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!!!"

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Message from Alliance *for* Retired Americans Leaders

Alliance Thanks President Biden for his Service to the Nation

Robert Roach, Jr
President, ARA

Following his decision not to seek reelection, the Alliance joined dozens of labor unions, organizations and elected leaders in **expressing** heartfelt gratitude to President Joe Biden for his service to the nation and dedication to the labor movement.

"We respect his decision and deeply appreciate his lifelong service and leadership," said Robert **Roach, Jr., President of the Alliance**. "His accomplishments on behalf of older Americans are beyond comparison. He strengthened Social Security and Medicare, lowered drug prices and protected the pension benefits we have earned. Seniors could not have asked for anything more."

Roach added that President Biden is giving the country the opportunity to cement his legacy.

"He is a great American who is putting our country before himself," Roach said. "We need more American leaders who put patriotism and service to others first."

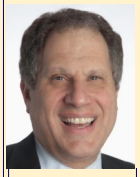
"There is more work to do, and we will continue to work with President Biden to make a difference for older Americans for the next six months," said **Richard Fiesta, Executive Director of the Alliance**. "We're just weeks away from the Centers for Medicare and Medicaid Services (CMS) publishing the negotiated maximum fair prices for drugs selected for the first round of Medicare drug price negotiations under the Inflation Reduction Act. That will be a game-changer for millions of Americans who will save thousands of dollars a year at the pharmacy counter."

SSA Makes Progress on Addressing Supplemental Security Income Underpayments

The Social Security Administration (SSA) **has taken action** to greatly reduce the amount of time that Supplemental Security Income (SSI) recipients must wait for underpayments. SSA Commissioner Martin O'Malley shared that his agency is taking unprecedented strides to ensure SSI recipients get the payments they deserve.

SSI provides monthly payments to Americans with disabilities, older Americans, blind Americans, and Americans who have little or no income. Over 55% of people who receive SSI have no income but the monthly SSI payments. Underpayments are typically payments from the time of applying for SSI to the date the application is approved.

O'Malley said that from 2019-2023, underpayments have represented less than 1% of all SSI payments. Though the underpayments do not make up a large portion of total payments, they are a critical issue, because people who are underpaid are already suffering financial hardship and any delay can drastically increase their struggles.



Rich Fiesta,
Executive
Director, ARA

In March 2024, the SSA updated a policy that had not been updated since 1992, increasing the amount an underpayment must reach to receive a peer review from $5,000 to $15,000. This means that now, all underpayments under $15,000 can be released without peer review, considerably reducing the amount of time it takes for SSI recipients to receive their payments.

As of June 2024, SSA has released $901 million in SSI underpayments, which includes $209.1 million of underpayments to roughly 81,000 people - the oldest and highest priority cases.

"Updating the underpayment threshold from $5,000 to $15,000 is a major step toward ensuring disabled, low-income, and older Americans receive the monthly payments they need," said **Executive Director Fiesta**. "We thank Commissioner O'Malley for his leadership on this issue."

NIRS: 87% of Americans Say Congress Needs to Act Now to Address Social Security Funding

A **study** released Monday by the National Institute on Retirement Security (NIRS) found that Americans overwhelmingly support immediate action to address shortfalls in Social Security funding. Across gender, age, and party affiliation, these results remain the same.

The latest forecasts from the Social Security trustees estimate that the trust fund will be depleted in 2033. At that point, Social Security will still be able to pay benefits but benefits will be limited to the amount covered by payroll tax revenues. This would mean an approximately 20% benefit cut for all current and future beneficiaries.

The national study found that overwhelming majorities of Americans, regardless of political party, want Congress to act now, rather than kicking the problem down the road and dealing with it in ten years. Additionally, the study found that 87% of Americans agree that Social Security should remain a priority for the nation no matter the state of budget deficits.

A majority of those surveyed also said they would support higher payroll taxes to ensure the long-term solvency of Social Security.

"Nearly all retirees receive at least some income from Social Security each month, and for some retirees nearly 90 percent of their income in retirement will come from Social Security," said Tyler Bond, NIRS research director and research co-author. "Given Social Security's central role in the financial security of so many seniors, it's not surprising that our research finds enormous bipartisan support for the program."

Bond stressed that there are pragmatic solutions to shore up Social Security's financing, but bipartisan action to bolster the program is lacking.

"It's no surprise that Americans want Congress to protect and strengthen Social Security. They are our earned benefits," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance.** "Congress needs to take strong action and ensure the wealthiest Americans finally pay their fair share into the system so it will be there for all current and future retirees."

Joseph Peters, Jr.
Secretary
Treasurer ARA

….**Read More**

ADD YOUR NAME

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

Reporting Medicare fraud & abuse

Medicare fraud and abuse can happen anywhere. It's important that you protect your Medicare number and other personal information, and check your Medicare claims regularly so you don't become a victim. What are some examples of Medicare fraud?

To help spot and prevent Medicare fraud and abuse:

- Compare the dates and services on your calendar with the Medicare statements you get to make sure you got each service listed and that all the details are correct.
- Know **what a Medicare health or drug plan can and can't do** before you join.
- Learn more about Medicare and **recent scams**.

If you suspect fraud call 1-800-MEDICARE (1-800-633-4227) or online:

If you have a Medicare Advantage Plan or Medicare drug plan you can also call the Investigations Medicare Drug Integrity Contractor (I-MEDIC) at 1-877-7SAFERX (1-877-772-3379). What information should I have ready when I call?

Protect yourself from medical identity theft

Medical identity theft is a serious crime that happens when someone uses your personal information without your consent to commit Medicare fraud or other crimes. Use the following tips to protect yourself from becoming a victim.

Do:

- Protect your Medicare Number and your Social Security Number.
- Guard your Medicare card like it's a credit card.
- Become familiar with **how Medicare uses your personal information**. If you join a Medicare health or drug plan, the plan will let you know how it will use your personal information.
- Check the receipts and statements you get from providers for mistakes, and call your provider's office if you think a charge is incorrect. The person you speak to may be able to help you understand the services or supplies you got, or they may realize a billing error was made.
- Remember that Medicare will never call you to sell you anything or visit you at your home. Medicare, or someone representing Medicare, will only call and ask for personal information in limited situations:
  - A Medicare health or drug plan may call you if you're already a member of the plan. The agent who helped you join can also call you.
  - A customer service representative from 1-800-MEDICARE can call you if you've called and left a message or a representative said that someone would call you back.
  - If you filed a report of suspected fraud, you may get a call from someone representing Medicare to follow up on your investigation.

Report Identity Theft

Don't:

- Give your Medicare card, Medicare Number, Social Security card, or Social Security Number to anyone except your doctor or people you know should have it (like insurers acting on your behalf or people who work with Medicare, like your
- State Health Insurance Assistance Program (SHIP)
- **Get the contact information for your local SHIP.**
  - **What do I do if my card is lost, stolen, or damaged?**
- Accept offers of money or gifts for free medical care.
- Allow anyone, except your doctor or other Medicare providers, to review your medical records or recommend services.
- Join a Medicare health or drug plan over the phone unless you called us.

