

## December 10, 2023 E-Newsletter



### Message from the Alliance for Retired Americans Leaders

#### 401(k) Balances are Down and Hardship Withdrawals Continue to Rise



Robert Roach, Jr.  
President, ARA

In the most recent quarter, retirement account balances have slumped, despite bouncing back earlier in the year.

Due to volatile market conditions, the average 401(k) balance fell 4% to \$107,700 in the third quarter. This drop follows a previous 4% drop in the second quarter of 2023. Only 6% of Americans have a 401(k) balance over \$100,000.

The balances were also affected by an increase in hardship withdrawals. Hardship withdrawals allow account owners to withdraw retirement funds before they are 59 ½ without penalty if the funds are used to pay for medical expenses, losses due to natural disasters, to buy a primary residence, or to prevent eviction or foreclosure.

According to reports by Fidelity Investments and Bank of America, the largest share of hardship withdrawals were for avoiding foreclosure and paying medical expenses. The number of 401(k) participants who have taken out hardship withdrawals is up 13% from the second quarter and 27% compared to the first quarter, with an average withdrawal amount of just over \$5,000.

Financial experts label hardship withdrawals as last resort solutions, as it can significantly weaken compound interest. However, with rising

costs, most adults living paycheck to paycheck, and record high credit card debt, hardship withdrawals have become more difficult to avoid.

"Americans are being forced to withdraw retirement funds early just to meet basic needs," said **Robert Roach, Jr., President of the Alliance**. "This is another reason defined pensions are so important. All jobs should provide enough income for Americans to save for a rainy day and put aside some money for retirement."

#### House Budget Committee Hearing Builds Momentum for Debt Commission, Cuts to Social Security and Medicare



Rich Fieta,  
Executive  
Director, ARA

The House Budget Committee held a hearing on three pieces of legislation to create a so-called fiscal commission to find ways to reduce the national debt Wednesday. The bills are similar and all create a path to votes on cuts to Social Security and Medicare.

Representatives Ed Case (D-HI), Bill Huizenga (R-MI), James McGovern (D-MA), Scott Peters (D-CA), Lloyd Smucker (R-PA) and Steve Womack (R-AR) and Senators Mitt Romney (R-UT) and Joe Manchin (D-WV) testified at the hearing. Rep. McGovern was the only witness who opposed creating a commission.

Following the hearing, Budget Committee Chairman Jodey Arrington (R-TX) floated using annual government funding bills



Budget Committee Chairman  
Jodey Arrington (R-TX)

to pass the legislation needed to create a fiscal commission. He called potential appropriations legislation that could move in January or February a "likely vehicle," meaning that a closed-door, fast-track commission emboldened to cut Social Security and Medicare could be a requirement for funding the government.

President Biden has promised to veto any bill that could negatively affect Social Security or Medicare.

"There is truly no need for a fiscal commission, especially one that starts from the false premise that Social Security is adding to the national debt," said **Richard Fieta, Executive Director of the Alliance**. "Social Security needs to be strengthened for future generations, and benefits should be increased — not cut. We know that Social Security can be expanded by making the wealthiest Americans pay their fair share. The fact that the leading commission proponents never mention eliminating the cap on earnings subject to Social Security tax shows where their priorities lie."

#### Senate Finance Committee Advances Martin O'Malley's Nomination to Lead SSA

Former Maryland Gov.



Joseph Peters  
ARA  
Sec.-Trea.

Martin O'Malley is now one big step closer to becoming Social Security Administration (SSA) commissioner. On Tuesday, the Senate Finance Committee

voted 17-10 to send his nomination to the Senate floor, with three Republicans joining all of the Democratic members of the Committee in voting for his confirmation.

As Commissioner, O'Malley would play a key role in seeing that Congress takes action to strengthen and protect Social Security benefits, that SSA has the resources to meet the public's needs, and that staff have the best tools and technology available.

During the Senate Finance Committee's nomination hearing on November 8, O'Malley acknowledged the customer service challenges Social Security is facing. He called on Congress to increase funding so SSA can hire additional staff to manage its growing workload and reduce wait times for beneficiaries to get assistance.

"We share the Committee's confidence in Governor O'Malley and we encourage the full Senate to confirm him before the end of the year," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**.

"Congress should also act on his calls for increased SSA funding."

## CMS can't oversee AI denials in Medicare Advantage

Congressman Jerry Nadler, Congresswoman Judy Chu and 28 other House members recently sent a letter to the Centers for Medicare and Medicaid Services (CMS) urging CMS to assess AI denials in Medicare Advantage. If only CMS could do so effectively and in a timely manner. Not only does CMS lack the resources to do the requisite oversight at the moment, but when it finds Medicare Advantage plans are inappropriately denying care through AI, CMS appears to lack the power to punish the insurers in a meaningful way.

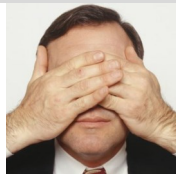
**Bottom line:** It seems unlikely that CMS can rein in the Medicare Advantage plans' use of AI to **deny claims at eye-popping rates**, even if the insurers offering Medicare Advantage plans deny care without regard to enrollees' particular conditions, as required.

In their letter to CMS, the members of Congress express concern about CMS' Medicare Advantage and Part D prescription drug prior authorization requirements in its 2024 final rule.

**What's happening exactly?** NaviHealth, myNexus and CareCentrix provide Medicare Advantage plans with AI software to restrict coverage based on artificial intelligence. The insurers who rely on AI claim that they also review claims based on patient needs. But, former **NaviHealth staff argue to the contrary**.

Mounting evidence suggests that the lives and health of some Medicare Advantage enrollees are endangered.

Because CMS does not prevent insurers from using AI to deny Medicare Advantage coverage, members of Congress recognize the challenge for CMS



to monitor the use of AI and ensure that claims are properly processed. "Absent prohibiting the use of AI/algorithmic tools outright, it is

unclear how CMS is monitoring and evaluating MA plans' use of such tools in order to ensure that plans comply with Medicare's rules and do not inappropriately create barriers to care," the members wrote.

The insurers will always claim that AI is not making the denial decision, which is true. The insurers are. But, they appear to be exercising little if any independent judgment in many instances. So, the question remains whether the insurers are determining medical necessity based on the medical needs of their enrollees, as they should be. What's clear is that though Medicare Advantage plans are legally required to provide the same coverage as traditional

Medicare, **they do not**.

