



### Message from Alliance for Retired Americans Leaders

#### More State of the Union Priorities: Lower Insulin Prices for all Americans, the PRO Act



Robert Roach, President, ARA

President Biden mentioned seniors nine times on Tuesday, the most mentions older Americans have heard in any State of the Union

address in the past 40 years. The references covered a wide array of issues, including lower drug prices, passage of the Protecting the Right to Organize (PRO) Act, and stricter nursing home regulations, as well as increased support and benefits for caretakers who provide seniors and people with disabilities with home care services.

"We're protecting seniors' lives and life savings by cracking down on nursing homes that commit fraud, endanger patient safety, or prescribe drugs they don't need," President Biden said.

Biden called for expanding the Inflation Reduction Act (IRA) to cap insulin costs for all Americans at \$35 per month. Currently, insulin prices are only capped for Medicare beneficiaries. In addition, he noted that the IRA will limit out-of-pocket drug costs for seniors on Medicare to a maximum \$2,000 per year — an important threshold when expensive cancer drugs can cost up to \$14,000 annually.

In addition, Biden called for passing the PRO Act to defend workers' right to form and join a

union and guarantee all workers a living wage. The PRO Act improves Americans' retirement security, since union workers have higher wages and can negotiate for benefits such as health care, pensions and employer contributions to retirement plans.

"President Biden covered the gamut of labor and senior issues Tuesday night," said Robert Roach, Jr., President of the Alliance. "The speech was a homerun for retirees and workers who are looking to Washington for solutions to the problems they face every day."

#### Debate Over Future of Social Security and Medicare Dominates State of the Union



Rich Fiesta, Executive Director, ARA

During Tuesday's State of the Union address, President Joe Biden promised that he would not agree to cuts to Social Security or Medicare. He contrasted his commitment with proposals by "some" in Congress to sunset the programs after five years.

Many Republicans heckled Biden, falsely claiming that was not a GOP plan, and Republicans and Democrats stood to demonstrate support for Social Security and Medicare. Biden then **ad-libbed**, "I will not let Medicare be taken away, not today, not tomorrow, not ever. But apparently, that will not be a



Marjorie Taylor Greene (R-GA) heckling President Biden Tuesday

problem." On Wednesday and Thursday Biden went to DeForest, Wisconsin and Tampa, Florida and repeated his pledge to never cut Social Security and Medicare. In Tampa, with ten Alliance members in the

audience, he named some of the senators who support sunseting Social Security, Medicare and all federal legislation, including Senators Rick Scott (FL) and Ron Johnson (WI).

Biden delivered the speech against a backdrop of recent GOP threats to force the nation to default on the national debt if their cost-cutting conditions are not met: more than 160 House Republicans **endorsed a budget plan for fiscal year 2023** that increases the Social Security and Medicare eligibility age, privatizes Social Security, and reduces Social Security benefits by changing the formula used to calculate them.

Some of the GOP threats over the past several weeks were Republican Study Committee plans to **cut or privatize Social Security and Medicare benefits for future retirees**.

"The Alliance **called on** President Biden to reiterate his pledge that he will not approve any cuts or changes to Americans' hard-earned Social Security and Medicare benefits, and he delivered with flying colors," said Richard Fiesta, Executive Director of the

Alliance. "We are grateful he did so because, while Speaker McCarthy recently said that House Republicans won't push for cuts to these critical programs during the debt ceiling debate, we frankly don't believe him."

#### White House Fires Back After Freshman Member of the House Moves to Repeal the Inflation Reduction Act



Joseph Peters ARA Sec.-Trea.

The White House issued a release Saturday criticizing a new bill filed by freshman Rep. Andy Ogles (R-TN) to repeal the Inflation Reduction Act.

Ending the Inflation Reduction Act, the White House said, would "provide a handout to Big Pharma" and "be one of the biggest Medicare benefit cuts in American history."

"We must not go backwards or cave to drug corporation pressure," added Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "Allowing Medicare to negotiate lower drug prices, capping insulin prices, and making recommended vaccines free are the first steps in forcing these wealthy corporations to put patients ahead of profits."

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

## Fact check: Social Security does contribute to federal deficit and national debt

### The claim: Social Security has 'nothing to do' with deficit and national debt

A January 12<sup>th</sup> Instagram post ([direct link](#), [archived link](#)) from left-wing pages Occupy Democrats and Being Liberal shows a claim about Social Security.

"Dear Republican Party, If you take or cut OUR Social Security, I will bring a lawsuit against you for all the money taken from MY paychecks," reads the post. "Social Security has nothing to do with the deficit or the national debt. You created that fiction and we're not falling for it."

The post generated over 10,000 likes in less than a month. Occupy Democrats shared [the same claim](#) on Facebook on Jan. 12, where it accumulated over 4,000 likes before it was corrected.

Our rating: False

Economic experts said Social Security, which has run an annual deficit since 2010, uses bonds issued by the Treasury Department to pay out benefits.

The government must borrow money from the public to repay those bonds, which contributes to the federal deficit and national debt.

Social Security contributes to deficit and national debt

Social Security and the rest of government are "far more intertwined" than this Facebook post claims, [Howard Gleckman](#), a senior fellow at the Urban-Brookings Tax Policy Center, told USA TODAY in an email.

The deficit is the annual gap between what the government spends and what it takes in through taxes and other revenues, Gleckman said. The national debt is the cumulative amount of all those deficits over time.

Social Security is a [pay-as-you-go system](#), meaning that Social Security taxes are collected via the payroll tax on current workers and used to pay all current beneficiaries, according to [Damon Jones](#), who researches public finance and labor economics at the University of



USA TODAY

Chicago. Leftover funds are then deposited into the Social Security trust

fund.

From 1984 to 2009, Social Security ran a surplus, meaning it collected more in annual revenue than it paid out every year in benefits, according to Gleckman. That surplus was borrowed and spent by the rest of the government and, in exchange, Social Security got [special Treasury bonds](#) it kept in its reserves to redeem in the future.

Since 2010, however, Social Security has been running an annual deficit, meaning it has been collecting less in revenue than it pays out in benefits, according to Gleckman.

As a result, Social Security redeemed the bonds held in the trust funds to pay out the full benefits, [Andrew Biggs](#), a senior fellow at the American Enterprise Institute, told USA TODAY. When the federal government repays those bonds, it must borrow from the public to

obtain the funds to do so.

"Thus, if Social Security runs a tax deficit of \$1 this year, it redeems \$1 of trust fund bonds, and the federal government borrows \$1 from the public to repay those bonds," Biggs said.

That in turn increases the unified budget deficit, which covers the entire federal government budget, and the national debt on a dollar-for-dollar basis, Biggs said.

USA TODAY reached out to Occupy Democrats and Being Liberal for comment. A version of this post on Occupy Democrats' Facebook page was corrected Jan. 18 to quote a [PolitiFact fact check](#) that noted Social Security shortfalls have required the government to borrow and add to the deficit since 2010.

