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RI ARA

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Publication 2022 Issue 05
Published in house by then RI ARA

February 6, 2022 E-Newsletter

Updates From The Alliance *for* Retired Americans

Alliance Takes More Action to Protect Voting Rights

The Alliance called on the U.S. Election Assistance Commission (EAC) on Thursday to stop permitting state elections offices to require that people provide their full Social Security numbers when submitting a voter registration form, explaining in a public comment letter that such requirements violate federal laws that protect the right to vote and prevent identity theft and fraud.

"The U.S. Election Commission has allowed at least four states to violate the U.S. Constitution and several federal laws by requiring the collection of full Social Security numbers on their voter registration forms," said Richard Fiesta, Executive Director of the Alliance, referring to Tennessee, Kentucky, New Mexico, and Virginia. "This practice creates a burden for Americans trying to exercise their constitutional right to vote and also puts them at a higher risk of identity theft, financial scams and fraud."

In addition, last Friday the Texas Alliance sent a demand letter to Texas Secretary of State John B. Scott stating that his decision to limit the number of voter registration forms his office provides to the Texas Alliance and other voter registration organizations is a violation of the National Voter Registration Act ("NVRA").

The letter stated that Scott's decision is a change from the former practice of providing voter registration forms to voter registration organizations based upon the organization's needs.

In response to the letter, copies of voter registration forms were made available last weekend, just days before the deadline to register for the March 1 Texas primary elections.

"Limiting access to voter registration forms is yet another way that the state of Texas has made it harder to vote," said Gene Lantz, President of the Texas Alliance. "Saying that the price of paper has gone up, which is one excuse that has been reported, when the state has a $7.85 billion surplus, just does not make sense."

Key Senator Still Pushing for Legislation to Lower Drug Prices

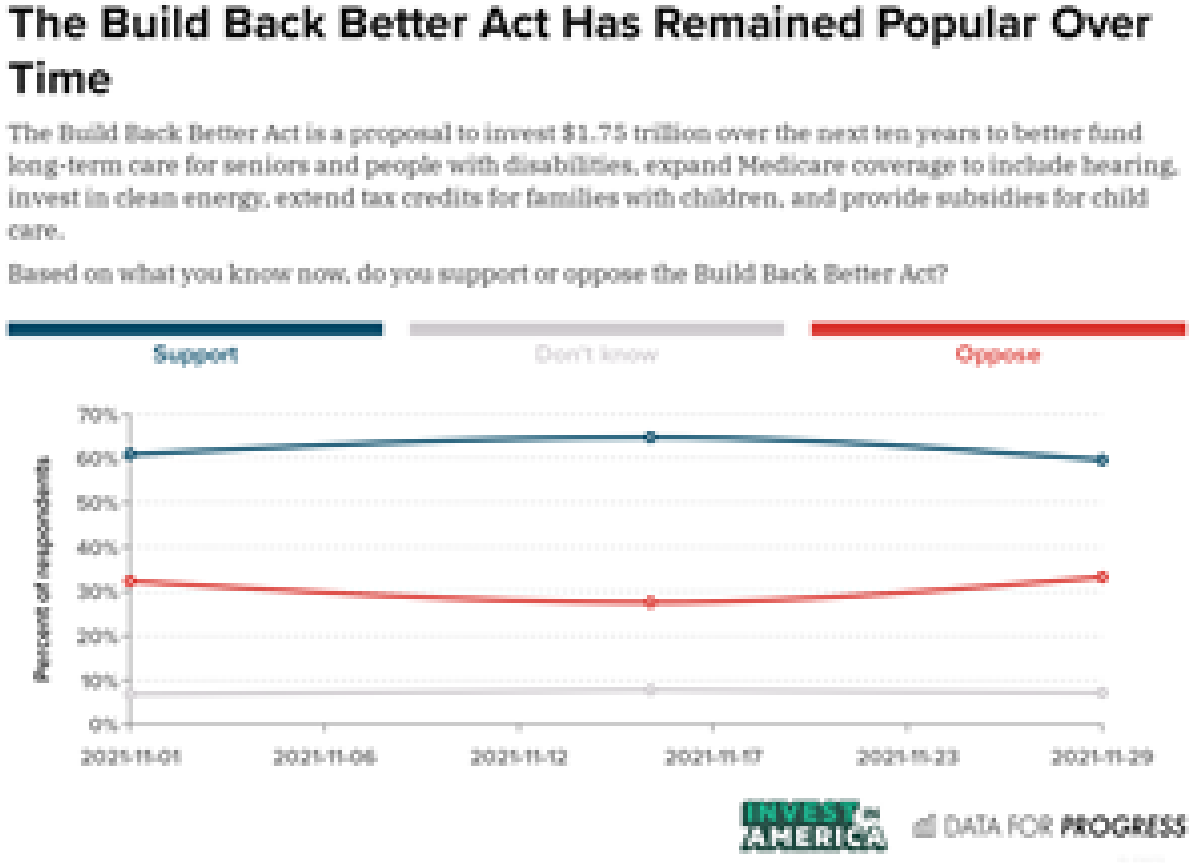
Senate Finance Committee Chairman Ron Wyden (OR) told Bloomberg News this week that a new version of the Build Back Better Act could be reintroduced with a focus on lowering prescription drug costs, expanding access to health care and increasing clean energy tax credits. The previous version of the legislation was blocked last year after Sen. Joe Manchin (WV) objected to the overall cost of the bill.

However, Sen. Manchin has expressed support for allowing Medicare to negotiate lower prescription drug pricing, increasing the likelihood that a more focused bill could pass. Manchin's vote is necessary for Democrats to pass the bill through a narrow Senate majority without Republican support.

Still Strong Support for Build Back Better Bill

The American public **strongly favors** the health care proposals in the stalled Build Back Better legislation, including requiring Medicare to negotiate lower prices on certain prescription drugs; a $35 per month cap on insulin costs; and expanding Medicare to cover hearing care, including hearing aids.

"If Build Back Better must be scaled back, it is important that we keep the provisions that lower drug prices," said **Joseph Peters, Jr.**, Secretary -Treasurer of the Alliance.



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SIGN THE GPO/WEP PETITION!!!!!

This word describes Social Security — but not everyone wants to hear it

"Entitlement" often refers to Social Security and Medicare, but critics argue that's the wrong way to describe it — in fact, the word sparks fury.

Many Americans take to social platforms saying they've paid into the system their entire careers, and thus, the benefit they will receive belongs to them.

And they're right — which is a big part of the reason they're called entitlements, experts say, because recipients are indeed entitled to them.

The term entitlement has developed a negative connotation, said Nancy Altman, president of Social Security Works, which advocates for expanding the program. "Focus groups have found when you ask people to name entitlements, they'll focus on welfare, and when they're told Social Security [is an entitlement program], they get angry because of course Social Security is an earned benefit," she said. The idea of being "entitled" has over time become associated with getting something one doesn't deserve.

