CMS via email for comment and the New Jersey Department of Health by phone, but was unable to get through to a press officer on a number of occasions.

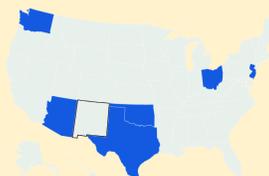
The Texas Department of Health and the Ohio Department of Health referred *Newsweek* to CMS for comment.

The Arizona Department of Health told *Newsweek* to speak to the Arizona Health Care Cost Containment

System, and when approached for comment, the Arizona Health Care Cost Containment System told *Newsweek* it was "solely responsible for managing Medicaid in Arizona."

Oklahoma Insurance Commissioner Glen Mulready told *Newsweek*: "Oklahoma supports efforts to protect Medicare beneficiaries and taxpayer dollars by reducing fraud, waste, and abuse. We are optimistic that CMS's [Wasteful and Inappropriate Service Reduction (WiSeR)] model, if implemented with strong provider involvement, can help ensure seniors get the right care at the right time without unnecessary delays."

Tim Smolen, the Washington Office of the Insurance Commissioner's statewide Health Insurance Benefits Advisors (SHIBA) program manager,



told *Newsweek* that "this was a decision of the Medicare Administrative Contractor—Noridian—not Washington State government per

se."

"The process is permissive: providers and suppliers in selected geographic regions who intend to furnish an included item or service will have the option to submit that item or service for prior authorization," he added.

Why It Matters

The model is being brought in to reduce "wasteful care, including services that provide little to no clinical benefit," CMS said, which it added not only increases

The six states picked to participate in the experimentation of this model were likely chosen "because the administrative contractors that process Medicare claims for these states have already developed coverage policies for the services targeted by the WiSeR model," Rath said. costs, but also puts patients "at risk."

The agency reported that waste in healthcare represents up to 25 percent of healthcare spending in the U.S., with estimates that around \$5.8 billion in Medicare spending in 2022 was spent on services with "minimal benefit."

While the aim of the model is to reduce spending by cutting back on "wasteful care," some experts have voiced concern that the model may see necessary treatment being denied, potentially harming health outcomes for Medicare recipients

What To Know

The model will bring in a prior authorization process relative to Medicare's existing processes, meaning recipients will either have to submit prior authorization requests for selected services or their claim will be subject to prepayment medical review - but the model does not change Medicare coverage or payment criteria.

Enhanced technologies, including artificial intelligence, will also be used to see if they can speed up prior authorization processes.... [Read More](#)

My mom, 80, needs nursing-home care, but Medicare won't pay for it

My mom, 80, needs nursing-home care, but Medicare won't pay for it — now the home wants to take her Social Security to cover the bills. Is that legal?

Once you turn 65, there is a 70% chance that you are going to need some kind of long-term care during the remainder of your lifetime, according to [LongTermCare.gov](#).

Unfortunately, paying for this care can be very difficult: Genworth's [Cost of Care Survey](#) shows the median cost of a semi-private room in a nursing home in the US was \$111,325 per year in 2024.

So what if this happens to you or your parent? Let's say that your 80-year-old mother spent a month in the hospital and was sent to a skilled nursing facility because she's unable to manage on her own.

However, her insurance doesn't want to pay for the care and claims she doesn't need it. So the nursing home wants to take all her Social Security and pension

checks to pay the bills.

Can the nursing home take that money, even though your mother has bills to pay, debts she took on before getting sick and a home she wants to maintain after she gets out of the care facility?

Here's what you need to know if a nursing home is threatening to take your mom's benefits and pay in order to allow her to live there.

Can a nursing home or skilled nursing facility take your money?

The first thing to know is that Medicare is probably your mom's insurer, as it covers most Americans who are 65 and over.

If your mom has chosen a Medicare Advantage Plan, it will be administered by a private insurer and it must cover all that Medicare does.

Medicare does not ever cover routine nursing care (called custodial care) for those who can't do basic life tasks. Medicare does cover skilled nursing care for up to 100 days but only under



limited circumstances such as when you've just left the hospital.

Since your mother did just leave the hospital, you may want to appeal the denial of the **skilled nursing care**. If her doctor or care provider believes your mother needs skilled care, you should see if they will support your efforts to file an appeal with Medicare.

Medicare has information on how you can **appeal** a denial to try to get covered.

If your appeal isn't successful, your mother will be considered a private pay patient. While she will not have her benefits seized, she will be billed for nursing home care and expected to pay the bills. Nursing homes usually bill in advance, so she'll have to cover her costs to keep her place.

If your mother cannot pay, the nursing home can **ask her to leave** with "reasonable and appropriate notice," if she's not in the process of applying for Medicare or Medicaid.

Medicaid does pay for nursing care, but she has to qualify — which means she can't have countable property or resources above \$2,000.

Once she is on Medicaid, she will be required to send her Social Security checks to the nursing home, minus a personal-needs allowance and minus other insurance premiums she may be paying.

In 1972, the **PNA** was set at a minimum of \$25 per month, which was raised to \$30 per month in 1987. That \$30 amount remains the federal rule, but states can set higher PNAs up to \$200 per month maximum. In 2024, PNAs averaged \$70 nationwide, but ranged from \$30 to \$200.

So, unfortunately, based on the current rules, the nursing home can take almost all your mom's money if she isn't successful at appealing and getting Medicare to cover her skilled care, but she still needs to be in a home

My mom needs assisted living — but with just her Social Security and no savings, what are her best options?

One of life's hardest challenges is watching our parents grow old.

Consider this scenario: you've witnessed a severe decline in your mother's cognitive health and ability to care for her own needs, but neither you nor your siblings are able to care for her around the clock.

You decide it's time to move mom into an assisted living facility, but she has no retirement savings that you know of, and currently gets by on a small Social Security check. She doesn't like any of the facilities you've toured that accept those on Medicaid.

How can you best keep your mom comfortable for the final years of her life?