PolitiFact, Jan. 18, [Social Security does add to federal budget deficit, despite Occupy Democrats' claim to the contrary](#)

## Column: Mike Pence, would-be president, has a plan to kill Social Security. It will cost you

Former Vice President Mike Pence dipped his toes into the presidential campaign waters on Feb. 2 with a proposal that would mean the death of Social Security.

Pence made his remarks on stage during a conference of the National Assn. of Wholesaler-Distributors in Washington. The event wasn't open to the public, but a video and [transcript](#) was posted by American Bridge, which is affiliated with the Democratic Party.

That's when Pence unearthed the old Republican idea of privatizing Social Security wholly or partially.

Former Vice President Mike Pence, airing out a never-fulfilled GOP promise

"Give younger Americans the ability to take a portion of their Social Security withholdings and put that into a private savings account," he proposed. "A very simple fund that could generate 2% would give the average American twice what they're going to get back on their Social Security today."

Pence didn't say outright that he advocates killing Social Security.

Instead, he took the course [I reported on just last week](#). That's the Republican and conservative habit of employing plausible-sounding jargon and economists' gibberish to conceal their intention to hobble the program.

But make no mistake: Diverting any significant portion of Social Security taxes into private accounts would make the program unworkable, funnel untold wealth into the hands of Wall Street promoters, and leave millions of families destitute.

It's amazing that Pence would air out the private-account idea now, after a year in which the stock market returned a negative 23% (as measured by the Standard & Poor's 500 index).

It was just such a dose of reality that helped kill the same proposal when it was put forth by President George W. Bush in 2001; Bush abandoned the idea in 2005, after the stock market return for 2001 to 2005 came to



negative 2%, including two years of double-digit losses.

I wrote a book at that time explaining that the Bush plan was ["endangering our financial future."](#) That's still true of private accounts.

Pence has long been a [cheerleader for private accounts](#), which isn't the same as saying that he has given the topic the thought it deserves.

In his Feb. 2 appearance, Pence attacked Social Security by employing the bog-standard GOP rhetoric about fiscal policy and "entitlements."

He whined about "this trajectory of massive debt that we're were piling on the backs of [our] grandchildren" and attributed most of it to Social Security and Medicare (the "entitlements"). Never mind that well more than a trillion of that debt was incurred when his party passed a massive tax cut for the rich in 2017.

He promised, as Social Security "reformers" always do, that he would hold seniors

harmless: "To everyone that's got hair the same color hair as me, nothing's going to change for you," but younger Americans would face a changed landscape, "better choices that would also be better for the country."

This is also a cherished Republican stunt — guaranteeing that their "reforms" won't harm current retirees and the near-retired. It's pure politics, because they know that seniors would slaughter them at the polls otherwise. But if their ideas are so great, one must ask, why not impose them on everybody?

Pence claimed that "we can replace the New Deal with a better deal."

Never mind that the GOP has never proposed any deal better for ordinary Americans than the New Deal — the Rooseveltian program that brought us Social Security, the National Labor Relations Act, more effective regulation of the financial markets and work-relief programs that kept millions of families out of poverty during the Great Depression

# House Republicans Offer Cuts They'd Back in Deal for Debt Limit

Republicans on the House Budget Committee on Wednesday floated a list of sample budget cuts they could back in exchange for raising the nation's debt ceiling.

The tentative list, put out by new committee Chairman Jodey Arrington of Texas, could form the basis of an eventual proposed accord to avoid a market-rattling US default sometime this summer. House Speaker Kevin McCarthy is hoping to meet President Joe Biden as soon as this week to continue talks on raising the \$31.4 trillion US limit, which was reached in January.

Biden, in his State of the Union address to Congress on Tuesday, vowed to prevent any default. He also lambasted some Republicans for proposing to terminate Social Security and Medicare unless reauthorized by Congress.

House Budget Republicans in their press release called on the White House to join the GOP in coming up with bipartisan solutions to prevent insolvency in the Social Security and Medicare trust funds, which are projected

to hit funding crises in 2035 and 2028, respectively.

"Democrats should stop preying on the fears of seniors by accusing Republicans of cutting Social Security and Medicare and, instead, work with us on bipartisan solutions to address their insolvency," the press release said. The only ways to avoid benefit cliffs are to raise taxes — which the GOP has ruled out — curb benefits, restrict eligibility or, in the case of Medicare, curb health-care costs.

Arrington is beginning the process of assembling a budget outline that he hopes can pass in the House in April. His press release outlines hundreds of billions of dollars of potential savings for a debt-ceiling deal. While substantial, the savings would likely fall short of the goal of cutting spending by \$1 for every \$1 increase in the debt ceiling over a two-year period.

The chairman said he hadn't yet run the proposals by McCarthy as possible offers to Biden in the talks.



"People keep asking me to identify cuts and this was to show I can immediately come up with some common sense cuts off the top of my head," he said.

The cuts include potentially bipartisan ideas like ending improper payments and fraud in the food stamp program, and clawing back \$100 billion in unspent coronavirus funds.

Other ideas are likely to meet greater Democratic opposition. These include stronger work requirement for able-bodied adults on food stamps and welfare, capping Obamacare subsidies at a lower income level and rescinding the Biden student loan forgiveness program.

Also targeted are items treasured by liberals, like environmental justice programs, postal-service electric vehicles, low-emission buses and legal assistance for asylum seekers. The press release calls for ending "woke" items like a Michelle Obama nature trail in Georgia.

The estimates for the cuts supplied by the committee span:

\$404 billion from Student Loans \$281 billion from "improper payments" made by federal agencies \$100 billion from unspent Covid funds \$87 billion from the Environmental Protection Agency \$70 billion from reducing food stamp, child-tax credit fraud \$65 billion from lower Obamacare cap \$13 billion from certain green vehicles \$10 million from legal assistance for migrants \$6.6 million from "woke" projects "Tens of billions" from reinstating reinstating work requirements in welfare programs such as food stamps

***The Budget Committee's top Democrat, Brendan Boyle, assailed the proposals.***

***"Why is it that whenever tough choices are required, Republicans want working families and children to make the sacrifice? Why not keep our children fed and families healthy, and instead work with Democrats to ensure the wealthy pay their fair share in taxes?" he said in an emailed statement.***

## Medicare Advantage appeals to many older adults, but it's not always all it's cracked up to be

Many older adults gravitate toward Medicare Advantage for dental coverage, but the extra benefits are generally pretty limited. Here are some pros and cons.

In 2022, 48% of Medicare beneficiaries were enrolled in Medicare Advantage plans instead of Original Medicare, and experts predict that number will be higher in 2023.

Medicare Advantage plans are offered by private insurers and bundle Medicare benefits in a way many people find appealing — but they also limit care to network providers, often require preapproval to see specialists and can saddle beneficiaries with high out-of-pocket costs for serious conditions.

The number of older adults in Medicare Advantage is also notable because financial experts tend to recommend **Original Medicare with medigap**.