But the term has evolved — now it's about politics, especially as the two major parties disagree about how to reform Social Security, and little progress has been made toward doing so. For years, some legislators have tried to invoke changes on Social Security. Rep. John Larson re-introduced his proposal, the Social Security 2100 Act, which included many provisions President Biden supports. Critics of the proposal argue it may not be enough, or that the improvements would only be temporary.

The opposite approach — cutting benefits — was also met with resistance. When President Trump made a comment in 2020 that these programs could **potentially be trimmed**, he faced predictable backlash. Trump took back the statement and added that the Democrats were going to destroy Social Security and that he would **save it**.

The future of Social Security **remains unknown.** The trust funds that support the system are expected to run out of money within the next 12 years, and, if that happens, beneficiaries are expected to get less than 80% of what they're owed. Congress has never let the program fail, experts have observed, but legislators have yet to decide how they will address the problem.

Social Security is a sensitive subject among many, especially considering the number of retirees who rely on those checks for much, if not most, of their income in **old age**. The program makes up the majority of retirement income for 61% of elderly beneficiaries, and a third of them rely on the program for 90% or more, according to the Center on Budget and Policy Priorities, a progressive think tank based in Washington, D.C.

"Entitlement programs," in government budgeting speak, are the ones that the country deems mandatory spending — like Social Security and Medicare. The Supplemental Nutrition Assistance Program, or SNAP, which was previously called the Food Stamp Program, is another example, said Kathleen Romig, senior policy analyst at the Center on Budget and Policy Priorities.

That contrasts with discretionary spending, where — also in government budgeting terms — when the funding runs out, there's no more in benefits to give, and individuals are placed on a waiting list. Examples including housing vouchers and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The terminology for Social Security may have become politically charged, but, ultimately, it's something Americans worked for, Romig said. "It's an earned benefit," she said. "The benefit is yours."

Advocacy Organizations Urge Better Medicare Coverage of COVID-19 Services

This week, Medicare Rights joined with Justice in Aging and 65 other advocacy groups **in a letter** to urge the Department of Health & Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) to expand access to at-home COVID-19 tests and COVID-19 vaccine boosters for people with Medicare. This includes urging the administration to extend coverage of at-home over-the-counter (OTC) COVID-19 testing with no cost-sharing to all people with Medicare, including people with limited English proficiency; providing additional guidance for states to help their Medicaid populations; and building upon the **previous action** and increase COVID-19 vaccine boosters and additional doses for people with Medicare.

HHS **recently announced** requirements for insurance companies to cover eight OTC at-home COVID-19 tests per person per month without cost-sharing, but in a frequently asked questions document, the department explained that this **policy does not extend to people with traditional Medicare**, saying only that "At this time Original Medicare cannot pay for at-home tests through this program." Medicare Advantage plans are permitted but not required to cover the tests.

Currently, Medicare beneficiaries can use only laboratory testing. ….**Read More**

Kaiser Family Foundation Releases Report on Medicaid in 2022

Last week, the Kaiser Family Foundation **released an issue brief** identifying areas of change and possible concerns in the Medicaid program for 2022. The brief highlights several areas to watch in 2022, including potential Medicaid changes resulting from the ongoing pandemic and Public Health Emergency, the uncertain fate of the Build Back Better Act (BBBA), various state budgets, and Biden administration efforts to further strategic coverage, access, and equity goals through regulatory action.

Notably, they identify enrollment, coverage, long-term care–in institutions and in homes and the community—access to services, and health equity as areas of interest. Noting the continuing trend of increased enrollment in Medicaid and CHIP throughout the pandemic, the report outlines several possible scenarios as some of the federal changes driving that increase expire. The BBBA would phase out some of these changes more slowly, and some states have taken advantage of increased flexibilities offered under the American Rescue Plan Act (ARPA) or those previously existing to increase eligibility and enrollment in Medicaid. Others, like South Dakota, will have Medicaid eligibility expansion on the ballot in 2022.

The report also summarizes administration actions to review and evaluate previously approved Medicaid waivers that restrict coverage or "undermine" the program, as well as some to "streamline" eligibility and enrollment processes and increase outreach to provide coverage for the approximately 7 million people who are uninsured and eligible for Medicaid.

Medicaid is the nation's largest payer of long-term care services and, the report shows, staff and residents of long-term care facilities have been disproportionately affected by the pandemic. Both the direct impact of illness and death, and the impact of the pandemic on the long-term care workforce have highlighted the long-standing unmet need for home- and community-based services and the direct care workforce shortage. ...**Read More**

Trump Created A Program To Privatize Medicare Without Patients' Consent. Biden Is Keeping It Going

Under the program, insurers and doctors can negotiate to move patients to a private insurance stream. Patients don't get a say.

The Biden administration is quietly continuing a little-known Trump-era pilot program that clears the way for doctors and private health insurers to switch patients from Medicare to privately run insurance. Though there has been little public discussion of the program, it has the potential to expand to the wholesale privatization of Medicare.

Progressive lawmakers and doctor and patient groups are now scrutinizing the program, after a year of it flying under the radar.

"I think there's a lot of interest in stopping this," Rep. Jan Schakowsky said. "To privatize Medicare without the knowledge of people who chose Medicare is scandalous. We can't let that happen."

Despite calls to shut down the pilot project, the Biden administration has no plans to do so. The current plan is to run the program through the end of Biden's term, potentially allowing a future president to expand its scope and further erode Medicare, the pillar of public healthcare in America.

The pilot program, known as direct contracting, allows for doctors to transfer their patients off of core Medicare to a private model, where a third party is paid a fee to manage their benefits. The government says it will preserve patient benefits while experimenting with new ways to "produce value and high quality health care." Opponents say it is a backdoor method of privatizing Medicare against the desire or consent of patients.

For decades, private insurers have pushed to get a piece of Medicare, the public health insurance program created in 1965 for people age 65 and older. The government created a private Medicare stream in 1997, now called Medicare Advantage, and companies spend a great deal of money advertising such plans. They've won over **more than 26 million enrollees,** making up more than 40% of the Medicare population, to the over 3,500 Medicare Advantage plans, according to the Kaiser Family Foundation.

The privatization of Medicare has been lucrative for the industry. Medicare Advantage plans **are more expensive** but have not been shown to provide better health outcomes. That disparity **grows wider** every year. The added costs born by the public to fund the program are believed to add up to **tens of billions of dollars**. At a time when Medicare is facing insolvency in the near future, the more expensive Medicare Advantage plans are projected to soon **overtake traditional Medicare**.

But there remains one major hurdle to Medicare Advantage expansion: You have to convince enrollees to actively switch out of the default public plan.

In the waning months of his administration, then-president Donald Trump launched a program, lobbied for by private industry, to circumvent this. It would allow insurers to bypass the will of patients altogether. Formally known as the Global and Professional Direct Contracting Model, the program allows insurers to negotiate with doctors to move their patients from straight Medicare plans to privately run insurance.