Medicare Coverage Would Change Under New Bill

A new bill would see **Medicare coverage** change for millions of Americans by offering **at-home care services**.

Democratic U.S. Congressman Pat Ryan of New York proposed the Improving Access to Emergency Medical Services for Seniors Act, which would add coverage to at-home **treatment** for minor health issues under Medicare.

The bill calls to create a "treatment-in-place model," which would effectively end the rule that Medicare patients must be transported to a hospital to receive program reimbursement. The bill also seeks broadened compensation for emergency responders and to lessen the burden of Medicare costs on taxpayers.

"Our grandparents, neighbors, and friends are safer and healthier because of the dedicated care paramedics and EMTs provide to our community," Ryan said in a statement. "They deserve to be compensated—no matter where they administer care." "Emergency Medical Services providers are at the frontline of delivering care and transportation in rural America," GOP Representative Carol Miller of West Virginia, one of the representatives who backs the bill, said in a statement.

"In West Virginia, many patients live hours from a hospital and must consistently rely on EMS for treatment. Our EMS personnel are equipped to provide care to patients that may not be in a dire medical situation, rather than spend precious time and resources on transporting non-emergency patients to a hospital emergency department."

Several organizations, from the National Rural Health Association to the International Association of Fire Chiefs, have come out in support of the proposed Medicare change.

"The bill Representative Ryan is leading is dealing with an issue that is continually gaining traction and rightfully so," Alex Beene, financial literacy instructor at the University of Tennessee at Martin, told *Newsweek*. "Many seniors, especially those in rural areas, are encountering fewer facility options for healthcare. Hospitals and clinics in their area have seen closures and reduction of hours, and for some patients dealing with significant issues, it can be difficult to leave their home to receive care."

If seniors—the ones who benefit from Medicare—have the treatment-in-place option, they could see lower costs and better health outcomes, experts say.

Seniors make up a substantial portion, or 20 percent, of emergency room visits.

"This proposal looks to extend Medicare services to be more inclusive of at-home care for a population that desperately needs it," Beene said. "The question, as always, is will other legislators see the vast benefits this could provide Medicare recipients or will they favor on the side of more restrictions."

Medicare has undergone other changes as of late, most recently proposing coverage of digital therapy services for the first time. Doctors would be reimbursed for the subscription and app fees for digital mental health services. Depending on the case, providers could be reimbursed from $10 to $110 monthly per patient.

"Simply put, it's time," Beene said. "We know many seniors are more tech savvy than past generations in their age group and being able to access digital mental health services can be a real difference maker depending on their situations. This would allow for more flexibility in how and when they can access these crucial services."

Who is eligible for both Medicare and Medicaid?

Health care expenses often increase as people age, due to more health challenges and care needs.

According to the Centers for Medicare & Medicaid Services, U.S. adults ages 65 and over each spent $22,356 on **personal health expenses** in 2020. That's almost 2.5 times higher than expenses for younger adults ($9,154).

How can you pay those expenses? Medicare and Social Security benefits cover some costs, and those with savings and long-term care insurance can use them to pay for health expenses.

If you need more help, those on Medicare (and any eligible individual) with very limited financial resources may qualify for **Medicaid** to pay for health costs not covered by Medicare.

Approximately 13 million people received health coverage under both Medicare and Medicaid in 2021, according to KFF analysis. These individuals are considered "dual-eligible" and qualify for partial or full Medicaid benefits in addition to Medicare.

Eligibility requirements for Medicare and Medicaid

Anyone 65 or older can qualify for Medicare, but to qualify for partial or full Medicaid benefits, you need to meet income and asset requirements.

The income limits for partial Medicaid benefits (such as **Medicare Savings Programs**] are based on the federal poverty level.

These are the limits, in 2024, to receive **partial benefits from Medicaid**, which may include coverage of any premiums for Medicare **Parts A** and **B**, as well as any co-pays or deductibles for services and items covered by Medicare:

- Individual monthly income limit: Ranges from $1,275 to $1,715. Asset limit: $9,430 Income limits are slightly higher in Hawaii and Alaska.
- Married couple monthly income limit: Ranges from $1,724 to $2,320. Asset limit: $14,130

For the partial benefit calculation, income includes monthly Social Security payments, says Alice Burns, the Associate Director of the Program on Medicaid & Uninsured at KFF. **Assets** include money in a checking, savings, or retirement account, as well as stocks and bonds. States typically exempt other types of assets, including your home, one car, a burial plot, up to $1,500 for burial expenses, furniture, and other household items.

Income limits for full Medicaid vary both across and within states. Most commonly, they are based on **Supplemental Social Security Income (SSI)**, which limits people to **$943 per month** in income and up to $2,000 in savings and other financial assets.

The services covered also vary by state, says Burns, and may include long-term nursing home care, home health care services to help with daily living activities, dental and vision care, and more.

If you're not sure if you qualify, consider getting some assistance. "I always recommend contacting an attorney who specializes in geriatrics and the state Medicaid rules," says Diane Omdahl, author of *Medicare for You* and cofounder of the Medicare advisory firm **65 Incorporated**.

Non-financial eligibility requirements

In addition to meeting the **financial requirements**, Medicaid beneficiaries typically must be residents of the state where they receive Medicaid. They must also be U.S. citizens or lawful permanent residents.

To learn the Medicaid eligibility requirements for your state, check with your **state Medicaid agency**.

Types of plans for those who are dual-eligible

Both traditional Medicare and **Medicare Advantage plans** can be paired with Medicaid for those who are dual-eligible. In addition, a growing number of people are signing up for Medicare Advantage plans created specifically for those who are dual-eligible.

According to KFF, **5.2 million dual-eligible** individuals were enrolled in **Medicare Advantage Dual-Eligible Special Needs Plans (D-SNPs)** in 2023. D-SNPs generally **provide benefits not offered through traditional Medicare and typically charge no premiums.**

Social Security Login Changes Taking Effect Soo

Social Security online users will soon have to create **Login.gov** accounts if they don't already have them. The Social Security Administration is **transitioning all users** who made their accounts before September 18, 2021, to the Login.gov platform. Any beneficiary who already has a Login.gov account doesn't need to take any action.

SSA says the change aims to simplify the sign-in process, while providing more secure access to online services. "my Social Security is a safe and secure way for people to do business with us," said Social Security Commissioner Martin O'Malley. "We're excited to transition to Login.gov to access our online services, streamlining the process and ease of use for the public across agencies."

Login change will provide better security

Login.gov is a website run by the federal government to authenticate the identity of online account holders. Users who aren't using it or another government-approved authenticator, such as ID.me, will be required to do so in the coming months.

