



Friday Alert Message from the Alliance for Retired Americans Leaders

SSA Commissioner Sends Misleading Email to Millions of Americans, Buries a Correction Online Days Later



Robert Roach, Jr.
 President, ARA

Last week, Social Security Administration (SSA) Commissioner **Frank Bisignano sent an email**

praising the passage of the Republican tax and budget law and incorrectly saying that it "includes a provision that eliminates federal income taxes on Social Security benefits for most beneficiaries."

The unusually political message went to 71 million Americans who have online MySSA accounts and was widely criticized for inaccurately describing the law. President **Trump** and White House officials have repeatedly claimed that the budget package eliminates taxation of Social Security benefits. It does not.

The law offers a temporary tax deduction to some people over the age of 65. Whether or not someone's tax bill goes down depends on their combined income from Social Security, pensions, retirement accounts, investments, and work. Seniors whose total income is between \$50,000 and \$200,000 are most likely to see a change, but many beneficiaries will see no change at all.

However, unlike the tax cuts for the wealthy and corporations, this deduction ends in 2028 — just three years after starting. It will **weaken Social Security**, reducing trust fund revenue by about \$30 billion a year and lowering the projected timing of insolvency from 2033 to 2032.

The SSA **quietly issued a correction** on its website four days after sending Commissioner

Bisignano's initial email, but did not email a correction to everyone who received the first message.

"It's highly disappointing to see the Social Security Commissioner distribute misleading, inaccurate information to millions of Americans," said **Robert Roach, Jr., President of the Alliance**. "At a minimum, he should send an email with a correction to every person who received his first message."

Hospitals and Nursing Homes Are Preparing for the Worst Now That Republican Budget is Law

Many community hospitals and nursing homes **are** bracing for major financial hits now that President **Donald Trump** has signed the Republican budget bill into law.

The bill **includes** over \$1 trillion in cuts to Medicaid over the next decade. Researchers **estimate** that over 300 hospitals will either have to reduce vital services or shut down completely. One in four nursing homes will also be forced to close, and thousands of good health care jobs will be eliminated.

Rural hospitals will be especially vulnerable. Over 20 percent of the country's population **lives** in rural areas — roughly **66 million** people — and one in four adults in these areas

are covered by Medicaid. Many patients will **lose** access to local health care, forcing them to take long journeys to reach the closest facility and increasing burdens on the remaining hospitals.

The Senate **voted** to allocate \$50 billion for a Rural Health Transformation Program in the wake of Medicaid cuts, but it won't be enough to help rural hospitals stay afloat. The Republican budget bill is **estimated** to reduce federal spending in rural areas by around \$155 billion.

"Every legislator who voted yes for this budget bill was warned of the danger to constituents and the health care system, but approved it anyway," said **Richard Fieta, Executive Director of the Alliance**. "This is too high a price to pay so the wealthiest Americans can get even richer. Our members will remember their votes."



Rich Fieta,
 Executive Director, ARA

Our retirement security is at risk. Stay up to date by downloading the Alliance's fact sheets and share them with your friends and family members:

Pharmaceutical Corporations Will Get \$5 Billion Windfall from Republican Budget Law

The Republican budget law includes a provision that **excludes** more drugs from Medicare drug price negotiation, a major win for the pharmaceutical industry.

The legislation creates a loophole that exempts medicines that treat more than one rare disease from drug price negotiation. These so-called "orphan drugs" **include** lifesaving cancer medicines such as Imbruvica, Calquence, and Pomalyst.

The Congressional Budget Office **estimates** that the ORPHAN Cures Act will cost American taxpayers \$5 billion over the next ten years.

"This is a blatant giveaway to drug corporations that will be able to keep drug prices sky-high and protect their monopoly pricing power," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "It is not only bad news for any senior who needs one of these drugs, but it chips away at the drug price negotiation law that Alliance members fought hard to pass."



Joseph Peters, Jr.
 Secretary Treasurer ARA

FACT SHEET
 JULY 2025

Threats to Retirees in Republican Budget Law

On Friday, July 4, President Trump signed the Republican Budget Reconciliation bill into law. The bill, which was passed along party lines, makes the largest cuts to health care and taxes in United States history, while adding at least \$2.3 trillion to the national debt.

