



Message from the Alliance for Retired Americans Leaders

New Poll Finds Retirement Out of Reach for Workers of All Ages



Robert Roach, Jr., President, ARA

Many Americans who haven't yet retired say they are unprepared for retirement and unsure if they even want to fully retire, **according to a new Axios-Ipsos poll** — and one in 5 say they don't think they will ever retire.

Just 36% of those 55 and older say they'll be able to retire at the time they expected. In addition, about half the workforce, 50 plus million people, work for an employer that doesn't offer a retirement plan, including small businesses and so-called gig work (temporary or freelance work performed by an independent contractor on an informal or on-demand basis).

However, while Americans say they think about retirement, they're unlikely to talk about it with others. 41% have never discussed saving for retirement with friends, and 57% have never spoken about it with a financial planner.

"The numbers are troubling but not surprising, given what we already knew," said **Robert Roach, Jr., President of the Alliance**. "Clearly there is a need for more information about retirement planning."

Alliance Praises Biden Nomination of Martin O'Malley to be Social Security Commissioner

Heading calls from seniors' advocates and some senators urging the administration to

nominate a permanent Social Security commissioner, President Biden nominated former Maryland Governor Martin O'Malley for the position on Wednesday.

"Members of the Alliance for Retired Americans are pleased that President Biden has nominated former Maryland Governor Martin O'Malley to be the next Social Security Administration (SSA) Commissioner," said **Richard**



Rich Fiesta, Executive Director, ARA

Fiesta, Executive Director of the Alliance. "The SSA needs a strong Commissioner now more than ever. With 10,000

65 each day, the workload increases every day and the budget has been woefully inadequate to meet the needs of seniors, people with disabilities and all-American families."

Fiesta added that Gov. O'Malley has a proven track record and the experience to navigate these challenges and ensure that Americans are able to get the benefits they have earned, and he urged the Senate to confirm Gov. O'Malley without delay. Read the Alliance's full statement **here**.

As Medicare Turns 58, Retirees Concerned About Congressional Plans to Cut the Program

Sunday, July 30 is the 58th anniversary of Medicare, and members of the Alliance for Retired Americans are celebrating the health insurance program while raising awareness

about threats to its future. "We should build on what we've accomplished with Medicare over 58 years while we celebrate it," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "We must not allow the drug corporations to send us back in time by eliminating the Inflation Reduction Act's role in making sure people can afford the drugs they need."



Joseph Peters ARA Sec.-Trea.

Before Medicare, only half of the nation's seniors had health insurance. When uninsured seniors had serious health problems, they and their families faced an impossible dilemma: risk their financial health by seeking care, or avoid treatment and watch their physical health deteriorate. Thanks to Medicare, 56.6 million Americans aged 65 and older now have guaranteed health coverage.

Medicare's benefits have been expanded over the years to include doctors' visits and prescription drugs. The most recent change was the Biden Administration's Inflation Reduction Act (IRA), which as it is implemented will cap out of pocket costs for insulin at \$35 per month for Medicare beneficiaries; prohibit drug corporations from increasing the price it charges Medicare for a drug by more than the rate of inflation; and cap out of pocket drug spending at \$2,000 per year for Medicare Part D.

The IRA also requires Medicare to negotiate lower

prices for some of the highest priced prescription drugs, using its enormous purchasing power on behalf of seniors and taxpayers. The Alliance, health advocates, and consumer organizations have noted that negotiating a fair price for drugs is nothing new and is a hallmark of a free market economy — governments and insurance companies around the world negotiate drug prices on behalf of their citizens every day. In the United States, the Departments of Defense and Veterans Affairs and the Medicaid program already negotiate prices.

Pharmaceutical companies, among the most profitable firms in the country, reported approximately **\$128 billion** in revenue for the first quarter of 2023. However, Medicare's 58th anniversary comes as Pharma, the U.S. Chamber of Commerce, Merck, Bristol Myers Squibb, Astellas Pharma and Johnson & Johnson are all **suing** to stop Medicare's authority to negotiate lower drug prices and block portions of the IRA that strengthen Medicare and save taxpayers and patients billions of dollars.

Further threatening Medicare on its 58th birthday is the U.S. House Republican Study Committee's (RSC) **budget plan**, which includes devastating cuts and changes to Medicare, including privatization. The RSC budget also repeals key portions of the Inflation Reduction Act that lower drug prices, including requiring drug corporations to negotiate with Medicare.

Be a Hero tells Congress to end Medicare Advantage wrongful delays and denials of care

Corporate health insurers must stop taking advantage of people in Medicare Advantage plans, denying and delaying their care inappropriately, often to the detriment of their health.

Corporate health insurers also must stop gouging Medicare and taxpayers through tens of billions in overcharges, driving up Part B premiums for everyone with Medicare. Here's what Be a Hero, a not-for-profit organization fighting for a more just health care system in the United States, has to say:

Health insurance corporations are gouging Medicare, taxpayers, older adults and people with disabilities by tens of billions of dollars each year, while wrongly delaying and denying the care people need, with impunity.

While some people on Medicare Advantage are currently satisfied with their plans, when they become ill, they face serious risks of inadequate care. The failure of Medicare Advantage to live up to its promise is placing the very integrity of Medicare in jeopardy.

Neither federal law and regulations, nor the Centers for Medicare and Medicaid Services (CMS) are doing enough to protect older adults and people with disabilities from Medicare Advantage bad actors and to ensure that federal dollars spent on Medicare Advantage are put to good use.

We believe that Congress has a responsibility to protect the rights of, and advance health equity for, everyone with Medicare—including older adults and people with disabilities on Medicare Advantage plans.

The Problem

◆ **Health insurance corporations are denying care they are supposed to cover in Medicare Advantage and putting older adults and people with disabilities in harm's way**

The Health & Human Services Office of the Inspector General has twice reported that **health insurance corporations are engaged in widespread and persistent care denials** in some Medicare Advantage plans. These delays and denials lead to outsized profits for insurers, but they lead to serious harm for older adults and people with disabilities.

◆ **Health insurance corporations are gouging the federal government and taxpayers**

Insurance corporations are illegally overcharging the government as much as \$73 billion this year alone and people on Traditional Medicare and taxpayers are footing the bill. **This insatiable profit seeking is eroding the Medicare Trust Fund and driving up costs for people in Traditional Medicare, who will pay \$145**



billions extra in Part B premiums over the next 8 years to subsidize Medicare Advantage.

◆ **Health insurance corporations are not being held accountable for their bad acts in Medicare Advantage.**

The Centers for Medicare & Medicaid Services **rarely if ever penalizes insurance companies that inappropriately delay and deny care** and endanger the lives of their enrollees, let alone cancel their contracts.