This applies if you created an account with Social Security prior to September 18, 2021, and if y ou sign in with a username versus your email address. Starting September 2024, these accounts will be retired, so you should consider setting up an account with Login.gov or ID.me sooner rather than later.

The other option for authentication, ID.me, is also safe and secure.

This **company** has partnered with 16 federal agencies to facilitate a login service and is the only option for accountholders outside the U.S.

How to update your login

For users who do not currently use Login.gov, switching over an account can be easily done when logging into my Social Security. After logging in on the my Social Security website with your username and password as usual, users with soon-to-be outdated accounts will be given an option to transfer over to the Login.gov system. They will then need to set up a **second authentication method**.

Once you link your account, a confirmation message will be shown, and your Login.gov credentials can be used to sign in to my Social Security in the future.

Why you should have a "my Social Security" account

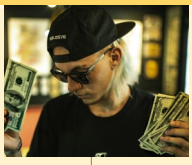
Whether you're eligible for benefits or still decades away from retirement, creating a my Social Security account with the SSA is a great idea. my Social Security accounts are free, secure and can help you with many tasks. It can help you **estimate your benefits**, track your earnings history, or **request a replacement** Social Security card.

With an account, you can choose to get available notices online instead of by mail and can choose to receive alerts by email or text when you have a notice available. Getting available notices online means not needing to wait for it to arrive in the mail or the notice getting lost, misplaced or stolen.

Tip: Prevent fraud and identity theft by claiming your account. If **criminals obtain your Social Security number**, they may try to open a my Social Security account in your name and redirect your benefits to an account they control. But if you open your my Social Security account now, you can help prevent this scenario, since any individual you can only have one my Social Security account open per Social Security number.

...**Read What can you do with a my Social Security account?**

FTC criticizes Rx middlemen in new report



In a health care world filled with insane prices and complexities, the prescription drug middlemen, sometimes called **Pharmacy Benefit Managers or PBMs**, are at the top of the "is this even possible" list. The Federal Trade Commission or FTC criticizes PBMs sharply in a new 71-page report, reports Reed Abelson and Rebecca Robbins for **The New York Times**. Only when the government negotiates prescription drugs prices will we see fair prices for prescription drugs; PBMs would cease to exist.

So that we're all on the same page: In a better world, PBMs would negotiate lower drug prices from pharmaceutical companies so that health insurance companies could pass on those savings to their members. In our world, the big health insurance companies own the PBMs and pocket all or most of the savings for themselves. Insured Americans end up **paying more for their drugs in many cases than people without insurance**. Sometimes, their insurers direct them to use higher cost brand-name drugs (because the pharmaceutical manufacturers pay the PBMs a fair bit to steer people to those drugs); people's insurers might not even offer the generic substitute or do so at a higher copay.

PBMs keep drugs prices so high that, in many instances, even with a Medicare Part D prescription drug benefit, you will pay less for the full cost of your prescription from Costco or using **GoodRx than the Part D copay**. PBMs also sometimes overcharge people for the cost of drugs.

What the FTC says: "[T]hese powerful middlemen may be profiting by inflating drug costs and squeezing Main Street pharmacies." They "wield enormous power and influence" and their practices "can have dire consequences for Americans." The only quibble I have with that statement is the "may be;" PBMs profit substantially from these tactics.

The FTC has not sued a PBM yet. But, the PBMs and the big insurers who own them have taken notice and now worry that they will be sued for anticompetitive conduct. Until there's a Democratic majority in both houses of Congress and a Democratic president, it seems unlikely that our federal government will block their bad behavior. The Republicans appear to have no interest in reducing drug prices.

Who owns the three biggest PBMs? CVS Health owns Caremark, UnitedHealth Group owns Optum Rx and Cigna owns Express Scripts. These three PBMs control about 80 percent of the prescription drug market in the US….**Read More**

HOW WE PROTECT YOU FROM MISLEADING ADVERTISING AND COMMUNICATIONS

Social Security works with our Office of the Inspector General (OIG) to protect you from scams that use Social Security as bait. *Section 1140 of the Social Security Act* allows OIG to impose severe penalties against anyone who engages in misleading Social Security-related advertising or imposter communications.

OIG may impose a penalty against anyone who:

- Mails misleading solicitations that appear to be from or authorized by Social Security.
- Operates an imposter website or social media account designed to look like it belongs to or is authorized by Social Security.
- Sends emails or text messages or makes telephone calls claiming to be from Social Security.
- Sells Social Security's free forms, applications, and publications without our written approval.
- Charges a fee for a service that Social Security provides free of charge without providing a clearly visible notice that Social Security provides the service for free.

If you receive a misleading or suspicious Social Security-related advertisement, phone call or email, you should let us know right away. Try to capture as many details as you can.

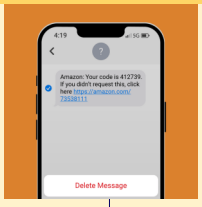
Here's what you can do:

- For suspicious websites or social media accounts, please take a screenshot of the page. Note the website address or social media link – and how you came across it.
- For emails and text messages, capture the entire message and any links or attachments.
- For mail, retain the complete communication, including the outside envelope and all inserts.
- For telephone solicitations, note the caller identification phone number and any company name or call back number provided by the caller or recorded message.

You can help us stop misleading advertising and communications. We encourage you to report possible scams to the OIG at **oig.ssa.gov/report**. You can also call our fraud hotline at 1-800-269-0271 or send an email to **OIG.1140@ssa.gov**.

To learn more, check out our publication, *What You Need to Know About Misleading Advertising*, at **www.ssa.gov/pubs/EN-05-10005.pdf**. You can also review Section 1140 at **www.ssa.gov/OP_Home/ssact/title11/1140.htm**.

Why it's not rude to ignore "hi, how are you?" text messages from strangers



A text message from an unknown number that simply says: hi, how are you? seems harmless. Your first instinct might be to respond to see if it's someone you know. Or maybe tell them they made a mistake. But it's best to ignore these type of text messages. Scammers are using this tactic as a conversation starter, so don't text back. If you do, here's what happens next.

The person (a scammer) on the other end of the text will probably apologize…and find a way to keep the conversation going to befriend you. Then, once they have your trust, they'll try to offer you advice on investing in cryptocurrency or claim they can teach you the secrets to making big money in the crypto markets. For a fee, of course. But it's all a scam and they'll just steal your money.

Even if you just reply to the text but don't engage in conversation, you've still confirmed they reached a working telephone number. Which could lead to more calls and texts from scammers.

What's the best way to avoid scams if you're getting messages from numbers you don't recognize?