Direct contracting flips the onus. Instead of patients having to actively choose to leave core Medicare, they are transferred by their doctor and only need to be told in an annual notification. They may have to switch doctors to opt out….**Read More**

Pharmacies Are Turning Away Immunocompromised Patients Seeking 4th Covid Shot

Patients with weakened immune systems — who are at high risk from covid-19 — say pharmacies are turning them away when they seek additional vaccine doses recommended by federal health officials.

Alyson Smith became eligible this month for a fourth vaccine dose because her medications leave her immunocompromised.

Although the Centers for Disease Control and Prevention encourages most adults to receive a total of three mRNA vaccines — two "primary" vaccinations and a booster — the agency now advises **people with weak immune systems** to receive three primary shots plus a booster, for a total of four doses.

Many people are confused about the difference between a primary vaccine series and a booster. A primary vaccine series helps people build antibodies to a new pathogen, while a booster combats waning immunity.

As Smith learned, many pharmacists are unaware that the CDC's vaccine guidance has changed.

Smith booked her vaccine appointment online. But when she showed up at a Chicago-area Walgreens for the appointment Jan. 19, an employee told her the pharmacy chain wasn't administering fourth doses to anyone.

Smith said she's frustrated that vulnerable people are being forced to make multiple visits to crowded pharmacies and supermarkets, where many customers are unmasked.

"I feel for the pharmacists, because they're overwhelmed like everyone else," said Smith, 52. "But two years into the pandemic, there is a corporate responsibility to take action when the guidance comes down."

In a written statement, Walgreens said it has administered thousands of fourth doses to immunocompromised people. "As vaccination guidelines continue to evolve, we make every effort to continuously update our pharmacy teams."

The confusion stems from recent updates in **vaccine advice for immunocompromised people**, as well as a **change in the interval** between the end of a primary vaccine series and a booster.

In August, the CDC began allowing immunocompromised people to receive a third dose of mRNA vaccine as part of their primary vaccination.

In October, the CDC quietly updated its website to allow people with suppressed immune systems to receive a fourth shot as a booster.

In January, the agency shortened the time that anyone must wait for a booster from six months to five.

People who received the one-dose Johnson & Johnson vaccine are eligible for a single booster, for a total of two shots, according to the CDC.

Given how often vaccine guidelines have been revised in recent months, some pharmacists have had a hard time keeping pace, said Mitchel Rothholz, chief of governance and state affiliates at the **American Pharmacists Associati**on. Pharmacy employees have coped with an ever-expanding workload but a deepening shortage of employees during the pandemic, he said.

"I don't know any provider who wants to turn away a patient," Rothholz said. "The CDC continues to make updates, and it's becoming very difficult for providers at the grassroots level to keep up. I can understand why a pharmacist would say, 'Corporate hasn't given us the green light.'"

Confusion about who is eligible for a fourth shot "was inevitable, although I'm not saying it's right or wrong," he said.

Yet many patients and their doctors are frustrated….**Read More**

Update from The Senior Citizens League

Efforts to Lower Drug Prices Still Alive

Unless you do not pay attention to the news at all, you know that passing legislation to lower the prices of prescription drugs in the Senate has two main obstacles: in addition to every Republican Senator, there are two Democratic Senators - Joe Manchin of West Virginia and Kyrsten Sinema of Arizona.

Because of complicated Senate rules, it takes 60 votes to pass most legislation, not a simple majority of 51. And since all 50 Republicans in the Senate refuse to support the legislation that would lower drug prices, Democrats must have all 50 of their Senators vote for the bill to pass it through a special process called "reconciliation." But Senators Manchin and Sinema have refused to support the current legislation for several reasons.

Last week, however, Senator Manchin said he would support a new bill that included certain things, including legislation to lower drug prices. However, he also said that a completely new bill would have to be written, and that takes a great deal of time – something the Democratic majority is running out of.

President Biden last week said that he is open to breaking up his top legislative initiative, the "Build Back Better" bill, into smaller pieces in order to get some of it passed. That was what Manchin was referring to when he said that one of the things he would support is prescription drug price legislation but in a new legislative package.

Competing with that effort is the need to pass legislation to keep the federal government open past February 18. Both efforts will require a great deal of legislative energy and keeping the government open will take priority since the deadline is less than a month away.

TSCL strongly supports any effort to lower drug prices so we will be pushing for a new bill to accomplish that. In addition, contacting your own Senators and urging them to pass legislation to lower drug prices will have a great deal of impact in this fight.

* * * *

Drug Companies Spend Record Amount to Keep Drug Prices High

We've told you in the past that the drug companies pulled out all the stops last year to fight the effort to lower drug prices. According to a new report from *Bloomberg Government News*, PhRMA, the lobbying group of the major drug companies, spent nearly $29.6 million on lobbying in 2021, the most money it has ever spent on lobbying.

In addition, the report states "Some individual drugmakers also stepped up their lobbying spending in 2021. Eli Lilly & Co.'s $7 million and Merck & Co.'s $8 million were record amounts for both companies."

They spend that money in several ways, including a massive amount of advertising on TV, radio, and the internet. In the Washington, D.C., area there has been a constant barrage of ads on TV meant to influence members of Congress.

They also give the maximum amount of money allowed by law to the election campaigns of most members of Congress.

Their efforts are continuing this year as the fight to lower drug prices is continuing.

TSCL, on the other hand, does not give to election campaigns. Our finances are 100% dependent on our supporters like you. We run a very tight and lean operation and rely on our volunteer officers as well as a small paid staff to carry on the fight on your behalf.

It is very much a David vs. Goliath story, but we are on the verge of winning a major victory to lower drug prices.

However, your continued support and involvement are critical to winning this fight and we need you more than ever in this fight, and the other fights we engage in to make sure you can have the kind of life in retirement that you need and deserve.

* * * *

Social Security 2100 Bill Keeps Gaining Support

We have told you in the past about the "Social Security 2100" bill that would improve benefits and strengthen the entire Social Security system. It's a bill that TSCL has been working with its author, Congressman John Larson (D-Conn.), to get introduced and passed.

While the bill has not gotten much news coverage, it continues to gain support, and now has 199 co-sponsors, with two of them having been added last week.

It will be a tough fight to pass it this year, but we will continue in our efforts to get it done.

* * * *

Government Warns About Fake Covid Test Kits

A few days ago the Federal Trade Commission (FTC) issued a warning about fraudulent testing kits being sold online to desperate customers.

"It's not a surprise that, according to the US Food and Drug Administration, fake and unauthorized at-home testing kits are popping up online as opportunistic scammers take advantage of the spike in demand," the FTC said in a press release.

Even though the Biden Administration has set up a website and is offering free kits to the public, the Coronavirus self-tests are in short supply locally in most places and people have been searching online or anywhere to find them.

The FTC has warned that buyers should be wary of scammers selling fake kits.