Accessing lost savings

While her finances may

ultimately dictate what kind of facility she moves into, it's worth making an effort to respect her wishes by seeing whether she can afford a nicer place.

Consider a thorough search for long-forgotten assets. Even if you're mostly certain that your mom doesn't have substantial savings, it's worth trying to find out if she has any inactive financial accounts. According to a 2023 report by financial firm Capitalize, nearly 30 million 401(k) accounts worth \$1.65 trillion were left behind by American workers who may have forgotten about them during job moves.

You can search for these types of accounts using the U.S. Department of Labor's Lost and Found Database. If she suffers from cognitive impairment,



accessing these funds could be tricky and require you to obtain legal authority, such as through guardianship.

Paying for assisted living with no savings

If a lavish facility is off the table after searching for lost funds, the focus should become your mother's safety and ensuring her daily needs are met.

Medicaid generally does not cover room and board costs at an assisted living facility. However, many assisted and independent living facilities accept Medicaid Home and Community-Based Service Waivers that can cover some costs. Nonprofit or church-affiliated facilities may offer support as well.

You might also decide to bite the bullet and chip in to pay for a

private facility. The median cost of an assisted living facility is nearly \$6,100 a month, according to SeniorLiving.org. Prices can vary based on location, level of care, and length of stay.

This is where **long-term care insurance** could really come in handy. This type of insurance often offers coverage for the costs of in-home assistance, nursing homes or assisted living facilities.

GoldenCare offers different long-term care insurance based on your loved one's needs, including hybrid life, annuity with long-term care benefits, short-term care, extended care, home health care, assisted living and traditional long-term care insurance....[Read More](#)

A Vision for Medicare Sustainability

Medicare Rights Center continues to push for common-sense changes in policy, thinking, and practice to ensure that Medicare meets its full potential for current and future beneficiaries.

Medicare Still Matters In a recent [Health Affairs](#) column, Dr. Marilyn Moon, a [distinguished Medicare expert](#), former Public Trustee of the Medicare and Social Security Trust Funds, and member of the Medicare Rights Center's Board of Directors, highlights some of

the challenges the program and policymakers face.

Medicare Financing is Complex

Dr. Moon discusses some of the problematic myths and misconceptions that can underlie calls to "save" Medicare and explains why comprehensive, beneficiary-centered reforms are necessary.

Opportunities to improve Medicare financing are often

Calendar year	Maximum tax base	Tax rate	
		Employer and employee each	Self-employed
1960	\$6,000	0.30%	0.30%
1965-71	8,000	0.30	0.30
1972	8,000	0.60	0.60
1973	12,500	0.90	0.90
1974	14,100	0.90	0.90
1975	15,300	0.90	0.90
1976	16,500	0.90	0.90
1977	17,700	0.90	0.90
1978	18,900	1.00	1.00
1979	20,100	1.00	1.00
1980	21,300	1.30	1.30
1981	22,500	1.30	1.30
1982	23,700	1.30	1.30
1983	24,900	1.30	1.30
1984	26,100	1.45	1.45
1985	27,300	1.45	1.45
1986	28,500	1.45	1.45
1987	29,700	1.45	1.45
1988	30,900	1.45	1.45
1989	32,100	1.45	1.45
1990	33,300	1.45	1.45
1991	34,500	1.45	1.45
1992	35,700	1.45	1.45
1993	36,900	1.45	1.45
1994	38,100	1.45	1.45
1995	39,300	1.45	1.45
1996	40,500	1.45	1.45
1997	41,700	1.45	1.45
1998	42,900	1.45	1.45
1999	44,100	1.45	1.45
2000	45,300	1.45	1.45
2001	46,500	1.45	1.45
2002	47,700	1.45	1.45
2003	48,900	1.45	1.45
2004	50,100	1.45	1.45
2005	51,300	1.45	1.45
2006	52,500	1.45	1.45
2007	53,700	1.45	1.45
2008	54,900	1.45	1.45
2009	56,100	1.45	1.45
2010	57,300	1.45	1.45
2011	58,500	1.45	1.45
2012	59,700	1.45	1.45
2013	60,900	1.45	1.45
2014	62,100	1.45	1.45
2015	63,300	1.45	1.45
2016	64,500	1.45	1.45
2017	65,700	1.45	1.45
2018	66,900	1.45	1.45
2019	68,100	1.45	1.45
2020	69,300	1.45	1.45
2021	70,500	1.45	1.45
2022	71,700	1.45	1.45
2023	72,900	1.45	1.45
2024	74,100	1.45	1.45
2025	75,300	1.45	1.45
2026	76,500	1.45	1.45
2027	77,700	1.45	1.45
2028	78,900	1.45	1.45
2029	80,100	1.45	1.45
2030	81,300	1.45	1.45
2031	82,500	1.45	1.45
2032	83,700	1.45	1.45
2033	84,900	1.45	1.45
2034	86,100	1.45	1.45
2035	87,300	1.45	1.45
2036	88,500	1.45	1.45
2037	89,700	1.45	1.45
2038	90,900	1.45	1.45
2039	92,100	1.45	1.45
2040	93,300	1.45	1.45
2041	94,500	1.45	1.45
2042	95,700	1.45	1.45
2043	96,900	1.45	1.45
2044	98,100	1.45	1.45
2045	99,300	1.45	1.45
2046	100,500	1.45	1.45
2047	101,700	1.45	1.45
2048	102,900	1.45	1.45
2049	104,100	1.45	1.45
2050	105,300	1.45	1.45

narrowly focused on Part A's Hospital Insurance trust fund. Medicare Rights agrees. Medicare's current financing structure is complex. In our experience, opportunities to

improve it are often narrowly focused on Part A's Hospital Insurance trust fund. But this approach ignores other cost growth factors, such as shifts in physician and outpatient coverage, that have made Part

B a bigger driver of spending than Part A.

