

January 28, 2024 E-Newsletter



Message from Alliance for Retired Americans Leaders

House Budget Committee Advances "Fiscal Commission" Legislation



Robert Roach, Jr.
President, ARA

On Thursday, the House Budget Committee **approved three pieces of legislation** that paved the way for cuts to Social

Security and Medicare: the Fiscal Commission Act (H.R. 5779), the Fiscal State of the Nation Act (H.R. 6952), and the Debt-to-GDP Transparency and Stabilization Act (H.R. 6957).

The committee approved the Fiscal Commission Act by a margin of 22-12, with every Republican member present and three Democratic members – Reps. Earl Blumenauer (D-OR), Scott Peters (D-CA), and Jimmy Panetta (D-CA) – voting to send it to the full House for consideration. If passed, the bill will create a 16-member fiscal commission to search for ways to reduce the national deficit and "balance the budget."



In his opening statement, House Budget Committee Ranking Member Brendan Boyle (D-PA) emphasized

the danger that a fiscal commission poses to Social Security and Medicare: "There are absolutely those who are getting ready to use a commission as a backdoor way to force through unpopular cuts that I completely oppose and will completely oppose." He also urged members to take action to increase revenues instead of pursuing cuts.

Rep. Boyle and Rep. Sheila Jackson Lee (D-TX) **offered amendments** that would have taken Social Security and Medicare benefit cuts off the table as a potential fiscal commission recommendation option, while Reps. Brian Higgins (D-NY) and Bobby Scott (D-VA) submitted amendments that stressed increasing revenue and closing tax loopholes as potential recommendations. Committee members blocked all four amendments.

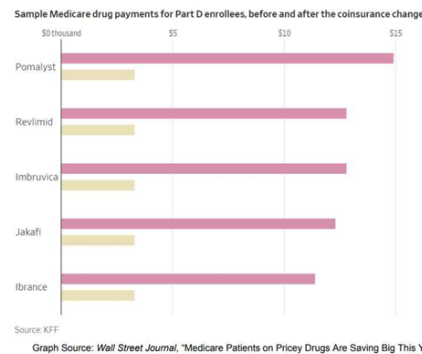
"This fiscal commission legislation is based on the false premise that Social Security is adding to the national deficit," said **Robert Roach, Jr., President of the Alliance**. "If its proponents were serious they could have ensured that measures to increase revenue – not just cuts – would be considered. This legislation is bad for Americans of all ages and the Alliance is going to make that clear to every member of Congress."

Wall Street Journal: Out-Of-Pocket Drug Expenses Cap Will Save Seniors Thousands of Dollars



Rich Fiesta,
Executive Director, ARA

An article in the Wall Street Journal this week **detailed** how much Medicare beneficiaries will save on prescription drugs this year thanks to the Inflation Reduction Act. Once a Medicare beneficiary has spent \$3,250 on coinsurance or copayments this year their spending will be capped. In 2025 the cap will be \$2,000. Graph Source: Wall Street Journal, "Medicare Patients on Pricey Drugs Are Saving Big This Year"



As a result, seniors will see significant savings, especially if they use certain high priced prescription drugs. Those who use the leukemia and lymphoma drug Imbruvica, for example, could see their out-of-pocket spending reduced by more than \$6,000 compared to last year. **Imbruvica is also one of the first ten prescription drugs** selected for Medicare's new price negotiation program.

Medicare beneficiaries will also continue to benefit from other cost-saving measures this year, including insulin copays capped at \$35 a month, access to all Medicare Part D recommended vaccines for free, and Medicare Part D's Low-Income Subsidy program, "Extra Help."

"Americans pay the highest drug prices in the world, and older Americans have always borne the brunt of it," said **Richard Fiesta, Executive Director of the Alliance**. "It's taken years of advocacy by Alliance members but seniors are finally paying less at the pharmacy counter, thanks to President Biden's leadership."

RSV Vaccine Authorization Encourages Older Americans to Seek Preventive Care

A new report indicates

that the recent approval of the Respiratory Syncytial (RSV) Vaccine for adults aged 60 years and older has boosted the number of older Americans getting preventive health care and medical tests overall. The analysis shows that the demand for care surged when the demand for RSV vaccines increased.

All recommended vaccines, including the RSV vaccine, are free for Medicare beneficiaries thanks to the Inflation Reduction Act.

During the pandemic many seniors did not receive regular health check ups. The report found that RSV vaccine appointments have served as a good re-entry point for these patients and allowed physicians to check on other conditions that might not have been identified or treated otherwise. Even with the uptick, the RSV vaccine rate remains low for older Americans – only about 20% of adults over 60 have received one.

"Anything that inspires retirees to get the health care they need is



Joseph Peters, Jr.
Secretary-Treasurer ARA

good news," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "Older Americans who want an extra layer of protection from RSV can talk to

their physician about this new vaccine and determine the best course of action to protect themselves and their loved ones."

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Social Security Proposal Could Boost Income for Thousands

Republican Governor Jim Justice has proposed a complete axing of Social Security taxes in **West Virginia**.

Justice said in his final State of the State Address on Wednesday, January 10 that, after a gradual whittling down of tax rates on state-funded income, all taxes that can be applied to **Social Security** should be wiped out entirely. *Newsweek* contacted Governor Jim Justice's office for comment on Tuesday via email.

Making a further announcement on X, formerly **Twitter**, Justice posted: "We've cut taxes 23 times since I took office in 2017, and this year I proposed three additional tax cuts in my budget: eliminating the tax on social security, a childcare tax credit, and an expansion to the Homestead exemption."

In 2019, West Virginia

enacted legislation to initiate the gradual elimination of Social Security taxes for individuals with incomes below \$50,000 for single filers; or \$100,000 for those who are married and filing jointly. Starting from the 2020 tax year, the state provided a 35 percent exemption on benefits for eligible taxpayers. This percentage rose to 65 percent as of 2021 and reached 100 percent in 2022.

Justice's new proposal would extend the exemption to all Social Security recipients regardless of their income. The majority of Americans are liable for **federal income tax** on their Social Security retirement benefits, although some SSA [Social Security Administration] payments are excluded from taxation. Individuals with lower overall retirement income



receive more substantial exemptions. **Social Security is generally not subject to state taxes** in most states.

Supplemental Security Income (SSI), a different type of benefit, remains non-taxable. Those who receive Social Security Disability Insurance (SSDI) may also be taxed on payments made to them.

Taxes on retirement benefits also vary depending on which state you live in. Currently, according to Bankrate, the following states levy a **tax on Social Security income**: Colorado, Connecticut, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, Rhode Island, Utah and Vermont.

Justice's proposal has been applauded by representatives from AARP, formerly the American Association of Retired Persons, which advocates for

elderly and retired citizens.

"We were surprised and delighted, frankly, that he offered the proposal for the Legislature's consideration," Gaylene Miller, state director for AARP West Virginia, told the West Virginia MetroNewsradio network. "And I will tell you, that this is the number one issue among our members that we hear from them, that they feel that we should exert our influence on the legislation to fully eliminate the tax on Social Security."