How to spot a fake test kit

The FTC suggests following these four steps before buying and using a testing kit:

1. Only buy tests authorized by the US Food and Drug Administration. The FDA's website has a list of more than 40 authorized home tests, some of which have age restrictions. You can buy these tests online, at pharmacies, and some retail stores.

2. Check the FDA's list of fraudulent COVID-19 products to ensure the test kit you're about to buy, or the company you're going to buy it from, isn't on there.

3. Look at a variety of sellers and compare credible reviews from expert sources like medical professionals or health organizations before making a purchase decision.

The FTC also advised searching on the Internet for the seller of the at-home testing kits along with words like "scam," "complaint," or "review" to catch the scammers.

To get the free government test kits you can go to COVIDtests.gov or you can order your kits by calling 1-800-232-0233 (TTY 1-888-720-7489). Your kits will be mailed through the U.S. Postal Service within 7 to 12 days.

Great Senior Discounts for 2022

Learn where to look to save on everyday expenses during retirement.

Senior citizen discounts

Taking advantage of senior citizen discounts **may reduce your retirement costs** and free up funds for other activities. When looking for savings, always keep your identification handy, as some places will ask to see a form of ID to check that you have reached the

qualifying senior discount age before applying any promotions. The amount you save might depend on factors like **your age** or whether you use the discount on a certain day of the week or month. Here's a list of great deals for **senior citizens**….**Click here to scroll through the discouns that are available to seniors.**

The Sneaky Reason You Might Lose a Chunk of Your Social Security Income

Social Security is an important income source for many seniors -- including those who do have additional income streams at their disposal in retirement. Say you manage to amass a decent-sized nest egg. Your savings might provide you with, say, $20,000 of income a year. If you're used to living on a lot more, Social Security can help pick up the slack.

But many seniors are shocked to learn that they're not entitled to their **Social Security** income in full. That's because even low to moderate earners are subject to having their benefits taxed at the federal level. And if that happens to you, it'll cause your Social Security paycheck to shrink.

Will you lose a chunk of your benefits?

Whether your Social Security income will be taxed will hinge on your provisional income. That's calculated by taking half of your annual benefit amount and adding it to your non-Social Security income.

If your provisional income is $25,000 or more and you're single, you'll face taxes on your Social Security benefits. The same holds true if you're married with a provisional income of $32,000 or more.

Clearly, these aren't large thresholds. Say you're single and are entitled to $1,500 a month, or $18,000 a year, from Social Security. If you also withdraw $20,000 a year from your nest egg and that's your only other income source, you'll have a total annual income of $38,000 and a provisional income of $29,000. That already puts you in a place where your benefits get taxed -- even though an annual income of $38,000 does not make you a wealthy retiree by any means.

The Motley Fool

How to avoid taxes on Social Security

The fact that there are such low thresholds at which taxes apply to Social Security puts many seniors at a disadvantage. But there's one thing you can to reduce your chances of having those benefits taxed down the line -- save in the right retirement plan.

If you house your retirement savings in a **Roth IRA**, your withdrawals from that plan won't count toward provisional income. So, going back to our example, if you take $20,000 a year out of a Roth IRA and have no other income, and you collect $18,000 a year from Social Security, you'll keep your annual income of $38,000. However, you'll slash your provisional income to $9,000, thereby getting out of paying taxes on the money Social Security pays you.

While Roth IRAs don't offer the same immediate tax break you'll get by funding a traditional IRA, withdrawals in retirement are tax-free. And Roth IRAs also offer the benefit of letting you keep your money in your account indefinitely, whereas all other tax-advantaged retirement plans impose **required minimum distributions**.

Keep more of your money

Social Security may end up being an important income source for you down the line, so it pays to take steps to hang onto as much of your benefits as possible. By saving strategically, you may be able to avoid taxes on your benefits -- at least at the federal level. There are **some states that tax Social Security**, but many of those at least offer exemptions so that low and moderate earners aren't hit with that burden.

Senators Wyden & Casey Lead Call For Update On Social Security Field Office Services

Senators Request Details on In-Person Assistance, Simplifying Applications, and Improving Service

Washington, D.C. – Senate Finance Committee Chair Ron Wyden (D-OR) and Senate Aging Committee Chair Bob Casey (D-PA) along with 15 senators, called on the Social Security Administration (SSA) to provide an update on its efforts to improve field office services for beneficiaries amid the continuing challenges imposed by the COVID-19 pandemic.

"SSA has a responsibility and a duty to provide timely and quality service to the public, whether it is provided online, via telephone, or in-person," the senators wrote. "COVID-19 has amplified and exacerbated gaps in service for all. We write to request an update on the Social Security Administration's efforts to improve service delivery during the COVID-19 pandemic, and efforts to modernize its business processes going forward."

In the letter, sent to Acting Commissioner Kilolo Kijakazi, the senators called on the agency to outline the steps it is taking to ensure those who need in-person service are able to receive it, including details on the appointment system and drop boxes for original documents that need to be reviewed. Last week, SSA announced an agreement with labor unions representing the agency's workforce about a reentry plan beginning as early as March 30th.

The letter also noted the substantial dip in applications for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), and asked the agency how they are working to address this shortfall.

In addition to Wyden and Casey, the letter was signed by Sens. Michael Bennet (D-CO), Richard Blumenthal (D-CT), Sherrod Brown (D-OH), Ben Cardin (D-MA), Tom Carper (D-DE), Kirsten Gillibrand (D-NY), Maggie Hassan (D-NH), Mark Kelly (D-AZ), Bob Menendez (D-NJ), Jacky Rosen (D-NV), Debbie Stabenow (D-MI), Mark Warner (D-VA), Elizabeth Warren (D-MA**), Sheldon Whitehouse (D-RI)** and Catherine Cortez Masto (D-NV).

The full letter can be found **here**

Taxpayers alarmed by IRS notice asking them to resend their 2020 returns. Is it a scam?

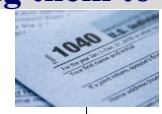
Their checks to the U.S. Treasury were cashed nearly a year ago. But taxpayers say they're now receiving letters from the Internal Revenue Service asking them to immediately file their 2020 federal income tax returns.

Yes, copies of their 2020 returns. Yes, the same paper returns they filed last spring.

"Please file today," the letter begins. "Send your signed return to the address shown above. We'll assign the credit to the tax you owe and refund any over payment if you owe no other taxes or obligations."

Some readers who contacted me wondered whether if this could be some sort of scam.

"It wasn't a text message. It wasn't an email. It was a letter," said Anne Hovell, 72, who recently received the IRS letter dated Jan. 24.



According to the letter sent to the couple in Gibraltar, the credit on their account is $1,056. The IRS letter warns that there can be more problems ahead "if we don't hear from you."

"If you don't file your return or contact us," the form letter says, "you may lose this credit. The Internal Revenue Code sets strict time limits for refunding or transferring credits."

Hovell, who keeps track of transactions in her checking account, knows the money cleared a year ago and she recognized that the amount listed as a credit is what she paid in taxes.

"If a check doesn't clear, I follow up," she said. "It did clear.".