To help ensurer appropriate oversight of the insurers' use of AI, among other things, the members of Congress propose that CMS:

- ◆ Require MA plans to report prior authorization data including reason for denial, by type of service, beneficiary characteristics (such as health conditions) and timeliness of prior authorization decisions;
- ◆ Compare the AI determinations against the actual MA plans' determination;
- ◆ Assess whether the AI/ algorithms are "self-correcting," by determining whether, when a plan denial or premature termination of services is reversed on appeal, that reversal is then factored into the software so that it appropriately learns when care should be covered.

## Medicare Advantage: Denials and more denials, some deadly

Remember the line about the bridge in Brooklyn? "If you believe that, I have a bridge in Brooklyn to sell you." Don't fall for the con. It applies in spades to all the hype about Medicare Advantage. You might save a little money, but it could cost you your life. No joke.

The families of two Medicare Advantage enrollees are suing UnitedHealthcare, in a proposed class action suit, for wrongly cutting off their medically necessary care in a rehabilitation facility. The enrollees **have died**. The families allege that UnitedHealthcare used artificial intelligence to deny their relatives care, without appropriate attention to their relatives' particular care needs, as required under Medicare rules. UnitedHealthcare denies any wrongdoing.

You always can save money by not having health insurance or not getting health care when you really need it. That's effectively what's happening to some people in Medicare Advantage plans. When Medicare Advantage enrollees get sick—when they really need health insurance to cover their health care—they

could be out of luck, without the coverage to meet their needs. And, that goes for people in Medicare Advantage HMOs with restricted networks, as well as people in PPO's, with more open networks.

The American Hospital Association just sent **another letter to the Centers for Medicare and Medicaid Services**, CMS, which is charged with overseeing the insurers offering Medicare Advantage, urging CMS to enforce rules intended to keep the Medicare Advantage plans from inappropriately denying care. The problem is that the rules have no teeth. So, corporate health insurers are flouting them, denying care to people whose care would be covered in Traditional Medicare.

An earlier letter from the American Hospital Association to CMS documented the **serious harm some insurance companies are inflicting on Medicare Advantage plan enrollees needing critical hospital care**.

CMS appears to believe that its ability to protect people from

**MISLEADING**

Medicare Advantage plan bad actors is circumscribed, even when the insurers offering Medicare

Advantage are clearly violating their contractual obligations. Consequently, people enrolled in Medicare Advantage plans are taking a huge gamble. If they need costly care, it's not clear they will get it.

There could be some insurers offering Medicare Advantage that are doing right by their enrollees. But, if there are, no one knows which ones. Do you really want to roll the dice with your health and well-being?

Right now, during the Medicare Open Enrollment period, you should seriously consider making a switch to Traditional Medicare. If you have **Medicaid**, you will have almost all your costs covered. Even if you don't have Medicaid, if you don't need a lot of health care, you will have few out-of-pocket expenses. If you want good protection from financial risk, you will need to buy supplemental coverage, which can be costly and hard to come by. But, in most states, Medigap

plans K and L are low-cost. Even without Medigap coverage, your out-of-pocket costs are not likely to be any higher than your out-of-pocket costs in Medicare Advantage, which can be as high as \$8,850 for in-network care alone. And, in Traditional Medicare, you can be sure that you will get the care you need when you need it.

The Biden Administration could protect people in Medicare Advantage immediately, as it figures out how to ensure that the Medicare Advantage insurers are accountable for their bad acts. The Administration could, through executive order, require CMS to put an out-of-pocket cap in Traditional Medicare. The cap should save Medicare money, as the government is so **wildly overpaying the insurers offering Medicare Advantage plans**, that giving people the ability to enroll in Traditional Medicare without having to buy supplemental coverage would guarantee them access to the care they need at a lower cost to the Medicare program.



# Uncle Sam Wants You ... to Help Stop Insurers' Bogus Medicare Advantage Sales Tactics

After an unprecedented crackdown on misleading advertising claims by insurers selling private Medicare Advantage and drug plans, the Biden administration hopes to unleash a special weapon to make sure companies follow the new rules: you.

Officials at the Centers for Medicare & Medicaid Services are encouraging seniors and other members of the public to become fraud detectives by reporting misleading or deceptive sales tactics to 800-MEDICARE, the agency's 24-hour information hotline. Suspects include postcards designed to look like they're from the government and TV ads with celebrities promising benefits and low fees that are available only to some people in certain counties.

The **new rules**, which took effect Sept. 30, close some loopholes in existing requirements by describing what insurers can say in ads and other promotional materials as well as during the enrollment process.

Insurance companies' advertising campaigns kick into high gear every fall, when seniors can buy policies that take effect Jan. 1. People with traditional government Medicare coverage can add or change a prescription drug plan or join a

Medicare Advantage plan that combines drug and medical coverage. Although private Advantage plans offer extra benefits not available under the Medicare program, some services require prior authorization and beneficiaries are confined to a network of health care providers that can change anytime. Beneficiaries in traditional Medicare can see any provider. The open enrollment season ends Dec. 7.

Catching Medicare Advantage plans that step out of line isn't the only reason to keep an eye out for marketing scams. Accurate plan information can help avoid enrollment traps in the first place.

Although insurers and advocates for older adults have generally welcomed the new truth-in-advertising rules, compliance is the big challenge. Expecting beneficiaries to monitor insurance company sales pitches is asking a lot, said Semanthie Brooks, a social worker and advocate for older adults in northeast Ohio. She's been helping people with Medicare sort through their options for nearly two decades. "I don't think Medicare beneficiaries should be the police," she said.

Choosing a Medicare



Advantage plan can be daunting. In Ohio, for example, there are 224 Advantage and 21 drug plans to choose from that take effect next year.

Eligibility and benefits vary among counties across the state.

"CMS ought to be looking at how they can educate people, so that when they hear about benefits on television, they understand that this is a promotional advertisement and not necessarily a benefit that they can use," Brooks said. "If you don't realize that these ads may be fraudulent, then you won't know to report them."

The agency relies on beneficiaries to help improve services, Meena Seshamani, CMS' Medicare director, told KFF Health News in a written statement. "The voices of the people we serve make our programs stronger," she said. Beneficiary complaints prompted the government's action. "That's why, after hearing from our community, we took new critical steps to protect people with Medicare from confusing and potentially misleading marketing."

Although about 31 million of the 65 million people with Medicare are enrolled in Medicare Advantage, even that may not be enough people to

monitor the tsunami of advertising on TV, radio, the internet, and paper delivered to actual mailboxes. Last year more than 9,500 ads aired daily during the nine-week marketing period that started two weeks before enrollment opened, according to **an analysis by KFF**. More than 94% of the TV commercials were sponsored by health insurers, brokers, and marketing companies, compared with only 3% from the federal government touting the original Medicare program...

During just one hourlong Cleveland news program in December, researchers found, viewers were treated to nine Advantage ads.