What Congress Can Do About It

◆ **Ensure older adults and people with disabilities can access the care they need.**

Congress should take action to combat rampant and wrongful delays and denials of care by requiring the Centers for Medicare & Medicaid Services to force corporate health insurers to comply with Medicare's standards. **But, perhaps the most important thing Congress could do, is to give people a meaningful choice of quality health care they can rely on by strengthening Traditional Medicare** with an out-of-pocket cap and by adding dental, vision and hearing benefits.

◆ **Stop corporate health insurers from scamming the government and profiteering at patients' expense.**

Congress should take action to

change the payment system that allows corporate health insurers to profit off making their patients look sicker than they actually are. The current system also incentivizes insurers to offer low quality provider networks and to delay and deny care—making it hard for people to get the care they need.

◆ **Hold the bad actors accountable.**

The rampant, inappropriate delays and denials will never fully come to an end without real accountability. Congress should require the Centers for Medicare & Medicaid Services to complete rigorous annual monitoring of compliance across the plans of the top 15 Medicare Advantage insurers (who together are responsible for the lion's share of enrollees) and provide them with the resources to do so, implement a series of automatic, escalating penalties on plans and insurers that fail to comply with contractual obligations and **require automatic cancellation of contracts or barring of offending insurance corporations from the Medicare Advantage market in the face of persistent compliance failures.**

For More Information

This fact sheet was prepared by Be A Hero & Just Care USA. If you'd like to learn more email us at info@beaherofund.com

Cigna sued in California for denying coverage 300,000 times in two months

Corporate health insurers' use of AI to deny coverage is too often killing and disabling people. People in Medicare Advantage, people in State health insurance exchanges and people with job-based coverage are all at risk. Now, **Axios** reports that a class of people are suing Cigna for using computer software to "deny payments in batches of hundreds or thousands at a time." Why not? It maximizes Cigna's profits, and Cigna has so far been able to get away with it.

Mounting evidence shows that corporate insurers offering Medicare Advantage plans too often deny costly and critical care, including nursing home stays, rehab, home care and

hospital care. This is care they are paid to cover and that traditional Medicare covers.

The Clarkson law firm filed the lawsuit in California claiming that Cigna is violating state law. Cigna is supposed to thoroughly and fairly review insurance claims under California law. Computer algorithms is clearly at odds with that requirement. It's hard to believe that a judge could find that a speedy computer review of a claim could be fair and thorough. But, these days, anything's possible.

The lawsuit claims that Cigna's AI system denied 300,000



requests for authorization over two months in 2022. The system spent an average of 1.2

seconds on each claim. Thorough? Fair? One Cigna medical director, Cheryl Dopke, denied 60,000 claims in one month. Thorough? Fair? Hardly. California law requires individual review. And four out of five claims that were reviewed were overturned on appeal.

Use of AI is the latest way health insurance corporations can inexpensively and swiftly turn a huge profit. Who's designing the computer software algorithms? What's their goal? As many denials as possible is what's in

Cigna's economic interest. You have to wonder what questions Cigna asks about the algorithms before buying the software.

Even some Republicans in Congress appear concerned, including House Energy and Commerce Committee Chair Cathy McMorris Rodgers (R-Wash.). **She wrote Cigna for an explanation.** Members of Congress appear to appreciate that people in Medicare Advantage and Medicaid are at risk of wrongful denials. But, what is she and her fellow members of Congress willing to do about it?

Social Security 2023: 4 Moves Boomers Can Make Now If They're Worried About Cuts

Baby boomers wondering about the **future of Social Security** and deciding what to do about it may want to start by asking themselves one question: "Should I really be worried about cuts to Social Security?"

The ongoing departure of boomers from the workforce, combined with more boomers grabbing their benefits, is increasingly straining the system. Politicians have some tough decisions ahead of them. Experts say the outlook for boomers is far from grim, however.

Despite the recent legislative rhetoric, while there is some likelihood that there could be some means testing of Social Security, the pending demise of Social Security is greatly exaggerated," said Robert Johnson, a professor at the Heider College of Business at Creighton University.

"Besides being political suicide, the elimination of Social Security is not consistent with the value system of the United States. Many other government funded programs would be eliminated or cut back before Social Security."

Nevertheless, it's a "when-not-if" situation for the benefits age to be raised and for Social Security taxes to increase, according to Daniel Roccato, clinical professor of finance at the University of San Diego. "Everyone knows those things

are going to happen," he said.

Roccato concurs with Johnson, however, in noting that boomers — the youngest of whom will turn 60 next year — are far less likely to take the brunt of any significant changes.

"Every proposal, every discussion I've seen by political leaders with regards to Social Security reform starts at (age) 55," Roccato said. "Whatever changes are going to happen won't impact you ... For 55 and below, watch out."

All that said, no one can predict the future with 100% certainty. Plus, it never hurts to be prepared. Here are a few moves boomers should consider if they're **worried about Social Security cuts**.

Reconfigure Financial Forecast With Less From Social Security

In other words, practice for cuts in case they happen. Plot your financial future with less coming in via Social Security checks. How much do things change?

If you don't like what you see in terms of your lifestyle, long-term goals or other areas, you can start making adjustments to your finances right now — before it's too late. If those Social Security cuts never materialize, you'll be that much better off.



Start Taking Social Security at the Earliest Opportunity

But wait a minute — doesn't conventional wisdom call for holding off as long as you can? Isn't full retirement age the goal?

Not necessarily, Johnson advised. Your payments may be smaller if you go early, but if you firmly believe Social Security will be significantly reduced during your window, you can certainly grab it sooner. Don't forget to factor in your health, as well.

"When analysts say that the best strategy is delaying taking Social Security, they are making two major assumptions — that the recipient will live a long life, and that Social Security will remain intact," Johnson said. "One needs to take one's own health situation into account when drawing Social Security. If you have several mortality factors, it may make sense to start drawing Social Security sooner rather than later."

Beef Up Your Roth IRA

If you're worried about making up for lost Social Security benefits, one of the last things you want during retirement is for big chunks of your savings to go to the IRS. For traditional IRAs, that's exactly what happens.

With Roth IRAs, however, you can withdraw tax-free during

retirement. Consider boosting your Roth contributions now, even if it means tightening things up beyond your comfort level in the present. And don't forget that you qualify for "catch-up" contributions (through which you can exceed the usual limits) at age 50.

It's an effective way to brace for any shortfalls down the road.

Supplement Your Income Before, and Possibly During, Retirement

It may seem obvious, but if you're worried you'll be short on money later in life, there are ways to bring in more outside of retirement plans and Social Security.

Whether you've retired from your full-time job or not, it may be time to start bringing in some money with a **side hustle**. See if that hardware store you've gone to for years is hiring part-time workers. Log some miles with an app-based ride share company. Write or edit online content. Consider turning hobbies like casual jewelry-making into something lucrative.