"I help my clients with Medicare choices, and what I tell them all is that if you can afford it, you should sign up for

traditional Medicare with a Medicare Supplement plan," says David Haas, a certified financial planner in Franklin Lakes, New Jersey.

So why do so many people turn to Medicare Advantage for their health care in retirement? Here are the main factors.

### **Medicare Advantage is often free**

In 2023, 66% of Medicare Advantage plans with prescription drug coverage have no premium — versus medigap, which has a monthly premium. If you have no health issues, the choice can seem like a no-brainer.

"Medicare Advantage is extremely attractive when you're healthy," says Leslie T. Beck, a CFP in Rutherford, New Jersey. "But when something happens — and something always happens — and you're in a Medicare Advantage plan, you can't switch back. You can switch into regular Medicare, but you'll never get a medigap policy."

(This is because in all but four



states, once you're past your first 6-month Medigap open enrollment period, you must medically qualify for a Medigap plan. Those with serious health issues may not be able to get a plan.) Plans are bundled

With Original Medicare, people must juggle individual pieces of coverage — **Part A, Part B, Part D, medigap** — but Medicare Advantage offers one-and-done simplicity: There's one premium for everything.

Although choosing a Medicare Advantage plan feels simpler, it means you must shop again for coverage every open enrollment. "You have to include the prescription drug coverage and the doctor coverage, and you have to make this choice every year," Haas says.

With Original Medicare, Haas says, "You do need to choose a new Part D plan, but you don't need to reopen your entire medical equation every year the way you do with Medicare Advantage."

### **Medicare Advantage offers extras**

Many Medicare Advantage plans offer additional benefits, such as money toward dental or vision care, which isn't covered by Original Medicare. About 1 in 4 people say extra benefits pushed them to choose Medicare Advantage, according to a survey by the Commonwealth Fund, a health care think tank.

"Medicare Advantage plans are heavily marketed and tout how they include all of the other services not available with medigap — prescription drug plans, subsidized health club dues, dental and vision," says George Gagliardi, a CFP in Lexington, Massachusetts. "So it seems to many people like too good of a deal to turn down."

But the extra benefits offered by Medicare Advantage are generally pretty limited, and experts say choosing a health plan for the dental coverage and gym membership is missing the point of insurance... **Read More**

# Will There be Cuts to Social Security and Medicare?



This is one of the hottest topics in Washington right now. Because it's so important to seniors, we want to recap the issue for you.

The crisis has come about because the federal government will sometime in the coming months run out of money with which to pay its bills. That is a result of the "debt ceiling," which is a legal limit on the amount of money the government can borrow.

A legally imposed debt ceiling (debt limit) has been in effect since 1917. Before then there was no debt ceiling in force, but there were parliamentary procedural limitations on the amount of debt that could be issued by the government.

Except for about a year during 1835–1836, the United States has continuously had a fluctuating public debt since the US Constitution legally went into effect on March 4, 1789.

The situation could be easily remedied if Congress would pass a bill raising the debt ceiling, something which it did 78 times since it was enacted, including twice under President Trump, and the first time with a Republican-controlled Congress.

Remember, raising the debt limit would allow the government to pay for programs it has already approved, not authorize any new spending.

However, if the Treasury and Congress fail to reach an agreement to increase the

borrowing limit, the U.S. government risks defaulting on its debt. It has never happened before but could lead to serious economic consequences, including the inability to make Social Security and Medicare payments.

Some Republicans in the House of Representatives, where they have a slim majority, are threatening not to raise the debt ceiling unless there are cuts to future government spending.

While it's true that House Speaker Kevin McCarthy has said they will not touch Social Security or Medicare, other Republicans in the House have said the opposite.

"I'm all for a balanced budget, but we're not going to do it on the backs of our troops and our military," Rep. Michael Waltz (R-Fla.) told *Fox Business* last week. "If we really want to talk about the debt and spending, **it's the entitlement programs.**" [note: ***Social Security and Medicare are entitlement programs as defined by the government***].

"We have no choice but to make hard decisions," Rep. Kevin Hern of Oklahoma, leader of the conservative Republican Study Committee, according to a report in *The Washington Post*. **"Everybody has to look at everything."**

*The Post* also reported that in recent days, a group of Republican lawmakers have

pushed for House panels that would recommend changes to Social Security and Medicare.

According to an article in *Business Insider*, "GOP leaders gave a slide presentation to Republican House members on Tuesday outlining their budget and spending priorities, CNN reported. According to a screenshot of the presentation viewed by CNN, the spending priorities were vague but mentioned reforms to "mandatory spending programs" that could include Social Security and Medicare.

*The Hill* newspaper has reported that, "Some senators are eyeing a divided Congress as an opportunity to tackle reforms to Social Security, as the program faces significant solvency issues in little more than a decade.

However, when Republicans have dealt with Social Security and Medicare in the past they have done it by privatizing parts of Medicare (under President George W. Bush, who also wanted to extend that push to Social Security. And former Speaker Paul Ryan (R-Wis.) used that perch to propose annual budgets that ended traditional Medicare, turning it into a voucher program, and privatized Social Security.

That's why a White House spokesman has argued that the only option for the GOP to "save" the entitlement programs is to

make cuts, because House Republicans have ruled out raising more revenue from tax increases on the wealthy.

As a former Chairman of the Council of Economic Advisers has said, "The debt limit situation is the scariest it's been in the 25 years I've been working on these issues." He also stated that he believes there's a 15% chance of a default. "It still probably will be resolved, but if my doctor told me I was 'probably' going to live, I wouldn't find that diagnosis very reassuring."

Finally, we want to emphasize once again that TSCAL is a non-partisan organization. We work with members of Congress from both political parties whenever they support legislation that is in the best interests of seniors, and we oppose them when we believe they will hurt seniors.

But all the talk now about cuts to Social Security and Medicare as a way to help cut government spending is coming only from one side and we oppose those cuts.

You can rest assured that TSCAL will be fighting to stop any cuts to the programs that seniors have earned that may be proposed in Congress. In the meantime, we urge you to call your Senators and your Representative and tell them you are absolutely opposed to cutting Social Security or Medicare/Medicaid.

## Republicans Have Wanted To Cut Medicare And Social Security For Decades

***"Instead of making the wealthy pay their fair share, some Republicans want Medicare and Social Security to sunset every five years," President Joe Biden said at Tuesday's State of the Union.***

Cue the Republican eruption. Sen. Mike Lee (R-UT) — who once said "It will be my objective to phase out Social Security. To pull it up by the roots, and get rid of it" — sat with his mouth agape in feigned incredulity. As they yelled "no!" and "liar!" Biden took the protestations as their promise not to demand cuts to the programs in exchange for averting default on the country's debt.

"So as we all apparently agree

— Social Security and Medicare are off the books now," he said to loud applause, giving a thumbs up. "Alright — we've got unanimity!"