Tom Hunter, spokesman for AARP West Virginia, told the radio outlet: "This [Social Security] was a program that was designed to lift seniors out of poverty. It wasn't a program that was designed to fund state governments. So we believe this is a step in the right direction."

Will You Be Taxed on Your 2024 Social Security Check?



You can sign up to take your Social Security retirement benefit as early as age 62. The longer you wait to start it, up to age 70, the higher your monthly check will be. Yet as awesome as it can be to figure out ways to increase your benefit, there is a downside to a larger income. The larger your **combined income**, the more likely your Social Security benefit will be taxed.

Social Security uses a formula that adds up your adjusted gross income, your non-taxable interest, and half of your Social Security benefit to determine what your combined income is. If that combined income passes a key threshold based on your tax filing status, then up to 50% your Social Security benefit can be taxed. If it passes another threshold, then up to 85% of your Social Security benefit can be taxed.

What are those thresholds?

If you're single, once your combined income passes \$25,000, you reach the 50% threshold, and once it passes \$34,000, you reach the 85% threshold. If you're married and

file a joint return, the 50% threshold is at \$32,000, and the 85% threshold is at \$44,000. If you're married and file a separate return, chances are that your Social Security benefit will face taxation at virtually any combined income level.

If those limits seem fairly low, there's a good reason for that. The initial 50% taxation threshold was set in 1983, and was intentionally not indexed to inflation. By not indexing the taxable threshold to **inflation**, Congress largely assured that the amount of benefits that would be taxed would increase over time as inflation reduced the purchasing power of a dollar.

Those taxes on benefits feed right back into the **Social Security** system, handing the program around \$49 billion in revenue in 2022. It's a small, but important part of keeping Social Security funded.

What can you do about it?

If you expect that you may face taxes on your Social Security benefit in 2024, there may be a few things you can do to help yourself. Recognize, though, that choices you make today may



spark different types of consequences in the future.

For instance, if you are withdrawing money from your Traditional-style retirement accounts above your **Required Minimum Distribution**, if you cut back on those withdrawals, you will reduce your income. In addition to reducing your **direct** tax burden on the withdrawal related income, by reducing your combined income, you may be able to reduce the tax burden on your Social Security benefit.

The downside of that approach, though, is that it keeps more of your money inside those Traditional-style retirement plans. The percentage of your account balance that you need to withdraw due to those RMDs increases each year. That can ultimately lead to even bigger costs, like seeing your Medicare Part B and D premiums increase, on top of those taxes on your Social Security benefits.

Likewise, if you have control over your taxable investment accounts, you might be able to choose what you sell and what you buy to minimize your capital

gains, dividends, and interest income. Keeping those forms of income down will keep down that combined income number that goes into determining how much of your **Social Security is taxed**.

Of course, even that has trade-offs. In general, it's not a good idea to make investing decisions **solely** based on the tax impact. That can leave you in a situation where what you end up holding is not the best set of assets for your overall financial picture.

Get started now

Indeed, even if it does result in more near-term taxes on your Social Security benefit, it's important to take a bigger picture approach to your overall finances. With this still being January, you've got time to assess your overall situation for 2024 and make decisions that can make the most sense for you as you consider your entire retirement.

So make today the day you put your plan in place on how you will handle your Social Security benefit and the taxes it may face. The choices you make now just might help you get in a better spot in 2024 and beyond.

Many Social Security Recipients Will Owe Taxes for the First Time — Here's What to Expect

Last year, the federal government and Social Security Administration gave **Social Security beneficiaries** a raise, of sorts. The SSA hiked benefits by 8.7% in 2022 for **payments delivered** beginning in December 2022 and continuing throughout 2023.

Be Ready for A Higher Tax Bill in 2024

But, it may have come with a price. Some retirees and other Social Security beneficiaries may pay more than they expect in Federal Income taxes this year. For many retirees, according to a report from Yahoo Finance, it will be the first time ever they have to pay taxes in retirement.

A survey by the Senior Citizens League revealed that roughly 25% of older Americans paid federal income tax on their Social Security benefits in 2022. That number could be much higher for the 2024 tax season, which reflects 2023 income.

The Social Security

Administration revealed that roughly 40% of recipients pay federal income tax on their benefits, typically because they also have substantial income from other sources including wages, interest, or dividends from investments.

Mary Johnson, a Social Security and Medicare policy analyst for **The Senior Citizens League**, told Yahoo Finance, “We expect more beneficiaries to become liable for federal income taxes on their Social Security benefits for the first time in the upcoming 2024 tax season.”

How Federal Income Tax and Social Security Payments Work

You might be surprised how little you can earn before you're liable for federal taxes on your Social Security benefits. Unlike benefits payments, tax brackets, and the standard deduction, the income threshold for taxing Social Security income hasn't been adjusted for inflation since



1984. That was the year the government started taxing these benefits. However, you'll only pay taxes on a portion of your benefit, keeping your effective tax rate lower than the rate for earned income.

Will You Owe Taxes on Social Security?

If your combined income is between \$25,000 and \$34,000, as an individual filer, you could have to pay income tax on up to 50% of your benefits. For those with more than \$34,000 in income, that number goes up to 85%.

Joint filers will be taxed on up to 40% of their Social Security benefits if their total income is between \$32,000 and \$44,000. Income exceeding \$44,000 will lead to taxes on up to 85% of your benefits.

Of course, you might also be liable for taxes on other sources of income, depending on how you structured your retirement savings.

“A lot of our clients will exceed the \$44,000 of combined income for Married Filing Jointly, and it is just something that is understood, and we need to consider when planning for retirement,” Ryan Haiss, a certified financial planner at **Flynn Zito Capital Management** in Garden City, New York, told Yahoo Finance.

Taxes in Retirement for Older Americans

Retirees aged 73 and over may have another concern at tax time. At age 73, you must start taking required minimum distributions from many tax-deferred retirement accounts, including IRAs. These RMDs, as they are called, could drive up your income beyond the threshold for paying taxes.

You might need to take out even more money from your investment accounts, in that case, to account for your tax bill.

America's Health System Isn't Ready for the Surge of Seniors With Disabilities

The number of older adults with disabilities — difficulty with walking, seeing, hearing, memory, cognition, or performing daily tasks such as bathing or using the bathroom — will soar in the decades ahead, as baby boomers enter their 70s, 80s, and 90s.

But the health care system isn't ready to address their needs. That became painfully obvious during the covid-19 pandemic, when older adults with disabilities had trouble getting treatments and hundreds of thousands died. Now,

the **Department of Health and Human Services** and the **National Institutes of Health** are targeting some failures that led to those problems.

One initiative strengthens access to medical treatments, equipment, and web-based programs for people with disabilities. The other recognizes that people with disabilities, including older adults, are a separate population with special health concerns that need more research and attention.