- **Don't reply to text messages from unknown numbers**. It could lead to a scam. Delete and report them using your phone's "report junk" option or forwarding unwanted texts to **7726 (SPAM)** and unwanted emails to your **email provider**.
- **Never click links in an unexpected message**. Some links might steal your information, or install malware that gives scammers access to your device.
- **Don't trust anyone who says you can quickly and easily make money**. Every investment has risks. Only scammers guarantee you'll make lots of money in a short time with zero risk.

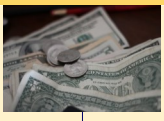
Have you lost money to a scam like this? Tell the FTC at **ReportFraud.ftc.gov**.

Nearly half of Americans can't afford their health care

Time passes and health care costs rise, as do the number of Americans who can't afford their health care, according to a new Gallup and West Health poll, reports Aimee Picchi for **CBS News**. Not surprisingly, people of color are struggling most to pay for their care, as are people in their 50's and early 60's, who are not yet eligible for Medicare. But, eight percent fewer people over 65 are able to afford their care now than just two years ago.

Only about 55 percent of Americans between the ages of 50 and 64 are "cost secure." They can afford care and prescription drugs. But, that percentage is dwindling quickly. Two years ago, 61 percent reported being "cost secure.

Even with Medicare, just 71 percent of people are cost secure, down from 79 percent in 2022.



Younger adults are the least cost secure. Fewer than half of them (47 percent) can afford their health care, down five percent from two years ago.

The new poll found that 45 percent of respondents reported skipping care or not filling their prescriptions because of the cost or an inability to get them. Eight percent of those people said that if they needed care now, they would not be able to get it at an affordable cost. Gallup termed these people "cost desperate."

Around one in three U.S. adults, more than 72 million people, said that they had not got care they needed in the past three months because of the cost. Of those 72 million, more than eight million are 65 or older.

Black and Hispanic Americans are increasingly cost desperate. About one in seven Hispanic adults and one in nine Black adults are cost desperate. Seven percent of White adults are cost desperate.

What's causing this increase in the number of Americans who can't afford their care? Inflation has driven up health care costs. And, doctors and hospitals can charge pretty much what they please, with little accountability. Moreover, insurers keep increasing their deductibles, the amount people must pay out of pocket before their insurance coverage kicks in.

In 2022, the typical insurance deductible for a family was $3,800. That deductible reflects more than a 50 percent increase ($1,300) from 2013.

Overwhelmingly, Americans believe that health care costs too much and they are not getting bang for their buck. But, they are not advocating for Medicare for all or even a government-regulated system that sets prices for health care services, which would bring their costs down.

People are eating less to pay for their prescription drugs. We don't know how many are dying prematurely because they **can't afford their heart and other medicines**, but it's a good bet thousands are each year.

Today, the average annual cost of health care in the US per person is $12,555. In Germany, Italy and France, the average annual cost is around $6,651, almost half of what we spend.

Insurers are keeping people from getting the health care they need. They deny and delay care inappropriately. They refuse to pay for medically necessary services.

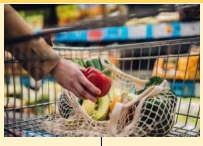
Medicare Grocery Allowance: What to Know

A Medicare grocery allowance can help seniors maintain a healthy diet and save money. Learn who's eligible and how this benefit works.

If you feel like every time you go to the grocery store, you end up having to pay more money for less food, you're not alone. Recent inflation and supply chain pressures have pushed up the prices of many items at supermarkets around the country.

These increases can be difficult for anyone to manage, but for older adults on fixed incomes, the rising cost of food can be especially challenging.

However, the **Medicare** grocery allowance – a benefit that may help offset some of the costs of healthy foods for seniors – can help.



Here, we'll walk through everything you need to know about the Medicare grocery allowance offered by some Medicare Advantage plans.

Is the Medicare Grocery Allowance Real?

For seniors struggling to make ends meet, the concept of a grocery allowance connected to their Medicare benefits is appealing – and it is, in fact, real. However, it's not available with every plan.

"**Original Medicare (Parts A and B)** does not offer any grocery allowances, but some of the Medicare Advantage plans do," notes Stephanie Pogue, a St. Louis-based certified Medicare insurance planner and the CEO of St. Louis Insurance Group.

Which Medicare Plans Have a Grocery Benefit?

Certain **Medicare Advantage special needs plans** (SNPs), a type of Medicare Advantage program, may offer a grocery allowance. These plans include:

Chronic Condition SNPs (C-SNPs), designed for people who have chronic illnesses, such as diabetes or congestive heart failure

Dual Special Needs Plans (D-SNPs), specifically for beneficiaries who qualify for both Medicare and Medicaid

Who Is Eligible for a Grocery Allowance?

Not everyone will qualify for a Medicare grocery allowance, even if they have a **Medicare Advantage** plan that includes this option. The grocery allowance is usually only offered to those with special needs plans, such as D-SNPs.

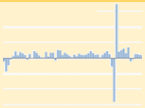
If you're not sure what you might be eligible for, talk with a local licensed agent who can help you wade through the options to **pick the best Medicare coverage**.,,,**Read More**

U.S. Economic Growth Accelerates, Outpacing Forecasts

Gross domestic product rose at a 2.8 percent annual rate in the second quarter, new evidence of the economy's resilience despite high interest rates.

Economic growth picked up more than expected in the spring, as cooling inflation and a strong labor market allowed consumers to keep spending even as high interest rates weighed on their finances.

Gross domestic product, adjusted for inflation, increased at a 2.8 percent annual rate in the second quarter, the Commerce Department said on Thursday. That was faster than the 1.4 percent rate recorded in the first quarter, but shy of the unexpectedly strong growth in the second half of last year.



Consumer spending, the backbone of the U.S. economy, rose at a 2.3 percent annual rate in the second quarter — a solid pace, albeit much slower than in 2021, when businesses were reopening after pandemic-induced closings. Business investment in equipment rose at its fastest pace in more than two years. Inflation, which picked up unexpectedly at the start of the year, eased in the quarter.

The data is preliminary and will be revised at least twice.

Taken together, the findings suggest that the economy remains on track for a rare "soft landing," in which inflation eases without triggering a recession. That is something few forecasters considered likely when the Federal Reserve began raising interest rates two years ago to combat inflation.

"It's the perfect landing," said Sam Coffin, an economist at Morgan Stanley.

Recession fears re-emerged in recent months, first when inflation briefly surged and then when the previously rock-solid job market showed signs of cracking in the spring. But recent data, including the surprisingly strong second-quarter growth figures, indicate that the expansion is on firm footing.…**Read More**

Do you have a durable power of attorney?

Life has its curve balls, as we all know. And, we and the people we love are all better off if we're prepared for them. That's why everyone should have a durable power of attorney.

A durable power of attorney is a legal document through which you name someone to help with your financial affairs at any time that you cannot handle them yourself. The person you name should be someone you trust with your finances, someone who could make decisions about your finances if the need arises. The person who has your durable power of attorney also could be your **health care proxy** or **health care buddy**.