The exchange prompted a flurry of pieces capturing recent statements from Republicans, including Sens. Ron Johnson (R-WI) and Rick Scott (R-FL), and plans, including Scott's while he was chair of the National Republican Senate Committee and that of the House Republican Study Committee, all of which mention proposed cuts to the programs or putting them on the path toward being ended altogether.



While these episodes prove easy, recent counterpoints to Republican yowls that they've never dreamed of touching the programs, they're largely superfluous. Cutting Medicare and Social Security has been a key policy ambition of the Republican Party for decades. Due to the popularity of both programs, they've often cloaked their ambitions in different ways: objecting to the harsh "cut" in favor of the friendlier "reform" or "strengthen," and ginning up panic that the programs are in crisis anyway.

This antagonism toward Medicare — the government's national health insurance program for people older than 65 and for some younger people with disabilities — and Social Security — a social insurance program where workers and employers pay a payroll tax that funds benefits for retirees and those with disabilities — stretches back **decades**. But even the recent history of the early 21st century is replete with dustups where Republicans sought to make good on this long-term aim....[Read More](#)

**[Republican Sen. Mike Lee:](#)**

## Prior Authorization Data and Proposed Rule Reflect Need for Stronger Medicare Advantage Rules

This week, the Kaiser Family Foundation (KFF) released [an analysis](#) of Medicare Advantage (MA) data showing that providers submitted over 35 million prior authorization requests in 2021, which averages out to 1.5 requests per enrollee. Over 2 million of those requests were denied. These numbers reflect the burden that prior authorization and similar processes have on MA enrollees and on the health care system.

The KFF analysis shows that the rate of prior authorization requests varies across MA plans, as does the denial rate. For example, Anthem plans saw 2.9 prior authorization requests per enrollee with 3% denial rates, while Kaiser Permanente plans saw fewer prior authorization requests at 0.3 per enrollee but higher denial rates of 12%. KFF states, “In general, insurers that had more prior authorization requests, denied a lower share of those requests. The exception is Centene, which had both a

relatively high number of prior authorization determinations (2.6 per enrollee) and one of the highest denial rates (10%).”

Importantly, only 11% of denied prior authorization requests were appealed. Of those that were, more than 80% were overturned.

Because there are so few appeals in relation to the overall number of denials, it is impossible to know how many of the denials were erroneous. But low appeal rates suggest many abandon the process altogether, along with the care they need. Even successful appeals take time, and [for years](#), Medicare Rights has heard from beneficiaries about the harmful care delays and resulting negative health outcomes caused by prior authorization.

Such processes also create burdens for providers. In 2021, an [American Medical Association \(AMA\) survey](#) showed that 84% of



physicians reported an increase in the number of prior authorizations in the previous five years. Over 60% reported that it was “difficult to determine whether a prescription medication or medical service” requires prior authorization. And 88% reported that prior authorization interfered with continuity of care. MA plans are required to have coverage rules that are “[no more restrictive than original Medicare](#).” But in April of 2022, a Health and Human Services [Office of the Inspector General \(OIG\) report](#) found that MA plans were [denying or delaying medically necessary care](#) that Original Medicare would have covered—in clear violation of this basic responsibility.

Responding to the OIG report as well as information like the AMA survey, the Centers for Medicare & Medicaid Services (CMS) has proposed [new rules](#)

[for MA coverage](#) that would prohibit some forms of prior authorization and would clarify that MA plans must cover basic benefits to the extent they are covered in Original Medicare.

The proposed rule also contains important changes to marketing rules that would better protect beneficiaries from misinformation and strong-arm sales tactics.

Medicare Rights supports efforts to reform prior authorization to reduce the burden the practice has on people with Medicare. Our forthcoming comments on CMS’s proposed rule will reflect both our support for these proposals and the need for CMS to enforce them strictly to ensure that people who need care are able to get it without unnecessary delay and stress.

We also continue to urge CMS to simplify the MA appeals process, so enrollees who must use it can do so more easily.

## Two New Reports Provide an Overview of the 12.5 Million People Enrolled in Both Medicare and Medicaid

For dually-eligible individuals, Medicare is their primary insurer and mainly pays for medical services, such as hospital and post-acute care. Medicaid wraps around this coverage, providing varying levels of assistance with Medicare costs and paying for services Medicare does not, such as long-term services and supports (LTSS).

While nearly all Medicare-Medicaid enrollees have low incomes and modest savings, they are a diverse group with respect to age and health status. Most are over 65, but many are not. Some are relatively healthy, and others have significant impairments. A Kaiser Family Foundation (KFF) [brief](#) examines these and other enrollee characteristics with several key takeaways:

- ◆ In 2020, 87% of Medicare-Medicaid enrollees (and 20% of Medicare-only enrollees) had incomes of \$20,000 or less.
- ◆ Almost 40% of dually-eligible individuals were under age 65 and qualified for Medicare due to disability, compared to 8% of non-dual Medicare enrollees.

- ◆ Nearly half (49%) were people of color, compared to less than 20% of non-dual Medicare beneficiaries.

- ◆ More than four in 10 Medicare-Medicaid enrollees (44%) were in fair or poor health, compared to 17% of Medicare-only beneficiaries.

- ◆ Nearly half (48%) had at least one limitation in activities of daily living (ADLs) compared to 23% of non-dual Medicare enrollees.

An updated [data book](#) from the Medicaid and CHIP Payment and Access Commission (MACPAC) and the Medicare Payment Advisory Commission (MedPAC) presents similar personal information. It also highlights trends in enrollment, costs, and utilization among Medicare-Medicaid enrollees. The findings include the following:

- ◆ More dually-eligible beneficiaries are enrolling in Medicare Advantage (MA). The share of those in Original



Medicare declined by 7.7% between 2018 and 2020, while the share enrolled in MA increased by 8.6%. Medicare-Medicaid enrollees are more likely to be in an MA plan than their non-dual counterparts (41% vs. 35%).

- ◆ Dually eligible individuals used certain Medicare-covered services more than Medicare-only enrollees; their per-person Medicare spending was also higher. From 2018 to 2020, Medicare spending on dually eligible individuals increased for skilled nursing facility services (11%), inpatient hospital services (7.6%), home health (5.4%), and Part D drugs (5.8%). Among non-dually eligible Medicare enrollees, spending increased by 5.8%, 6.5%, and less than .1%, respectively.

- ◆ The use of Medicaid-covered institutional LTSS was associated with disproportionately high Medicare and Medicaid spending. Users of institutional

LTSS made up 17% of dually-eligible beneficiaries but accounted for 31% of Medicare spending and 39% of Medicaid spending on this population. They had the highest Medicare and Medicaid spending compared with users of other types of Medicaid LTSS.

- ◆ Over the last two decades, federal and state efforts have focused on shifting LTSS use from institutional settings toward home- and community-based services (HCBS). In 2020, the share of dually-eligible beneficiaries who used HCBS LTSS was larger than the share who used institutional LTSS (27% vs. 17%), and HCBS accounted for a greater share of Medicaid spending than institutional LTSS (44% vs. 39%).