For the first time, CMS asked insurance and marketing companies this year to submit their Medicare Advantage television ads, to make sure they complied with the expanded rules. Officials reviewed 1,700 commercials from May 1 through Sept. 30 and nixed more than 300 deemed misleading, according to news reports. An additional 192 ads out of 250 from marketing companies were also rejected. The agency would not disclose the total number of TV commercials reviewed and rejected this year or whether ads from other media were scrutinized...**Read More**

## How do I request a tiering exception?

Dear Marci,

I recently started taking a new medication. It's covered by my Part D plan, but when I went to the pharmacy, I was charged a high copay! What's going on? How do I fix this?

-Maria (Sacramento, CA)

**Dear Maria,**

If your Part D plan covers your medication but your copayment is expensive, it could be that the medication is on a high tier. **Part D plans use tiers to categorize prescription drugs.** Higher tiers are more expensive and have higher cost-sharing amounts. Each plan sets its own tiers, and plans may change their tiers from year to year.

**If you can't afford your**

**copay, you can ask for a tiering**

**exception by using**

**the Part D appeal process.**

A tiering exception is a way to request lower cost-sharing. To request a tiering exception, you or your doctor must show that the drugs for treatment of your condition that are on lower tiers of your plan's formulary are ineffective or dangerous for you. Here is some guidance on requesting a tiering exception:

◆ If you are charged a high copay at the pharmacy, talk to your pharmacist and your plan to find out why. If your copay is high because your prescription is on a higher tier than other drugs to treat your condition on the formulary,



Dear Marci

you can ask for a tiering exception.

◆ Note that you can't

request a tiering exception if the drug you need is in a specialty tier. The specialty tier is limited to drugs above a certain dollar amount and plans may not require more than 33% coinsurance for drugs on this tier.

◆ Ask your plan how to send your tiering exception request. It's usually helpful to include a letter of support from your prescribing health care provider. This letter should explain why similar drugs on the plan's formulary at lower tiers are ineffective or harmful for you.

◆ If your plan approves your tiering exception request, your drug will be covered at cost-sharing that applies to the lower tier. Normally, an approved exception will be in effect until the end of the current calendar year. If your plan denies your request, it should send you a letter titled Notice of Denial of Medicare Prescription Drug Coverage. You can appeal this decision.

You may wish to consider switching plans during the **Fall Open Enrollment Period** to a Part D plan that covers your drug with lower cost-sharing. I hope this helps. Best of luck!

-Marci

## Reps and Dems angry about care denials in Medicare Advantage

Robert King writes for **Politico** about the Republican and Democratic anger directed at insurance companies for denying care inappropriately to older adults and people with disabilities enrolled in Medicare Advantage plans. Complaints to members of Congress from people enrolled in Medicare Advantage, as well as from health care providers treating people enrolled in Medicare Advantage, are on the rise. And, for good reason. Now, more than half the Medicare population is enrolled in a Medicare Advantage plan, a health plan administered by a corporate health insurer. Whether people have been

steered to a Medicare Advantage plan by a friend, an employer, a union or **Joe Namath**, no one likely told them that they were putting their health and well-being at risk. No one likely told them that insurers offering Medicare Advantage plans can and do too often **deny or delay critical care with impunity**, as a way to maximize profits.

Most people don't appreciate that the government cannot ensure that Medicare Advantage plans cover their care. And, the Centers for Medicare and Medicaid Services, which oversees Medicare Advantage, is hard-pressed to warn people about the Medicare Advantage



bad actors, let alone cancel their contracts.

Senator Ron Wyden, Chair of the Senate Finance

Committee, recently held a hearing focused on the **misleading marketing** in Medicare Advantage. His takeaway: "It was stunning how many times senators on both sides of the aisle kept linking constituent problems with denying authorizations for care." What's truly stunning is that corporate health insurers offering Medicare Advantage plans have been denying care inappropriately for years, and it's only now that Congress is waking up to this horror show, which is literally leading to tens

of thousands of unnecessary deaths each year, according to **one academic study**. Corporate health insurers use prior authorization tools, which require insurer approval in order to ensure coverage, as a way to delay urgent care as well as to deny it. Insurers also use **artificial intelligence or AI to make sweeping across-the-board denials of care**, without regard to particular patient conditions, in violation of their Medicare contracts. **Stat News** recently reported on the grave harm to patients entitled to rehabilitation services when enrolled in some Medicare Advantage plans.

## Materials Available from Alliance Webinar

### Alliance Webinar, Watch Your Wallet: Making Housing Decisions, Managing Debt and Avoiding Scams as You Age

On Monday the Alliance hosted a webinar with officials from the Consumer Financial Protection Bureau's (CFPB) Office for Older Americans entitled, Watch Your Wallet: Making Housing Decisions, Managing Debt and Avoiding Scams as You Age.

Dr. Hector L. Ortiz, Senior Policy Analyst with CFPB, covered specifics related to paying for long term care, wrongful medical billing and



scams that prey on older Americans. Cora Hume, an attorney with the CFPB's Office for Older Americans, focused on topics including aging in place, making housing decisions after losing a spouse or partner, and using home equity to meet

financial needs. The webinar concluded with the speakers taking several questions from Alliance members.

Ortiz and Hume also highlighted some of the educational material on its website designed to help older

Americans, their families, and caregivers make informed financial decisions, including:

- ◆ **Five things to consider before collecting Social Security**
- ◆ **Report scams to the Federal Trade Commission**
- ◆ **Know your rights: Caregivers and nursing home debt**
- ◆ **Housing decision guides**
- ◆ **Reverse mortgages**

If you were unable to tune in, a recording of the webinar is here and Ortiz and Hume's presentation is **here**.

## FTC Chief Gears Up for a Showdown With Private Equity

A recent Federal Trade Commission civil lawsuit accusing one of the nation's largest anesthesiology groups of monopolistic practices that sharply drove up prices is a warning to private equity investors that could temper their big push to snap up physician groups. Over the past three years, **FTC and Department of Justice officials** have signaled they would apply more scrutiny to private equity acquisitions in health care, including roll-up deals in which larger provider groups buy smaller groups in a local market.

**Nothing happened until**

September, when the **FTC sued** U.S. Anesthesia Partners and the private equity firm Welsh, Carson, Anderson & Stowe in federal court in Houston, alleging they had rolled up nearly all large anesthesiology practices in Texas. In the first FTC legal challenge against a private equity purchase of medical practices, the federal agency targeted one of the most aggressive private equity firms involved in building large, market-dominating medical groups.