Lisa Iezzoni, 69, a professor at



Harvard Medical School who has lived with multiple sclerosis since her early 20s and is widely considered the godmother of research on disability, called the developments “an important attempt to make health care more equitable for people with disabilities.”

“For too long, medical providers have failed to address change in society, changes in technology, and changes in the kind of assistance that people need,” she said.

Among Iezzoni's notable

findings published in recent years:

Most doctors are biased. In survey results **published in 2021**, 82% of physicians admitted they believed people with significant disabilities have a worse quality of life than those without impairments. Only 57% said they welcomed disabled patients.

“It's shocking that so many physicians say they don't want to care for these patients,” said Eric Campbell, a co-author of the study and professor of medicine at the University of Colorado....**Read More**

Medicare drug price negotiations hit critical phase

Medicare drug price negotiation is about to get real.

By Feb. 1, the federal government will send an initial offer for **each of the 10 drugs selected** for the first round of negotiations under the program, which was established under the Inflation Reduction Act and **touted by President Joe Biden** as part of a broader effort to drive down healthcare costs. Yet several lawsuits challenging the program could also reach turning points in

the coming months, raising the prospect that some elements of the program could be stalled before they get off the ground.

Nine lawsuits filed by drugmakers and industry groups are currently challenging the constitutionality of the negotiation program, and even more are likely on the horizon, legal experts say. In at least one case, filed by AstraZeneca PLC the court has indicated that it could make a



decision by March 1—the day before the drug companies' deadline to either accept the government's initial price offer or make a counteroffer.

While some drug companies are seeking court rulings that would exempt them from the program, the cases could also have a much broader impact. In its lawsuit against the U.S. Department of Health and Human Services, for example, the business lobbying

group U.S. Chamber of Commerce has argued that the court should block the government from implementing the negotiation program.

So far, courts have only grappled with the merits of the industry's legal arguments in one ruling — and it didn't turn out well for the industry, said Zachary Baron, director of the Health Policy and the Law Initiative at Georgetown Law's O'Neill Institute....**Read More**

Spousal Social Security Benefits: 3 Things All Retired Couples Should Know

Spousal Social Security benefits can be an important part of retirement planning, so retirees want to be as knowledgeable as possible.

Social Security has been one of the most important social programs in the U.S. for decades. For retirement specifically, it provides vital income to millions of Americans across the country. After years of paying Social Security taxes, beneficiaries reap the rewards with a financial safety net of sorts.

However, these benefits aren't restricted only to people who worked and paid taxes over the years. For example, Social Security allows spousal benefits to support non-working or low-earning spouses in retirement. For any couple that is nearing or in retirement and putting financial plans in place, here are three things they should know about Social Security spousal benefits.

1. How Social Security spousal benefits work
Social Security typically calculates a recipient's monthly benefits using a formula that factors in their 35 highest-earning years of income. But a spouse can receive Social Security benefits based on their partner's

earning record if they're at least 62 years old or caring for a child under 16 or with a disability.

Assuming the person claiming spousal benefits is at full retirement age, they're eligible to receive 50% of their spouse's primary insurance amount too.

For example, if spouse A's earnings record gives them a monthly benefit of \$2,000 at their full retirement age, spouse B

SOCIAL SECURITY FULL RETIREMENT AGE	
If you were born in:	Your Full Retirement Age is:
1943-1954	66
1955	66 & 2 months
1956	66 & 4 months
1957	66 & 6 months
1958	66 & 8 months
1959	66 & 10 months
1960 & later	67

You must retire at Full Retirement Age to receive your standard Social Security benefit. Full retirement age varies by birth year. Your FRA also affects how much you can earn from work without temporarily forfeiting part of your Social Security benefit.

could receive up to \$1,000 monthly as well. The exact amount will depend on the age at which spouse B claims benefits.

2. The impact of claiming benefits early or late

Your full retirement age is one of the most important numbers related to Social Security because it tells you when you're eligible to receive your primary insurance amount. However, you don't have



to claim benefits at your full retirement age; you can claim them early (which reduces your payout) or delay (which increases your payout).

Claiming Social Security benefits early affects a spouse and their partner receiving spousal benefits in different ways.

Looking first at the person claiming based on their work record, their benefits are reduced by 5/9 of 1% each month before their full retirement age, up to 36 months. Each month after that further reduces benefits by 5/12 of 1%. Here's an example: Someone with a full retirement age of 67 who claims benefits at 62 will see their monthly benefit reduced 30% from their primary insurance amount.

For the person receiving spousal benefits, benefits are reduced by 25/36 of 1% each month before their full retirement age, up to 36 months, and then they go down 5/12 of 1% each month thereafter. So a person with the same full retirement age (67) claiming spousal benefits at 62 would see their checks reduced 35%.

Although benefits typically increase if you wait beyond your full retirement age, these delayed retirement credits don't apply to spousal benefits.

3. What happens if a spouse passes away

Social Security spousal and survivors benefits can be closely linked as the latter extends critical financial assistance after a partner has passed away.

If you're claiming spousal benefits when your partner passes away, Social Security will convert your spousal benefits to survivors benefits. Survivors benefits make you eligible to receive up to 100% of your deceased spouse's benefit, including any delayed retirement credits they earned prior to their passing. A widow or widower can begin receiving survivors benefits at age 60 (50 if dealing with a disability), but as in the case with spousal benefits, they'll be reduced if claimed before full retirement age.

You can't simultaneously receive spousal and survivors benefits, only whichever is higher. Since spousal benefits max out at 50% of the partner's primary insurance amount, survivors benefits are typically the higher-paying option.

Hospital billing practices frequently leave people without medical care or in court

The Lown Institute reports that if you aren't able to pay your hospital bills, you have a one in three chance of being sued. On top of that, some hospitals are refusing to allow you to schedule new appointments.

Almost half of adults in the US find affording the cost of healthcare challenging. Forty percent of them have medical debt. And, many of those people in debt end up choosing to go without medical care or to leave the hospital against medical advice. Medical debt now totals somewhere between **\$81 to \$140 billion**.

The Lown Institute is collecting information on each hospital's billing and collection practices. People should know which hospitals to avoid. That said, many hospitals are struggling to survive. There's no excuse for filing lawsuits against patients,

but the hospital system is broken. And, there's also no excuse for the government standing back and watching it collapse to the detriment of their constituents.

The Leapfrog Group, Northwestern University Feinberg School of Medicine, and Johns Hopkins University School of Medicine published a recent analysis of some hospital billing and collection data in JAMA. Of the more than 2,000 hospitals studied, a third said that they bring lawsuits against patients for delayed or inadequate payment of their bills. Rural hospitals sue patients more frequently than urban and suburban ones.

What's equally appalling is that hospitals often do not provide patients with itemized bills within a month of services. And more than one in 20 hospitals surveyed



had no representatives to help patients with billing questions or to look into billing errors or to set up a payment plan.