With the gig economy opening up new opportunities for freelancers and temporary workers, there's no shortage of opportunities. Side gigs can be a fantastic way to increase your financial peace of mind. You might even have a fun time doing it.

Senate panel advances drug pricing bills, including PBM reforms

A key Senate panel advanced a package of bipartisan bills aimed at improving generic drug competition and reforming the business practices of pharmacy benefit managers (PBMs). The Senate Health, Education, Labor and Pensions Committee quickly advanced several generic drug bills. The PBM reform bill advanced by a vote of 18 to 3, with Sens. **Mitt Romney** (R-Utah), **Rand Paul** (R-Ky.) and Tommy Tuberville (R-Ala.) voting against it.

The bill would prohibit a PBM practice known as "spread pricing," or charging health plans more for a drug than the PBM reimburses to the pharmacy, a tactic that's drawn harsh criticism from lawmakers.

It would also implement new

requirements designed to increase the transparency of PBM contracts and pricing practices and mandate that PBMs pass 100 percent of the rebates collected from drug makers to health plans.

Romney and Paul objected to the spread pricing ban and argued some small employers find spread pricing a cheaper option. Romney attempted to introduce an amendment that would have required PBMs to offer an alternative to spread pricing rather than ban it, so the plan sponsor would be able to select which model works best for them.

The amendment was not voted on.

The committee tried to advance the bills last week, but the



hearing ended up getting postponed a week following numerous Republican complaints and confusion about the process.

On Thursday, the committee's ranking member Sen. **Bill Cassidy** (R-La.) said he thought the bills were stronger.

"Although last week revealed how the sausage was made and was pretty messy, the final sausage is going to taste pretty good," Cassidy said.

Chairman **Bernie Sanders** (I-Vt.) agreed the committee was in a better place than last week, and he said there will be more legislation on drug pricing to come.

"This is not the last prescription drug markup we will be having," Sanders said.

Senate Democratic Leader **Chuck Schumer** (N.Y.) is aiming to bring a health package to the floor in the next couple of months. While the timing and the specifics of what it could include are in flux because of the debt limit negotiations, the bills from the HELP Committee — especially the PBM reforms — are likely to be a major part of it.

Both chambers seem to have common ground with legislation aimed at reforming the PBM industry.

Experts say PBMs are far from the sole reason for high drug prices, but they are part of a larger system that makes medicine unaffordable and deserves just as much scrutiny as manufacturers.

Congress should overhaul drug patent laws to ensure Americans access to medications

Anyone who thinks that the pharmaceutical industry should continue to be able to gouge Americans with their near-monopoly pricing power should recognize that this power is preventing people from filling prescriptions and keeping important drugs from both coming into the market and from being manufactured. Mounting evidence suggests the need for the government to intervene to ensure that people get the medications they need.

A story in [The New York Times](#) about a lawsuit against Gilead, a pharmaceutical company, for failure to bring a critical drug to market quickly, speaks volumes about how drug company profits come before patient health. The delay in bringing a new HIV drug to market allowed Gilead to maximize revenue on another drug with possibly more dire side effects.

The people at Gilead believed the new drug would have less

harsh side effects on people's kidneys and bones. But, the drug likely would bring down revenue on Gilead's patent-protected drug. So Gilead's executives decided to delay bringing the new drug to market until the patent-protected drug lost its protection. Based on a review of Gilead's internal documents, the New York Times reports that Gilead was "gaming the U.S. patent system to protect lucrative monopolies on best-selling drugs."

Stories also abound about drugs that are not available because pharmaceutical companies are not able to make big profits selling them. These drugs are not outliers. They can treat cancer and heart disease and basic infections. And, there are drug shortages of more than 300 of them.

Geoffrey Joyce, Director of Health Policy at the USC Schaeffer Center, explains in [The Express](#) that drug shortages have



been around for some time. But, we are seeing shortages of more drugs of late and we are seeing drug shortages for longer time periods. Amoxicillin to treat ear infections, for example, is hard to get, as is lidocaine and albuterol, which many Americans depend on for treating their asthma. Ironically, the problem is that these drugs come with a low-price tag, so pharmaceutical companies don't see the financial value of producing them.

Because of US patent laws, pharmaceutical companies can pretty much call the shots on what they charge for brand-name drugs for a long period of time. That means big bucks for them. They can charge many times more for these drugs in the US than in any other wealthy country because every other wealthy country negotiates drug prices. And, drug companies generally can charge high prices for at least 20 years or until their patent expires, which could be even

longer. Once a drug is off patent, they face generic competition and prices tend to fall, along with profits.

Even when drug companies outsource generic drugs for manufacture, they do so to cut costs and, in the process, sometimes undermine quality and supplies. Interestingly, though the FDA struggles to inspect foreign drug manufacturing facilities, it allows the sale of these drugs in the US but still does not allow drug importation.

And, when several companies manufacture a generic, quality and supplies can suffer. The supplier of key ingredients might be the same for all of them. If the supplier stops producing, no generics are produced. Or, the supplier might be responsible for a harmful ingredient in all the generics. Who knows the consequences in any given situation, but people can die.

Joyce proposes that the US produce more generic drugs, as California has proposed to do.

Nursing homes will get a 4% Medicare pay bump next year under CMS final rule

In what the Centers for Medicare & Medicaid Services (CMS) today described as a "parity adjustment recalibration," the agency said it will **increase payments** to skilled nursing facilities by 4%, or \$1.4 billion, starting in fiscal year 2024.

The payment bump will, in part, make up for a \$2.2 billion underpayment to the facilities as a result of the Patient Driven Payment Model (PDPM) for

SNFs that replaced the former payment system in 2020, CMS said in a fact sheet. In its final rule, the agency says that it overestimated overpayments to nursing homes, and that resulted in a 2.23% reduction in fiscal year 2023.

The final payment policy reflects a 3% SNF market basket increase plus a 3.6% market basket forecast error adjustment and less a 0.2% productivity



adjustment, as well as a negative 2.3% reduction, or approximately \$789 million, from the

clawback related to the PDPM parity adjustment recalibration, CMS said.

The final rule updates payment policies and rates for SNFs under the new measures that aim to address staff turnover under an executive order by President Joe Biden. The implementation of the

PDPM in 2020 led CMS to estimate an unintended increase to SNFs of about 5%, or \$1.7 billion.

One of the reasons nursing homes were underpaid is CMS didn't account for the Consolidated Appropriations Act's requirement to exclude marriage and family therapist (MFT) services and mental health counselor services (MHC) from SNF billing...[Read More](#)

This Bill Could Make Social Security Taxes Could Be A Thing of The Past

Social Security is one of the cornerstone programs of the American Social Safety net — even if it doesn't always completely cover a person's retirement expenses, it gives everyone something to build off of when planning for their golden years. One thing some people may not realize, though, is that Social Security payments are taxed — even though the money is from the government to begin with. A new bill, though, may change that.