In an interview, FTC Chair Lina Khan confirmed that her agency wants to send a message



with this suit. Welsh Carson and USAP "bought up the largest anesthesiology practices, then jacked up prices and entered into price-setting and market-allocation schemes," said Khan, who was appointed by President Joe Biden in 2021 to head the antitrust enforcement agency, with a **mandate to combat** health care consolidation. "This action puts the market on notice that we will scrutinize roll-up schemes."

The large and growing volume of private **equity acquisitions of physician groups** in recent years has raised mounting concerns about the impact on health costs,

quality of care, and providers' clinical autonomy. A **JAMA Internal Medicine study** published last year found that prices charged by anesthesiology groups increased 26% after they were acquired by private equity firms.

"Now we're seeing that scrutiny with this suit," said Ambar La Forgia, an assistant professor of business management at the University of California-Berkeley, who co-authored the JAMA article. "This suit will cause companies to be more careful not to create too much local market power." ...**Read More**



## Long-term care insurance is broken

An article in the [New York Times](#) by Jordan Rau and JoNel Aleccia explains the broken long-term care insurance system in the United States. Not only are long-term care insurance policies expensive, they often don't cover some or all of the long-term care services people need. And, though 70 percent of older Americans are expected to need long-term care at some point, only a small percentage of them can afford it.

**What's wrong with long-term care insurance?** Long-term care insurance policies can have 90-day waiting periods before they kick in, forcing people to pay thousands of dollars out-of-pocket for care while they await coverage. And, these policies generally only cover care when people need help with at least three activities

of daily living, including bathing, toileting, dressing, feeding and transferring. They also generally have caps on the amount they pay out and rarely cover people's full long-term care costs.

One 91-year old woman profiled in the New York Times story had children who paid into her policy for 35 years. Even though older long-term care policies tend to be more generous than newer policies, this long-term care insurance policy did not cover home health aides. Without home health aides, the woman could not **remain in her home**.

The reporters make clear that private long-term care insurance is "wildly inadequate in providing financial security" to most older Americans wanting to age in place. But, they claim the issue is poor planning on the part

**CAUTION  
BROKEN**

of the insurers as to the cost of long-term care when people cashed in on their policies. As likely, insurers knew full well what the cost would be and got people to sign up for long-term care insurance by misleading them into thinking that their low initial premium would not rise dramatically over time. (The reporters say that insurers lost \$2.3 billion in 2019 and then profited \$1.1 billion in the following two years during Covid. In 2022, they allegedly lost \$304 million.)

The insurers have far less to worry about when they sell a policy that could cost them more down the road than the individuals who buy their policies. The insurers can protect themselves by refusing to cover people with health conditions. And, when they do cover people, they can raise their premiums

significantly. "Level premiums," which people are usually promised, are not what most people think they are. Level premiums can increase significantly to the point where people are forced to drop their policies, getting nothing in return for all their premiums.

One person profiled in the article gets it just right: "It's a giant bait and switch," said Laura Lunceford, 69, of Sandy, Utah." Her annual premium jumped \$1,900 to \$5,700 in a few years. But, Lunceford argues that the insurers had a bad business model and didn't realize it. That's not evident. The insurers had a model that served them well, at least in the short term, with lots of people unable to pay premiums over time and forced to let their policies lapse....[Read More](#)

## In Congress, Calls Mount for Social Security to Address Clawbacks

An [investigation by KFF Health News and Cox Media Group](#) gained further traction on Capitol Hill this week as additional members of Congress formally demanded answers from the Social Security Administration about billions of dollars it mistakenly paid to beneficiaries — and then ordered they repay.

Two members of a Senate panel that oversees Social Security **sent a letter** to the agency's acting commissioner, Kilolo Kijakazi, urging her to do more to prevent overpayments and "limit harm to vulnerable beneficiaries" when trying to recover the money.

As KFF Health News and Cox Media Group television stations **jointly reported in September**, the Social Security Administration routinely sends notices to beneficiaries saying they received benefits to which they weren't entitled — and demanding they pay the government back, often within 30 days.

In the 2022 federal fiscal year, for example, the agency sent overpayment notices to more than 1 million people, Kijakazi

told Congress in mid-October.

Alleged overpayments can continue for years before the government notifies a recipient and seeks repayment. By then, the amount a beneficiary allegedly owes the government can reach tens of thousands of dollars or more. People living check to check likely would have spent the money.

To recoup money owed, the government can reduce or stop people's monthly benefit checks.

"[W]e have been deeply concerned by stories from our constituents and recent reports of the extreme financial hardship placed upon beneficiaries who are asked to quickly repay in full or whose payments are halted, reduced, or reclaimed as the agency attempts to correct improper payments, many of which occurred due to agency error," Sens. Maggie Hassan (D-N.H.) and Bill Cassidy (R-La.) wrote in a Nov. 28 letter to Kijakazi.

Citing the news organizations' reporting, the senators asked what Kijakazi is doing to prevent harm to beneficiaries and what

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Congress can do. Hassan and Cassidy are on the Senate Finance Committee's Subcommittee on Social Security, Pensions, and Family Policy.

Meanwhile, Sen. Rick Scott (R-Fla.) sent Kijakazi a letter on Nov. 17 calling the **agency's actions "unacceptable."**

"If anyone intentionally defrauded the system or lied to receive payments at other taxpayers' expense, they should absolutely be held accountable and repay this debt to taxpayers," Scott wrote. "But it's completely wrong for the federal government to go after well-intentioned Americans who did all the right things and trusted that their government was doing the right thing, too."

Many of the people affected are disabled, low-income, or both and are enrolled in the Social Security Administration's Disability Insurance or Supplemental Security Income programs.

In the 2022 fiscal year, the agency issued an estimated \$4.6 billion in SSI overpayments, which represented 8% of

payments in that program, according to the agency's latest **annual financial report**.

Kijakazi recently told a House subcommittee the 8% was "a small percentage."

In other programs administered by the agency, there were an estimated \$6.5 billion in overpayments in fiscal 2022, which amounted to one-half of 1%. Kijakazi called that overpayment rate "extremely low." During the 2023 fiscal year, which ended on Sept. 30, the agency recovered \$4.9 billion in overpayments, according to a **recent statement** by Social Security's inspector general. At the end of that period, an additional \$23 billion of accumulated overpayments remained uncollected, the statement said.