What is to be done? Well, Lown does not propose national health insurance, likely because it's not on the table at the moment, but it should be. That's the only way to ensure health equity and end medical debt. It's also a far better way to ensure hospital solvency than allowing hospitals to sue patients for money they don't have.

Lown is focused on better hospital billing practices. Insanity. Who could step in to ensure that hospitals did a better job of billing patients? The JAMA authors say that if we standardized hospital billing practices, there would be greater accountability. Good luck! At the very least, we should be

standardizing hospital prices.

We should not leave it to the states to fix this problem. They do not have the will, the skill, the money or the power to take this on. Yes, a couple of states have done a little on credit reporting of medical debt. That's something, but not wildly enough. How many millions more people will suffer the indignity of not being able to get medical care or of not being able to afford medical care or of being sued for not being able to pay medical bills before Congress acts?

Lown Institute suggests that documenting the problem could help promote health care affordability and hospital accountability. By the time they have the data they need and anyone's attention, tens of millions of Americans will have been harmed by our travesty of a healthcare system.

Biden brought down the price of insulin significantly; a Trump presidency could undo that

Drug prices remain out of control and there's a lot that President Biden could still do to bring them down. But, Americans should give President Joe Biden credit for reducing the cost of insulin significantly, a huge achievement for which he has not gotten the credit he is due, writes Jonathan Cohen for [Huffington Post](#). If Trump is reelected, he could undo this.

In fact, President Biden is responsible for several new laws that are bringing down the cost of health care and making it a little more affordable. [Editor's note: Not nearly enough, but far better more than President Trump.]

With insulin, which millions of diabetics rely on for their well-being to process sugars in their

bodies, the list price can be hundreds of dollars. That price is insane. People in other developed countries pay as little as 10 percent of the amount we pay for their insulin. Their governments negotiate the price of insulin and every other drug on their behalf.

About 25 percent of Americans with diabetes cannot afford insulin and other basic needs. In some cases, people forego insulin to the detriment of their health. They might not have health insurance and cannot afford the full cost of insulin. Fortunately, thanks to the Affordable Care Act, fewer Americans than ever are uninsured.

As of 2023, because of the Inflation Reduction Act, older



adults and people with disabilities should pay no more than \$35 a month for an insulin prescription. If they have two prescriptions, it

would cost them \$70. Since the government has not yet negotiated the price of insulin, it's not clear how much more everyone with Part D prescription drug coverage is paying in premiums as a result of the Inflation Reduction Act.

Unfortunately, reports are that **some Part D drug plans have stopped covering insulin in response to the \$35 maximum copay**. If you have diabetes, make sure that your drug plan covers your insulin prescriptions.

As of January 1, 2024, people

who do not have Medicare should also see lower insulin prices. The three major companies that manufacture insulin have reduced their prices to \$35 a month voluntarily. One policy expert explains, however, that the price drop actually helps these companies maximize profits: "They're lowering prices to avoid paying rebates to Medicaid programs and therefore maximize profits."

If President Trump is reelected in November, watch out. His administration would likely undo President's Biden important legislation on insulin prices. And, many of the 8.4 million Americans who rely on insulin would again be struggling to afford it or, worse still, forced to go without it.

Assisted Living Costs and How to Pay

Learn tips from experts on how much assisted living costs, how to budget for it and what resources are available.

Aging isn't just hard on your health – it can be hard on your wallet too. Senior care can cost more than \$500,000 per lifetime, according to various estimates. Being realistic about the cost versus the **benefit** of senior care services is key. Sure, you or a member of your family could cut your work hours to take care of your aging parent, and that may be the best option. But some seniors might need the care that **assisted living** facilities provide: help with daily tasks like bathing and dressing, on-site medical staff, socialization and three nutritious meals every day.

Having the peace of mind that comes with balancing care needs with other financial and family priorities may be priceless.

With potential bills of this scale, how can you begin budgeting? And importantly, how can you ensure the well-being of yourself or your loved one in an **assisted living community**? Let's walk through the basics.

How Much Does Assisted Living Cost?

Assisted living costs are typically paid per month, but the difference between the costs is huge depending on where you live. Market rates start at about \$6,000 per month on the East Coast, notes Grace Ferri, chief



marketing officer for United Hebrew of New Rochelle, a continuing care retirement

community in Westchester County, New York. The national average floats around \$4,500 per month, according to Genworth Financial's 2021 **Cost of Care Survey** (the most recent data available).

Compare that cost to nursing homes, which **cost** an average of \$7,800 to \$9,000 monthly, making assisted living, when medically appropriate, a more economic option.

If you or your loved one prefer **in-home care**, costs average about \$25 to \$27 per hour, depending on the requested services and location, says

Joanna Fuller-Crawford, CEO of Perfect Care Nursing, an in-home care provider offering skilled and unskilled support in and around metro Atlanta. That amount may be more doable if you only need a few hours of care at a time, but this kind of full-time care can add up.

If any of these potential expenses have you considering moving your loved one to a lower-cost-of-living area for their care, check in with your loved one – and family – first. Discuss which family member is most likely and willing to visit them often or if it might be worth having your senior relocate to that family member's area...**Read More**

AMA wants Medicare to pay doctors more

The AMA is telling Congress not to cut Medicare payments to physicians. Some believe that Medicare should be changing the way it pays doctors. The AMA would be smart to speak up for patients and the problems their physicians have getting patients the care they need in Medicare Advantage. The Medicare Advantage plans are getting tens of billions in overpayments, money that could go to pay higher rates to physicians.

The AMA has spoken

specifically against prior authorization policies, the policies that insurers use in Medicare Advantage and in the commercial market to delay and deny care. The policies are all different in each Medicare Advantage plan. And, CMS is hard-pressed to regulate them. But, one AMA survey finds that physicians say these policies are often not evidence-based and can result in premature death and disability, along with other patient harms.



Meanwhile, Medicare cut physician rates by 3.4 percent on January 1. Since the deadline for government funding is January 19, it presents an opportunity for Congress to reverse that cut.

Is the AMA whining about nothing really when it comes to Medicare rates? Will doctors continue to treat people with Medicare even given the Medicare rate cuts? It's hard to say. The Medicare Payment

Advisory Commission, MedPAC, supports raising physician rates in keeping with inflation.

MedPAC will report to Congress in MARCH on whether Medicare physician rates are appropriate or should be changes. Jesse Ehrenfeld, the AMA President, claims that "if you look at physician payments over time adjusted for inflation, rates actually fell 26% from 2001 to 2023."

Bypassing Doctors and Getting Health Care From Online Services? Most Older Adults Aren't Buying It

Online-only health care services have become a trendy way for people to receive low-cost medical attention.

These websites don't require a referral or health insurance, and offer a flat fee for services. The online providers evaluate symptoms, make diagnoses and even prescribe medicines.

But older Americans aren't having any of it, at least for now, a new survey shows.

Only 7.5% of people between the ages of 50 and 80 have used one of these direct-to-consumer health care services, according to findings from the University of Michigan's National Poll on Healthy Aging.