Hovell, who retired as a consultant for a tech company, knows that scammers often use email or texts...**Read More**

The disadvantages of a decentralized health care system

Ross Douthat writes for **The New York Times** about his shift "left" on health insurance.

After suffering from a painful undiagnosed condition, Douthat, a libertarian, realized that what might look like wasteful profligacy in health care is necessary testing to arrive at an accurate diagnosis. But, he still does not understand that our decentralized privatized health care system is designed to keep people from getting those tests.

1. Our decentralized health insurance system generates **$800 billion a year of wasteful spending**. Lack of centralization means thousands of entities individually making tens of thousands of decisions every year, from who's in a network, to how much doctors and hospitals are paid, to what services are medically necessary.
2. Most of our wasteful health care spending is **not from the quantity of services** we receive. In fact, Americans receive on average fewer services than people in other countries. It's from the high rates we pay.
3. Higher costs **keep people from getting the care** they need, leading to **undertreatment** and countless premature deaths.

4. Our privatized system leads to widespread **inappropriate delays and denials** of care and coverage.
5. Consumers **cannot avoid health plans** engaged in widespread delays and denials, since they go undetected and, when detected, the health plans go unnamed.

A centralized system meets everyone's needs.

- It **spreads risk across an entire population** to bring down health care spending for everyone, including the people who most need care.
- It is transparent, enabling us to see and address emerging and persisting health care issues. Covid-19 is proof positive that our decentralized system leaves us blind and on our heels.
- It is publicly accountable.
- A centralized system will never get everything right. But, it's more cost-effective than our decentralized system, while guaranteeing everyone access to care.

Medicare Patients Win the Right to Appeal Gap in Nursing Home Coverage

A three-judge federal appeals court panel in Connecticut has likely ended an 11-year fight against a frustrating and confusing rule that left hundreds of thousands of Medicare beneficiaries without coverage for nursing home care, and no way to challenge a denial.

The Jan. 25 ruling, which came in response to a 2011 class-action lawsuit eventually joined by 14 beneficiaries against the Department of Health and Human Services, will guarantee patients the right to appeal to Medicare for nursing home coverage if they were admitted to a hospital as an inpatient but were switched to observation care, an outpatient service.

The court's decision applies only to people with traditional Medicare whose status was changed from inpatient to observation. A hospital services review team can make this change during or after a patient's stay.

Observation care is a classification designed for patients who are not well enough to go home but still need the kind of care they can get only in a hospital. But it can have serious repercussions.

Without a three-day inpatient stay, beneficiaries are ineligible for Medicare's nursing home benefit. So if they need follow-up care in a nursing home after leaving the hospital, they can face charges of about $290 a day, the average national cost of nursing home care, according to a **2021 survey**. Also, since observation care is categorized as outpatient treatment — even if the patient is on a hospital ward — they can get stuck with significant copays under Medicare rules.

"You can appeal almost every issue affecting your Medicare coverage except this one, and that is unfair," said **Alice Bers**, litigation director at the Center for Medicare Advocacy, which represented the patients in their lawsuit along with Justice in Aging, another advocacy group, and the California law firm of Wilson Sonsini Goodrich and Rosati.

Until Congress passed a law that took effect in 2017, hospitals weren't required to tell patients whether they were receiving observation care and had not been admitted. Under that law, hospitals must provide **written notice**, but it does not trigger any right to appeal.

The Department of Justice, representing HHS and the Medicare program, tried numerous times to get the case dismissed, arguing that the decision to admit patients or classify them as "observation patients" was based on a doctor's or hospital's medical expertise. Patients had nothing to appeal because the government can't change a decision it didn't make, so no Medicare rule had been violated.

Doctors rejected that notion and have long complained that the Medicare rule undermined their clinical judgment and produced "**absurd results**" that can hurt patients. The American Medical Association and state medical societies filed legal papers in support of the patients challenging the rule, as did several other organizations, including AARP, the National Disability Rights Network, and the American Health Care Association, which represents nursing homes across the country.

But U.S. District Judge Michael Shea **ruled against HHS in 2020**, and estimated that hundreds of thousands of Medicare patients would be able to seek refunds for nursing home care and other costs that admitted patients don't pay. The trial took place in 2019.

The government continued to back the rule, however, and asked a federal appeals court panel to reverse Shea's decision — despite comments from then-chief of Medicare Seema Verma, who questioned these policies in a **2019 tweet**, saying that "government doesn't always make sense."

On Jan. 25, the appeals court judges upheld Shea's decision, agreeing that when hospitals switched a patient's status they were following Medicare's 2013 "two-midnight rule." It requires hospitals to admit patients who are expected to stay through two midnights. The ruling applies to people in traditional Medicare.

"The decision to reclassify a hospital patient from an inpatient to one receiving observation services may have significant and detrimental impacts on plaintiffs' financial, psychological, and physical well-being," the judges wrote. "That there is currently no recourse available to challenge that decision also weighs heavily in favor of a finding that plaintiffs have not been afforded the process required by the Constitution."

A DOJ spokesperson declined to comment on whether government lawyers would appeal the new ruling.

Three groups of Medicare patients who were switched from inpatient to observation status after Jan.1, 2009, will be able to file appeals for nursing home coverage and reimbursement for out-of-pocket costs. People currently in the hospital will be able to request an expedited appeal, and others who have recently incurred costs can file a standard appeal by following instructions in their Medicare Summary Notice. A plan for appealing older claims has not yet been arranged, said Bers. The latest details are available on the **Center for Medicare Advocacy's website**. (The three-day inpatient hospital stay requirement is temporarily suspended due to the covid-19 pandemic.)...**Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

CDC Tells Pharmacies to Give 4th Covid Shots to Immunocompromised Patients

The Centers for Disease Control and Prevention reached out to pharmacists Wednesday to reinforce the message that people with moderate to severe immune suppression are eligible for fourth covid shots.

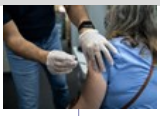
The conference call came a day after **KHN reported** that immunocompromised people were being turned away by pharmacy employees unfamiliar with the latest CDC guidelines.

White House chief of staff Ron Klain **tweeted Wednesday morning** that "immune-compromised people should get the shots they need," adding that the CDC "is going to send stronger messages to pharmacies to make sure this happens."

Pharmacists who joined the call said it took place midday Wednesday, a few hours after Klain's tweet.

The CDC "reiterated the recommendations, running through case examples," said Mitchel Rothholz, chief of governance and state affiliates for the American Pharmacists Association, who joined the CDC call.

Rothholz said he "asked for a prepared document … that clearly laid out the recommendations … so we can clearly and consistently communica



The CDC **recommends one additional shot** for the 7 million American adults whose weak immune systems make them more vulnerable to covid infection and death. This group includes people with medical conditions that impair their immune response to infection, as well as people who take immune -suppressing drugs because of organ transplants, cancer, or autoimmune diseases. Although people with obesity or diabetes are at high risk of developing severe disease or dying from covid, they're not considered immunocompromised.