Funding Needs Change Over Time

As Dr. Moon notes, Congress did not expect to set and forget Medicare financing: "Instead, the earliest Medicare analysts argued that new funding sources would be needed over time." [The history of the payroll tax](#) shows that adjusting the numbers to meet the demand used to be a regular feature of congressional action....[Read More](#)

Complaint alleges DOGE uploaded all Social Security numbers to an unsecured server

A whistleblower complaint filed on Tuesday alleges that the [Department of Government Efficiency](#) uploaded a copy of all federal Social Security numbers and information to an unsecured server in June, creating "enormous vulnerabilities."

The complaint, filed by [Social Security Administration](#) Chief Data Officer Chuck Borges, alleges that a live copy of the "entire country's Social Security information" is now being held by a "vulnerable cloud environment" that lacks oversight from the agency or the ability to track who is accessing the data.

A whistleblower complaint filed on Tuesday alleges that the [Department of Government](#)

[Efficiency](#) uploaded a copy of all federal Social Security numbers and information to an unsecured server in June, creating "enormous vulnerabilities."

The complaint, filed by [Social Security Administration](#) Chief Data Officer Chuck Borges, alleges that a live copy of the "entire country's Social Security information" is now being held by a "vulnerable cloud environment" that lacks oversight from the agency or the ability to track who is accessing the data.

A whistleblower complaint filed on Tuesday alleges that the [Department of Government](#) uploaded a copy of all



federal Social Security numbers and information to an unsecured server in June, creating "enormous vulnerabilities."

The complaint, filed by [Social Security Administration](#) Chief Data Officer Chuck Borges, alleges that a live copy of the "entire country's Social Security information" is now being held by a "vulnerable cloud environment" that lacks oversight from the agency or the ability to track who is accessing the data.

Borges, who began his role at SSA in January 2025, alleges that the database of Social Security information contains all data that has been submitted through the

application process for a United States Social Security card, "including the name of the applicant, place and date of birth, citizenship, race and ethnicity, parents' names and social security numbers, phone number, address, and other personal information."

"Should bad actors gain access to this cloud environment, Americans may be susceptible to widespread identity theft, may lose vital healthcare and food benefits," the complaint reads, claiming the file risks "the security of over 300 million Americans' Social Security data."...[Read More](#)

How to Make the Transition to an Assisted Living Community Easier

Learn practical tips and expert advice on how you and an older loved one can prepare for the move, adjust to the new environment and maintain a positive outlook.

When the care needs of older adults accumulate, it often makes sense for them to move to an **assisted living community**. While older adults might say they prefer to remain in their own homes for as long as possible, doing so can be **lonely** and isolating, which can negatively impact their health.

Moving into an assisted living community, however, comes with many benefits, such as the company of other adults in a similar stage of life and the support of **caregivers**.

The **transition** to assisted living isn't always easy – moving can be a fraught experience – but the upsides of assisted living often far outweigh those

challenges. What's more, there are many practical ways to make transitioning to an assisted living community easier.

Start Earlier Than Later

Timing is everything, even – or especially – with a move.

“The key is to start thinking about the move to assisted living communities as early as possible,” says Alyssa M. Lanzi, a research assistant professor in the department of communication sciences and disorders at the University of Delaware in Newark.

This means opening the conversation and beginning your research into appropriate communities well before the need arises. Ideally, you should be planning for and considering your options months, even years, before you actually need to **make the move to assisted living**.

“There is great value in not



waiting until a crisis to find a supportive home,” adds Angela Stewart, vice president of clinical services with Touchmark, a Beaverton, Oregon-based senior living company with communities for **55-and-older adults** across the country.

Some communities have waiting lists because there's so much demand, so the sooner you can get on the waiting list, the more likely you are to gain a spot when one becomes available.

Convincing a reluctant parent it's time to move

Not all older adults are open to the idea of moving to an assisted living situation, even if it might be the best thing for everyone involved. If you believe moving is the right idea but they're reluctant, the following tips might help you bring them around to your point of view:

- **Gently suggest.** Most people don't enjoy being told what's best for them, so instead, find ways to gently point out that certain aspects of life could be made easier by moving to assisted living. For example, your loved one would no longer need to make their own meals or do their own laundry.

Use situational context. Find instances where you can further your suggestions. For example, if your parent fell recently, use that as an opportunity to point out that they're less likely to experience additional **falls** in an assisted living community. Do so gently, and remind them that a key goal of such communities is to keep them **safe** and healthy. **Read More**

Health care costs are prohibitive for one in three people with Medicare

While in many ways Medicare is a critical guarantee of access to good affordable health care for older adults and people with disabilities, increasingly some enrollees find health care costs prohibitive. The **Kaiser Family Foundation** reports that more than one in three people with Medicare did not get health care in 2024 or delayed getting care because of the cost.

Thirty-six percent of people with Medicare find health care costs too expensive, even with Medicare. People with Medicare tend to live on smaller budgets than working people and need more health care. Medicare Part B premiums, which represent about 25 percent of the cost of the

outpatient services Medicare Part B covers, eat into more than 10 percent of people's income. And, these premiums are expected to rise in the next nine years from \$2,100 a year to \$4,000.

Medicare Savings Programs, paid for through Medicaid, pick up the cost of Part B and D premiums as well as other cost-sharing, depending upon a person's income and assets. Of the nearly 66 million people with Medicare in 2024, about 10 million people are enrolled in these programs.

Many people with low incomes are not eligible for an MSP because their incomes are just



over the threshold. Or, they are not enrolled, because they are unaware that they qualify for these programs.

Moreover, the Trump Budget Act will make it more difficult to enroll, with the consequence that 1.3 million people are expected to lose this coverage.

KFF reports that about 25 percent of people with Medicare have incomes below \$24,600 in 2024. Fifty percent of people with Medicare have incomes below \$43,200. Only five percent (33 million) have incomes about \$169,700.

Most people with Medicare also have scant assets. One in four have savings below \$19,000. Overall, one in four also have no

home equity. Among Black and Hispanic people with Medicare, nearly half have no home equity.