Middle-aged folks in the pre-Medicare years of 50 to 64 were more than twice as likely as adults over 65 to have used one of these online health services -- 10% versus 4%.

Nearly half (47%) of people older than 65 said they'd never heard of such companies.

Still, nearly a third of older adults said they'd be interested in

using such services in the future. That number was even higher, more than 42%, among those ages 50 to 64.

Dr. Mark Fendrick, a primary care physician at the University of Michigan, expects that more seniors will become interested in using these online services over time.

"Patients will increasingly seek care online because of the convenience it can provide, especially for those willing to pay the cost out of pocket," said Fendrick, director of Michigan's Center for Value-Based Insurance Design.

"Its use will likely be boosted by the rapidly increasing number of online vendors and the national shortage of primary care clinicians," Fendrick added in a university news release. "The recent launch of a telemedicine platform offering home delivery for the new highly popular weight-loss drugs is a noteworthy example of this trend."

Online health care sites like



Amazon Clinic, Sesame, Roman, BetterHelp, Rosy, Lemonaid and Hims & Hers have

sprung up in recent years, offering convenient online access to providers.

It's the virtual equivalent of "doc-in-a-box" clinics operated by companies like ZoomCare, Zocdoc, Doctor On Demand and HealthTap.

Even membership-based organizations like Weight Watchers and Costco have started offering access to such direct services, researchers said in background notes.

These sites gained traction during the pandemic, as people turned to telehealth as part of social distancing.

In fact, the poll found that 58% of those who had used an online health service started doing so in 2020, 2021 or 2022.

Most older adults who had used one of these services said they were driven by convenience, the survey shows.

More than 60% received a

prescription, mostly for a one-time treatment. However, only a third of told their regular doctor about the prescription.

What's more, one-third of those who used an online-only service said their doc wasn't aware they'd done so.

This has raised some concerns that patients will be prescribed medicines that could interact in harmful ways with other drugs they're already taking, Fendrick said.

The online providers don't have access to the patient's full health history or medical records, so they can't check for potentially dangerous drug interactions.

"These compelling findings have important implications for patient safety and continuity of care," Fendrick said. "With rapid growth in this sector of health care predicted for this year and beyond, all providers, insurers and regulators need to pay more attention to how patients are using these services and why, and the impact on care quality and safety."...[Read More](#)

Majority of debtors to US hospitals now people with health insurance

People with health insurance may now represent the majority of debtors American hospitals struggle to collect from, according to medical billing analysts.

This marks a sea change from just a few years ago, when people with health insurance represented only about one in 10 bills hospitals considered "bad debt", analysts said.

"We always used to consider bad debt, especially bad debt write-offs from a hospital perspective, those [patients] that have the ability to pay but don't," said Colleen Hall, senior vice-president for Kodiak Solutions, a billing, accounting and consulting firm that works closely with hospitals and performed [the analysis](#).

"Now, it's not as if these patients across the board are even able to pay, because [out-of-pocket costs are] such an astronomical amount related to what their general income might be."

Although "bad debt" can be a controversial metric in its own

right, those who work in the hospital billing industry say it shows how complex health insurance products with large out-of-pocket costs have proliferated.

"What we noticed was a breaking point right around the 2018-2019 timeframe," said Matt Szaflarski, director of revenue cycle intelligence at Kodiak Solutions. The trend has since stabilized, but remains at more than half of all "bad debt".

In 2018, just 11.1% of hospitals' bad debt came from insured "self-pay" accounts, or from patients whose insurance required out-of-pocket payments, according to Kodiak. By 2022, the proportion who did (or could) not pay their bills soared to 57.6% of all hospitals' bad debt.

Kodiak receives every billing transaction for more than 1,800 hospitals across the US, a little less than one-third of all hospitals in the country. It was able to perform the analysis by looking at this in-house database.

The cost of healthcare in the US is a perennial political concern –



it eats up more than 18% of gross domestic product, [far more](#), and often for worse health outcomes, than in other

peer democracies. As much

as [31% of the cost of US healthcare](#) is probably driven by the administration of complex bills that now beset the public. Now, medical debt and its impact on Americans' lives is an issue of increasing political perseverance. A recent investigation by KFF Health News and NPR found more than 100 million Americans have medical debt of some kind, debt which often forces families to make [heart-wrenching sacrifices](#).

In part, those sacrifices are driven by hospitals' extraordinary collection practices. Hospitals refer patients to [aggressive debt collectors](#), use [state courts to garnish wages](#), place [liens on people's homes](#) and [report debt to credit agencies](#), which can drastically worsen future job and housing prospects. Although there are some [attempts to rein in these](#)

[practices](#), billing analysts like Szaflarski say they do not address the core issue – health plans designed by insurers which force hospitals to become debt collectors.

"These stories really grind my gears," said Szaflarski. "The idea of patient responsibility" – those deductibles and coinsurance requirements – "was not an idea created by healthcare providers. They were vehicles created by payers," referring to insurers. Ariel Levin, the director of coverage policy for the American Hospital Association, says the organization is discussing multiple solutions – such as removing hospitals from the billing equation entirely – to challenges they say are created by insurer decisions.

"Something else we're exploring recently is how to remove providers from the cost-sharing altogether and require health insurers to collect it," Levin said....[Read More](#)

What to Do When Medicare Stops Paying for Skilled Nursing Care

While Medicare does not cover long-term nursing home stays, the federal agency provides **limited coverage** for short-term support in skilled nursing care facilities.

These facilities specialize in providing short-term care and rehabilitation for people who are recovering from illness, injury or surgery and may need physical, occupational, and rehabilitative therapy after their hospital release.

However, there's no blank check from **Medicare** when someone enters skilled nursing care facilities.

So, what happens when Medicare coverage for skilled nursing care ends?

Does Medicare Pay for Skilled Nursing Care Costs?

First, it's important to know whether you qualify and what's covered under Medicare.

Medicare Part A (hospital insurance) covers skilled nursing care as long as you meet certain eligibility criteria. To qualify for Medicare Part A coverage, you must meet the following requirements:

You've had **a hospital stay** of at least three days (not including the



day you leave the hospital). Your doctor determines you need daily **skilled nursing care**.

You need skilled nursing services for a hospital-related medical condition (like an infection) that you were treated for during your qualifying three-day **inpatient hospital stay**, even if it wasn't the reason you were admitted.

What Medicare pays for

People can get 100% of the costs covered by Medicare for the first 20 days at a skilled nursing care facility.

Medicare covers the following

services in a skilled nursing facility:

- ◆ A semi-private room.
 - ◆ Meals.
 - ◆ Dietary counseling.
 - ◆ Skilled nursing care.
 - ◆ **Physical therapy.**
 - ◆ Occupational therapy.
 - ◆ **Medications.**
 - ◆ Medical supplies and equipment.
 - ◆ Medical social services, including counseling.
 - ◆ Ambulance transportation.
- ...**Read More**

Drugmakers hiking prices for more than 700 medications, including Ozempic and Mounjaro

Pharmaceutical companies are hiking prices for more than 700 medications, including popular weight-loss drugs Ozempic and Mounjaro, industry research shows.