Since KFF Health News and Cox Media Group TV stations published and broadcast news reports on overpayment clawbacks in September, several members of the **House** and **Senate** have written to the Social Security Administration calling for change or answers...[Read More](#)

## Action Alert: Tell Congress Not to Drop Critical Medicare Outreach Funding and Authorization

Earlier this month, legislators agreed to a Continuing Resolution (CR) which kept current funding levels steady for a few months and avoided a shut down of the federal government. In the last-minute negotiations, **authorization and funding for the Medicare Improvements for Patients and Providers Act (MIPPA) low-income outreach and assistance program was dropped.** The continuation of

this critical program and funding, which has historically passed with broad bipartisan support has been jeopardized by strategic negotiation, not substantive disagreement. This oversight leaves the program – which ensures that low-income people can access the services and benefits they are entitled to – in a precarious position, unauthorized and



unfunded. The lack of authorization will make it difficult to administer in the next few months, and the lack of funding will create significant problems and hardships for the State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging, and Aging and Disability Resource Centers that rely on this funding to conduct targeted outreach and assist people in

enrolling in the **Medicare Savings Program** and the Low Income Subsidy (LIS), also known as Extra Help.

**Make your voice heard! Take action today,** and tell your members of Congress to support this essential outreach and ensure that people with Medicare in need of help are reached with information about these crucial cost-assistance programs.

## People with Medicaid Are More Likely to Report Poor Health Status but Majority Rate Overall Performance of the Program Positively

This week, KFF **released a report** based on findings from their **2023 Survey of Consumer Experiences with Health Insurance** focusing on the experiences and perspectives of people with Medicaid.

The survey found that, compared to people with other forms of health insurance, people with Medicaid reported worse health status, which they note “could lead to greater need for health care and more

opportunities to encounter problems with the system.” The report notes that, for people with different kinds of coverage, those who utilize more health care services experience more problems with their insurance.

Indeed, more than half of Medicaid enrollees report having experienced “a problem” in the past year – reporting fewer cost-related problems than people



with Marketplace or employer-based coverage, but more problems related to prior authorization and provider access. These differences in the types of problems – access as compared to cost – may contribute to the higher rates of Medicaid enrollees who report certain negative outcomes arising out of insurance problems as compared to employer coverage and Medicare. These problems

include declines in health and being unable to access recommended treatment.

Despite these issues, most enrollees rate their Medicaid coverage positively, with 83% of enrollees rating the overall performance as “excellent” or “good.” This positive rating is similar to ratings among people with employer coverage, (80%), lower than those with Medicare (91%) and higher than those with Marketplace coverage (73%).

## Self checkouts could soon be gone as experts cite threat that will see permanent end

Retail experts have issued a warning that **self-checkouts** could be on the brink of extinction due to soaring levels of **theft in supermarkets**. Big-name stores such as **Walmart**, Costco, and Wegmans are all considering significant changes to “curb retail shrinkage” and keep their customers happy. Food industry analyst Phil Lempert is among a growing number of retail experts questioning the rapid expansion of **self-service kiosks in shops**.

In a chat with CBS affiliate WDJT, Lempert stated: “I think we are going to see the demise of self-checkouts very soon.”

Lempert's forecast comes after a large number of shoppers complained about the lack of cashiers in stores. It turns out many families refuse to do the work themselves when they have a large trolley of groceries. There's the added dislike of waiting for an attendant when something doesn't scan or the kiosk malfunctions.

Retail leaders are also doubting the success of self-checkout as customers continue to leave the store without paying for their items. Retail theft has now become a \$100 billion-a-year problem, complain the CEOs of companies like Walgreens and Walmart.

As individuals take advantage of self-checkout counters to avoid paying for products at a time when the unemployment rates and inflation rates are high, Walmart's leadership has been blaming theft for a string of closed stores across Canada, as well as self-checkout kiosk schemes to 'prevent' theft. Walmart's presidents and CEOs are also known for making incredibly high salaries.

In January of 2023, though, some of these industry leaders admitted that their shoplifting fears were overblown. “Maybe we cried too much last year” about merchandise losses,



Walgreens finance chief James Kehoe acknowledged on an earnings call with CNN. The issue has also led to

a surge in anti-theft measures like plexiglass walls, which frustrates some law-abiding shoppers. It's also frustrating for understaffed retailers, as many stores only have a few people who have to ring people up, open plexiglass and fetch products, and stock and clean the store. According to Lempert, self-checkout flourished during COVID-19 when shops had to adapt to reduce human contact. During a time of labour shortage, cashiers had to be replaced with automated systems for retailers to keep going.

This sudden change has left store bosses struggling with the surge of customers at self-checkout points. Brands like Costco have even started checking receipts at exits, much to the annoyance of shoppers

who feel it adds more time to their shopping trip.

Some customers have been wrongly accused of theft at self-checkouts and have had to face questioning by security staff before being allowed to leave. In one case, a shopper was threatened with jail for mistakenly not scanning a tube of toothpaste. “It's a horrible experience. You're bound to make mistakes,” said Lempert.

In another case, a woman falsely accused of shoplifting won a \$2 million lawsuit against Walmart after proving her innocence. Looking ahead, Lempert believes that technology which takes payment details at the entrance and charges customers as they leave will become more common.

**Note: It's about time. Put people back to work making a living wage with benefits.**

## Trim Your Holiday Stress This Season: Experts Offer Tips

The holidays are typically a happy whirlwind of gift-buying, house decorating, party planning and family gatherings, but all that work can also stress people out.

Luckily, experts at UT Southwestern Medical Center say there are things you can do to keep your stress levels under control and help make your holidays happy.

"Excess stress wears and tears on our bodies," said **Rita Smith**, a clinical heart and vascular Center at UT Southwestern. "The best holiday gifts you can give yourself are equal doses of self-care and grace."

Start with realistic expectations, which will ease the pressure of trying to be perfect.

Remembering the holidays are all about gratitude will also help, said **Sarah Woods**, vice chair of

research in UT Southwestern's Department of Family and Community Medicine.

"Think about what you're grateful for and put it in writing," Woods suggested in a university news release. "Focusing on the good can help you relax and cope with the not-so-good."

Another stressor during the holidays? Money.

Smith said it's best to make a spending plan for gifts and celebrations because holiday debts can be overwhelming. So, try to be practical yet creative with your gifting.

Then there's family relationships, which are sometimes strained.

Woods said stress linked to difficult family relationships can produce more cortisol. Elevated



cortisol levels are linked to poor sleep, headaches, inflammation, reduced pain tolerance and shortness of breath.

The best way to prepare for that? Before visiting family, discuss with your partner how much time you wish to spend with relatives and what conversations -- politics, religion, parenting, education -- should be off-limits, Woods said.

If you find yourself in the middle of a trying conversation with a relative despite that, try saying: "I love you and respect you. Can we put this conversation on pause for now and talk about something else?" Woods recommended.

The holidays can be especially difficult if you are caring for a loved one who is ill or spending your first holidays alone after a divorce or the loss of a spouse,

Smith added.