Alliance Position
 The Alliance for Retired Americans strongly condemns this legislation because of its harmful effects on older Americans, including cutting nearly half a trillion dollars from Medicare and over a billion dollars from Medicaid to pay for tax breaks for corporations and wealthy Americans. Many provisions of the law harm older Americans, including:

- Deep Across-the-Board Cuts to Medicare**
 Because the budget increases the deficit by \$2.3 trillion, it triggers \$450 billion in [automatic cuts](#) to Medicare over 10 years. This will make it more difficult for beneficiaries to get the care they need at a price they can afford.
- All payments to hospitals, doctors, other health care providers, Medicare Advantage plans, and standalone prescription drug plans would be reduced by four percent per year starting in 2027.
- In response, some health care providers are likely to limit services to Medicare beneficiaries or stop accepting Medicare altogether. Beneficiaries are likely to face higher co-pays for medical services and prescription drugs.

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FACT SHEET
 JULY 2025

Republican Budget Law Cuts Medicare

The Republican Budget Law signed into law by President Trump on July 4 harms the guaranteed Medicare benefits Americans have earned in three significant ways:

- It triggers automatic across-the-board **Medicare cuts** of \$450 billion over 10 years starting in 2027. This will affect all beneficiaries and every health care provider that accepts Medicare.
- It also reduces the insolvency date for the Medicare Trust Fund by one year, from 2033 to 2032, and weakens the law requiring Medicare to negotiate lower drug prices with drug corporations.

Alliance Position
 The Alliance for Retired Americans opposes all cuts to Medicare. Older Americans earned their Medicare benefits over a lifetime of hard work and the program's benefits ensure they receive the health care they deserve in retirement.

The Alliance calls on Congress to immediately pass legislation **undoing** the PAYGO provision to prevent the \$450 billion in cuts.

Since 1965, Medicare has served Americans as the nation's largest and most successful health insurance system. Today, Medicare provides health insurance for over 68 million Americans, including 61 million who are 65 years of age or older and over 7 million with disabilities under 65.

Take action. Tell Congress to stop automatic Medicare cuts.

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FACT SHEET
 JULY 2025

Republican Budget Law's Cuts to Medicaid Puts Health Care for Millions of Older Americans at Risk

On Friday, July 4, President Trump signed the Republican Budget Reconciliation bill into law. The law makes the largest cuts to health care and taxes in United States history, while adding at least \$2.3 trillion to the national debt.

The law cuts nearly \$180 billion from the Medicaid program while creating **\$4.5 billion** in tax breaks for corporations and wealthy Americans, putting the health care of more than 9 million older Americans, as well as hospitals and nursing homes, at risk.

Alliance Position
 The Alliance for Retired Americans strongly opposes cuts to Medicaid, which provides health insurance to millions of Americans directly and through the Affordable Care Act. The Republican Party's recently passed Reconciliation Budget Act puts health care at risk for 72 million Americans, including 8.3 million seniors, 6.1 million people with disabilities, and 31.5 million children.

What is Medicaid?
 Medicaid is a partnership between the federal government and individual states created in 1965 to help Americans with low income get health care. The federal government gives funds to states to provide health and long term care for eligible adults and children with limited income.

How Medicaid Helps Older Americans
 Medicaid funds are used to provide seniors and people with disabilities with a range of health care services including:

- Long-Term Services and Supports (LTSS)** This helps 5.6 million older adults and people with disabilities live at home instead of in nursing facilities.
- Home and Community-Based Services (HCBS)** Includes services like senior housing, adult day care, skilled nursing, home delivered meals, and transportation.
- Nursing Home Care:** Medicaid covers 17% of nursing home costs, including over 860,000 seniors, and

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Social Security hits major milestone for millions

The Social Security Administration (SSA) has confirmed it has completed sending payments to those who were impacted by the Social Security Fairness Act, five months ahead of schedule.

Why It Matters

Under the Biden administration, the federal agency, which pays benefits **to tens of millions every month**, said the process of issuing new and backdated payments could take considerably longer. At the time, the SSA told *Newsweek* it was "determining the timelines for implementing this new law."

What To Know

In January, lawmakers passed a bipartisan bill that repealed two provisions—the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO)—that limited retirement benefits for certain workers, including teachers, firefighters,

and police officers, some federal employees, and their spouses. The agency first started issuing these payments in February.

The new payments included updated benefits amount and backdated payments to January 2024.

Despite previous longer timelines being for implementation, the SSA has now confirmed it has sent out 3.1 million payments to those impacted by the repeal of the WEP and GPO. To date, **over \$17 billion in payments** has been distributed.

The WEP reduced Social Security benefits for individuals who received pensions from public-sector jobs—such as state or federal positions—that did not require paying Social Security payroll taxes. This reduction applied even if they also worked in jobs where they paid into



Social Security and qualified for benefits. The GPO lowered spousal or survivor benefits for retired federal, state, or local government workers who had not contributed to Social Security through payroll taxes.