The average price increase at year start was about 4.5%, the **analysis** from 46 Brooklyn found. That represents a slightly slower pace compared with the five prior years, when drug prices rose about 5% each year on average, the data shows.

Among the noteworthy increases are Ozempic and Mounjaro, two drugs that belong to a **class** of medications called GLP-1 agonists. While these drugs are

designed to help diabetics regulate their blood sugar, they've also been found to be effective weight-loss drugs, prompting non-diabetics to seek out the drugs in order to slim down. As a result, these drugs have been in greater demand, **leading to shortages**.

The price of Ozempic, which is manufactured by Novo Nordisk, rose 3.5% to \$984.29 for a month's supply, while Eli Lilly's Mounjaro rose 4.5% to about \$1,000 for a month's worth of the medication, the 46 Brooklyn data shows.

Eli Lilly didn't immediately

Rise In Price



return a request for comment. In a statement to CBS MoneyWatch, Novo Nordisk said that it

"increases the list price of some of our medicines each year in response to changes in the health care system, market conditions and the impact of inflation."

Prices are increasing this year for many other widely used drugs:

- ◆ Autoimmune disease medication Enbrel rose 5%
- ◆ Pain medication Oxycontin rose 9%
- ◆ Blood thinner Plavix rose

4.7%

- ◆ Antidepressant Wellbutrin rose 9.9%

"Technically, most brand prescription drug list price increases occur in either January or July each year, but the greatest number take place in January (and thus, January gets all the attention)," 46 Brooklyn wrote in a **blog post** about the drug increases. "By our counts, since 2018, more than 60% of all brand drug list price increases that occur throughout the course of each year are implemented in the month of January."...**Read More**

Same Service, Same Price

Printed in the January 10 editions of the Wall Street Journal and Politico

Yesterday, Medicare Rights joined nearly 30 national organizations representing Medicare beneficiaries, families, providers, employers, and advocates in urging Congress to address outdated **Medicare policies** that make routine services cost more based solely on where they are performed. These commonsense reforms would advance "site neutral" Medicare payments and improve billing transparency—paving the way for significant savings, lower costs, and better care.

From gas and groceries to cars and housing, rising prices for everyday goods and services can stress household budgets. But one of the biggest financial strains on families remains the irrationally

high costs of one basic necessity: health care.

A significant driver of these high health care costs stems from the fact that patients, consumers, employers, and taxpayers are being charged what amounts to billions more as hospitals buy up physician practices and charge higher prices for the same services. Patients shouldn't be charged more for the same care simply because of where they receive it. We are calling on Congress to act now to advance site-neutral payment and billing transparency reforms to protect against unfair billing practices that lead to excessive health care prices.

Medicare beneficiaries and the Medicare program often pay two to three times more¹ for the same routine services when they are



provided in a hospital outpatient department rather than in an independent doctor's office. People with private

health insurance also pay higher prices for care in hospital-owned facilities in many cases. These higher payments create incentives for hospitals to buy up physician practices and rebrand them as hospital outpatient facilities to charge higher prices. When a physician's office is acquired by a hospital system, the prices increase by more than 14%²—simply because the logo on the door changed. This all leads to more consolidated health care markets, which reduces patient choice and access to care and increases what patients, employers, and taxpayers pay for health care.

A recent study³ released by the

Leukemia & Lymphoma Society found that many cancer patients with multiple myeloma are charged \$2,029 in out-of-pocket costs for the same treatment that can be administered in an independent doctor's office for \$809. The study estimates site-neutral policies could help these patients save up to \$1,220 annually.

And it saves taxpayers money too. The Congressional Budget Office estimates⁴ that site-neutral payment reforms could save Medicare nearly \$140 billion over the next decade.

The time to act is now to stop these unfair billing practices. We urge you, Members of the 118th Congress, to prioritize the health and well-being of the American people. 1 Actuarial Research Corporat

Flu Activity Slows Down, But Season Far From Over: CDC

Following weeks of increases in flu activity, the latest U.S. government **data** shows "a single-week decrease" for the first time in months.

But health officials warn that the flu season is far from over, with a surge expected shortly.

"Folks try not to seek care during the holiday season, so we see these divots in the surveillance graphs each year, but it is very probable that during the next weeks, we'll see an upsurge of cases," **Dr. Eduardo Azziz-Baumgartner**, of the CDC's Influenza Division, told *CBS News*.

Another expert concurred.

"Just because we've seen cases go down a little bit in the last week doesn't mean we don't still have another bump in cases yet to come," said **Dr. Céline Gounder**, a *CBS News* medical contributor and editor-at-large for public health at KFF Health News. "Later in January, February is very often the peak of the influenza season, so just because we've seen a recent drop in flu cases doesn't mean that there aren't more to come."

So far this season, the flu has caused at least 14 million illnesses, 150,000 hospitalizations and 9,400 deaths,



according to the U.S. Centers for Disease Control and Prevention. An additional 13 pediatric deaths were reported this week, bringing the total number to 40 for the season.

The increase in deaths among kids is worrying, Gounder noted.

"Unfortunately, I think a lot of people coming out of the COVID pandemic are fatigued and tired of talking about vaccinations, getting vaccinated, but kids under 5 are very much at risk for hospitalization and even death from respiratory illnesses, including influenza, COVID and RSV, and this is because they

have less mature immune systems and smaller airways," she explained.

So while death from respiratory illnesses is still relatively rare among young children, "it's really important to keep up to date with vaccinations in those youngest," as it can "dramatically reduce the risk of these terrible consequences."

Azziz-Baumgartner noted that the flu vaccine helps anyone looking for protection.

"Anyone who hasn't gotten vaccinated against influenza should go get their vaccines so that they're protected," he said.

FDA Approves AI Device That Helps Spot Skin Cancer

The first medical device powered by artificial intelligence and designed to help doctors catch skin cancer has been approved by the U.S. Food and Drug Administration.

Although not meant to be used as a primary screening tool, the technology further evaluates skin lesions that doctors have already flagged as suspicious, the FDA noted in an agency **news release**.

The handheld device uses AI-

powered spectroscopy to assess the characteristics of lesions at both the cellular level and beneath the skin's surface.

"We are entering the golden age of predictive and generative artificial intelligence in healthcare, and these capabilities are being paired with novel types of technology, like spectroscopy and genetic sequencing, to optimize disease detection and care," DermaSensor



Inc. co-founder and CEO **Cody Simmons** said in a company **news release**.

"Equipping PCPs [primary care physicians], the most abundant clinicians in the country, to better evaluate the most common cancer in the country has been a major, long-standing unmet need in medicine."

The device, also called DermaSensor, provides real-time results using an algorithm based

on data culled from more than 4,000 malignant and benign lesions, according to the company.