She recommended several ways to handle holiday stress:

- ◆ Take time to exercise, get a massage, nap or read a book
- ◆ Try to eat healthy, even though holiday celebrations invite overindulgence
- ◆ Stay socially engaged. If you're sad because of a loss or disappointment, talk to your doctor, a friend or a counselor. There are many groups that provide support for dealing with divorce, grief or depression.
- ◆ Volunteer, because many people have additional needs during the holidays. Take a meal to a neighbor, go to a senior center and visit the residents or work with a food bank.

## The threat of respiratory illnesses is underway, CDC director says, and hospitalizations are on the rise

*Tom Williams/CQ-Roll Call, Inc/Getty Images*

CNN —

Dr. Mandy Cohen, director of the US Centers for Disease Control and Prevention, updated a congressional subcommittee Thursday about cases of respiratory illness in the US due to three viruses: flu, the coronavirus and respiratory syncytial virus, or RSV.

"RSV season is in full swing," Cohen told the House Energy and Commerce Subcommittee on Oversight and Investigations.

"Flu season is just beginning across most of the country, though accelerating fast, and while we're seeing relatively low levels of Covid, Covid is still the primary cause of new respiratory hospitalizations and deaths, with about 15,000 hospitalizations and about 1,000 deaths every single week," she said.

"We are seeing a lot of RSV, particularly in the southern part of the country, so we're

near peak is what I would say for RSV," Cohen said.

"We are also at the beginning of flu season," she said. "We're actually having a pretty, what I would say, typical flu season. We do expect to see a lot more flu cases over the course of December and January."

Covid is also rising again and continues to be the biggest threat of the three, she said.

"Covid is still the respiratory virus that is putting the most number of folks in the hospital and taking their lives," she said.

Cohen added that it remains important for Americans to get vaccinated, since there are now vaccines against all three of these respiratory illnesses. Should a person get sick, it's also critical to be tested and get treatment, as most antiviral drugs are most effective when given early in an infection.

More than a third of adults and children have gotten their flu shot this year, according to the latest data from the CDC.



But only about 16% of adults and 6% of children have gotten the new Covid-19 vaccine, rates that the CDC has said are lower than it would like to see. About 15% of older adults 60 and up have gotten the new RSV vaccine.

Respiratory virus activity is especially high in the Southern and Western US. Warren County in Ohio said this week that it's experiencing an "outbreak" of pediatric pneumonia cases, with a large uptick in the number at one time. The pathogens involved include adenovirus, Streptococcus pneumoniae and Mycoplasma pneumoniae, bacteria that have been linked to a rising number of respiratory infections in China. Mycoplasma commonly causes mild respiratory infections, typically in crowded settings like schools, college residence halls and long-term care facilities. Respiratory virus season is especially affecting children. In the week ending

November 18, more than 10% of doctor's visits among children younger than 5 in the US were for influenza-like illnesses — about three times higher than the average for all ages and well above the national baseline, according to **data** from the US Centers for Disease Control and Prevention.

Pediatric hospital beds are filling up, too. About three-quarters of pediatric hospital beds are in use nationwide, federal **data** shows, and capacity hasn't been this strained since mid-December 2022.

Hospitalizations for respiratory viruses — including Covid-19, flu and RSV — have been on the rise for months. Although Covid-19 represents the vast majority of respiratory virus hospitalizations overall, RSV is the most common culprit among children, with weekly admission **rates** rising 69% since the first week of October.



## Your Personality Might Help Shield You From Dementia

Got a naturally sunny disposition? It might protect you from dementia as the years advance, new research shows.

A team at Northwestern University in Chicago report that certain personality traits -- being conscientious, outgoing and positive -- appear to lower a person's odds for a dementia diagnosis.

On the other hand, being neurotic and more negative in outlook and behavior was tied to a higher risk for mental decline, the same study found.

The good news: Daily behaviors are probably the key factor here, and behaviors can be changed.

People's personalities can influence whether or not daily habits are healthy or unhealthy

for the brain, explained a team led by researcher **Eileen Graham**, an associate professor of medical social sciences at Northwestern.

"Neuroticism is related to dementia decline, and people with neuroticism are more prone to anxiousness, moodiness and worry, whereas conscientious people are more likely to exercise, make and go to preventive health appointments and drink less," Graham said in a university news release.

"So, maybe that's where an intervention might be useful to improve someone's health behaviors for better health outcomes," Graham reasoned.

The new analysis focused on what psychologists have long



called the "Big Five" personality traits: conscientiousness, extraversion, openness to experience, neuroticism and agreeableness.

Graham's team looked at data from eight studies. Together, the studies included more than 44,000 people -- 1,703 of whom went on to develop dementia.

High scores for negative traits, such as neuroticism and negative emotional states, plus low scores for conscientiousness, extraversion and positive affect, all appeared to raise the odds for dementia.

Conversely, high scores on openness to experience, agreeableness and life satisfaction were associated with a lower risk for brain decline, the

team found.

These trends held even after researchers factored out other influences, such as age, gender and level of education.

There was also no evidence that physical damage to the brain played a role in the findings, Graham and colleagues noted.

Instead, positive personality traits may, over a lifetime, give people resilience to illnesses such as Alzheimer's and other dementia -- even if they aren't aware of this.

So, even if brain changes are taking place, an upbeat personality might be countering the effect and allowing people to better cope, the researchers theorized.

## 'Forever Chemicals' Found in Freshwater Fish, Yet Most States Don't Warn Residents

Bill Eisenman has always fished.

"Growing up, we ate whatever we caught -- catfish, carp, freshwater drum," he said. "That was the only real source of fish in our diet as a family, and we ate a lot of it."

Today, a branch of the Rouge River runs through Eisenman's property in a suburb north of Detroit. But in recent years, he has been wary about a group of chemicals known as PFAS, also referred to as "forever chemicals," which don't break down quickly in the environment

and accumulate in soil, water, fish, and our bodies.

The chemicals have spewed from manufacturing plants and landfills into local ecosystems, polluting surface water and groundwater, and the wildlife living there. And hundreds of military bases have been pinpointed as sources of PFAS chemicals leaching into nearby communities.

Researchers, anglers, and environmental activists nationwide worry about the staggering amount of PFAS



found in freshwater fish. At least 17 states have issued PFAS-related fish

consumption advisories, KFF Health News found, with some warning residents not to eat any fish caught in particular lakes or rivers because of dangerous levels of forever chemicals.

With no federal guidance, what is considered safe to eat varies significantly among states, most of which provide no regulation.