If you don't already have a durable power of attorney, you should be able to download a free durable power of attorney form for your state online.

Why should you give someone a durable power of attorney? Giving someone you trust a durable power of attorney should give you peace of mind that your affairs will be taken care as you would like, if you cannot take care of them.Without a durable power of attorney, it's not clear whether your bills and other financial needs will be taken care of. Whoever stepped up to manage your affairs would have to go through an expensive and lengthy court proceeding to get approval to manage your affairs. Unless you choose the person who will have your durable power of attorney, a judge might appoint someone you do not trust to handle your affairs.

How long does a durable power of attorney last? Your durable power of attorney lasts until you die or you change your durable power of attorney.

What is the difference between a durable power of attorney and a power of attorney? If you simply give someone a power of attorney, then the person you designate only has authority over whatever financial matters you specify until you become mentally incompetent. But, if you choose, you can make the power of attorney document a durable power of attorney. You need only include language in the power of attorney that specifies that the person you designate has authority if you become mentally incompetent. Unless you make the power of attorney a durable power of attorney, the person you designate cannot handle your financial affairs after you become mentally incompetent.

Who should have a copy of your durable power of attorney? You should give a copy of the durable power of attorney to all financial institutions at which you have accounts. You should also let the person to whom you give durable power of attorney know that the person has durable power of attorney. You can give that person a copy of the document or let the person know where to find it in your home.

If you give someone a durable power of attorney, will that person be able to take money from your bank accounts? Yes. The person you name as having durable power of attorney, your financial agent, will be able to take care of your financial affairs using your bank accounts if you give them that authority. But, this agent does not own the money in your accounts and may not take money from your accounts for himself or herself.

What should you discuss with the person to whom you give durable power of attorney? You should let the person know about all institutions with which you have financial arrangements, including your banks, credit card companies, financial advisors and insurance companies. You should let the banks, credit card companies and financial advisors know to whom you have given durable power of attorney.

Can you change or cancel the durable power of attorney? Yes. You can cancel or change your durable power of attorney at any time by destroying it and notifying the financial institutions at which you have accounts that you have destroyed it or changed it.

How Siblings Can Coordinate Care for Elderly Parents

Family dynamics can make caring for elderly parents difficult. Learn how to mitigate common issues that can arise between siblings.

When aging parents require more help, their children naturally come together and assume the mantle of caregivers. But that rosy picture of family unity is often more idealistic than realistic.

Denise M. Brown, author of "The Caregiving Guide" and founder of CaringOurWay.com, expected her siblings to help care for their elderly parents, but one sister preferred to remain uninvolved. Her decision to opt out added a number of wrinkles for Brown and her other siblings – not least of which was that this sister lived five minutes from their parents and was ideally located to render aid.

The solution: The siblings who wanted to be involved communicated often and adapted to an evolving situation.

"The key is to be flexible," Brown explains. "It's helpful to stay in the reality of the situation."

Here, experts share 10 tips for how best to work with your siblings to provide supportive care for your elderly parents.

1. Understand Issues Could Arise
2. Engage in Ongoing Communication
3. Plan Ahead
4. Give Each Other Grace
5. Play to Your Strengths
6. Preserve the Sibling Relationship
7. Get Outside Support
8. Manage Emotions Carefully
9. Get Professional Help
10. Focus on Right Now
...Read More On Each Of The Above

SOCIAL SECURITY SERVES THE HISPANIC COMMUNITY

For nearly 90 years, Social Security's programs and services have been a lifeline to people throughout the United States, including the Hispanic community. Our retirement, disability, and survivors benefits are just as important for Hispanics. Our Spanish-language website, Seguro Social at **www.ssa.gov/espanol**, provides information for those whose primary language is Spanish. People can learn – in their preferred language – how to get a new or replacement Social Security card, plan for retirement, apply for benefits, manage their benefits, and much more.

We also provide many publications in Spanish at **www.ssa.gov/espanol/publicaciones**. Popular topics include:

- Retirement, Disability, and Survivors benefits.
- Medicare.
- Supplemental Security Income (SSI).
- Social Security cards.
- Fraud and scams.
- Appeals.
- Benefits for children.
- Payments outside the U.S.

Customers who prefer to conduct business in Spanish can reach a Spanish-speaking representative by calling our toll-free number at 1-800-772-1213. For more information on how we support the Hispanic community, visit our Social Security and Hispanics webpage at **www.ssa.gov/people/hispanics**. Please share these resources with friends and family who may need them.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

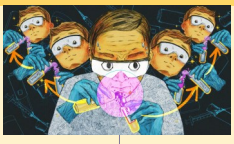
Please Note: All Articles In This Section Are For Information Only And Not Medical Advice

Why Millions Are Trying FDA-Authorized Alternatives to Big Pharma's Weight Loss Drugs

Pharmacist Mark Mikhael has lost 50 pounds over the past 12 months. He no longer has diabetes and finds himself "at my ideal body weight," with his cholesterol below 200 for the first time in 20 years. "I feel fantastic," he said.

Like millions of others, Mikhael credits the new class of weight loss drugs. But he isn't using brand-name Wegovy or Zepbound. Mikhael, CEO of Orlando, Florida-based Olympia Pharmaceuticals, has been getting by with his own supply: injecting himself with copies of the drugs formulated by his company.

He's far from alone. Mikhael and other industry officials estimate that several large compounding pharmacies like his are provisioning up to 2 million American patients with regular doses of semaglutide, the scientific name for Novo Nordisk's Wegovy, Ozempic, and Rybelsus formulations, or tirzepatide, the active ingredient in Eli Lilly's Zepbound and Mounjaro.



The drug-making behemoths fiercely oppose that compounding business. Novo Nordisk and Lilly lump the compounders together with internet cowboys and unregulated medical spas peddling bogus semaglutide, and have high-powered legal teams trying to stop them. Novo Nordisk has filed at least 21 lawsuits nationwide against companies making purported copies of its drugs, said Brianna Kelley, a spokesperson for the company, and urges doctors to avoid them. The FDA, too, has cautioned about the potential danger of the compounds, and leading obesity medicine groups starkly warn patients against their use.

But this isn't an illegal black market, though it has shades of gray.

The FDA allows and even encourages compounding pharmacies to produce and sell copycats when a drug is in short supply, and the wildly popular GLP-1 drugs have enduring shortages — first reported in March 2022 for semaglutide and in December 2022 for tirzepatide. The drugs have registered unprecedented success in weight loss. They are also showing promise against heart, kidney, and liver diseases and are being tested against conditions as diverse as Alzheimer's disease and drug addiction.

In recent years, the U.S. health care system has come to depend on compounding pharmacies, many of which are run as nonprofits, to plug supply holes of crucial drugs like cancer medicines cisplatin, methotrexate, and 5-fluorouracil.