As of 2022, Social Security payments are generally taxable. To see if will pay taxes on your

Social Security, you'd need to first find your combined income using the following formula: if that number is above \$25,000, you'll have to pay some tax if you are a single filer, head of household or qualifying widow or widower with a dependent child. The limit is \$32,000 for married couples filing jointly. The exact amount of your Social Security benefit you pay taxes on depends on your total income, but it caps out at 85% of your benefits.

Some individual **states also tax Social Security income**. Make sure you check your state laws.



A bill currently floating on Capital Hill, though, would make it so that the federal government takes no money from Social Security payments. The proposal is from Rep. Angie Craig (D.-Minn.) and is known as the You Earned It, You Keep It Act.

"Social Security is a promise we have made to the American people — if you work hard and play by the rules, the dignity of a secure retirement will be within your reach," Craig said in a [statement](#).

To make up for the lost revenue, Craig is proposing

raising the cap on Social Security payroll taxes from \$147,000 to \$250,000.

What This Means for You

First off, it doesn't mean anything yet — the act is still just a proposal, and there are many steps it has to go through before it potentially takes effect. Even if there is currently enough support for the bill on Capitol Hill, there is an election coming up, and if the Republicans take control of the House legislation like this would likely be dead, at least for now...[Read More](#)

Office of Inspector General finds insurers inappropriately deny care to people with Medicaid

Healthcare Finance **reports** on new Office of Inspector General **findings** regarding high prior authorization denial rates in Medicaid managed care as well as a high likelihood that some people with Medicaid are not getting the care they need. The OIG urges the Centers for Medicare and Medicaid Services (CMS) to do more to ensure that the insurance companies offering managed care to people with Medicaid are honoring their obligations to cover needed care, rather than putting profits first by denying care inappropriately.

The Office of the Inspector General is concerned that people with Medicaid are not getting needed care that corporate insurers should be covering. Moreover, there is little oversight of these corporate insurers. The Centers for Medicare and Medicaid Services and state insurance departments only

conduct limited oversight of the insurance companies' denials. And, people with Medicaid have restricted access to reviews of their denials. Even in Medicare Advantage, CMS oversight is extremely limited; CMS allows health insurers to deny care wrongly with near impunity.

Medicaid insurance companies denied about 12 percent of prior authorization requests or about one in eight of them on average. But, ten percent of the managed care plans that the OIG reviewed denied one in four or more requests for prior authorization. People with Medicaid should know which plans have these high denial rates so they can avoid enrolling in them.

The OIG fears that oversight bodies are not on top of many inappropriate denials of care. So, inappropriate denials continue because they are not addressed.



In addition, the Medicaid appeals process in most states does not offer people the opportunity for an independent review of denials. So, the appeals process is not a check on most insurance companies offering Medicaid. People do have the right to fair hearings in their state, but the process can be challenging for people with Medicaid. Appealing to the Medicaid health plan directly is also not common.

The OIG claims that the system is better for people in Medicare plans operated by insurance companies. That may be true, but the differences do not lead to particularly good outcomes for people with Medicare in these corporate managed care plans. The Centers for Medicare and Medicaid Services does little to hold Medicare Advantage plans accountable for their bad acts, even if these plans must report

data on denials and appeals.

If CMS reviews the appropriateness of Medicare Advantage prior authorization denials each year, it should report its findings. People should not be forced to choose a Medicare Advantage plan without knowing the risks that they will be denied care inappropriately if they enroll.

Prior authorizations can be harmful to people's health, often delaying critical care needlessly. **More than nine in ten physicians report these delays.** And one in three physicians say that prior authorization leads to serious harm to patients they care for. Nine percent of them say prior authorization leads to "permanent bodily damage, disability or death."

New Report Highlights Medicare Savings Program Expansion in New York

This week, the Medicare Rights Center released a report titled **Increasing Access to Medicare Savings Programs: Lessons Learned and Policy Recommendations from New York**. The paper reviews

important information gained as advocates successfully pushed to **expand access to the Medicare Savings Programs (MSP)** in New York, and speaks to the work that



remains to realize the full promise of those changes.

The MSP helps older adults and people with disabilities living on limited incomes by paying their Medicare Part B

premiums and automatically enrolling them in "**Extra Help**," the federal program that helps low-income Part D enrollees with their drug costs; it may also cover other Medicare cost sharing. ...**Read More**

Dear Marci: What is a Medigap?

Dear Marci,
I'm enrolling in Medicare soon and am confused about Medigaps. Can you explain what these are?

-Julia (New York, NY)

Dear Julia,

Medigaps are health insurance policies that offer standardized benefits to work with **Original Medicare** (not with **Medicare Advantage**). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first. Medigaps may cover outstanding deductibles, coinsurance, and copayments. Medigaps may also cover health care costs that Medicare does not cover at all, like care received when travelling abroad. Remember, Medigaps only work with Original Medicare. If you have a Medicare Advantage Plan, you

cannot buy a Medigap.

Depending on where you live and when you became eligible for Medicare, you have up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N. Note that policies in Wisconsin, Massachusetts, and Minnesota have different names. Each policy offers a different set of standardized benefits, meaning that policies with the same letter name offer the same benefits. However, premiums can vary from company to company.

Before you buy a Medigap policy, be sure to do your research. Some steps you may wish to take include the following:

1. Make sure you are eligible to purchase a Medigap. Remember that you can only have a Medigap if you have Original Medicare. There may be other Medigap



Dear Marci

eligibility requirements that apply to you, depending on the state in which you live.

2. Learn when you have the **right to buy a Medigap without restriction**. There are federal protections for people over 65 to buy a Medigap in certain situations. Some states have additional protections for individuals under 65 or during other times.
3. Compare the different types of policies that exist. As mentioned above, there are 10 different standardized policies in most states, each covering a different range of Medicare cost-sharing.
4. Learn how a Medigap covers **prior medical conditions** to know if any of your medical costs may be excluded from Medigap coverage. Depending on your

circumstances, a Medigap can exclude coverage for prior medical conditions for a limited amount of time.

5. Find out how **Medigap premiums are priced** so you can make cost comparisons. It is important to understand the ways that insurers set premiums to find the best deal for you.
6. Have a **list of questions** to ask when shopping for a Medigap to remind you what you should consider. Buying a Medigap can be complicated, but using a set of written questions and asking for help when needed can help you stay organized and simplify the process.

Over the next few weeks, we'll take a deeper dive into when you can purchase a Medigap and how to compare your options. I hope this helps!

-Marci

Should the US guarantee everyone basic health insurance coverage?

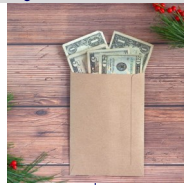
In their new book, "We Got You Covered," Amy Finkelstein and Liran Einav propose a total overhaul of our US health care system that would guarantee everyone basic health insurance coverage and allow people to buy private insurance for coverage upgrades. As they see it, we could spend our health care dollars more wisely and protect people from ever losing essential benefits.