Eating a single serving of freshwater fish can be the

equivalent of drinking water contaminated with high levels of PFAS for a month, according to a [recent study](#) from the Environmental Working Group, a research and advocacy organization that tracks PFAS. It's an unsettling revelation, especially for rural, Indigenous, and low-income communities that depend on subsistence fishing. Fish remain a large part of cultural dishes, as well as an otherwise healthy source of protein and omega-3s....[Read More](#)

## U.S. Gun Suicides Keep Rising; Now Make Up Half of All Suicides

The latest national data show that when it comes to suicide, Americans are increasingly resorting to firearms as their method of choice.

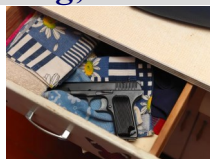
An analysis by researchers at the U.S. Centers for Disease Control and Prevention finds that of the nearly 50,000 suicides recorded in the United States in 2022, more than half (27,000) involved a gun.

Gun-related suicides have been on the rise over the past two decades, but they jumped by 11% during the pandemic, reported a team led by **Wojciech Kaczowski**, of the CDC's National Center for Injury Prevention and Control.

"The persistent upward trend in firearm suicide rates since 2020 across all racial and ethnic groups, coupled with unprecedented high rates during 2022, highlight the need for continuing prevention efforts," the researchers said in their report.

In sheer numbers, white Americans suffered the highest death toll from gun suicide, the report found. But the rate at which guns are being used in suicides is rising fastest among minorities, Kaczowski's group noted.

For example, while the rate of



suicides by firearm rose by 9% among white Americans between 2019 and 2022, it rose by 28% among Hispanic

Americans, 42% among Black Americans and 66% among American Indians/Alaska Natives, the study found.

Why the sharp rise? Unemployment pressures during the pandemic and lack of access to mental health care may have played a role, the researchers theorized. "The pandemic might also have exacerbated known risk factors related to social isolation, relationship stressors and

substance abuse," they added.

Numerous steps should be taken to try and turn those numbers around, Kaczowski's team said. They include "portioning secure firearm storage" in homes and other spaces, as well as redoubled efforts to reduce feelings of isolation, homelessness and economic despair.

The report was published in the Dec. 1 issue of the CDC journal *Morbidity and Mortality Weekly Report*.

If you or a loved one is struggling with a mental health crisis, help is at hand via the [988 Suicide and Crisis Lifeline](#).



## Watch or Remove? Study Finds One Option May Be Better for Abnormal Cervical Lesions

When abnormal cervical cells are detected during a gynecological exam, it may be safer to remove them right away rather than "actively survey" the lesions and leave them in place, new research suggests.

In a study of over 27,500 Danish women, those who opted for active surveillance had higher long-term risks for cervical cancer, compared to women who'd had these suspicious lesions removed.

The study focused on a

common, precancerous type of cervical cell growth known as cervical intraepithelial neoplasia grade 2 (CIN2).

The new findings "are important for future guidelines on management of CIN2 and clinical counseling of women with a diagnosis of CIN2," said a team led by **Dr. Anne Hammer**, with the department of clinical medicine at Aarhus University in Denmark.

As Hammer's team explained,



there's been controversy over just what to do about CIN2 lesions once they've been detected.

On the one hand, these lesions can be precursors to cervical cancer, although more than half of CIN2 cases also "regress" to a harmless state within two years.

So, excising all such lesions raises concerns about over-treatment.

As well, there are connections between the surgical removal of

CIN2 lesions and higher odds for preterm birth should a woman become pregnant.

"As a result, many countries have implemented active surveillance as an option in younger women in whom CIN2 is diagnosed," Hammer and colleagues explained.

Investigating further, they tracked outcomes for 27,500 Danish women aged 18 to 40 who were diagnosed with CIN2 between 1998 and 2020.

...[Read More](#)

## Identical Twins Study Shows Vegan Diets Helping the Heart

A new study of identical twins has provided fresh evidence that a vegan diet can vastly improve a person's heart health.

Twins assigned a vegan diet for two months had significant improvements in cholesterol, insulin and body weight compared to their siblings, who ate a healthy diet that included animal protein.

"Based on these results and thinking about longevity, most of us would benefit from going to a more plant-based diet," said researcher **Christopher Gardner**, a professor of medicine at the Stanford University School of Medicine.

It's well-known that cutting back on meat consumption improves heart health, but differences between participants in diet studies -- things like genetics, upbringing and lifestyle choices -- make it hard for researchers to draw definitive conclusions.

Gardner and his colleagues chose to study identical twins because they share the same

genetics, grew up in the same household and often have similar lifestyles.

"Not only did this study provide a groundbreaking way to assert that a vegan diet is healthier than the conventional omnivore diet, but the twins were also a riot to work with," Gardner noted in a university news release. "They dressed the same, they talked the same and they had a banter between them that you could have only if you spent an inordinate amount of time together."

The research team recruited 22 pairs of identical twins to participate in a diet-based clinical trial that ran from May to July 2022. The twins all were listed in the Stanford Twin Registry, a database of fraternal and identical twins who've agreed to participate in research studies.

One twin from each pair was assigned a vegan diet, and the other an omnivore diet.

Both diets were healthy,



containing lots of vegetables, beans, fruits and whole grains. The diets also limited sugars and refined

starches.

But the vegan diet was entirely plant-based, containing neither meat nor animal products like eggs or milk. The omnivore diet included chicken, fish, eggs, cheese, dairy, and other foods from animal sources.

For the first four weeks, a meal service delivered three meals a day. During the remaining four weeks, participants prepared their own meals.

Out of the 44 people in the study, 43 followed it through to completion, Gardner said.

"Our study used a generalizable diet that is accessible to anyone, because 21 out of the 22 vegans followed through with the diet," said Gardner, who is also a professor in the Stanford Prevention Research Center. "This suggests that anyone who chooses a vegan diet can improve their long-term

health in two months, with the most change seen in the first month."

Average "bad" LDL cholesterol levels dropped steadily for the vegans and stayed about the same for the omnivores.

Vegans also saw a 20% decrease in their fasting insulin levels, and lost an average of 4 more pounds than the omnivores.

The findings were published Nov. 30 in the journal *JAMA Network Open*.

Gardner acknowledged that most people are unlikely to go vegan, but said even a nudge in the plant-based direction could improve their health.

"What's more important than going strictly vegan is including more plant-based foods into your diet," said Gardner, adding he's been "mostly vegan" for the last 40 years. "Luckily, having fun with vegan multicultural foods like Indian masala, Asian stir-fry and African lentil-based dishes can be a great first step."

## Black Men With Advanced Prostate Cancer Lack Access to Best Treatments

Black men diagnosed with advanced prostate cancer are significantly less likely to be prescribed hormone therapy that could extend their lives, compared to other racial and ethnic groups, a new study shows.