Most compounded drugs are old, cheap generics. Semaglutide and tirzepatide, on the other hand, are under patent and earn Novo Nordisk and Lilly billions of dollars a year. Sales of the diabetes and weight loss drugs this year made Novo Nordisk Europe's most valuable company and Lilly the world's biggest pharmaceutical company.

While the companies can't keep up with demand, they heatedly dispute the right of compounders to make and sell copies. Lilly spokesperson Kristiane Silva Bello said her company was "deeply concerned" about "serious health risks" from compounded drugs that "should not be on the market."

Yet marketed they are. Even Hims & Hers Health — the telemedicine prescriber that got its start with erectile dysfunction drugs — is now **peddling compounded semaglutide**. It ran ads for the drugs during NBA playoff games. (According to a Hunterbrook Media report, Hims & Hers' semaglutide supplier has faced legal scrutiny.)

The compounded forms are significantly cheaper than the branded drugs. Patients pay about $100 to $450 a month, compared with list prices of roughly $1,000 to $1,400 for Lilly and Novo Nordisk products….**Read More**

Mental health care is unaffordable for one in four Americans with anxiety and depression

Researchers at Johns Hopkins found that 25 percent of adults with anxiety and depression in the US cannot afford to pay their mental health care bills, keeping them from receiving psychiatric care. Medical debt doubled the likelihood that people would either go without treatment or delay treatment for mental conditions, according to the research findings published in the **JAMA Network**. Mental health parity continues to be a dream.

Nearly **one in five households** in the US carry medical debt, making it hard to get treatment for mental conditions when needed. Medical debt is prevalent among Americans with anxiety and depression.

More than eight percent of Americans have not paid their medical bills of $250 or more. Overall, Americans in debt often face poor health outcomes and struggle to pay for their daily needs, including food and housing. Having health insurance does not help them.

Sadly, not even half of adults with a mental disorder get treatment for it in the US. It's expensive, even with insurance. And, psychiatrists tend not to accept insurance. So, out-of-pocket costs for mental health treatment can be exceptionally high.

The researchers surveyed nearly 28,000 adults. Insured Americans with high deductible health plans were most likely to forego or delay mental health treatment.

Grief Can Truly Age People, Study Finds

Losing someone close to you can make you age faster, a new study finds.

People who lost a parent, partner, sibling or child showed signs of older biological age compared with those who hadn't experienced such a loss, researchers reported July 29 in the journal *JAMA Network Open*.

"Our study shows strong links between losing loved ones across the life course from childhood to adulthood and faster biological aging in the U.S.," said lead researcher **Allison Aiello**, a professor of health longevity with the Columbia University Mailman School of Public Health, in New York City.

Biological aging involves the gradual decline in how well your cells, tissues and organs function.

Scientists measure this type of aging using DNA markers known as epigenetic clocks, and they can compare it against a person's calendar age to see how much different factors cause premature aging.

For this study, researchers analyzed data on nearly 4,500 people who provided blood samples for DNA testing as part of a long-term study on health. The participants were tracked from their teenage years into adulthood.

Researchers tracked deaths among people close to the participants, to see how these losses might relate to their biological age.

People who had experienced two or more losses during their lifetime had older biological ages, based on epigenetic testing, researcher found...**Read More**

Shingles Vaccine Could Lower Dementia Risk

Older people who avail themselves of the newest shingles vaccine could reap a hidden benefit: A significant drop in their odds of developing dementia.

One expert applauded the new findings.

"Dementia isn't an inevitable part of aging; it's caused by diseases like Alzheimer's," said Dr. Sheona Scales, director of research at Alzheimer's Research UK. "Finding new ways to reduce people's risk of developing these diseases is vital. This research, carried out in a large group of people, suggests that people given the Shingrix shingles vaccine might have a reduced risk of dementia."

Overall, the six-year study found that people who got so-called newer "recombinant" shingles vaccines, such as Shingrix, spent 17% more time living free of any diagnosis of dementia, compared to folks who had gotten the older "live" form of the vaccine, **Zostavax**.

"It isn't clear how the vaccine might be reducing risk, nor whether the vaccine causes a reduction in dementia risk directly, or whether there's another factor at play," said Scales, who wasn't involved in the research. "So, it will be critical to study this apparent effect further."

The findings were published July 25 in the journal ***Nature Medicine***.

"A link between infection with the herpes zoster virus [which causes chickenpox and shingles] and the onset of dementia has been suspected for some time," noted **Andrew Doig**, professor of biochemistry at the University of Manchester in England who wasn't involved in the research.

He pointed out that, in the era when live vaccines such as Zostavax were used against shingles, "there was already some evidence that the old live vaccine was able to reduce the risk of Alzheimer's disease."

But by 2017, health care providers started switching from using live vaccines to newer recombinant shots such as Shingrix.

In the United States, the U.S. Centers for Disease Control and Prevention **now recommends** that everyone age 50 or older get Shingrix "to prevent shingles and the complications from the disease."

In the new study, British researchers led by **Maxime Taquet** of the University of Oxford tracked U.S. data on almost 208,000 people who got their first dose of a vaccine against shingles between 2014 and 2020.

Over that period of time, about half got the older live Zostavax vaccine, while the other half went on to receive the newer recombinant Shingrix shot.

Six years after vaccination, folks who received the Shingrix vaccine had "17% more time lived diagnosis-free, which translates into 164 additional days lived without a diagnosis of dementia in those subsequently affected," according to a *Nature* news release.

The benefit was somewhat more pronounced (by about 9%) in women compared to men, the research also showed.

The effect also seemed specific to the shingles vaccine, since two other vaccines often given to older people, the flu shot and the Tdap (tetanus, diphtheria and pertussis) vaccine, didn't show this protective neurological benefit.

So, could the herpes zoster virus that causes shingle also be a cause of dementia?

According to Doig, "any such link is not simple." That's because "most people who are infected by the virus never get Alzheimer's disease, and some who get the new recombinant vaccine get Alzheimer's disease, regardless," he explained.

"A vaccine is therefore unlikely to ever totally prevent Alzheimer's disease. Many other factors affect the likelihood of getting dementia, such as genetics, cardiovascular problems and head injuries," he added.

"Nevertheless, tackling the herpes zoster virus does look to be a promising strategy towards defeating this horrible and costly disease, and one that should be vigorously pursued," Doig said.

At-Home Colon Cancer Test Can Save Lives

A simple home screening test for **colon cancer** can reduce the risk of dying from the disease by 33%, a new study shows.

Results indicate that undergoing annual at-home FIT (fecal immunochemical test) screening "is as good as getting a colonoscopy every 10 years for screening people of average risk," said senior study author Dr. Chyke Doubeni, a professor at the Ohio State University College of Medicine.

"This study should give individuals and their clinicians the confidence to use this noninvasive test for screening and find ways to deploy these tests in underserved communities where colorectal cancer screening rates are very low," Doubeni added in a university news release.