Other Changes

The SSA also said it has made "significant progress in its ongoing efforts to improve customer service," including upgrading telephone systems in 841 field offices—70 percent nationwide—and cut the average wait time on its 800 Number to 13 minutes, a 35 percent drop from last year.

A new service model in field offices has reduced wait times by 10 percent year-over-year, the agency reported, and the initial disability claims backlog has been cut by 25 percent, from 1.2 million to 950,000 cases. Disability hearings have reached

a low of 276,000 still pending, with wait times down by 60 days compared to last summer, the agency added.

What People Are Saying SSA Commissioner Frank Bisignano

said in the press release: "My top priority is to transform SSA into a model of excellence—an organization that operates at peak efficiency and delivers outstanding service to every American.

"The American people have waited long enough for better service, and they deserve the absolute best from their government. I am deeply grateful to our dedicated employees who are already making this turnaround a reality."

What Happens Next

The SSA said the agency is continuing to make improvements across its services.

Social Security sends millions of Americans a misleading and 'blatantly political' message

One of the hallmarks that set the Social Security Administration apart from other government programs was its sedulous avoidance of anything resembling partisan politics. That was a key to its overwhelming popularity among Americans.

Apparently, those days are over.

The change occurred July 3, when the agency sent an email to millions of beneficiaries headlined

"Social Security Applauds Passage of Legislation Providing Historic Tax Relief for Seniors." It reproduced the email as **a press release on its website**.

It was unprecedented for

SSA — an agency that historically has avoided politics — to take a political 'victory lap' on Trump's behalf.

National Committee to Preserve Social Security and Medicare

The reference was to the budget bill that had received final congressional passage that day, and was signed by President Trump on July 4. The message text said the agency was "celebrating the passage of the One Big, Beautiful Bill, a landmark piece of legislation."

It said the measure "ensures that nearly 90% of Social Security beneficiaries will no



longer pay federal income taxes on their benefits, providing meaningful and immediate relief to seniors who have spent a lifetime contributing to our nation's economy."

A few things must be noted about this message. One is that it's a massive breach of norms for the agency. "It was unprecedented for SSA — an agency that historically has avoided politics — to take a political 'victory lap' on Trump's behalf," stated the National Committee to Preserve Social Security and Medicare, "particularly on a bill that endangers the long-term care and

nutrition benefits of millions of seniors." The committee called the message "blatantly political and misleading."

But that's only the start of what was wrong with this message.

It was not merely misleading about what's in the budget bill, but factually inaccurate. The Social Security Administration had to append a correction to its press release, though one hasn't gone out to those who received it via email — millions of Americans who are either receiving benefits or who signed up for informational updates from the agency (including myself)

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New plan proposed to save Social Security

A bipartisan pair of senators have floated a bold new solution to the insolvency crisis facing Social Security, which they say could save the program within a decade.

In a recent op-ed for *The Washington Post*, **Republican Senator Bill Cassidy** and Democratic Senator **Tim Kaine** announced a proposal to set up an alternative funding model for the safety net program, which would

supplement the program's Trust Fund with a new diversified pool of investments.

Why It Matters

The potential depletion of the Social Security Trust Fund has long been an issue of concern on Capitol Hill. A recent **report** from Social Security Administration warned that the program "continue[s] to face significant financing issues," and estimated that the



Old-Age and Survivors Insurance fund would only be able to cover "100 percent of total scheduled benefits until 2033."

Insolvency would not mean that the program stops altogether, though future payments would become entirely reliant on what is collected in payroll taxes each year. This could fail to cover the entirety of scheduled benefits and possibly could result in cuts

or increased taxes being needed for the program.

What To Know

The two senators, who have in the past advocated for various reforms of the embattled Social Security program, unveiled their new plan publicly on Tuesday. The pair said this proposal would preserve full benefits for Americans while aiming to address the program's critical funding shortfall...**Read More**

86% of Social Security beneficiaries will be hit hardest by new garnishment policy

In less than three weeks, millions of Social Security recipients could see drastic reductions to their monthly benefits, as a higher **garnishment policy takes effect on July 24**. The change stems from the **Social Security Administration's (SSA)** renewed effort to recover overpayments — a move likely to hit the most vulnerable beneficiaries the hardest.

According to the SSA, over 2 million Americans owed money to the agency in 2023 due to overpayments, often caused by misreported income or agency miscalculations. Starting July 24, the SSA will begin collecting up to 100% of monthly benefits in certain cases, unless recipients take action to request relief.