No question that the US health care system needs an overhaul. Thirty million Americans each year are without any health insurance coverage. People lose health insurance all the time because of a change in jobs, a change in domicile, a change in income, a change in age or

disability status and more. And, tens of millions of Americans with health insurance are underinsured, either unable to afford their care with insurance or, too often, facing enormous medical debt.

Finkelstein and Einav believe that basic coverage should not require copays or deductibles. Copays and deductibles discriminate against people based on their ability to pay for care. They lead people to forgo care. People should be able to get the care they need regardless of their ability to pay for it.

The US can afford to guarantee basic coverage to everyone. We spend about 18 percent of GDP



on health care. Basic coverage would cost about nine percent of GDP, which is what other countries spend on guaranteeing health care to everyone.

So, what's the likelihood that the Finkelstein Einav health care policy solution could ever come to pass? Finkelstein believes that there's at least a chance because, she believes that it is not politically loaded. Republicans and Democrats alike seem to like it. And, some conservatives support universal health insurance coverage. But, Finkelstein doesn't factor in the opposition of health insurers, who are making hundreds of billions of dollars a year on the current

system and will do everything in their power to keep things the way they are.

While not saying he supports the Finkelstein-Einav prescriptions, one conservative scholar, N. Gregory Mankiw, the Robert M. Beren Professor of Economics at Harvard University, calls their book a "smart, cogent, and eminently readable look at the U.S. health care system and what can be done to fix it."

For sure, we're not going to see guaranteed universal health care in the US any time soon. The question is whether it's even inevitable or whether our Congress will simply allow our health care system to continue on its Darwinian course of survival of the fittest.

Proposed Rules Would Extend and Ease Access to Medicare Medically Necessary Dental Care

In two newly proposed rules, the Biden-Harris administration has identified ways to extend Medicare coverage for medically necessary dental care and streamline billing. These are important steps to ensure that people with Medicare have access to vital oral health coverage.

Millions of older adults and people with disabilities **lack access** to affordable, essential dental care. This care is **critically important** to maintaining overall health, and the lack of coverage in the Medicare program exacerbates underlying racial, geographic, and disability-related health and economic disparities and inequities.

Currently, Medicare Part B only pays for dental services that are linked to the clinical success of another covered service. That is, when the dental care is

integral to "medically necessary" services that are needed to treat a beneficiary's primary medical condition. But these situations that have long been too narrowly defined, curtailing access to important oral health treatments. Last year, the Centers for Medicare & Medicaid Services (CMS) began to correct address this. The agency **broadened its interpretation of "medically necessary" dental care** to allow for payment in a wider range of circumstances, including before surgical procedures like organ transplants and cardiac valve replacement or repair.

CMS also established a process to identify and cover additional medically necessary dental services and requested information about other medical services with deep ties to dental



services. As a result of this feedback, CMS is **now proposing to cover** dental examinations and services that are related to head and neck cancers, as well as those needed to eliminate oral or dental infections for people undergoing chemotherapy and certain other cancer treatments. CMS also asks for information for specific other covered services and their relationship to oral health care, including cancer radiation therapy.

In another recent rule, **CMS proposes to establish new billing codes** that would better allow hospital outpatient facilities to track and manage the medically necessary dental services that were established last year. The old codes are not clearly related to such services and can result in ambiguity and confusion; this may create a

barrier to beneficiary access to these important services.

Medicare Rights applauds these administrative steps to extend Medicare dental coverage and ease beneficiary access. The link between oral health and whole-body health is clear and these reforms, though limited, can improve outcomes for those living with complex conditions.

We will continue to urge CMS to extend coverage in other circumstances where there is a similar link between dental care and medically necessary treatment. But we know such coverage is not enough. We will also continue to advocate for full dental coverage in Medicare Part B. All beneficiaries should have access to affordable, comprehensive oral health care they need to improve their health, well-being, and economic security.

Paperwork Causing Many Americans to Lose Medicaid Coverage, White House Warns

Large numbers of Americans who were dropped from Medicaid this spring lost their coverage because of paperwork problems, and not because they weren't still eligible for the public health insurance program.

"I am deeply concerned about high rates of procedural terminations due to 'red tape' and other paperwork issues," Health and Human Services Secretary **Xavier Becerra** wrote

in a letter sent Friday to all governors, the *Associated Press* reported.

The changes are happening now because a prohibition on removing Medicaid coverage during the pandemic has now been lifted. States have now begun doing annual eligibility redeterminations.

Among 18 states that began this review in April, about 1



million people continued to receive their health coverage, the *AP* reported. Another 715,000 lost that coverage, but in 4 of 5 cases that was for procedural reasons, according to data from the federal U.S. Centers for Medicare and Medicaid Services.

Becerra encouraged governors to make efforts to keep people on Medicaid, including by using

electronic information from federal programs, such as food stamps, to confirm eligibility.

Nearly 93 million people had Medicaid coverage in February 2023, a much higher number due to the lack of redeterminations than the 71 million who were covered in February 2020, the *AP* reported.... **Read More**

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Biden Administration Announces New Cancer Research Initiative

The Biden administration on Thursday launched a new research program aimed at helping doctors to better distinguish cancer cells from healthy tissue during surgery.

The **program** will fall under the purview of the Advanced Research Projects Agency for Health (ARPA-H). The agency was first formed in March 2022 as part of Biden's Cancer Moonshot initiative.

"Surgical procedures are often the first treatment option for the approximately 2 million Americans diagnosed with cancer each year," the White House said in a statement announcing the new program. "However, current surgical technologies do not allow doctors to easily and fully distinguish cancer cells from

normal surrounding tissue in the operating room. This can lead to repeat surgeries, a more difficult recovery, and cancer recurrence, as well as higher health care costs."

But Biden noted that new approaches are on the horizon.

"Researchers and innovators across the country are pioneering new techniques and technologies to make cancer removal surgeries more precise, accurate and achievable," Biden added in a **statement**. "It's an exciting horizon in cancer research and development that could save and extend many lives. Now, through ARPA-H, we will fund promising new approaches to removing cancer surgically."

The new initiative could



improve cancer treatments and lead to new breakthroughs, **Arati Prabhakar**, director of the White House Office of Science and Technology Policy, told the *Associated Press*.

"What's true is that many cancer treatments still start with surgery," she said. "So, being really smart and attacking and developing new technology to make that first step better could really revolutionize how we are able to treat cancer for so many Americans."

Prabhakar added that usually federal research money goes to university or government labs, but ARPA programs will search more broadly.

"The mission is to reach for things that aren't that obvious or

feasible today -- and to do that, you have to take risks," Prabhakar said. "The process allows you to explore things that could have a bigger impact if they do work and very often what I have seen is that the overall program succeeds even though some of the individual pieces don't succeed."