Fifty percent of people with Medicare have savings below \$110,100. About one in five Black and Hispanic people with Medicare have no assets or are in debt. Five percent have assets above \$1.7 million.

Not surprisingly, older people with Medicare (85 and up) have lower incomes and savings than people under 85. Women have lower incomes and savings than men. Black and Hispanic people have lower incomes and savings than White people. People with disabilities under 65 with Medicare had lower incomes and assets than people over 65.

Gifts for Seniors

But there are plenty of ways you can make them feel special. For many seniors, the key elements of a gift are practicality and functionality. (And sentimentality still plays a role in gifts for parents and grandparents.)

If you can give them something that will make their lives easier, healthier, or more fun, you can bring a smile to their faces.

This guide includes plenty of thoughtful ideas for older men and women, elderly parents and grandparents, and even those hard-to-buy-for people who already have everything. It also features dozens of ideas for older adults with various health challenges or conditions, plus some fun fitness and health-promoting options. Read on to



discover how you can add a magic touch to a senior's day!

- ◆ **Fun & practical gifts for elderly people**

- ◆ **Gifts for parents**

- ◆ **Gift ideas for grandparents**

- ◆ **Gifts for health and fitness**

- ◆ **Gifts for people with Alzheimer's or dementia**

- ◆ **Gifts for visually impaired**

people

- ◆ **Gifts for people who are deaf and hard of hearing**

- ◆ **Gifts for people with arthritis**

- ◆ **Gifts for people who have everything**

Texas sues Eli Lilly for bribing physicians to prescribe its most profitable drugs

Alan Goforth reports for **BenefitPro** that the Texas Attorney General sued Eli Lilly for bribing physicians to prescribe its most profitable drugs. Texas AG Ken Paxton calls the bribes “an illegal kickback scheme.”

Eli Lilly purportedly provided physicians with “free nurses” and other services in exchange for their prescribing its drugs. “Eli Lilly fraudulently sought to

maximize profits at taxpayer expense and put corporate greed over people’s health. I will not stand by while corporations unlawfully manipulate our health care system to line their own pockets,” says Paxton.

Paxton calls out a wide range of drugs that Lilly allegedly paid physicians to prescribe. They include Mounjaro and Zepbound



for weight loss, as well as Alimta, Basaglar, Ebglyss, Emgality, Forteo, Humalog, Humulin, Jaypirca, Retevmo, Rezvoglar, Taltz and Verzenio,.

If true, Eli Lilly violated the Texas Health Care Program Fraud Prevention Act.” Lilly denies the charges. It says that it has a duty to provide “basic product support relating to

[patients’] medication.”

This is one of many cases against Eli Lilly in the last year alone. Paxton also sued Lilly for participation in a conspiracy to raise the price of insulin. In that case, ExpressScripts and CVS Pharmacy are also defendants.

Since 2000, Eli Lilly has paid nearly \$3 billion in penalties on a range of offenses, according to **Violation Tracker**. Here are the top five:

FDA Approves Updated COVID Vaccines, But Fewer People Will Be Eligible

The U.S. Food and Drug Administration (FDA) has approved updated COVID-19 vaccines for the fall season but has restricted who can receive them.

This marks the most limited federal policy since the shots first became available.

The updated vaccines from **Moderna**, **Pfizer** and **Nova vax** target newer variants of the SARS-CoV-2 virus that are expected to circulate this winter. But the shots are no longer recommended for everyone, *The New York Times* reported. The FDA now authorizes the

vaccines for:

- ◆ Adults 65 and older.
- ◆ People under 65 with at least one underlying medical condition that raises their risk for severe illness.
- ◆ Children under 18 only after consulting a health care provider.

The Pfizer vaccine is cleared for ages 5 and older, Moderna’s for 6 months and up, and the Novavax shot for those 12 years and older.

Before the shots become



widely available, an advisory committee of the U.S. Centers for Disease Control and Prevention (CDC)

must vote on whether to recommend them.

That vote could affect access at pharmacies, where most Americans now receive vaccines, *The Times* said.

The advisory panel’s makeup has shifted under Health Secretary **Robert F. Kennedy Jr.**, who ousted all 17 previous members and brought on some vaccine critics in their place.

“The American people

demanded science, safety and common sense,” Kennedy said in a post on X.

Many public health experts criticized the new limits, noting that uptake has already declined. In all, 23% of adults and 13% of people under 18 got last season’s shots, according to the CDC.

Some doctors also voiced concern over Kennedy’s decision to remove pregnant women from the CDC’s recommended vaccine schedule, despite research showing that vaccination lowers risks of stillbirth and maternal death.**Read More**

8 additional services that Medicare gives you for free in 2025

Medicare, the federal health insurance program primarily for those over 65, extends beyond basic coverage. In 2025, it offers a variety of free preventive and screening services. These benefits are necessary for maintaining health and can be life-saving.

1. One of the key preventive services is the **annual wellness visit**, available every 12 months after your first year with Medicare Part B. While not a full physical exam, this visit allows your healthcare provider to assess risks, review your medical history and medications, and update your care plan.
2. Medicare covers essential **seasonal vaccines** at no cost for those with Part D prescription drug plans or Medicare Advantage drug coverage. This includes the annual flu vaccine, pneumococcal vaccines, Hepatitis B vaccine for high-risk individuals, and COVID

- 19 vaccines and boosters.
3. In addressing mental health and early detection of serious illnesses, Medicare provides a free **annual depression screening** at your primary care provider’s office. With the increasing prevalence of depression among adults and adolescents, utilizing this service is crucial for early detection. Similarly, colorectal cancer screenings are essential, with various options covered, such as fecal occult blood tests, flexible sigmoidoscopies, stool DNA tests, and colonoscopies, tailored to your risk and age.
4. For women’s health, Medicare covers an **annual screening mammogram** for women aged 40 and over. Despite being a key tool for early breast cancer detection, many overlook it, making



this free benefit a critical reminder of its importance.