For other people ages 5 or older, **the CDC recommends** a primary vaccine series of two doses of mRNA vaccine. Adults also may receive the one-dose **Johnson & Johnson vaccine**, which the CDC says may be safer for people who have had a severe allergic reaction to an mRNA vaccine. **Anyone older than 12** can get one booster dose to combat waning immunity **five months after the last shot** in their primary series, regardless of which vaccine they received. Vaccines are not yet authorized for children younger than 5.

The CDC first recommended fourth shots for immunocompromised people in October. The agency has been working to educate pharmacists and other health providers since then, said CDC spokesperson Kristen Nordlund. Those efforts included a conference call with health officials from every state that had thousands of participants, as well as an additional call to physicians. The CDC has streamlined its website with booster advice several times. In its guidance to pharmacists, the CDC notes that patients don't need to provide proof that they are immunocompromised.

Alyson Smith, who was turned away from a Walgreens drugstore after booking a vaccine appointment online, said she was pleased that the CDC is trying to help.

"I appreciate that the CDC is listening to patient and physician concerns and hope they will examine their processes for clear messaging and comprehensive dissemination of information," Smith said.

In a statement before the publication of KHN's first story, Walgreens said it continuously updates its pharmacists on new vaccine guidance.

Some health care leaders said the CDC should have done a better job of publicizing its advice on booster shots for the immunocompromised.

The call with pharmacists "should have been done many weeks ago," said Dr. Eric Topol, founder and director of the Scripps Research Translational Institute. "I'm glad that the White House team is finally pushing forward on this."

Dr. Ameet Kini, a professor of pathology and laboratory medicine at Loyola University Chicago Stritch School of Medicine, said he hopes the large pharmacies that have been turning people away will issue news releases and update their websites "explicitly stating that they are offering fourth doses" to immunocompromised people. He said pharmacies also need to update their patient portals and provide "clear guidance for their pharmacists."

Late-Stage Colon Cancers Increasing Among Young Americans

Yet another study is chipping away at the idea that colon and rectal cancers are diseases of older age: In the past couple decades, Americans younger than 40 have shown the steepest rise in advanced cases of these cancers.

The research adds to evidence of a disturbing, and not yet completely understood, increase in early-onset **colon cancer.**

The absolute numbers remain low, but since the 1990s, the rate of colon cancer among Americans younger than 50 has more than doubled, according to the U.S. National Cancer Institute.

What's more, those cancers are often detected late -- in part because young adults do not routinely undergo colon cancer screening. That screening has traditionally started at age 50 for average-risk people, though the threshold was recently lowered to age 45.

In the new study, researchers found that Americans in their 20s and 30s are seeing the steepest rise in distant-stage colon cancer -- later-stage tumors that have spread to other sites in the body.

Between 2000 and 2016, their rates rose by 57% to 66%: Among people in their 20s, late-stage cases increased from 0.21 per 100,000 to 0.33 per 100,000; for people in their 30s, cases rose from 1.14 per 100,000 to 1.9 per 100,000.

Delayed detection probably plays a big role in why young adults are often diagnosed with advanced disease, said senior researcher Dr. Jordan Karlitz, chief of the gastrointestinal division at Denver Health Medical Center.

For one, he said, most people younger than 45 are not eligible for routine screening -- which can catch cancer early, before symptoms arise, or even prevent it. When screening is done via colonoscopy, doctors can find and remove precancerous growths.

Instead, young adults with colon cancer often "present late," after they have had symptoms for a while, said Dr. Robin Mendelsohn, who co-directs Memorial Sloan Kettering's Center for Young Onset Colorectal and Gastrointestinal Cancer, in New York City.

Symptoms of colon cancer vary, but include changes in bowel habits, blood in the stool, persistent abdominal cramps and unexplained weight loss.

Sometimes, Mendelsohn said, young adults ignore those symptoms initially. But doctors may not recognize colon cancer as a possible cause, either.

"Patients may have to see multiple providers before they get a diagnosis," Mendelsohn said…

A 2019 study verified that: Of 1,200 colon cancer patients younger than 50, two-thirds waited three months to a year to see a doctor for their symptoms. And then they usually had to see at least two doctors before getting the correct diagnosis.

.**Read More**

Survivors of Severe COVID Face Higher Odds for Another Hospitalization Soon After

People hospitalized for COVID-19 are not necessarily out of the woods once they're discharged: Many land in the hospital again in the months afterward, a large U.K. study finds.

The researchers found that in the 10 months after leaving the hospital, COVID-19 patients were more than twice as likely to be hospitalized or die, compared to the general population. And even compared with people hospitalized for flu, **COVID** patients fared worse in certain respects.

Experts said the findings offer more evidence that recovery from severe COVID-19 can be long and difficult.

"It's a misconception to think that when most patients are discharged from the hospital they are 'back to normal,'" said Dr. MeiLan Han, chief of pulmonary and critical care medicine at the University of Michigan Health, in Ann Arbor.

For one thing, COVID-induced lung inflammation can take weeks to months to dissipate, said Han, who was not involved in the study. In some patients with severe COVID-19, she added, lung scarring can be permanent.

COVID-19 can also wreak havoc beyond the lungs. One example is **blood clotting**, Han said.

"I have seen patients discharged after seeming to be recovering from pneumonia only to be rehospitalized for blood clots later," she said. Other variables are at work, too. People hospitalized for COVID-19 often have pre-existing health conditions that made them vulnerable to becoming severely ill with the infection in the first place.

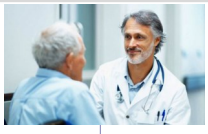
Those conditions may have worsened during their COVID hospital stay, said Dr. Aaron Glatt, a spokesman for the Infectious Diseases Society of America.

One reason, he explained, is that hospitalization itself can take a toll — for reasons ranging from medication changes to disrupted sleep to "deconditioning." The latter refers to declines in muscle strength as well as heart and breathing capacity that can make even daily routines difficult.

Glatt is also chief of infectious diseases at Mount Sinai South Nassau in Oceanside, N.Y., where he advises patients to follow-up with their usual doctor soon after their hospital discharge. The aim is to make sure all is in order with managing their chronic conditions, including their medications.