ARPA has placed an open call for other research objectives, **Danielle Carnival**, coordinator of the White House Cancer Moonshot program, told the *AP*. ARPA's work is a "central pillar" of the administration's plans to meet its goal of cutting cancer deaths.

"I would expect some really great ideas and new projects to come out of that call," Carnival said.

Minorities, Women Are Shortchanged When It Comes to Statins

In yet another example of inequities in U.S. health care, new research indicates that many women and minority men who need statins to protect their heart aren't getting them.

"The recommendation to use statins to treat and prevent atherosclerotic cardiovascular disease has been supported by guidelines from major clinical societies for decades," said study author **Dr. Ravy Vajravelu**, an assistant professor of medicine in the Division of Gastroenterology, Hepatology and Nutrition at the University of Pittsburgh School

of Medicine.

Yet Vajravelu and his associates found that Black men and Hispanic women with high cholesterol are about 25% less likely than white men to get and take meds like Lipitor (atorvastatin) and Zocor (simvastatin) when they need them for prevention of heart disease.

Those disparities concern statin use among patients at risk for future heart disease. Vajravelu and his colleagues found similarly large racial gaps among patients who need statins



to control existing heart disease.

Among people who *already* have heart disease, the study found Black men, mixed race men, Mexican women, Hispanic women, white women, and Black women used statins less often than white men.

Compared with their white male peers, Black men with existing heart disease were 19% less likely to be taking statins, while Mexican American women were 64% less likely to be using the drugs. For white women, the odds were 31% lower, according

to the study.

Statin pills help prevent clogged arteries (atherosclerosis) in people with high cholesterol levels. Left unchecked, fatty buildup in the arteries can raise the risk for heart attack and stroke.

For the study, researchers sifted through cholesterol, heart health and statin use data collected between 2015 and 2020 (pre-pandemic) by the U.S. National Health and Nutrition Examination Survey (NHANES) ... **Read More**

Could Metformin Help Seniors Bounce Back After Surgery?

The diabetes drug metformin might also benefit older patients after an injury or illness, a small study suggests.

Researchers found that metformin -- a drug that has been around for more than a half-century to regulate blood sugar -- may have a different ability: It can target senescent cells that affect muscle function. These "zombie-like" cells release chemicals linked with inflammation that can harden or scar tissues. Metformin works against these senescent properties, and also reduced muscle wasting in the study.

"Metformin may be able to be repurposed for other muscle-loss-related clinical applications -- for instance in recovery from hip or knee surgeries in elderly individuals where there is much inflammation and muscle atrophy," said lead researcher **Jonathan Petrocelli**, a graduate research assistant in physical therapy and athletic training at the University of Utah in Salt Lake City.

"We are just skimming the surface of what is possible for metformin," he said. "This study suggests that there is still much



to understand regarding the recovery from periods of disuse."

Researchers were able to make some new connections between cellular senescence and fibrosis, or scarring, that Petrocelli said raises many new questions.

For the study, Petrocelli's team recruited 20 healthy men and women 60 years of age or older. Over two weeks, they were either given metformin or a placebo. Then, each group continued their treatment while resting in bed for five days.

The idea was to see whether

metformin could protect against the muscle loss and scarring often seen in older adults who are recovering from an injury or illness. Researchers used MRIs to track muscle loss during participants' inactive period.

"We saw protective effects against muscle loss, fibrosis, markers of inflammation and were able to link some of these effects to metformin's anti-cellular properties," Petrocelli said.... **Read More**

Step Counts Aren't Just for the Healthy: They Also Help Heart Failure Patients

Wearable devices like smartwatches continually track physical activity, urging folks to take more daily steps for their health.

Now, a new study suggests this gentle technological nagging could be of great benefit to people whose hearts are giving out.

Heart failure patients who get between 1,000 and 5,000 steps a day have significantly improved symptoms and fewer physical limitations than those who walk less, according to researchers.

They also found that if heart patients increase their step counts, they appear to experience a clinically important improvement in symptom control

and physical function.

These results show the potential usefulness of wearable devices in helping people manage heart failure, said senior researcher **Dr. Brahmajee Nallamothu**, a professor of cardiology at the University of Michigan Medical School.

"I can imagine situations where these devices could potentially help us deliver advice or recommendations," Nallamothu said. "By tracking how many steps a patient has taken, we might be able to use that information and intervene a little bit to say, you haven't been moving as much this week as you were the week before. There



might be lots of things going on in your life, but it's really nice outside. Maybe today or tomorrow is a good day for a walk."

Heart failure occurs when the heart becomes too weak or stiff to pump sufficient blood out to the body. Patients develop fatigue and shortness of breath, making it extremely difficult to perform everyday activities like walking, climbing stairs or carrying groceries.

For the study, Nallamothu and his colleagues analyzed data on 425 heart failure patients who participated in a clinical trial for a diabetes drug called canagliflozin (Invokana).

As part of the trial, the patients

were provided at Fitbit Versa 2 to track their daily step count and physical activity. This data was uploaded to a compatible smartphone and saved for analysis.

Results showed that heart failure patients who walked 2,000 steps per day had better symptom and physical limitation scores than those who walked 1,000 steps daily.

Further, those patients who increased their step count over the 12-week clinical trial appeared to improve their physical limitation scores, compared to those who didn't walk more, the study found....[Read More](#)

Nearly a Half-Million Americans Might Have Tick-Borne Meat Allergy Syndrome

Tick bites can cause crippling infections like Lyme disease in humans, but new research suggests they can also trigger a serious meat allergy in far more Americans than thought.

Called alpha-gal syndrome, the condition may affect hundreds of thousands of Americans, U.S. health officials announced Thursday, but many doctors are not familiar with the condition, or how to diagnose or treat it.

According to one of two studies from researchers at the U.S. Centers for Disease Control and Prevention, there were more than 110,000 suspected cases of alpha-gal syndrome reported between 2010 and 2022. But because diagnosis requires a diagnostic test and a clinical

exam, many people may not get tested. On that basis, the CDC researchers estimated that as many as 450,000 Americans might be affected.

In that study, researchers looked at lab results from 2017 to 2022 from a laboratory that, until August 2021, was the primary commercial lab offering such testing in the United States.

More than 300,000 samples were tested, and more than 30% showed AGS infection.

"Alpha-gal syndrome is an important emerging public health problem, with potentially severe health impacts that can last a lifetime for some patients," CDC researcher **Dr. Ann Carpenter** said in an agency



news release. "It's critical for clinicians to be aware of AGS so they can properly evaluate, diagnose and manage their patients, and also educate them on tick bite prevention to protect patients from developing this allergic condition."

Unfortunately, a second study from the same CDC researchers found that many health care providers are not familiar with the potentially life-threatening allergic condition, the agency noted.