5. With millions undiagnosed with diabetes, Medicare Part B covers up to two diabetes screenings annually for those at risk or with predisposing factors like high blood pressure or family history.
6. Medicare Part B covers the **annual prostate-specific antigen (PSA) test** and a digital rectal exam starting the day after your 50th birthday. This coverage is essential, considering that over 99% of prostate cancers occur in men over 50.
7. Complementing this, free bone density tests are offered every two years, or more frequently if indicated by a doctor, for eligible individuals, such as women with estrogen deficiency or those on certain steroid medications.
8. Medicare covers **obesity**

screening and behavioral counseling for most beneficiaries with a Body Mass Index (BMI) of 30 or more. This service is provided by your primary care physician in a primary care setting, as long as they accept assignment and do not bill you for copayments or coinsurance, offering crucial support for weight management and overall health improvement.

These eight essential services, along with others offered for free, demonstrate Medicare’s commitment to preventive care and the well-being of its beneficiaries. Understanding and utilizing these benefits not only helps you maintain a healthier life but also allows you to save money on healthcare costs.

Be sure to consult with your healthcare provider on how you can make the most of these vital services that Medicare offers at no cost in 2025.



Most Pain Patients Quit Medical Weed Within A Year, Study Says

More than half of people prescribed medical weed for chronic muscle or joint pain quit using it within a year, a new small-scale study says.

About 58% of a group of 78 Pennsylvania patients certified for medical cannabis decided to discontinue treatment within a year, researchers report in the journal *PLOS One*.

In fact, nearly half (45%) stop using weed within the first three months of trying it, results show.

These high drop-off rates indicate that “despite growing enthusiasm and widespread adoption, medical cannabis does not meet expectations for a significant subset of chronic pain patients,” researcher **Dr. Asif Ilyas**, a professor of orthopedic surgery at Thomas Jefferson University in Philadelphia, said in a news release.

For the study, researchers tracked the 78 pain patients for two years to see how they fared using medical marijuana. The patients all were treated at the Rothman Orthopedic Institute in Philadelphia between October 2022 and December 2024.

Results showed that people who quit using weed for their pain were about as healthy as those who remained on the treatment.

Likewise, where a person was feeling their pain — in the low back, neck, joints, muscles or elsewhere — was not associated with the odds they’d stop using weed, researchers said.

Instead, a complex mix of reasons is likely behind why people gave up on medical weed, researchers said.

Some might become



dissatisfied with the treatment, while others might not like the side effects, researchers said.

Others might decide to pursue more time-tested treatments like injections or surgery.

“These results are consistent with previous studies, which have shown mixed responses to medical cannabis treatment in chronic pain patients,” the researchers wrote. “While some patients report significant relief, others may not find sufficient therapeutic benefit, leading to early discontinuation.”

There was one major difference between those who kept on medical weed and those who dropped it — the patient’s age. Those who stopped using weed were seven years older, with an average age of 72 compared with 65 for those who stayed with it.

“Older adults may be more cautious in using alternative therapies like medical cannabis due to concerns about long-term effects or a preference for more conventional treatments,” researchers wrote.

Researchers point out that they did not gather specific details about the type of cannabis products that patients used, nor did the study collect data on improvements in function and pain.

“These findings suggest that while medical cannabis may offer benefits for some patients, further research is needed to better understand the long-term effects of medical cannabis on pain management and patient satisfaction, as well as the factors influencing treatment adherence,” the researchers wrote.

Many Cancer Patients Say Doctors Aren't Honoring Their Treatment Desires

Frequently, patients with advanced cancer simply want to be made as comfortable as possible as they wind down their final days.

Doctors aren’t listening to their desires, a new study indicates. Many of these patients are receiving **treatment** focused on extending their lives rather than easing their pain, researchers reported Aug. 25 in the journal *Cancer*.

In fact, they are twice as likely to say they’re receiving unwanted life-extending care than patients with other critical illnesses, results show.

“This disconnect between what patients want and what they feel they’re getting is an important issue,” lead researcher **Dr. Manan Shah** said in a news release.

“Doctors need to have open conversations with patients about their goals, clearly explain the intent of the treatment they are providing, and try to reconcile any real or perceived discordance between goals and treatment,” said Shah, a medical oncologist at UCLA.

Cancer treatment generally aims to both extend a person’s life and improve their quality of life, but those goals are sometimes at odds, researchers said.

“When treating advanced cancer, the goal is to help patients live as long and as well as possible,” Shah said. “But sometimes, patients and oncologists face tough choices, especially when the goals of living longer and staying comfortable begin to compete with one another.”

To see how patients feel about their care, researchers surveyed nearly 1,100 patients with diseases severe enough to require advanced care planning. Of the group, about 21% had advanced cancer and the rest serious illnesses.

Cancer patients had similar two-year death rates to those of people with other diseases, 16% versus 13%.

About 49% of patients with advanced cancer wanted comfort-focused care, similar to 48% of patients with other life-



threatening illnesses. Nevertheless, about 37% of cancer patients who wanted comfort-focused care said they were instead getting treatment

aimed at extending their lives, results show.

“We found that a relatively large portion of patients with advanced cancer who had a goal to prioritize their comfort reported that their treatment was at odds with that goal,” researchers wrote.

By comparison, only 19% of patients with other diseases felt they were getting unwanted life-extending care rather than being made comfortable.

What’s more, life-extending care didn’t seem to make any difference in those who didn’t want to receive it.

There was no significant difference in two-year death rates between those who got the comfort care they wanted and those who got unwanted life-extending treatment, results show.

Doctors could be to blame, by being wishy-washy rather than

talking straight with their patients, researchers said.

“In a survey of 4,074 oncologists, most reported reluctance to initiate discussions about goals of care for patients with advanced cancer who appeared well, did not have symptoms or had not exhausted all treatment options,” researchers wrote. “Oncologists’ reported reluctance to initiate discussions about care goals for such patients is worrisome as studies suggest that most patients expect their clinicians to initiate goals of care discussions.”