FIT screening uses antibodies to detect blood in a person's stool, which is a sign of either colon cancer or precancerous polyps, according to the U.S. Centers for Disease Control and Prevention.

For the study, researchers evaluated data from nearly 11,000 Kaiser Permanente patients who underwent at home FIT screening in northern and southern California between 2002 and 2017.

With an at-home FIT screening, people collect their own stool sample in privacy and then send it off to a lab for analysis.

Some people aren't comfortable with a colonoscopy, which is considered the gold standard for colon cancer screening, Doubeni said. In the procedure, patients are sedated while a thin tube equipped with a camera is inserted in the rectum to view the intestinal lining.

"Although we have known for decades that colorectal cancer can be caught in its earliest, precancerous state through screening, only about 60% of Americans 45-75 years old are up to date with screening," Doubeni noted.

FIT screening reduced the overall risk of colon cancer death by 33%, and reduced the risk of a cancer occurring on the left side of the colon by 42%.

Left-sided colon cancer occurs much more frequently than right-sided cancer, according to the advocacy group **Fight Colorectal Cancer**.

FIT screening also reduces the risk of colon cancer death for most ethnic groups – Asian people by 63%, Black people by 42%, and white people by 30%, results showed. There also was a 22% lower risk of death among Hispanic people, but the result was not statistically significant.

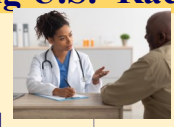
The findings were published recently in the journal ***JAMA Network Open***.

"Colorectal cancer screening works and is one of the best ways of decreasing deaths from colorectal cancer," said study co-author **Dr. Douglas Corley**, chief research officer from Kaiser Permanente, Northern California. "This study, of at least one FIT screening in the last few years, confirms this method is an effective tool. It can be performed at home, and we anticipate that regular, annual use, as recommended, can result in even larger reductions in cancer deaths over time."

"In our setting, providing multiple methods for cancer screening has increased participation to over 80%, which has been associated with approximately a 50% reduction in colorectal cancer deaths," Corley said.

However, Doubeni noted it is critical that a person who receives an abnormal FIT result get a follow-up colonoscopy without delay. During the colonoscopy, doctors can verify the FIT results and safely remove any precancerous polyps they find.

Better Screening Key to Closing U.S. 'Race Gap' in Colon Cancer Deaths



Black Americans are almost a third more likely to die from **colon cancer** than their white peers, and one key to closing that divide could be better cancer screening, a new report finds.

That means getting Black Americans quality colonoscopies and other forms of screening, but also making sure they're followed up *after* their test results come in.

"Our study shows that it's not enough to just get everyone screened; the quality of care during screening and follow-up must also be similar for Black and white adults," explained study lead author **Oguzhan Alagoz**. He's a professor of industrial and systems engineering at the University of Wisconsin-Madison.

The findings were published July 24 in the ***Journal of the National Cancer Institute***.

As Alagoz' team noted, compared to whites, Black Americans are still 23% more prone to receiving a colon cancer diagnosis and about 31% more likely to die from the disease.

Some of this disparity had been blamed on lower rates of recommended colon cancer screening among Black patients versus whites. However, over the past two decades that gap has closed.

For example, in 2005, one study found that 52% of white Americans said they were up to date on their colon cancer cancer screenings, compared to to just 39% of Black people.

By 2019, however, that disparity had vanished: 69.5% of Black people and 69.8% of White people said they'd been keeping up with their screenings, the data showed.

So, why are Black Americans still dying of colon cancer at higher rates?

As the Wisconsin team noted, it's one thing to get screened and another to get proper and timely follow-up (for example, follow-up colonoscopies, biopsies) if your colon cancer screen comes back positive.

According to the researchers, Black patients do have significantly lower rates of follow-up than whites. The colonoscopy services Black patients receive tend to be of lower quality, as well.

What if those disparities were eliminated?

Using sophisticated mathematical modeling, Alagoz and colleagues calculated that if the gap in proper follow-up was eliminated, that could cut the race gap for colon cancer incidence by 5.2%, and for colon cancer deaths by 9.3%.

Making the quality of colonoscopies equal for white and Black patients would further reduce the gap in colon cancer incidence by 14.6%, and colon cancer deaths by 18.7%, the study found.

Doing *both* those things would result in racial disparities in colon cancer incidence shrinking by 49% overall, and the disparity in colon cancer deaths would be reduced by 59%, the team concluded.

Alagoz' group noted that these gaps wouldn't be completely eliminated, even with better screening and follow-up.

That's because other factors -- for example, racial differences in overall health and access to care -- probably play a role, as well.

All of this means that, "to truly close the racial gap in cancer deaths and achieve health equity, we need to find innovative solutions," Alagoz said in a journal news release.

Average Hip, Knee Replacement Patient May Be Getting Younger

Brent Ruch, a collegiate basketball center, opted to have his left knee replaced at age 35 after struggling with pain for years.

“Walking with a limp and living with a consistent aching pain was physically and emotionally difficult. I didn’t want to live like that,” said Ruch, who lives in a suburb of Chicago.

When his doctor told him he’d be playing golf in less than six weeks after the procedure, “I knew knee replacement was my best option,” Ruch said.

Ruch is one of many young and middle-aged adults who are opting for knee and hip replacements earlier in life, experts say.

People might think of the typical joint replacement patient as a senior aged 65 or older, but the surgery is becoming much more common among younger adults with chronic joint pain.

“Hip and knee replacements are no longer for grandmas and grandpas,” said **Dr. Richard Berger**, the Rush University Medical Center orthopedic surgeon who treated Ruch.

“Twenty years ago, we used to tell younger patients to come back in 10 years. Today, the average age of my patients is 57,” Berger said in a news release. “This age group is typically less apprehensive about getting surgeries because they don’t want to hobble around or live their life taking anti-inflammatories or pain pills.”

About 28% of hip replacement procedures are performed on men and women younger than 55, according to research presented at the American Academy of Orthopedics’ annual meeting in 2023.

And by 2030, people younger than 65 are expected to account for 52% of hip replacements and as many as 62% of total knee replacements, researchers have projected.

Many younger adults getting joint replacements are former athletes. Mary Lou Retton, a 1984 Olympics gymnast, had her hip replaced at age 37, and downhill skiing gold medalist Lindsay Vaughn got a knee replacement at 39….**Read More**

Certain Abbott Blood Sugar Monitors May Give Incorrect Readings

Abbott has warned diabetes patients that some of its continuous blood sugar monitoring systems may need to be replaced because of inaccurate readings.

"Abbott has recently identified a small number of FreeStyle Libre 3 sensors that may provide incorrect high glucose readings, which if undetected may pose a potential health risk for people living with diabetes," the company said in an **alert** issued Thursday.