Together, the reports underscore the opportunities and challenges to improving outcomes and systems for Medicare-Medicaid enrollees ... [Read More](#)

## Era of 'Free' Covid Vaccines, Test Kits, and Treatments Is Ending. Who Will Pay the Tab Now?

Time is running out for free-to-consumer covid vaccines, at-home test kits, and even some treatments.

The White House announced this month that the national **public health emergency**, first declared in early 2020 in response to the pandemic, is set to **expire May 11**. When it ends, so will many of the policies designed to combat the virus's spread.

Take vaccines. Until now, the federal government has been purchasing covid-19 shots. It **recently bought** 105 million doses of the Pfizer-BioNTech bivalent booster for about \$30.48 a dose, and 66 million doses of Moderna's version for \$26.36 a dose. (These are among the companies that developed the first covid vaccines sold in the

United States.)

People will be able to get these vaccines at low or no cost as long as the government-purchased supplies last. But even before the end date for the public emergency was set, Congress opted not to provide more money to increase the government's dwindling stockpile. As a result, Pfizer and Moderna were already planning their moves into the commercial market. Both have indicated they will raise prices, somewhere in the range **of \$110 to \$130** per dose, though insurers and government health programs could negotiate lower rates.

"We see a double-digit billion[-dollar] market opportunity," investors were told at a JPMorgan conference in San Francisco



recently by Ryan Richardson, chief strategy officer for BioNTech. The company expects a gross price — the full price before any discounts — of \$110 a dose, which, Richardson said, "is more than justified from a health economics perspective."

That could translate to tens of billions of dollars in revenue for the manufacturers, even if uptake of the vaccines is slow. And consumers would foot the bill, either directly or indirectly.

If half of adults — about the same percentage as those who opt for an annual flu shot — get covid boosters at the new, higher prices, a recent **KFF report** estimated, insurers, employers, and other payors would shell out \$12.4 billion to

\$14.8 billion. That's up to nearly twice as much as what it would have cost for every adult in the U.S. to get a bivalent booster at the average price paid by the federal government.

As for covid treatments, **an August blog post** by the Department of Health and Human Services' Administration for Strategic Preparedness and Response noted that government-purchased **supplies of the drug Paxlovid** are expected to last through midyear before the private sector takes over. The government's bulk purchase price from manufacturer Pfizer was \$530 for a course of treatment, and it isn't yet known what the companies will charge once government supplies run out....**Read More**

## Nursing Home Facts and Statistics 2023

Explore the latest nursing home facts and statistics from 2023. When it comes time for families to consider placing a loved one in a **nursing home** or assisted living facility, there are a lot of factors to consider. Where is it located? Who is in charge? What sorts of activities does the **nursing home** offer?

You'll need to investigate these, and many other questions, to find the right fit for your loved one.

And there are a lot of options out there. This data comes from **the National Center for Health Statistics** or NCHS, in 2017-2018, the most recent period for which data is available. In the U.S. there were an estimated:

- ◆ 4,200 adult day services centers.
- ◆ 11,500 home health agencies.
- ◆ 4,700 hospices.
- ◆ 15,600 nursing homes.
- ◆ 31,400 residential care communities.
- ◆ 1,200 inpatient rehabilitation facilities.
- ◆ 400 long-term care hospitals.

That's a lot of potential sources of care for your loved one, and digging a little deeper into the facts and statistics surrounding nursing home care could help you make a more informed decision.

It may also help to have a little more background information about nursing homes in general. This knowledge can boost your



understanding of where a particular facility fits into the overall scheme of health care for an older adult or for someone who

needs **rehabilitation** assistance or another type of long-term care at a different stage of life.

### Why People Need Nursing Homes

Dr. Michael Tehrani, a geriatric physician with Brand New Day HMO, a California Medicare Advantage plan, says, "More than 1.4 million people live in over 15,500 Medicare- and Medicaid-certified nursing homes across the nation." Most of these residents are over the age of 80 years, and most are women.

"Many of the female clients that I see have lost their spouse," he explains.

**The Centers for Disease Control and Prevention** reports that as of 2016, there were 1.7 million beds in licensed nursing homes in the United States. Many people who reside in nursing homes need assistance with one or more **activities of daily living**, such as:

- ◆ Eating or preparing meals.
- ◆ Bathing and dressing.
- ◆ Going to the toilet.
- ◆ Managing medications.
- ◆ Moving around in the residence or getting to other locations....**Read More**

## Medicare announces plan to recoup billions from drug companies

Medicare's historic plan to slow prescription drug spending is taking shape. Thursday federal health officials released proposed **guidance** that outlines the first of a pair of major drug price reforms contained in the Inflation Reduction Act. Those reforms are projected to **save** Medicare roughly \$170 billion over the next decade.

President Joe Biden touted the effort underway earlier this week in his State of the Union address. "We're taking on powerful

interests to bring your health care costs down so you can sleep better at night," he said.

Spending on drugs in Medicare, which covers 64 million seniors and people with disabilities, **nearly tripled** from about \$85 billion in 2009 to \$240 billion in 2020. Medicare spends an average of \$2,700 per beneficiary on retail drugs each year.

A team of roughly two dozen analysts, economists and other



technical experts within the Centers for Medicare & Medicaid Services is now knee-deep in the painstaking process of translating the administration's lofty law into ironclad policy

The new details released Thursday outline how Medicare will use its new authority to claw back refunds from drugmakers for price increases that outpace the rate of inflation.

Dr. Meena Seshamani, director of the Center for Medicare, called

the guidance "an important step in our work to lower out-of-pocket drug costs and strengthen the sustainability of the Medicare program for current and future enrollees."

The agency is bracing for its work to face legal attacks, gamesmanship and lobbying from a formidable opponent: the pharmaceutical industry. The looming battle between bureaucrats and industry will help determine how much money Medicare saves....**Read More**

## Free Vaccines for Seniors

One of the little-known provisions of President Biden's *Inflation Reduction Act* that Congress passed last fall requires all adult vaccines covered under Medicare Part D, like the one for shingles, be covered at no cost if they are recommended by a Centers for Disease Control and Prevention advisory committee.

This is good news for seniors

considering many of the most vulnerable people in the country are seniors and disabled people on Medicare. In many cases, they are either unaware they need a particular vaccine, or they can't afford it because of Medicare coverage limitations.

That lack of knowledge of the free vaccines may be reflected in



the fact that fewer than half of Americans 65 and older have gotten the latest booster, and that only two-thirds of that age group have gotten even a single booster, according to the Centers for Disease Control (CDC).

According to Kaiser Health News, "Yet evidence continues to mount that it's mostly the elderly who are at serious risk from

covid. Death rates from the disease have declined in every age group except those over 75 since April, despite the uptick in new strains."

Since the vaccines are free for seniors, and they could save your life, we urge you to talk to your doctor and get yours if you have not already done so.

## There's Been a Big Decline in the Rate of Americans Hit by Disability

A new study delivers some great news to older Americans, something many likely already realize in their daily lives.