The conclusion: “Ultimately, our findings suggest a need for more timely and effective communication about goals of care and treatment intent in advanced cancer,” researchers wrote.

Hidden Fat Deposits Accelerate Heart Aging, Study Says

Hidden fat deposits packed around abdominal organs like the stomach, intestines and liver could be increasing people's risk of heart disease, a new study says.

Excessive amounts of this hidden fat — also called visceral fat — is tied to faster aging of the heart, researchers report in the *European Heart Journal*.

This fat can't be seen from the outside, and some people can have large amounts of visceral fat even if they have a healthy weight, researchers noted.

"Our research shows that 'bad' fat, hidden deep around the organs, accelerates aging of the heart," senior researcher **Dr. Declan O'Regan**, a professor at the MRC Laboratory of Medical Sciences at Imperial College London, said in a news release.

"But some types of fat could

protect against aging — specifically fat around the hips and thighs in women," he added.

For the study, researchers analyzed data from more than 21,000 participants in the UK Biobank, a large-scale health research project taking place in the United Kingdom.

MRI scans were used to detect fat deposits in participants' bodies, and to examine their heart and blood vessels. Each person was given a "heart age" — the apparent age of their heart and circulatory system given signs of wear and tear.

Results showed that faster heart aging was linked to having more visceral fat deep inside the organs.

"While being active is important, we found that hidden



fat could still be harmful even in fit people," O'Regan said. Blood tests indicated that visceral fat is linked to

increased inflammation in the body, which might cause this premature aging.

The results also pointed to differences between men and women.

"Apple-shaped" fat distribution around the belly was strongly related to accelerated heart aging in men.

But "pear-shaped" distribution on the hips and thighs appeared to protect women against heart aging. These fat deposits are known to produce the female hormone estrogen, and higher levels of estrogen are associated with slower heart aging in women, researchers said.

"We have known about the

apple and pear distinction in body fat, but it hasn't been clear how it leads to poor health outcomes," O'Regan said.

The study also found body mass index (BMI) lacking as a means of tracking heart health. BMI is an estimate of body fat based on height and weight.

"We also showed that BMI wasn't a good way of predicting heart age, which underscores the importance of knowing where fat is stored in the body and not just total body weight," O'Regan said.

Researchers next plan to see whether weight loss through use of GLP-1 drugs like **Ozempic** might affect visceral fat deposits and heart health effects.

New GLP-1 Pill Helps People Lose 23 Pounds in Study

Eli Lilly says its new once-daily pill, **orforglipron**, helped people lose significant weight and lower blood sugar in a late-stage clinical trial.

The company plans to seek global regulatory approval later this year.

The study included people with overweight, obesity and **type 2 diabetes**. Participants who took the highest dose of the drug (36 milligrams) lost an average of 22.9 pounds — about 10.5% of their body weight — after 72

weeks. The pill also lowered A1C levels — a measure of blood sugar control — by 1.8% on average, *CNN* reported.

Those results, which have not been peer-reviewed, were lower than weight loss figures **announced** earlier this month, when the company reported that the highest dose helped patients shed an average 27.3 pounds, or 12.4% of their body weight.

Unlike **Rybelsus**, the only



semaglutide pill currently available, orforglipron doesn't require strict fasting or limited water intake.

The pill offers an alternative to injections, which some people find difficult or unpleasant.

Eli Lilly says side effects were mostly mild to moderate, with upset stomach being the most common.

If approved, orforglipron could offer millions of people with obesity or type 2 diabetes another

treatment option. The company is also testing whether the pill may help with other conditions, including high blood pressure and sleep apnea.

With earlier promising trial results, the company has been mass-producing the pills for months.

"That way, we'll have adequate supply to meet demand," **Dr. Dan Skovronsky**, Lilly's chief scientific officer, told *CNN*.

Roll Up Your Sleeve: Flu Shot Season is At Hand

With a longtime vaccine critic leading the nation's health departments, you might be wondering whether there's a new **flu** shot this fall.

There is — and Health and Human Services Secretary **Robert F. Kennedy Jr.** says most Americans should get it.

He's basing that recommendation on the advice of a board he appointed to advise the federal government on vaccines.

The U.S. Centers for Disease Control and Prevention (CDC) says people 6 months old and up should get a flu shot. That's pretty much the same advice the CDC has given in the past.

This year's version of the flu vaccine should be widely available soon, according to *KFF*

Health News. No shortages are anticipated.

So when should you roll up your sleeve?

The best time to take the jab is September, October or early November, doctors say. That not only gives your body time to build up antibodies as outbreaks begin, it also helps ensure your protection won't disappear before flu season ends.

Dr. William Schaffner, a professor of infectious diseases at Vanderbilt University Medical Center in Nashville, Tennessee, told *KFF* that flu outbreaks typically peak in February.

This year's flu vaccine protects against two influenza A viruses and one influenza B virus. Scientists tweaked the formula, as recommended by the **World**



Health Organization, to target a specific strain of the A/H3N2 virus that is expected to circulate this season.

As always, though, other strains may emerge. Sometimes the shot is a good match for the virus; other times, it's been less so.

In other words, *KFF* noted, a flu shot is not guaranteed to protect against the influenza strain that emerges each winter.

Instead, the vaccine is intended to help keep people out of the hospital or the intensive care unit and prevent deadly infections.

Very young children, pregnant women, the elderly and folks with weakened immune systems and some chronic health conditions, including diabetes and heart

disease are at higher risk for complications.

"A flu vaccine may not guarantee perfect protection against the flu, but skipping your flu shot simply guarantees you'll have no protection at all," said **Dr. Benjamin Lee**, a pediatric infections disease specialist at the University of Vermont Children's Hospital in Burlington.

While this year's flu shot is expected to be available in ample supply, future seasons could be different, *KFF* reported.

Kennedy recently canceled funding for development of mRNA vaccines, including one that would have combined flu and COVID shots. There are no currently approved mRNA flu shots.