Studies have shown that hormone therapy can effectively control the growth of prostate tumors by inhibiting the action of male hormones like testosterone or reducing their levels in the body.

These next-generation therapies target signals that male hormones send to prostate cancer cells, researchers explained in background notes.

However, Black patients had the lowest rates of receiving newer hormone therapies compared with white and Hispanic men, according to data on Medicare patients.

Data shows that Black men are 24% less likely to be prescribed novel hormone therapy compared



with whites -- a disparity not observed among any other group, results show.

"This revelation is particularly concerning, given the already disproportionate impact of prostate cancer on Black men, who are 1.5 times more likely to be diagnosed and 2.4 times more likely to die from the disease than white men in the United States," said co-senior researcher **Dr. Amar Kishan**, a professor of radiation oncology

at the David Geffen School of Medicine at UCLA.

For the study, researchers analyzed data from a cancer registry linked to prescription drug records for more than 3,700 Medicare patients. The patients were an average age of 75 and had been diagnosed with advanced prostate cancer between 2011 and 2017...[Read More](#)

## More Evidence That Regular Mammograms Save Lives

A woman who gets her regular mammograms as scheduled is much less likely to die from breast cancer than if she skips screenings, a new study shows.

Women with breast cancer who underwent all her scheduled mammograms had a survival rate of 80%, compared with survival rates as low as 59% for women who didn't participate in any screenings, researchers found.

"The purpose of mammography is to detect breast cancer during the few years it can be seen on a mammogram, but before symptoms are apparent," explained researcher **Robert Smith**, senior vice president and director of the American Cancer Society Center (ACS) for Cancer Screening, in Atlanta.

"If a woman unknowingly has breast cancer and misses or postpones her mammogram during this time when she has no

symptoms, but her breast cancer is growing and perhaps spreading, then the window for early detection will be lost," Smith added.

Women between the ages of 45 and 54 are recommended to get mammograms annually, according to the ACS. Women 55 or older can switch to every other year if they like.

To see how important it is for women to stick to that schedule, Smith and his colleagues analyzed data on more than 36,000 breast cancer patients in Sweden from 1992 to 2016. Among those women, there were more than 4,500 breast cancer deaths.

The researchers then tracked the women's participation in as many as five of their most recent invitations for breast cancer screening prior to cancer diagnosis.



Women who attended all five screening mammograms saw a 72% reduction in their risk of dying from breast cancer, compared

to those who didn't participate in any screenings.

Even after adjusting for other factors, the women who got their scheduled mammograms still had a 66% reduction in their risk of breast cancer death, researchers said.

"Women who attended all five previous mammography examinations prior to a diagnosis of breast cancer were nearly three times less likely to die from breast cancer compared with women who had not attended any examinations, and each additional examination attended among the five previous examinations conferred an additive protective effect against dying from breast cancer," Smith

said.

The findings were to be presented Thursday at the Radiological Society of North America (RSNA) annual meeting in Chicago. Such research should be considered preliminary until published in a peer-reviewed journal.

Life does get in the way of these sort of screenings, the researchers noted. They urged imaging centers to prioritize getting patients in for screening as early as possible, and to promptly reschedule any cancellations that might occur.

"These findings show that, as much as possible, adherence to regular mammography screening is the very best insurance a woman has against being diagnosed with an advanced breast cancer that could be life-threatening," Smith said in a meeting news release.

## Flu, COVID Cases Climb as RSV Infections Start to Level Off

While flu and COVID cases are now on the rise, RSV infections may soon peak and level off, U.S. health officials report.

COVID-19 continues to fuel the most hospitalizations and deaths among all respiratory illnesses — about 15,000 hospitalizations and about 1,000 deaths every week, **Dr. Mandy**

**Cohen**, head of the U.S. Centers for Disease Control and Prevention, **told** the House Energy and Commerce Subcommittee on Oversight and Investigations late last week.

When it came to flu cases, seven states were reporting high levels of flu-like illnesses in early November. But a new



**CDC report** released Friday said that tally was now up to 11 states — predominantly in the South and Southwest.

Meanwhile, RSV infections have risen sharply in some parts of the country, straining hospital emergency departments in Georgia, for example. However, "we think we're near the peak of

RSV season or will be in the next week or so," Cohen testified, the *Associated Press* reported.

RSV is a common cause of mild cold-like symptoms, but it can be dangerous for infants and older people. Luckily, vaccines and drugs that guard against RSV infection have been **approved** for the first time this winter...**Read More**

## One Food Could Boost Health of Colon Cancer Survivors

Colon cancer survivors can give their health a boost by eating more navy beans, a new clinical trial finds.

Small, white navy beans are full of gut-supporting fibers, amino acids and other nutrients that can help the beneficial bacteria of the gut flourish, researchers said.

And colon cancer patients who added a cup of navy beans to their regular meals saw positive changes in their gut microbiome, the collection of microbes that live inside the digestive tract.

These changes have been associated with preventing future cancers and improved treatment outcomes, the researchers said.

"Observing a shift in microbiome diversity with diet intervention alone is rare, and this study underscores the ability of a

readily available prebiotic food to bring about such changes," said

researcher **Carrie Daniel-MacDougall**, an associate professor of epidemiology at the University of Texas MD Anderson Cancer Center.

"Over the course of eight weeks, there was an improvement in participants' gut health, marked by an increase in beneficial bacteria, which wards off the harmful bacteria," Daniel-MacDougall added in a cancer center news release.

Obesity, poor diet and GI problems can cause a person's normal microbial balance to become imbalanced. For colon cancer patients, these changes can cause inflammation that interferes with their treatment and can affect



their survival.

For this study, researchers followed 48 obese men and women over 30 who had a history of cancer-related bowel problems. Three out of four had been diagnosed with colon cancer, and the rest had high-risk precancerous polyps found in their GI tract during colonoscopy.

For eight weeks, participants were randomly assigned to eat either their regular diet or add a daily cup of cooked white navy beans.

Participants regularly provided stool and fasting blood samples, which allowed researchers to assess shifts in their gut microbiome and overall health.

Observed changes included an increase in beneficial bacteria and

a decrease in potentially harmful bacteria, researchers report.

"The beans did not appear to induce gut inflammation or seriously impact bowel habits, which is crucial for... survivors and patients," Daniel-MacDougall said. "However, once participants stopped eating the beans, the positive effects faded quickly, highlighting the need to educate patients on how to maintain healthy habits."

Daniel-MacDougall did caution that people should not add white navy beans to their diet without talking to their doctor first.

Future research is needed to figure out how a wider variety of such foods could help cancer patients, particularly those undergoing immunotherapy, she added.