The prevalence of disabilities among seniors is down sharply from what it was just a decade before, researchers say.

Fewer older adults have limitations in the activities that are an important part of daily life, from climbing stairs or walking without difficulty to dressing and bathing.

"Our findings suggest millions more Americans are remaining disability-free and therefore could feasibly stay in their homes well into their 80s and 90s," said study author **Esme Fuller-Thomson**, director of the University of Toronto's Institute for Life Course and Aging.

This study updates earlier information that seniors have been getting healthier since about the 1980s, she said.

"Certainly between 1980 and 2010, there were quite a few studies showing improvements over time," Fuller-Thomson said. "So, we are just trying to see if it continues. And the good news is, yes, it does."

In the study, researchers analyzed 10 consecutive cross-sectional waves of the American Community Survey from 2008 to 2017. The survey included adults living in the community and those living in institutions, such as assisted living facilities.

Each year included about a half-million adults ages 65 and up, with 5.4 million seniors as the final sample size.

The odds of having functional limitations in activities of daily living like dressing and bathing dropped 18% between 2008 and 2017. The odds of having limitations such as serious difficulty walking or climbing



stairs were 13% lower. While just over 12% of older Americans reported having limitations in 2008, that number was 9.6% by 2017.

If as many older Americans had functional limitations in 2017 as had in 2008, 1.3 million more older Americans would have these limitations.

The percentage of older adults with functional limitations also dropped from 27.3% in 2008 to 23.5% in 2017. That is equivalent to 1.9 million fewer older adults having these limitations.

Yet not all the news is great. "The worrisome news is the progress isn't nearly as good in the baby boomer generation, who were the youngest cohort," Fuller-Thomson noted.

"The 65- to 74-year-olds were the boomers in my study," she said. "And they're not showing nearly as substantial

improvements as those who are older, like 75 and up in our study."

It's not certain why, but obesity is a likely culprit.

"It's something to seriously consider because obesity is associated with a lot of negative outcomes, including much higher incidence of developing functional limitations or having trouble with your daily activities such as feeding yourself," Fuller-Thomson said.

"So this makes us concerned that this really positive trajectory may not continue into the 2020s and 2030s because as the boomers age, if they're not doing as well as the previous generations, there might not be the same level of improvements we currently see," she said....[Read More](#)

## Americans Getting More Comfortable Talking Over Mental Health With Doctors

Primary care doctors are no longer just in the physical health business: Americans are increasingly turning to them for mental health care, too, a new study finds.

Looking at Americans' primary care visits between 2006 and 2018, researchers found a 50% increase in the proportion of visits that addressed mental health concerns. That figure rose from just under 11% of visits, to 16% by the end of the study period.

The reasons are unclear, experts said, but it's not just a matter of mental health conditions becoming more

common: During the same period, other studies show, the national rate of mental health disorders rose by about 18%.

Instead, it seems primary care doctors are shouldering more responsibility for diagnosing and in some cases treating, mental health conditions.

"I think this study really underscores the importance of primary care in our country," said lead researcher **Dr. Lisa Rotenstein**, medical director of population health at Brigham and Women's Hospital in Boston.

That also means primary care doctors need the resources to



make sure patients diagnosed with mental health conditions get the best treatment, she said.

The findings -- published in the February issue of the journal *Health Affairs* -- are based on an ongoing government survey that collects information on Americans' office-based medical care.

Rotenstein's team analyzed records from nearly 110,000 primary care visits, representing roughly 3.9 million appointments nationwide. A visit was considered to have "addressed a mental health concern" if the record listed that as the reason for

the appointment, or the doctor diagnosed a mental health condition at that time.

Overall, the proportion of visits falling into that category rose by nearly 50% between 2006 and 2018.

The study cannot pinpoint the reasons -- whether it's doctors doing more mental health screenings, or patients more often bringing up mental health symptoms, for example.

But it's probably a combination of those and other factors, Rotenstein said...[Read More](#)

## Flu Shot Could Be a Lifesaver for Folks With Chronic Ills

The U.S. flu season is expected to extend into spring, and experts say it's not too late to get a flu shot.

Last year's flu season was mild, but this season has already seen triple the number of flu-related deaths in the United States.

"Even a minor respiratory virus can be hard on someone with lung disease, and the flu is especially challenging," said **Dr. Albert Rizzo**, chief medical officer for the American Lung Association.

"We want to reiterate that not only should people with any chronic illness get a flu shot, but their loved ones and friends should also protect them by

getting the flu vaccine. It's imperative that we slow the spread of the flu this year as much as possible to continue to decrease the number of cases and hospitalizations, and to protect our most vulnerable loved ones," Rizzo said in a news release from the American Heart Association, American Lung Association and American Diabetes Association.

The flu can cause serious complications for people who have chronic health conditions, leading to hospitalization and potentially death.

About 90% of people hospitalized for flu have at least one underlying medical



condition, according to the U.S. Centers for Disease Control and Prevention.

These can include heart disease, history of stroke, type 1 or type 2 diabetes, obesity and chronic lung disease, such as asthma, cystic fibrosis and chronic obstructive pulmonary disease (COPD).

"Adults who have cardiovascular disease face a significant risk of complications if they contract the flu," said **Dr. Eduardo Sanchez**, the heart association's chief medical officer for prevention.

"For example, if you have heart disease and you're not vaccinated against the flu, you

are six times more likely to have a heart attack within a week of infection," Sanchez noted. "The flu vaccine can be doubly protective — from bad flu and from its complications. While earlier in the season is ideal, we have a lot of flu season left, and it's better to get one now than not at all."

Health professionals recommend the flu shot for anyone 6 months of age and older. They also recommend the COVID-19 vaccine. Both can be given at once. Those 65 and older should ask about the flu vaccines recommended for their age and get the best one that's available at that location at that time.

## Sudden Chest Pain: What Is Angina Pectoris?

That feeling of crushing pain in your chest can be a medical emergency, but it can also be angina pectoris, or "stable angina" — a symptom of coronary heart disease that can be managed with medication.

Angina can be stable, unstable, variant or refractory, so it's important for people having chest pain to see a doctor to determine what needs to be done.

"It turns out, there are lots of different kinds of chest pain. In fact, almost everything in the chest can hurt in one way or another. Some of the causes are really nothing more than a minor inconvenience. Some of them though are quite serious, even life-threatening," **Dr. Alan Greene** said recently about **stable angina**, noting chest pain can be caused by everything from asthma to a blood clot in the lungs.

**What is angina pectoris?**

Stable angina typically happens because of narrowing or blockages in the arteries that are not providing the heart muscle with the blood it needs, according to the **American Heart Association** (AHA).

It's the most common type of angina and has a regular pattern, according to the **U.S. National Library of Medicine** (NLM).

Conversely, unstable angina can be a sign of an imminent heart attack. In this case, the pain doesn't follow a pattern or stop with rest and medication, according to the NLM.