You could have a genetic risk of a heart attack and not know it

You could be at risk of a heart attack and have no clue. If you have high levels of a fatty particle or lipoprotein, you have a higher risk of blood clots, plaque in your heart, and stroke or heart attack, Laurie McGinley and Alix Pianin report for the [Washington Post](#).

Your lipoprotein or Lp(a) level is similar in some ways to your LDL. But a high Lp(a) level puts you at added risk of stroke or heart attack. And, people in their 40s and 50s share that risk with people in their 60s and older.

Roughly one in five Americans are at risk of having a high Lp(a), 65 million people in the US alone. Black Americans of African

descent are disproportionately at risk of a high Lp(a) level. But, everyone is at some risk.

A high Lp(a) also increases your risk of vascular disease. But, too often, physicians don't appreciate the risk of a high Lp(a) level. And, they don't generally test for it.

The Lp(a) test is similar to a cholesterol test. A normal level is below 75. A level above 125 puts you at high risk.

Part of the reason physicians don't test for Lp(a) levels is that physicians don't know how to treat patients with a high Lp(a).

As a general rule, people with high levels are born with a gene



that drives up their level of Lp(a). Exercise and diet won't help them.

Unfortunately, prescription drugs won't help them either.

That said, if your Lp(a) level is high and your LDL level is high, experts recommend you reduce your LDL level to 55 through lifestyle changes, weight loss, and medicines. Some people get [apheresis](#), a procedure in which a machine removes Lp(a) and LDL cholesterol from their blood. But, apheresis is costly, and insurance usually won't cover it.

Drugs in development are showing signs of being able to

reduce people's Lp(a) levels significantly—sometimes as much as 94 percent. The open question is whether these drugs also lower people's risk of heart attacks and strokes. If they do, the FDA will need to approve these drugs before they are marketed.

Drugs that treat people with high Lp(a) levels could be available in the US in the next two years. But, unlike in Europe, testing for everyone is not the norm in the US. In the US, testing is usually only done for people with heart disease.

Most Americans Unaware Of Signs Of Hip Problems

Do you have a nagging pain in your knees, groin, thigh or back?

These symptoms might mean there's a problem with something seemingly unrelated — your hip.

Most people don't realize that hip problems can manifest as pain in other parts of the lower body, experts with Ohio State University Wexner Medical Center in Columbus said in a news release.

Nearly 3 of 4 Americans (72%) aren't aware knee pain can be a sign of a hip problem, according to a new Ohio State poll.

Likewise, 69% don't link groin pain and 66% thigh pain to

problems rooted in the hip, poll results show.

"Patients will be referred to me for knee pain," [Dr. Matthew Beal](#), an

orthopedic surgeon at Wexner, said in a news release.

"When I examine the patient, I will rotate their hip and the patient will feel pain," he said. "We'll also do X-rays to determine arthritis in the hip and if a replacement would be beneficial."

About 71% of Americans know that a "catching" or clicking sensation in the hip is a sign of problems.



In addition, 59% recognized trouble bending or tying shoes as a sign of hip problems, and 53% linked lower back pain to a bum hip, the poll found.

But only 45% said night pain or difficulty sleeping is a sign of hip problems.

The survey also found that 4 of 10 people respond to unexplained pain by just "pushing through it," and more than half (52%) rely on over-the-counter pain meds for relief.

Ohio State experts said it's important to see a doctor regarding unexplained pain, so the

source can be diagnosed and addressed.

"Although hip replacement surgery may sound daunting, it's actually one of the easiest procedures to recover from," Beal said. "Getting up and walking after the surgery can serve as ample physical therapy for most patients."

For the survey, 1,004 people were polled online and by phone between June 6 and 9. The margin of error is plus or minus 3.5 percentage points.... [Read More](#)

Heart Patients Urged To Seek Vaccination For Common Infectious Diseases

It is vital that people with heart disease get vaccinated against common infectious diseases like [COVID-19](#), [influenza](#) and [RSV](#), a new clinical guideline says.

Vaccination can protect the heart health of people who've been diagnosed with heart disease, says the new guidance from the American College of Cardiology (ACC).

"Vaccination against communicable respiratory diseases and other serious diseases is critical for people with heart disease, but barriers exist to ensuring people are educated on which vaccines to get, how often to get them and why they are important," said [Dr. Paul Heidenreich](#), chair of the ACC writing committee for the new guidelines.

"With this document, we want

to encourage clinicians to have these conversations and help their patients manage vaccination as part of a standard prevention and treatment plan," he added in a news release.

The ACC guidelines come in the midst of a radical restructuring of the U.S. system of vaccination by the Trump administration.

In particular, COVID vaccines have come under scrutiny, with the administration limiting the groups for which the jabs are recommended.

People with heart disease are more vulnerable to infection from respiratory viruses, and have a higher risk of severe illness, hospitalization and death from infection, the ACC paper says.

Research has shown that vaccines are highly effective in reducing these risks, but only 30% of primary care docs are assessing



patients' vaccination status during clinic visits, the ACC says.

The guidelines recommend:

- ◆ An annual flu vaccine for all adults to reduce the risk of heart problems and death.
- ◆ A one-time pneumococcal vaccine for adults 19 and older with heart disease, to protect against [pneumonia](#) and meningitis.
- ◆ COVID-19 vaccination to reduce risk of severe infection, death, heart attack, myocarditis, [stroke](#), atrial fibrillation and long COVID.
- ◆ A single dose of RSV vaccine for adults 50 to 74 with heart disease, and in all adults 75 or older.
- ◆ A two-dose course of the [shingles](#) vaccine to

protect people 50 and older against stroke and heart attack, as people with heart disease are at greater risk of shingles infection.

The guidelines acknowledge that myocarditis — inflammation of the heart muscle — has been observed as a rare side effect of COVID-19 vaccination, but noted that the risk of this heart problem is less than the risks posed by COVID infection.