The survey of 1,500 family doctors, internists, pediatricians, nurse practitioners and physician assistants showed that nearly half (42%) had not heard of AGS, one-third said they were "not too

confident" in their ability to diagnose or manage patients with the syndrome and only 5% felt "very confident" in their ability

Alpha-gal is a sugar found in meats like pork, beef, rabbit, lamb and venison, along with products made from gelatin, cow's milk, milk products and some pharmaceuticals. AGS is a serious allergic reaction some people get after eating food or products containing alpha-gal.

Evidence suggests that AGS is associated with the bite of a lone star tick, but other types of ticks have not been ruled out, the researchers said.

The Southern, Midwestern and mid-Atlantic regions have seen more people who test positive for AGS, the agency added....[More](#)

New Ultrasound Patch Spots Tiny Breast Abnormalities in Early Trial

Scientists have developed a wearable ultrasound patch that might eventually allow women to monitor themselves for early signs of breast cancer in the comfort of their home.

The achievement, reported July 28 in the journal *Science Advances*, is the latest in a broader research effort to make wearable ultrasound a reality.

The hope is to one day use such portable technology to help diagnose and monitor a range of diseases and injuries -- in a way that's more accessible and cheaper than using traditional scanners housed at medical

facilities.

The U.S. National Institutes of Health, which is funding some of that research, says that wearable ultrasound has the potential to "revolutionize health care."

Right now, breast ultrasound is used to help detect cancer in some women. If a screening mammogram picks up a suspicious finding, for example, ultrasound may be done to see whether it's a tumor or a cyst. Ultrasound can also be used, in addition to screening mammography, when a woman has particularly dense breast



tissue (which makes it harder for radiologists to see a tumor on a mammogram).

That, however, requires women to go to a health care facility, and the ultrasound test itself is "operator-dependent," explained senior researcher **Canan Dagdeviren**, an associate professor at the Massachusetts Institute of Technology (MIT).

With traditional breast ultrasound, a health care provider applies a gel to a handheld wand -- called a transducer -- then moves it over the skin on and

around the breast. So, the quality of one ultrasound to another varies, in part, based on the operator's experience and expertise.

In theory, a wearable ultrasound device could be both more convenient and more reliable.

But the breast presents a particular design challenge: curves. Other wearable ultrasound devices under development have typically been small -- even the size of a postage stamp -- and designed to be used once, for a matter of days....[Read More](#)

Daily Baby Aspirin Raises Odds for Brain Bleeds, With No Lowering of Stroke Risk

For years, older adults took a baby aspirin a day to help ward off a first-time heart attack or stroke. Now yet another study is showing the risks are not worth it for most.

Specifically, researchers found the risk of brain bleeding while using low-dose aspirin outweighed any potential benefit against stroke for relatively healthy older adults -- that is, those with no history of heart disease or stroke.

In fact, among more than 19,000 older adults in the study, those who took daily low-dose aspirin for several years showed no reduction in their risk of an ischemic stroke (the kind caused by a blood clot).

They did, however, have a 38% higher risk of bleeding in the brain, compared to study patients given placebo pills for comparison.

Experts said the findings align with the latest recommendations on low-dose aspirin:

Most people with no history of cardiovascular disease, including heart attack or stroke, should skip it.

"What's becoming clearer and clearer is that aspirin, for primary prevention, is not indicated for most people," said **Dr. Anum Saeed**, a cardiologist who was not involved in the study.

"Primary prevention" refers to prevention of first-time strokes or heart attacks.

The new findings do not apply to people who have been prescribed aspirin because they already have a history of those conditions, said Saeed, an assistant professor at the University of Pittsburgh Medical Center and a member of the American College of Cardiology



(ACC) Prevention Council.

Dr. Mitchell

Elkind, chief clinical science officer for the

American Heart Association (AHA), said that while the study focused on older adults, the findings support what's recommended for younger people, too.

"They are consistent with current recommendations from professional societies, including the AHA, that most individuals of any age should not take aspirin for primary prevention," said Elkind, who was not part of the study.

For years, middle-aged and older adults were commonly advised to take a baby aspirin a day, to lower the risk of a blood clot forming and potentially triggering a heart attack or stroke. It was always known that

aspirin carried a risk of internal bleeding -- in the stomach or, most troubling, the brain. But the benefits were believed to outweigh that risk for most people.

Within the past few years, however, medical groups like the ACC and AHA have changed their recommendations. The moves were based on new evidence showing that, for people with no preexisting heart disease, the balance of risks versus benefits has changed.

These days, people are smoking less and have their blood pressure and diabetes under better control, versus a few decades ago. Many are also taking statins, which cut the risk of heart attack and stroke. So the need for aspirin has waned....[Read More](#)

New Weight Loss Drugs Carry High Price Tags and Lots of Questions for Seniors

By **Judith Graham**, KFF Health News.

Corlee Morris has dieted throughout her adult life.

After her weight began climbing in high school, she spent years losing 50 or 100 pounds then gaining it back. Morris, 78, was at her heaviest in her mid-40s, standing 5 feet 10½ inches and weighing 310 pounds. The Pittsburgh resident has had diabetes for more than 40 years.

Managing her weight was a losing battle until Morris' doctor prescribed a Type 2 diabetes medication, Ozempic, four months ago. It's one in a new category of medications changing how ordinary people as

well as medical experts think about obesity, a condition that affects nearly 4 in 10 people 60 and older.

The drugs include Ozempic's sister medication, Wegovy, a weight loss drug with identical ingredients, which the FDA approved in 2021, and Mounjaro, approved as a diabetes treatment in 2022. (Ozempic was approved for diabetes in 2017.) Several other drugs are in development.

The medications reduce feelings of hunger, generate a sensation of fullness, and have been shown to help people lose an average of 15% or more of their weight.



"It takes your appetite right away. I wasn't hungry at all and I lost weight like mad," said

Morris, who has shed 40 pounds.

But how these medications will affect older adults in the long run isn't well understood. (Patients need to remain on the drugs permanently or risk regaining the weight they've lost.)

Will they help prevent cardiovascular disease and other chronic illnesses in obese older adults? Will they reduce rates of disability and improve people's ability to move and manage daily tasks? Will they enhance people's lives and alleviate

symptoms associated with obesity-related chronic illnesses?

Unfortunately, clinical trials of the medications haven't included significant numbers of people ages 65 and older, leaving gaps in the available data.

While the drugs appear to be safe — the most common side effects are nausea, diarrhea, vomiting, constipation, and stomach pain — "they've only been on the market for a few years and caution is still needed," said Mitchell Lazar, founding director of the Institute for Diabetes, Obesity and Metabolism at the University of Pennsylvania Perelman School of Medicine....[Read More](#)

With New Proposed Rules, Biden Administration Pushes Insurers to Boost Mental Health Coverage

President Joe Biden announced Tuesday that his administration is seeking new rules to push insurance companies to increase coverage of mental health treatment.