"The device should be used in conjunction with the totality of clinically relevant information from the clinical assessment, including visual analysis of the lesion, by physicians who are not dermatologists," the FDA said, adding that DermaSensor is for use in patients ages 40 and up....**Read More**

How Obamacare Boosted Lung Cancer Survival

As more Americans with lung cancer gained access to quality care after passage of the Affordable Care Act (ACA), their post-surgical survival rates rose, new data shows.

The ACA (often called Obamacare) triggered the expansion of Medicaid coverage in many states. People with lung cancer who lived in states that took advantage of that move reaped a benefit, researchers found.

"This study is further proof that expanding Medicaid saves lives," said **Lisa Lacasse**, president of the American Cancer Society's Cancer Action Network (CAN).

"We know what we need to do to end cancer as we know it for everyone, most critically of which is that people with cancer have access to the care they need -- including the crucial types of post

-operative care this study analyzes," she said in a news release from the American Cancer Society (ACS), which funded the new research.

As researchers behind the latest study noted, the month or two after the surgical removal of a lung tumor is a precarious time for patients.

"Especially after a major procedure like lung cancer surgery, it's crucial that people have access to timely care," said study lead author **Dr. Leticia Nogueira**, scientific director of health services research at the ACS.

Would giving more people access to Medicaid-covered services help?

To find out, Nogueira's group tracked lung cancer patient histories and outcomes from a



major national database for the years 2008 to 2019.

The nearly 15,000 patients in the study were between the ages of 45 and 64 at the time they underwent tumor removal surgeries for stage 1, 2 and 3 lung cancers.

Nogueira's group tracked patient survival rates over the first 90 days following the surgery.

They found that survival increased for patients living in states that expanded Medicare after Obamacare was enacted.

For example, in those states, rates of death during the first 30 days after a surgery declined from 0.97% in the pre-ACA period to 0.26% in the post-ACA period.

Similar trends were seen in the 90-day post-surgical death rate: A drop from from 2.63% to 1.32%.

These findings held true even after the researchers looked at

factors such as the stage of cancer at time of diagnosis and rates of other illnesses that patients might have had.

The study was published Jan. 12 in the journal *JAMA Network Open*.

"Lung cancer is the second most commonly diagnosed cancer in the U.S. and the leading cause of cancer-related mortality, but Medicaid expansion can help improve access to lifesaving care," Nogueira said in an ACS news release.

The ACS has long supported the expansion of Medicaid services.

"ACS CAN continues to urge the 10 states that have yet to increase Medicaid eligibility to expand access quickly," Lacasse said. "Lives are at stake."

Does More Outdoor Light at Night Help Cause Macular Degeneration?

As levels of nighttime artificial outdoor light rise, so do the odds for a leading cause of vision loss, age-related macular degeneration (AMD).

South Korean researchers found that people living in areas of that country with the highest levels of streetlights and other artificial light had more than double the odds for AMD, compared to those living in areas with the lowest levels.

That risk remained even after they accounted for confounding factors such as sleep issues and depression, said a team led by **Dr. Ahnul Ha**, of the

department of ophthalmology at Jeju National University College of Medicine.

City dwellers may be at particular danger for macular degeneration, since the link between the illness and artificial outdoor light "was found solely in urban areas, where the mean outdoor-artificial-light-at-night level was 3 times higher than in rural areas," Ha's group reported.

They published their findings Jan. 16 in **JAMA Network Open**.

AMD occurs when a part of the eye's retina called the macula deteriorates over time. People



begin to lose their central vision, making common tasks such as driving or reading difficult.

AMD "generally affects people over the age of 60," said **Dr. Matthew Gorski**, an ophthalmologist at Northwell Health in New Hyde Park, N.Y. "Common symptoms of macular degeneration include blurry vision, distortion [where] straight lines appear wavy. The symptoms can be anywhere from minimal to severe, blinding vision disturbance."

In the study, Ha and her team wondered if the proliferation of

artificial light at night could play a role in the disease, since it's already been linked to conditions such as obesity, heart disease, certain cancers and mental health disorders.

There's also research suggesting that artificial light might harm the retina in various ways. Light exposure can damage sensitive retinal cells, Ha's group noted. It can also upset circadian rhythms and damage these cells, and it can trigger hormonal changes that might also be harmful....**Read More**

Five-Year Survival for Pancreatic Cancer Has Risen to 13%

Pancreatic cancer is known as a 'silent killer' because it's usually only detected in its later stages.

But there's a glimmer of good news for patients: The five-year survival rate for people with the disease has crept up to 13%, according to **2024 statistics** from the American Cancer Society released Wednesday.

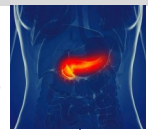
That's more than double the 6% five-year survival rate of a decade ago, noted experts at Pancreatic Cancer Action Network (**PanCAN**).

The organization credits the improvement to better detection and management of patients with cancers that have not spread

beyond the pancreas.

"We have seen better management of people who are considered high risk and better survival of those with localized disease, most likely due to the increased use and improvements in treatments available before [neoadjuvant] and after [adjuvant] surgery," **Lynn Matrisian**, PanCAN's chief science officer, said in an organization **news release**.

All of this is "good news," said PanCAN President and CEO **Julie Fleshman**, who added that, "We are seeing more patients being diagnosed at earlier



stages and they are living longer."

However, the latest ACS numbers predict that about 66,400 Americans will receive the grim news this year that they have pancreatic cancer. Another 51,750 are expected to die from the illness in 2024.

Both of those numbers reflect a rise in new cases and deaths.

So, despite the uptick in five-year survival, "not enough progress is being made for patients diagnosed with metastatic disease and we need to continue to find better treatment options for those patients," Fleshman said.

Pancreatic cancer also appears to be on the rise among younger women, PanCAN noted. That could be tied to rising obesity rates and changes in racial/ethnic demographics.

"PanCAN's research priorities are to find an early detection strategy and accelerate treatments for [pancreatic cancer] patients. And we are dedicated to increasing awareness of symptoms and risk factors of pancreatic cancer," Matrisian said.

Chronic Inflammation Plus Poverty: A Deadly Combo for Americans

Chronic inflammation and poverty are a one-two punch that dramatically raises the risk of death from another notorious duo -- heart disease and cancer.

People with chronic inflammation living in poverty face more than double the risk of dying from heart disease, the leading killer in the United States, within the next 15 years, a new study reports.

They also have nearly triple the risk of dying from cancer, the second-leading U.S. cause of death, said lead researcher **Arch Mainous III**, a professor of health services research, management and policy in the University of Florida's College of Public Health and Health Professions.

"We found that poverty and high levels of inflammation act

synergistically, giving people with both factors basically a double whammy," Mainous said in a university news release.

"It makes them far more likely to die and in a relatively short period of time, just 15 years."

It's normal for people to suffer brief periods of inflammation, which is part of the body's healthy short-term immune response, researchers explained in background notes.