The study — published online Jan. 25 in the journal ***PLOS Medicine*** — analyzed medical records from nearly 25,000 U.K. adults who survived a COVID hospitalization in 2020. The majority (about 62%) were age 60 or older….**Read More**

Roundup: Your doctors and your health



Some doctors are a lot better than other doctors. As you get older, it's especially important that you and your loved ones have doctors who listen to you, who do not undertreat or overtreat you, and who work with you to think through your health care wishes and your treatment options. These days, many doctors are looking at their computers and their watches during the patient's visit, and those doctors should be avoided at all costs. Here's a bunch of things to think about as a caregiver and as a patient:

Take care of your health:

- **Five tips for talking to the people you love about their health**
- **How to help someone you love change an unhealthy behavior**
- **Ten tips for checking your blood pressure at home**
- **How to soothe a sore throat**

Choose your doctors carefully:

- **Six reasons you need a good primary care doctor**
- **How to choose a good primary care doctor**
- **The advantages of having a geriatrician**

Make the most of your doctor's visit:

- **How to prepare for a doctor's visit**
- **Take advantage of Medicare's annual wellness visit**
- **Ask your doctor about these Medicare-covered preventive care services**
- **Five questions to ask your doctor to avoid overtreatment**
- **How to avoid taking more medications than you need**

Speeding your recovery:

- **While you're in the hospital**
- **After surgery**

It's time to expand our National Health Service Corps

Jonathan Michels writes for **Jacobin** on our homegrown army of doctors in the US National Health Service Corps. These primary care doctors have been practicing in underserved communities throughout the US for 50 years. It's time to expand the National Health Service Corps.

We have a shortage of primary care doctors. One report finds that by 2033, the US will be short 55,200 primary care doctors. Today, people struggle to get the preventive care they need, along with referrals for specialty care. In the next decade, the situation is likely to only worsen.

President Biden's American Rescue Plan commits an additional $1 billion to the National Health Service Corps. Michels calls it "a model for universal programs." It is not profit-driven and is designed to meet the individual needs of the people it serves.

Members of the National Health Service Corps. include physician assistants, social workers, nurses, mental and behavioral health specialists and physicians. Most of them practice at Federally Qualified Health Centers, sometimes called FQHCs or **community health centers**. There are thousands of FQHC sites throughout the country treating patients of all-income levels. But, FQHCs primarily serve people with low incomes and charge people on a sliding scale.

FQHCs serve about 26 million people each year. About half of them have Medicaid. Among other things, FQHCs provide vaccinations and health screenings. With more staffing and resources, they could serve a lot more people.

The American Rescue Plan's $1 billion will pay for tuition and offer loan forgiveness to people in the National Health Service Corps. Medical education is so costly and can leave students in substantial debt. The National Health Service Corps. recognizes the need for primary care doctors. It responds to the reality that few students opt to go into primary care medicine because it is not nearly as lucrative as specialty care.

Michels sees an opportunity to enlist members of the National Health Service Corps. in the Medicare for All movement. He argues that for Medicare for All to succeed, it will need an army of doctors advocating for it. The National Health Service Corps. participants appreciate the value of social solidarity and serving the public good. They would be excellent leaders in the movement.

Extra 10 Minutes of Daily Activity Could Save 110,000 U.S. Lives Annually

(HealthDay News) -- Americans, get up out of that chair and get moving.

If everyone between 40 and 85 years of age were active just 10 minutes more a day, it could save more than 110,000 U.S. lives a year, a **large study** reports.

"Our projections are based on an additional 10 minutes of moderate to vigorous physical activity," said lead researcher Pedro Saint-Maurice of the Metabolic Epidemiology Branch at the U.S. National Cancer Institute in Bethesda, Md. "If the walk is brisk, it counts."

And added exercise benefits everyone — white, Black, Asian and Hispanic, men and women, the investigators found.

For the study, the researchers examined data from more than 4,800 middle-aged and elderly adults who were part of a government health and nutrition study between 2003 and 2006. For seven days, participants wore monitors to record their activity. The researchers then combed nationwide death data to see how many had died by the end of 2015.

The upshot: Exercise paid off big time.

Adding 10 minutes of exercise lowered participants' risk of death over the period by 7%; 20 extra minutes reduced risk by 13%; and an extra half-hour of moderate to vigorous activity slashed the risk of death by 17%, the findings showed.

In other words, an extra 20 minutes of exercise could prevent nearly 210,000 deaths a year, and 30 more minutes could head off more than 270,000 deaths, the study authors said.

Dr. David Katz — president of the True Health Initiative, a nonprofit that promotes healthy living as the best way to prevent disease — reviewed the study findings.

Katz noted that the study doesn't establish cause-and-effect proof that additional exercise prevents premature death. But, he added, "even a portion of such benefit would be of great public health importance."

While the study did not investigate specific causes of death, Saint-Maurice noted that some of the most common ones in the United States — **heart disease**, diabetes and some cancers — "may be prevented in adults who are more active."

The U.S. Government's Physical Activity Guidelines for Americans recommends:

At least 150 minutes a week of moderate-intensity aerobic activity; 75 minutes of vigorous aerobics; or a combination of both, spread throughout the week.

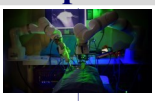
Moderate- to high-intensity muscle-strengthening activity (such as resistance or weights) on at least two days per week….**Read More**

In a First, a Robot Performs Laparoscopic Surgery on Pig Without Human Help

A robot performed challenging keyhole surgery on pigs without any human help in what could be a major step toward fully automated surgery on people.

"Our findings show that we can automate one of the most intricate and delicate tasks in surgery: the reconnection of two ends of an intestine," said senior study author Axel Krieger. He is an assistant professor of mechanical engineering at Johns Hopkins University in Baltimore.

"The STAR performed the procedure in four animals and it produced significantly better results than humans performing the same procedure," Krieger said in a Hopkins news release.



Designed by Johns Hopkins' researchers, STAR is short for Smart Tissue Autonomous Robot. In this **new study**, it was tasked with a procedure called intestinal anastomosis, which requires a high level of repetitive motion and precision.

When doing this operation, surgeons must suture the two ends of an intestine with high accuracy and consistency. An error can result in a leak that could trigger serious complications for the patient, according to the authors of the study, which was published Jan. 26 in the journal ***Science Robotics***.

Soft tissue surgery is especially difficult for **robots** because unexpected problems that require quick adaptation can arise, Krieger said.

To address that, the STAR has a control system that can adjust the surgical plan in real time, just as a human surgeon would do.

"What makes the STAR special is that it is the first robotic system to plan, adapt, and execute a surgical plan in soft tissue with minimal human intervention," Krieger said.

As medicine moves towards more **laparoscopic** (keyhole) approaches for surgeries, it will be important to have an automated **robotic** system designed for such procedures to assist, according to Krieger.

"Robotic anastomosis is one way to ensure that surgical tasks that require high precision and repeatability can be performed with more accuracy and precision in every patient independent of surgeon skill," he said. "We hypothesize that this will result in a democratized surgical approach to patient care with more predictable and consistent patient outcomes.

Sound the Fiber Alarm! Most of Us Need More of It in Our Diet

There are a lot of health factors to keep in mind as we navigate through the dietary day: calories, carbohydrates, protein, saturated fat, vitamins and minerals, to name a few.

Did you forget fiber? A lot of people do.

"We've known this forever, and it has to get rediscovered all the time," said Joanne Slavin, professor of food science and nutrition at the University of Minnesota in Minneapolis. "Fiber is really good medicine. It's the one thing we want people to eat more of."