Variant angina happens when someone is at rest and can be treated with medications, according to the NLM. A person with refractory angina may have frequent symptoms despite lifestyle changes and medication, according to the **Mayo Clinic**.

**What causes angina pectoris?**



Coronary heart disease is behind angina. That condition is due to reduced blood flow because of plaque growth from waxy cholesterol sticking to the walls of the coronary arteries, according to the **AHA**.

Arteries can narrow over time or be blocked by a clot if plaque ruptures and breaks off suddenly.

**Angina pectoris symptoms**

Angina can feel different for men than for women. Some symptoms include a feeling of squeezing or pain in the center of the chest or discomfort in the neck, jaw, shoulder, back or arm, according to the AHA.

Angina can cause feelings of chest pain and arm numbness, according to the **Texas Heart Institute** in Houston. The pain may spread.

Women may instead have nausea, vomiting, abdominal pain or feel out of breath, the

**AHA** noted. That's because they're more likely to have microvascular disease in the small arteries.

Triggers may include exercise, emotional stress, heavy meals, smoking, and very hot or cold temperatures, according to AHA.

Angina is considered stable if frequency, length and responsiveness to medicine stays the same for two months, the Mayo Clinic said.

More alarming is new chest pain or a change in pattern. This may signal unstable angina with symptoms that include worsening pain that may last longer or isn't relieved by rest or medication, according to the Mayo Clinic.

Someone experiencing this should immediately seek medical care....**Read More**

## Cutting Calories May Slow Aging in Healthy Adults

The key to living longer could be eating less.

In a new study published in the journal *Nature Aging*, researchers found that a calorie-restricted diet had substantial health benefits, including delayed aging.

"The main take-home of our study is that it is possible to slow the pace of biological aging and that it may be possible to achieve that slowing through

modification of lifestyle and behavior," senior study author **Dr. Dan Belsky**, an assistant professor of epidemiology at Columbia University's Mailman School of Public Health in New York City, told *NBC News*.

The phase 2 clinical trial included 220 adults who either made a 25% calorie cut to their diet or no changes at all. The body mass index (BMI) for



participants ranged from 22 to 27 (a BMI of 30 is the threshold for obesity).

In the first month, those in the calorie-restricted group were given three prepared meals each day so they would be familiar with portion sizes. They were counseled about their diet for the first 24 weeks of the two-year study.

The other group had no counseling or restrictions.

Despite the plan to cut about 500 calories in a 2,000-calorie daily diet, most cut only half that, said **Dr. Evan Hadley**, director of the geriatrics and clinical gerontology division at the National Institute of Aging (NIA), which funded the study.

"But that 12% was enough to have significant changes," Hadley told *NBC News*....**Read More**

## Mouse Study Hints at New Treatment for Peanut Allergy

People with peanut allergies have to be vigilant about avoiding the food and always be armed with emergency treatment. Now scientists say they've taken an early step toward a drug that could prevent severe reactions to peanuts in the first place.

The compound has only been tested in lab mice, and no such drug will be available for people anytime soon, experts stressed.

But in early experiments, researchers found that the drug protected lab mice from severe allergic reactions to peanuts for more than two weeks. However, animal findings do not always pan out in humans.

The vision is to have a self-

injected medication that people with peanut allergy can take every couple weeks, or maybe once a month, according to researcher **Mark Kaplan**, chair of the Department of Microbiology and Immunology at Indiana University School of Medicine.

It would not be a "cure" for the condition. But it could give people an additional layer of protection should they accidentally ingest peanuts.

"Accidental exposure is always a real risk," Kaplan explained.

That's because peanuts are harder to avoid than many people realize, he noted.



They are often used as ingredients in processed or prepared foods, and cross-contamination is also possible -- when the same equipment that has touched peanuts is used for other foods, too. Even though parents and adults with peanut allergy studiously read labels and take other precautions, accidents happen.

So people with peanut allergy have to carry an auto-injector of epinephrine in the event they suffer a reaction. That can include anaphylaxis, a life-threatening allergic reaction where people may struggle to breathe, have a drop in blood

pressure or lose consciousness.

An estimated 2% of U.S. children are allergic to peanuts, and for most the allergy continues into adulthood. That makes it the most common food allergy among kids, and the third-most common among adults, according to the nonprofit Food Allergy Research and Education (FARE).

When people have peanut allergy, immune system sentries called IgE antibodies see peanut protein as a threat. When those antibodies detect the protein, they trigger the release of inflammatory chemicals, such as histamine, that cause the allergic reaction...[Read More](#)

## Consumer Reports Warns of Mercury in Canned Tuna

Canned tuna is known to contain low levels of mercury, but a new Consumer Reports investigation has found spikes of the neurotoxin in some cans.

The organization tested five popular tuna brands, *CBS News* reported.

While the mercury levels were all within U.S. Food and Drug Administration standards, Consumer Reports urged pregnant women to "avoid canned tuna altogether."

FDA guidelines say pregnant women can eat canned tuna in limited quantities.

"While canned tuna, especially light varieties, has relatively low average levels of mercury, individual cans can sometimes have much higher levels,"

Consumer Reports said.

"From can to can, mercury levels can spike in unpredictable ways that might jeopardize the health of a fetus," said **James Rogers**, director of food safety research and testing at the independent nonprofit.

Mercury can affect neurodevelopment, said *CBS News* medical contributor **Dr. David Agus**.

The effects may include impaired brain function and developmental delays in children. If a fetus is exposed to high levels of mercury, it may lead to thinking and memory issues later on, he said.

"Young children and pregnant women especially need to keep



mercury away from those neurons that are developing," Agus told *CBS News*.

Consumer Reports tested 10 tuna products from five brands: Bumble Bee, Chicken of the Sea, Safe Catch, StarKist and Wild Planet. The tests included about 30 samples of both albacore and light tuna from each brand, all packed in water, *CBS News* reported.

Light tuna tended to have less mercury than albacore, the tests showed.

"But you can't tell by just looking how much mercury a specific can has," said Consumer Reports senior scientist **Michael Hansen**.

Consumer Reports found six

individual spikes in mercury content among the 30 samples "that would change the FDA's recommendation about how often someone should eat that particular tuna," *CBS News* reported.

Consumer Reports said kids should eat only light and skipjack tuna in limited quantities and adults who aren't pregnant should aim for 8 to 12 ounces per week of fish that is lower in mercury.

"That could include up to three servings of light or skipjack tuna... You can eat albacore, but only one 4-ounce serving per week," Consumer Reports said...[Read More](#)

## Aortic Dissection: What It Is, Symptoms, Treatment and More

When you feel sudden severe chest or upper back pain, it's easy to assume what's happening is a heart attack.

It could be, but it could also be an aortic dissection — a condition that can be severe and often fatal.

Despite the fact that an aortic dissection from a tear in the major artery known as the aorta killed actors John Ritter and Alan Thicke, many aren't familiar with the condition, or its symptoms and risk factors.

Knowing them could save your life.