But chronic inflammation lasts for months or years, and previous research has shown that it can increase the risk of developing health problems like cancer, heart disease, type 2 diabetes and kidney disease.

Another study by Mainous estimates that as many as 35% of U.S. adults suffer from chronic



inflammation, the researchers said. Chronic inflammation can be caused by a number of different factors -- poor diet, stress, lack of exercise, bad sleep, smoking, aging, obesity, autoimmune disorders or exposure to toxins.

For the new study, researchers evaluated data from a regular national survey conducted by the U.S. Centers for Disease Control and Prevention, which combines a questionnaire with lab tests.

The team focused on adults aged 40 and older whose household income was lower than the U.S. poverty line and whose lab tests showed elevated markers of chronic inflammation.

Researchers tracked these adults for 15 years, using death records to see how many died and

for what causes.

People with both chronic inflammation and poverty had a 127% increased risk of dying from heart disease and a 196% increased risk of dying from cancer, compared to people without either factor, results show.

Those with just one of the factors -- either chronic inflammation or poverty -- had about a 60% increased risk of death.

The new study was published Jan. 16 in the journal **Frontiers in Medicine**.

The results highlight the need for routine chronic inflammation screenings, particularly in vulnerable populations, Mainous said. There currently are no guidelines for such screenings...**Read More**

U.S. Cancer Death Rates Are Falling, But News Isn't All Good

Cancer deaths continue to decline in the United States, with more than 4 million deaths prevented since 1991, a new report shows.

But more people are developing cancers than ever, making the dreaded disease a continued threat to human health, according to the **new report** published Jan. 17 by the American Cancer Society (ACS).

New cancer diagnoses are projected to top 2 million for the first time in 2024, up from 1.9 million last year. Further, cancer patients are getting younger.

Diagnoses in middle-aged folks (50 to 64) increased from 25% in 1995 to 30% in 2020, at the same time diagnoses in seniors 65 and older decreased from 61% to 58%, the ACS said.

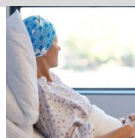
"We're encouraged by the

steady drop in cancer mortality as a result of less smoking, earlier detection for some cancers and improved treatment," said lead report author **Rebecca Siegel**, senior scientific director of surveillance research at the American Cancer Society.

"But as a nation, we've dropped the ball on cancer prevention as incidence continues to increase for many common cancers -- like breast, prostate, and endometrial, as well as colorectal and cervical cancers in some young adults," Siegel added in an ACS news release.

Higher obesity is driving some of the increased cancer incidence in people born after the 1950s, along with other as-yet-unknown factors, the ACS said.

In another shift toward the



young, people under 50 are battling colorectal cancer more frequently, the report says.

Colon cancer had been the fourth leading cause of cancer death in both younger men and women two decades ago.

Now it's the number one cause of cancer death in younger men, and second in women only to breast cancer.

"The continuous sharp increase in colorectal cancer in younger Americans is alarming," said senior study author **Dr. Ahmedin Jemal**, senior vice president of surveillance and health equity science at the American Cancer Society. "We need to halt and reverse this trend by increasing uptake of screening, including awareness of noninvasive stool tests with follow-up care, in

people 45-49 years."

"Up to one-third of people diagnosed before 50 have a family history or genetic predisposition and should begin screening before age 45 years," Jemal added. "We also need to increase investment to elucidate the underlying reasons for the rising incidence, to uncover additional preventive measures."

Racial disparities also continue to hamper progress against the disease, the report said.

Compared to whites, Black Americans have twice the death rate for prostate, stomach and endometrial cancers, and Native Americans have a doubled death rate for liver, stomach and kidney cancers, the report said....**[Read More](#)**

Getting Protein From Plant-Based Foods Might Extend Women's Lives

Women who consume more plant-based protein tend to age more gracefully, a new study reports.

Women with diets rich in protein -- especially from plant-based sources -- develop fewer chronic diseases and enjoy healthier aging overall, researchers report in the Jan. 17 issue of the *American Journal of Clinical Nutrition*.

Overall, women who ate more plant-based protein were 46% more likely to be healthy into their later years.

"Consuming protein in midlife was linked to promoting good health in older adulthood," said

lead researcher **Andres Ardisson Korat**, a scientist at Tufts University's Jean Mayer USDA Human Nutrition Research Center on Aging, in Boston.

"We also found that the source of protein matters," Ardisson Korat added in a university news release. "Getting the majority of your protein from plant sources at midlife, plus a small amount of animal protein, seems to be conducive to good health and good survival to older ages."

For the study, researchers analyzed self-reported data from



more than 48,000 women participating in the Harvard-based Nurses' Health Study, which followed female health care professionals from 1984 to 2016.

The women entered the study between the ages of 38 and 59, and all were deemed to be in good physical and mental health at the start.

The research team evaluated surveys that tracked participants' diets, and then compared that information to the women's overall development of chronic diseases or loss of physical function or mental health.

Researchers found notably less heart disease, cancer and diabetes in women who included more protein in their diets from sources like fruits, vegetables, bread, beans, legumes and pasta, results show.

Women who ate more plant-based protein also experienced less decline in their cognitive and mental health, researchers said.

However, women who consumed more animal protein were 6% less likely to stay healthy as they aged, data showed....**[Read More](#)**

FDA Clears Sickle Cell Drug to Treat Another Blood Disorder

Casgevy, a groundbreaking treatment that was approved to treat sickle cell disease in December, was given the U.S. Food and Drug Administration's blessing on Tuesday to treat another inherited blood disorder.

Casgevy is the first CRISPR-based medicine, where gene editing is used to develop the treatment, to be approved for use in the United States.

The one-time dose permanently changes DNA in a patient's blood cells, but experts note the relief will not come cheap. The treatment list price is \$2.2 million for its use in both sickle cell

disease and beta thalassemia, *CNN* reported.

This latest approval allows Casgevy to be used in patients over the age of 12 with transfusion-dependent beta-thalassemia. With this disorder, the body doesn't make enough of the oxygen-carrying molecule in blood known as hemoglobin. "Today's approval is an important step in the advancement of an additional treatment option for individuals with beta-thalassemia, a debilitating disease that places individuals at risk of many serious health problems," **Dr.**



Nicole Verdun, director of the Office of Therapeutic Products within the FDA's Center for Biologics

Evaluation and Research, said in an agency **news release**.

"The approval of a cell-based gene therapy for this condition using CRISPR/Cas9 technology reflects FDA's continued commitment to supporting safe and effective treatments that leverage the most promising and cutting-edge medical technologies," she added.

In December, the FDA **approved** Casgevy to treat sickle cell disease, an inherited

blood disorder that typically strikes Black people.

"Gene therapy holds the promise of delivering more targeted and effective treatments, especially for individuals with rare diseases where the current treatment options are limited," Verdun noted at the time of that approval.

The FDA's latest decision was expected, but it comes about two months earlier than the agency's deadline for acting, *CNN* reported....**[Read More](#)**