For decades, that message has been preached by dietitians, headlined in health magazines, and inscribed on packages of cereal, many other foods and dietary supplements.

Yet studies show many people in the United States fall well short of the fiber intake they need. In one alarming example, a 2017 analysis in the American Journal of Lifestyle Medicine concluded that 95% of adults and children don't consume the amount of fiber recommended for good health.

Those recommendations vary by age and gender, but Slavin said the average is about 28 grams of fiber per day, "and the average intake is only about 14 grams. So, for most people, there's a 14-gram gap."

Fiber is the material in plant-based foods that can't be broken down and passes through the system undigested. It's mostly found in fruits, vegetables, nuts, whole grains and cereals. Why is it important? Let us count the ways.

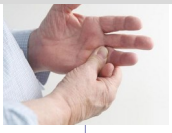
Fiber has been shown to help protect against heart disease, diabetes, diverticulitis, inflammatory bowel syndrome, obesity and colorectal cancer. Fiber can help flush toxins from the body, lower cholesterol and promote weight loss because it helps people feel fuller while consuming fewer calories.

But when people eat on the run, skimp on fruits and vegetables and snack on processed foods, "you don't have many good sources of fiber," said Judith Wylie-Rosett, a professor at the Albert Einstein College of Medicine in New York City who specializes in the links between nutrition and disease. "The obesity epidemic is concrete evidence that we're not making as much progress as we need."

There are plenty of ways to incorporate more fiber in our diets. One pitfall, Wylie-Rosett said, is to feel overwhelmed by the challenge and try to pack in too much too quickly.

"Some people suddenly decide to increase their fiber intake all at once and get side effects, like feeling gassy and bloated," she said. "So they quit doing it."...**Read More**

Common Gout Drug Is Safe in Patients With Kidney Issues



Allopurinol, a frequently used gout medication, does not appear to drive up the risk for dying among gout patients who also struggle with chronic kidney disease, new research shows.

The finding is based on an analysis of two decades worth of British health records. And it may put to rest recent concerns regarding a well-known drug that both gout patients and kidney disease patients have used for decades to rein in harmfully **high uric acid** levels.

"**Allopurinol** is the most widely used urate-lowering medication," said study author Yuqing Zhang. He's a professor of medicine in residence with the division of rheumatology, allergy, and immunology at Massachusetts General Hospital and Harvard Medical School, in Boston.

The problem, said Zhang, is that two recent studies reported "that allopurinol was associated with a twofold increased risk [for death] in patients with renal [kidney] disease but *without* gout."

But in the new report, published Jan. 25 in the ***Annals of Internal Medicine***, study author Jie Wei said that the researchers "found that allopurinol initiation was not associated with a higher mortality than non-allopurinol use in patients with gout and moderate-to-severe renal disease." Wei is an associate professor with the Health Management Center of Xiangya Hospital at Central South University in Changsha, China.

Gout is the most common type of inflammatory arthritis, the study team noted. It's characterized by high uric acid levels that, if left uncontrolled, are associated with the lightning-fast triggering of often excruciating and debilitating joint pain.

Allopurinol — first approved for use by the U.S. Food and Drug Administration in 1966 — is often prescribed as a cheap and effective way to control uric acid levels and prevent such attacks from happening in the first place.

Allopurinol can also be prescribed to **chronic kidney disease** patients as a way to slow down disease progression, the study authors said. In addition, about one in five gout patients — many of whom take allopurinol on a daily basis — have chronic kidney disease as well.

Still, the two studies published in 2020 in the *New England Journal of Medicine* rang alarm bells. The studies found no evidence that allopurinol helps to preserve kidney function among kidney patients who do not have gout. In addition, investigations unexpectedly uncovered what appeared to be a doubling of the risk for dying among kidney patients who took the medication.

To see whether a similar risk might exist among patients with both kidney disease *and* gout, Zhang's team analyzed electronic health records on nearly 5,300 British patients between the ages of 40 and 89. All had both gout and moderate-to-severe kidney disease.

After following the incidence of death over five-year tracking periods, the investigators determined there was no higher death risk among those who were just starting to take allopurinol. Nor was any elevated risk seen among those who had gotten their uric acid levels to their target goal by using allopurinol. Increasing allopurinol dosage was also found to be safe.

"Our findings are clinically relevant in gout care, and provide reassurance that allopurinol treatment does not have an apparent detrimental effect on mortality in patients with both gout and chronic kidney disease," Zhang said….**Read More**

Rehab or Steroid Shots: What's Best for Arthritic Knees?

Physical therapy for knee arthritis tends to cost patients more out-of-pocket and involves a lot more hassle than a quick steroid shot to soothe an aching joint.

But in the long run, physical therapy is at least as cost-effective as steroid injections and is more likely to provide longer-term relief, a new study concludes.

"Even though maybe the initial costs of physical therapy are a little bit higher over the course of the year, when you look at all the knee-related costs over the year, the amount of benefit you got from physical therapy made it more cost-effective," explained lead researcher Daniel Rhon, director of the Primary Care Musculoskeletal Research Center & Clinical Scientist Center for the Intrepid at Brooke Army Medical Center in San Antonio.

People with **knee arthritis** typically have two main options for treatment outside surgery -- either get a steroid injection to ease swelling and pain, or go through a round of physical therapy, Rhon said.

Weighed against each other, physical therapy was found in a recent clinical trial to be more effective than steroid shots, he said.

"When you have an active intervention like exercise, its going to have longer-lasting effects because it strengthens your knee so then you have a little more function," Rhon said. "The injection doesn't change the strength of your knee, and once the pain goes away, your knee isn't necessarily functioning any better if you haven't strengthened it."

But a typical course of physical therapy is much more costly than steroid injections.

A PT evaluation and seven additional sessions cost between $557 and $919, compared with a cost of $99 to $172 for a single injection, researchers said in background notes.

Physical therapy is also more hassle to the patient, Rhon noted. They have to get time off work to go to two or three sessions a week, and they might have to line up child care. They also have to shell out more money in co-pays, because of repeated visits….**Read More**

Healthy Living Could Offset Genetics and Add Years Free of Heart Disease

People who follow seven rules for healthy living – such as staying physically active and eating a healthy diet – could offset a high genetic risk for heart disease, according to new research that suggests it could mean as many as 20 extra years of life free of heart disease.

The study, published Monday in the American Heart Association journal Circulation, found people with high cumulative genetic risk scores for heart disease could dramatically lower that risk if they adhered to seven lifestyle modifications, called Life's Simple 7. In addition to eating a heart-healthy diet and moving more, this includes not smoking, maintaining an appropriate weight, and keeping blood glucose, cholesterol and blood pressure levels under control.

The findings are not the first to suggest lifestyle can give a person with high genetic risk a winning edge against heart disease, but they are the first to use a new genetic risk tool to show how much disease-free living a person might gain by taking steps to reduce that risk, said lead study author Natalie Hasbani, a doctoral candidate and graduate research assistant at the University of Texas Health Science Center at Houston….**Read More**