"The increase in myocarditis with mRNA vaccination has been estimated at 1 to 19 cases per 1,000,000 persons after the first two doses," the paper says. "The course of vaccine-associated myocarditis is more benign than COVID-19 infection—related myocarditis, with almost universal complete recovery for those with vaccine-associated myocarditis."... [Read More](#).

Rats walk again after breakthrough spinal cord repair with 3D printing

Scientists have pioneered a new way to help repair spinal cord injuries by combining 3D printing, stem cell technology, and lab-grown tissues.

For the first time, a research team at the University of Minnesota Twin Cities demonstrated a groundbreaking process that combines 3D printing, stem cell biology, and lab-grown tissues for spinal cord injury recovery.

The study was recently published in *Advanced Healthcare Materials*, a peer-reviewed scientific journal.

According to the National Spinal Cord Injury Statistical Center, more than 300,000 people in the United States suffer from

spinal cord injuries, yet there is no way to completely reverse the damage and paralysis from the injury. A major challenge is the death of nerve cells and the inability for nerve fibers to regrow across the injury site. This new research tackles this problem head-on.

The method involves creating a unique 3D-printed framework for lab-grown organs, called an organoid scaffold, with microscopic channels. These channels are then populated with regionally specific spinal neural progenitor cells (sNPCs), which are cells derived from human adult stem cells that have the capacity to divide and differentiate into specific types of



mature cells.

"We use the 3D printed channels of the scaffold to direct the growth of the stem cells, which ensures the new nerve fibers grow in the desired way," said Guebum Han, a former University of Minnesota mechanical engineering postdoctoral researcher and first author on the paper who currently works at Intel Corporation. "This method creates a relay system that when placed in the spinal cord bypasses the damaged area."

rats with spinal cords that were completely severed. The cells successfully differentiated into neurons and extended their nerve fibers in both directions -- rostral (toward the head) and caudal

(toward the tail) -- to form new connections with the host's existing nerve circuits.

The new nerve cells integrated seamlessly into the host spinal cord tissue over time, leading to significant functional recovery in the rats.

"Regenerative medicine has brought about a new era in spinal cord injury research," said Ann Parr, professor of neurosurgery at the University of Minnesota. "Our laboratory is excited to explore the future potential of our 'mini spinal cords' for clinical translation." [Read More](#)

Breath Test For Diabetes Under Development

Detecting diabetes might soon be as easy as breathing into a device, a new study says. An experimental breath test sorted out **type 2 diabetes** patients from healthy people, based on their exhalations, researchers report in the September issue of the *Chemical Engineering Journal*.

"This sensor only requires that you exhale into a bag, dip the sensor in and wait a few minutes for results," senior

researcher **Huanvu "Larry" Cheng**, an associate professor of engineering science and mechanics at Penn State, said in a news release.

If validated, this test could prove simpler than the complicated blood testing and lab work now required to diagnose diabetes, researchers said.

Of the 37 million adults with diabetes in the U.S., about 1 in 5 isn't aware that they have the



condition, researchers said in background notes.

The sensor detects acetone, a chemical byproduct of energy production in the human body.

Everyone's breath contains acetone, but elevated acetone levels indicate that a person has diabetes, researchers said.

Researchers exposed the sensor to the breath of 51 people with type 2 diabetes and 20 healthy

volunteers, all of whom exhaled into aluminum foil bags.

The sensor responded differently to people with type 2 diabetes, results showed.

Further, the sensor response tracked with the participants' blood sugar levels. This shows that with work, the sensor might be powerful enough to help track blood sugar levels on a regular basis, rather than just as a simple test for diabetes, Cheng said. [Read More](#)

Firearm-Related Suicides Increasing Among Senior Women

Senior women are becoming more likely to use a gun to end their lives, a new study says.

Firearms are the leading method of suicide among seniors 65 and older, especially men, researchers say. In fact, senior men are 13 times more likely to kill themselves with a gun than senior women.

But suicides by gun are increasing rapidly among older women, according to research published Aug. 25 in *JAMA Network Open*.

Guns were involved in nearly 40% of suicides among senior women in 2023, up from about 35% in 2014, researchers report.

"We found alarmingly high proportions of firearm suicides to all suicides among both older women and older men, and the trend among older women outpaced that of older men," lead researcher **Ziming Xuan** said in a news release. He's a professor of

community health sciences at the Boston University School of Public Health.

Women represent nearly half of all new gun owners in the United States, and suicide prevention strategies will need to adapt, researchers said.

For the study, researchers analyzed suicide data for seniors 65 and older from 2014 through 2023 kept by the U.S. Centers for Disease Control and Prevention (CDC).

There were 63,559 suicide deaths by firearms during that period, with men accounting for more than 91% of the fatalities, results show.

Among women, firearm suicides increased by about 5 percentage points during that period, while gun-related suicides among men remained relatively stable.

In 2023, firearms accounted for nearly 78% of suicides among



U.S. senior men, while in 2014 the rate was 77%.

"Firearms have become a disturbingly common method of suicide for older adults, both men and women," said senior researcher **Mark Kaplan**, a research professor of social welfare at the UCLA Luskin School of Public Affairs.

"When firearms are involved, older adults are less likely to survive a suicide attempt, as the chances of rescue in these situations are significantly reduced," he said in a news release.

State-by-state, firearm suicides among seniors vary substantially, with southern states having the highest proportions of suicides by gun, results show.

Alabama and Mississippi had the nation's highest rates for both men (93% and 91%) and women (68% in both states), researchers found.

"States with stricter firearm laws, such as New Jersey, New York, Massachusetts and California, tended to have fewer firearm-related suicides among older adults," Kaplan said.

Doctors should be attuned to any mental health problems like depression among seniors and be ready to address their suicide risk, Kaplan said.

"Health care providers should engage older patients experiencing depression or suicidal thoughts by inquiring about their access to firearms," Kaplan said. "Open discussions regarding firearm safety can be a crucial step in ensuring their well-being."

If you or someone you know is struggling or in crisis, confidential, free help is available from the 988 Suicide and Crisis Lifeline. Call or text 988 or chat 988lifeline.org.