The new rules, which still must go through a public comment period, would require insurers to study if customers have the same medical and mental health benefits and fix any disparities if they don't.

"You know, we can all agree

mental health care is health care," Biden said in a White House [news release](#).

"It is health care. It's essential to people's well-being and their ability to lead a full and productive life, to find joy, to find purpose, to take care of themselves and their loved ones. It's about dignity. Think about this."

The Mental Health Parity and Addiction Equity Act, passed in 2008, requires insurers



to offer the same mental and physical health care coverage, which isn't the case now.

"Folks, it shouldn't be this way," Biden said at a White House event highlighting the announcement. "It doesn't need to be this way."

"But, right now, for millions of Americans, mental health care and treatment for substance abuse is out of reach," Biden added. "It's out of reach. In 2020,

less than half -- less than half of all adults with mental illness diagnosis received care for it. Less than half."

If finalized, the new rules would change that.

"I don't know what the difference between breaking your arm and having a mental breakdown is -- it's health," Biden said. "We must fulfill the promise of true mental health parity for all Americans now."

Asian-Americans Less Likely to Survive Cardiac Arrest Despite Equal CPR Efforts

Asian adults in the United States who suffer cardiac arrest are less likely to survive than white adults, even when given bystander CPR, a new study finds.

Asian adults have similar rates of bystander CPR after a cardiac arrest, but are 8% less likely to survive to hospital discharge compared with white adults.

They are also 15% less likely to have favorable mental outcomes, according to an analysis of nearly 279,000 out-of-hospital cardiac arrests.

"Receiving bystander CPR is

usually a very strong predictor of survival after out-of-hospital cardiac arrest, therefore, it is not entirely clear what may be driving the lower survival rate among Asian adults," researcher **Dr. Paul Chan** said in an American Heart Association news release. He's a professor of medicine at Saint Luke's Mid America Heart Institute and the University of Missouri-Kansas City.

Cardiac arrest is the abrupt loss of heart function in a person without known heart disease. It is caused by an electrical problem



within the heart, and is different from a heart attack, the AHA says.

"We were surprised that rates of bystander CPR in Asian adults were the same as white adults, as we have previously found that Black and Hispanic persons with out-of-hospital cardiac arrest have much lower rates of bystander CPR than white persons," said Chan.

Because skin color of the Asian community in the United States varies widely, he said his team had expected to see lower rates of bystander CPR in Asian versus

white adults, Chan added.

"It is quite encouraging that bystander CPR rates for Asian adults were comparable to white adults; however, the overall analysis indicates additional research is needed to better understand the gap in CPR survival and neurological outcomes among Asian adults after out-of-hospital cardiac arrest," said **Dr. Joseph Wu**, volunteer president of the American Heart Association and director of the Stanford Cardiovascular Institute.

Extreme Heat Can Take Toll on People Battling Mental Health Issues

While the record-breaking heat the United States is experiencing this summer can stress people to their limits, it can be particularly hard to navigate for those with mental health issues.

"All mental illnesses increase with heat because it results in more fatigue, irritability and anxiety, and it can exacerbate depressive episodes," said **Dr. Asim Shah**, executive vice chair in the Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine in Houston.

Excessive heat can cause anger, irritability, aggression, discomfort, stress and fatigue. Heat acts on serotonin, the

neurotransmitter that regulates mood, leading to lower levels of happiness and increased levels of stress and fatigue, Shah explained.

The most vulnerable groups include those with preexisting conditions and people who use abuse substances like alcohol. If people use substances, especially alcohol, they need to be more hydrated because combining substance use with heat requires even more hydration.

Heat can make mental health issues worse, including aggressive behavior and mental fogging. In the worst case, confusion and disorientation can



occur.

What can someone with mental health issues do? Shah recommends

hydrating and keeping your head covered outside. Pour water on your head to cool down and try staying in shade. If you usually go for walks outside, move inside by walking in a mall or a large space with air conditioning.

If you take medications, consult your doctor before mixing your dose with excessive heat. Some medications for mental health, such as lithium, might not pair well with heat. Lithium goes through the kidneys, so if you sweat more, levels of the drug can

fluctuate, Shah explained.

"If you are out in the heat and using lithium, levels may fluctuate. In that scenario, we have to be very careful and either adjust the dosage of lithium or avoid heat," he said in a college news release.

Climate changes, like droughts and extreme changes in temperature, can also trigger rises in pollutants and allergens that worsen air quality.

"Children are a vulnerable population due to their physical and cognitive immaturity. They are exposed to more pollutants and allergens as they spend more time outdoors," Shah noted.

As a Summer Surge of COVID Takes Hold, Don't Mistake It for a Cold

For the fourth summer in a row, Americans are experiencing a COVID-19 surge, this one marked by a rise in hospital admissions, emergency room visits, test positivity rates and wastewater data.

The good news: It's unlikely that most cases will be severe or that the surge will be long-lasting, experts say.

The U.S. Centers for Disease Control and Prevention is **reporting** a rise in testing, though lab testing is not at the levels it was before the public health emergency ended in May.

"I do see some early signs that we are heading into another wave. Of course, we don't know what lies ahead. So, it may yet peter out," **Caitlin Rivers**, an assistant professor in the Department of Environmental

Health and Engineering at the John Hopkins Bloomberg School of Public Health, told *CNN*.

"It doesn't seem to be driven by a new variant, which I find encouraging," Rivers added.

Gene sequencing company Helix has seen cases rise 30% to 40% since June, *CNN* reported. The company has been helping the CDC track gene changes of the COVID virus.

Numbers were at low levels before the recent rise, noted **Shishi Luo**, associate director of bioinformatics at Helix.

"When we look at our data, we have noticed that since late June to the beginning of July and probably through now, there has



been a mild uptick in cases and these are based on samples sourced from pharmacy-based

testing and also from health system-based testing," Luo told *CNN*.

The reason for the rise may be that people are traveling more this summer and also meeting up indoors, where there is air conditioning because of heat waves.

Immunity has also waned over time. Most Americans have not had a COVID booster in a long time, *CNN* reported.

"Waning immunity clearly is going to play a role in all of this, and we've seen this over and over again, is the further out you get, even while there still is some protection against death and

serious illness, waning immunity could be important in terms of the number of people who get sufficiently ill to require hospitalization," **Michael Osterholm**, an infectious disease expert who runs the Center for Infectious Disease Research and Policy at the University of Minnesota.

Osterholm suggests getting the new booster for the XBB variant when it comes out in September.

"I want to get the new booster," Osterholm said. "I think the evidence is that the protection of the previous bivalent booster has been reduced over time. So that if you get it now, though, that'll hold you back time-wise from getting the new booster that hopefully will be out in the next 60 to 80 days." ...**Read More**