That could matter to millions: The death rate for people who have an aortic dissection has been

rising over the past decade, especially among women and Black adults, research published recently in the *Journal of the American Heart Association* shows.

"We have more room to improve in the prevention and management of aortic dissections," study author **Dr. Salik Nazir**, an interventional cardiology fellow at Baylor College of Medicine in Houston, **said** when the study came out.

What is aortic dissection?

The aorta is the major artery carrying blood out of the heart,



according to the **National Library of Medicine** (NLM).

A tear can extend along the wall of the aorta, causing blood to flow between its layers. That's dissection, which can either lead to rupture of the aorta or decreased blood flow to organs, according to the NLM.

Shaped like a cane, the aorta delivers blood through other arteries to the brain, muscles and cells, according to the **American Heart Association** (AHA). It has an inner, middle and outer layer.

An aortic aneurysm is a weakened or bulging area in the

aorta that can lead to either rupture or dissection.

Nearly 10,000 people died in 2019 from aortic aneurysms or dissections and nearly 60% were men, according to the **U.S. Centers for Disease Control and Prevention**.

An abdominal aortic aneurysm is more common than the thoracic type, which happens in the chest, according to the CDC.

"The [death] rate for an aortic dissection is about 1% an hour for the first 48 hours, making every second count," ...[Read More](#)

## Less May Be More When It Comes to Surgery for Early-Stage Lung Cancer

Some patients having surgery for early-stage lung cancer may no longer need to lose an entire lobe of their lung, new research shows.

The study results are from a phase 3 clinical trial sponsored by the Alliance for Clinical Trials in Oncology.

For the trial, nearly 700 patients with early-stage lung cancer were randomly chosen to receive either lobectomy surgery, which removes an entire lobe, or a sublobar resection, which removes only a portion of one of the five lobes. About half were in each group.

Participants were followed for a median of seven years after surgery, meaning half were

followed longer, half for less time.

Those who lost only a portion of the lobe had somewhat better lung function, the trial showed. Survival rates were similar between the two groups.

Lobectomy, removing the entire lobe, has been the standard approach to early-stage lung cancer surgery for almost 30 years, the study authors noted.

"This is a practice-changing study," said lead author **Dr. Nasser Altorki**, chief of thoracic surgery at Weill Cornell Medicine and NewYork-Presbyterian/Weill Cornell Medical Center in New York City.



Worldwide, more than 2 million people a year are diagnosed with lung cancer. Most have non-small cell lung cancer (NSCLC), which is often treated with surgery alone when the tumor is small and localized.

Lobectomy became the standard treatment after a 1995 clinical study found triple the rate of tumor recurrence and 50% higher deaths in the patients who had only a portion of lobe removed.

Improvements in imaging and determining cancer stage since then have led to increased detection of smaller, early-stage lung tumors. A Japanese trial published last year found that a

sublobar technique called segmentectomy had comparable or modestly better outcomes to standard lobectomy.

The new trial took place from 2007 to 2017 in 83 clinical centers in the United States, Canada and Australia. Participants had NSCLC tumors no larger than 2 centimeters (about 3/4 inch) in size, and researchers confirmed their lymph nodes were not involved and their cancer hadn't spread. Tumors also had to be in the outer third of the lungs, where the risk of tumor spread is lower... [Read More](#)

## Seniors' Dental Care Declines After Medicare Kicks In

Without dental coverage, many American seniors on Medicare stop getting the fillings and crowns they may need, a new study finds.

The result isn't pretty.

"Without dental coverage for adults who are eligible [for] Medicare, we are seeing a rise in loss of teeth after age 65 among nearly 1 in 20 adults, which represents millions of Americans," said **Dr. Lisa Simon**, a resident in the Department of Medicine at Brigham and Women's Hospital in Boston.

"Older adults have the lowest rates of dental insurance in the

U.S. and cost is a major barrier for many in seeking dental care," Simon said in a hospital news release. "We know

that Medicare, by covering medical services, improves health outcomes and reduces racial health inequities among older adults, but it has the exact opposite effect for dental care."

Researchers examined changes in dental care and oral health for older adults who became eligible for Medicare using national data from the 2010-2019 Medical Expenditure Panel Surveys. Surveys included community-dwelling adults ages 50 to 85.



The traditional version of Medicare does not include dental coverage. Although Medicare Advantage plans can offer dental services, the extent of coverage varies.

Among more than 97,000 people, researchers found the number receiving restorative dental care dropped dramatically. The research team also found an almost 5 percentage point increase in the number who lost all their teeth after they turned 65 and became eligible for Medicare.

The total number of annual dental visits did not change.

However, the number of visits for restorative procedures, such as fillings or crowns, decreased by nearly 9 percentage points.

Adults who lose their teeth are at higher risk of poor nutrition, lower quality of life and progression of mental impairment, according to the researchers.

"Loss of teeth can have a number of negative downstream effects," Simon said. "It's associated with many geriatric conditions, including frailty and cognitive function."... [Read More](#)

## A1C: What Is It, and What Does It Mean for Your Heart?

You might think about cholesterol when you consider your cardiovascular health.

It's also important to consider your A1C levels.

Sugar is just as bad for your heart as cholesterol -- if not worse, said **Dr. Daniel Lodge**, a thoracic surgeon at Penn State Health Specialty Services in Reading, Pa.

"Diabetes is a much bigger risk factor," he said in a health system news release.

While about 11% of Americans have diabetes, roughly 30% of those with heart disease do.

Lodge explained a little about what exactly A1C measurements are and what that can mean for

the heart.

"Sugar binds to red blood cells and hemoglobin A1C is the amount of sugar bonded to the red blood cells. It measures average blood sugar over the past three months," Lodge said.

Over time, high blood sugar causes blood vessels to harden and become blocked, he added.

Diabetes is a major risk factor for heart attack, stroke and heart failure. Heart and vascular disease is a common cause of death among people with diabetes.

It's hard to know if your A1C levels are too high or low because there aren't symptoms. Testing is critical, Lodge said.



"Every adult over 45 -- or under 45 with risk factors -- should be checked every three

years, even with previous normal results," Lodge said. "Risk factors include being overweight, physically active less than three times a week, prediabetes, gestational diabetes, or you have a parent, brother or sister with type 2 diabetes."

It can be assessed as part of routine bloodwork.

An A1C level below 5.7% is considered normal, according to the U.S. Centers for Disease Control and Prevention. A level of 5.7% to 6.4%, is considered prediabetes. Diabetics have an A1C level of 6.5% or more. The

goal is to keep the level at 7% for diabetics

Lodge suggests people can help keep themselves healthy by tracking their diets and avoiding sugar and carbs. Weight loss can help lower A1C. Any kind of exercise helps, too.

Various medicines also help lower A1C levels, he noted. A new variety called SGLT2 inhibitors lower blood sugar and A1C and have weight loss as a side effect, which also helps.

### What This Means for You

Managing A1C, a measure of blood sugar over time, is part of protecting your heart. Get a blood test and follow doctor's advice if your level is too high.