An inaccurate high blood sugar reading may prompt diabetes patients to take insulin when they don’t need it, the company said. That can trigger hypoglycemia (low blood sugar), a condition that can become life-threatening if not recognized or addressed, according to the **Mayo Clinic**.

Less than 1% of American users of the Libre 3 sensors are affected, with the affected devices being distributed in the first half of May, the company said.

Abbott added that it will replace the sensors at no charge.

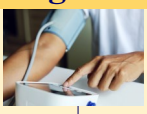
The company said people should check the company's website to confirm whether their sensor is affected and then notify the company so a replacement sensor can be sent to their home. The sensors came from these three lot numbers, according to Abbott: T60001948, T60001966, T60001969.

Any adverse reactions with the use of these sensors should be reported to Abbott's customer service line at 1-833-815-4273, the company said.

Such reports may also be sent to the FDA's MedWatch Adverse Event Reporting program by completing Form FDA 3500 online at www.FDA.gov, calling 1-800-FDA-1088 or faxing to 1-800-FDA-0178, Abbott added.

A continuous glucose monitoring system uses a sensor, a reader and an app to help people with diabetes check their blood sugar without having to draw blood from their fingers. The U.S. Food and Drug Administration first **approved** the Abbott devices in 2017.

Research Confirms Chronic High Blood Pressure's Link to Stroke



Having **high blood pressure** in adulthood greatly raises the odds for multiple types of stroke, a new study confirms.

"Our results suggest that early diagnosis and sustained control of high blood pressure over the lifespan are critical to preventing stroke, ischemic stroke and intracerebral hemorrhage," said senior study author **Dr. Deborah Levine**. She's a professor of internal medicine and neurology at University of Michigan Medical School.

Ischemic strokes, which comprise about 85% of strokes, are caused by blockages in a vessel. Intracerebral hemorrhages are "bleeds" within the brain and are a deadly but less common form of stroke.

The findings were published recently in the journal ***JAMA Network Open***.

The study looked at six major U.S. studies stretching from 1971 to 2019, and involving a total of more than 40,000 adults. The systolic (top number in a reading) blood pressure of participants was tracked with varying frequency over an average of almost 22 years.

None of the participants had had a stroke when they entered their respective study, but Levine's team looked at systolic blood pressure in the years prior to a stroke for each adult who did go on to have a stroke.

Their main finding: A mean systolic blood pressure reading that was 10-mm Hg higher than the average was linked to a 20% higher odds of overall stroke and ischemic stroke. This 10-point hike in systolic pressure was also tied to a 31% greater risk of an intracerebral hemorrhage.

Race seemed to matter: Compared to white patients, Black patients were 20% more prone to ischemic stroke and had a 67% higher risk for intracerebral hemorrhage, the analysis found.

A third type of stroke, called a subarachnoid hemorrhage (occurring between the brain and the tissues that cover it) was especially prevalent among Hispanic patients. Compared to white patients, Hispanics had a 281% higher risk of subarachnoid hemorrhage, although their risks for other, more common forms of stroke were similar to that of whites, the study found.

What can and should be done? According to background information in the study, the rate of adequate blood pressure control among Americans actually fell between 2013 and 2018, and that was especially true for Black and Hispanic Americans.

Giving people the resources to monitor their blood pressure at home could be key, Levine said.

"Two major barriers to self-monitoring of blood pressure are lack of patient education and insurance not covering the home blood pressure monitors, which cost $50 or more," she said in a Michigan Medicine news release.

"Health care systems and providers must educate and urge their patients to do home blood pressure monitoring, and insurers must pay for home blood pressure monitors to optimize people's blood pressure and reduce their chances of having a stroke," Levine added.

Avoiding One Nutrient Can Keep Your Cells Young

Added sugar can cause your cells to prematurely age, a new study warns.

Each gram of added sugar is associated with an increase in a person's cellular age, even when they eat healthy otherwise, researchers found.

On the other hand, a diet rich in vitamins, minerals, antioxidants and anti-inflammatory nutrients can help a person have a younger biological age on a cellular level, results show.

Overall, the better a person eats, the younger their cells look, the study concluded.

"We knew that high levels of added sugars are linked to worsened metabolic health and early disease, possibly more than any other dietary factor," said researcher **Elissa Epel**, a professor of psychiatry and behavioral sciences with the University of California, San Francisco (UCSF)...**Read More**

FDA Approves Another Blood Test for Colon Cancer Screening

The U.S. Food and Drug Administration on Monday approved a new blood test that can spot colon cancer.

In late May, an **FDA advisory panel** had voted 7-2 that the benefits outweigh the risks when using the Guardant Health's Shield test for colon cancer.

Monday's approval makes Shield only the second blood test approved for the illness: Epigenomics' Epi proColon was approved in 2016.

According to a news release from Guardant, however, Shield "is the first blood test to be approved by the FDA as a primary screening option for colorectal cancer, meaning health care providers can offer Shield in a manner similar to all other noninvasive methods recommended in screening guidelines."

The company added that "Shield is also the first blood test for [colorectal cancer] screening that meets the requirements for Medicare coverage."

Experts hope the advent of blood tests for colon cancer will raise screening rates for the disease, which remains the number two cancer killer in the United States.

According to the **American Cancer Society,** close to 107,000 cases of colon cancer will be diagnosed this year, and more than 46,000 people will die from the illness.

"The persistent gap in colorectal cancer screening rates shows that the existing screening options do not appeal to millions of people," **Dr. Daniel Chung**, a gastroenterologist at Massachusetts General Hospital, said in the Guardant release. "The FDA's approval of the Shield blood test marks a tremendous leap forward, offering a compelling new solution to close this gap. This decision will help make screening tests more broadly accessible and propel blood-based testing and CRC screening into a new era. With increased screening rates and early cancer detection, many more lives can be saved."

Currently, colonoscopy is the gold standard test for colon cancer, but adherence to it is low because it is invasive and preparation for the test is daunting. Other tests include fecal tests such as Exact Sciences' Cologuard, but blood-based tests are considered more convenient.

In their deliberations, panelists raised concerns that Guardant's test was not as accurate as colonoscopy, especially as Shield detected only 13% of pre-cancerous tumors called advanced adenomas, *NBC News* reported. This issue was also raised by FDA staff in **briefing documents**.

Guardant's application for approval was based on a **study** that showed the test detected 83% of colon cancers, according to the FDA documents.

Guardant stressed that Shield "is intended as a screening test for individuals at average risk for the disease, age 45 or older, and is not intended for individuals at high risk for colorectal cancer." The company said that, as a first step in screening, any positive result from the blood test, "raises concern for the presence of colorectal cancer or advanced adenoma and the patient should be referred for colonoscopy evaluation."

Shield "is better than nothing, but I don't want to downplay the issue that this test is going to miss a lot of cancers," panel member **Charity Morgan**, a professor in the department of biostatistics at the University of Alabama, said during the panel meeting, *NBC News* reported at the time the panel voted for approval.