Previously, under the Biden administration, the recovery rate had been capped at 10%, easing the burden on retirees and people with disabilities living on fixed incomes. But in **April, the SSA raised the rate to 50%, and by July 24, the agency plans to reinstate the full 100% garnishment rate**, unless a waiver or appeal is filed.

Deep Dependence on Benefits

The implications are alarming. According to a recent Gallup report, **86% of recipients depend on Social Security as a primary or secondary source of income**. For 45% of single beneficiaries and 21% of married couples, it constitutes at least 90% of their total income, SSA data shows. With persistent inflation, many rely on these funds to cover essential needs like housing, groceries, and health care.

How Did Overpayments Happen?

Overpayments typically result from reporting delays, miscommunications, or administrative errors. If the SSA overpays a recipient (even due to its own mistake) the recipient is still legally responsible for returning the excess. In March, the SSA announced plans to resume full collection of these overpaid funds, reversing the previous administration's policy.

What Can Beneficiaries Do?
Those affected have until July



24 to act. The SSA offers two key options:

- ◆ **Waiver (Form SSA-632BK):** Beneficiaries may request forgiveness if the overpayment wasn't their fault and if repayment would cause financial hardship.
- ◆ **Appeal (Form SSA-561):** If a recipient believes the overpayment claim is incorrect, they can challenge the determination.

SSA has clarified that recipients are typically given 90 days to file a request for reconsideration, waiver, or reduced withholding, a window that closes in just under three weeks.

Policy and Administrative Changes

The renewed collection effort comes amid a broader overhaul of the SSA under former President Donald Trump. In recent weeks, Trump appointed Frank Bisignano, former Fiserv CEO, as SSA Commissioner. The agency is also transitioning away from paper checks by October and has been ordered to cut 7,000 jobs, a

directive from the Department of Government Efficiency.

These administrative shifts raise concerns among advocates for seniors and low-income Americans about the SSA's capacity to provide timely communication and support to beneficiaries navigating complex appeals.

A Looming Financial Cliff For the majority of recipients, many already facing rising living costs, even a 50% reduction in benefits could be devastating. A full 100% garnishment would eliminate their only source of income, pushing some into immediate housing insecurity or hunger.

As the deadline approaches, experts urge eligible recipients to file for waivers or appeals as soon as possible to avoid sudden loss of income.

For those unsure of their status, contacting the SSA directly or visiting their official website is strongly recommended. Assistance may also be available through local aging or legal aid organizations.

Experts clarify Social Security benefit reduction date would go until August and here's why

If you received a letter from the **Social Security Administration (SSA)** this spring saying you were **overpaid**, don't assume you're in the clear just because it's already July. **Your benefits could still be reduced starting in August**, and here's why the timeline isn't as straightforward as it may seem.

The **SSA began sending overpayment notices on April 25, giving recipients 90 days to respond**. That deadline officially ends July 24, but according to experts, benefit reductions won't happen all at once.

Michael Liner, disability attorney and founder of Liner Legal, told *Money.com* that the **SSA does not automatically reduce benefits on day 91**. Instead, he explains, **"The timing of when the reduction takes effect may depend on the beneficiary's payment calendar and when SSA processes the adjustment"**. In practical terms, this means your August check may be the first to reflect a cut,

depending on how and when your individual case was handled.

It will also depend on your date of birth, remember that the first SSI payments are on the 1st of each month, then on the 3rd of each month for those who began receiving benefits before May 1997 and starting on the second Wednesday of the month (for 3 weeks) for those after May 1997, according to your date of birth, whether you are a **retired worker, SSDI beneficiary or survivor. Why You Received the Letter**

Overpayments occur when the SSA sends more money than you're entitled to—often due to changes in your income, disability status, or marital situation that weren't reported or updated in time. Sometimes the error is on SSA's end due to miscalculations or delays. Regardless of the cause, the agency is legally required to recover those funds.

Why August Matters



Jim Blair, co-founder of the **National Social Security Advisors (NSSA)**, emphasized that **the exact start date for withholding varies by recipient**. Some may see changes in **early August, while others might not be affected until later in the month, or even after**.

Social Security checks are distributed based on your birthdate, typically on the 2nd, 3rd, or 4th Wednesday of the month. That means even if the 90-day response window closes on July 24, the reduction might not appear until your next scheduled payment, sometime between August 2 and August 23.

What You Can Do Right Now

If you believe the overpayment notice is incorrect, you have the right to:

- ◆ File a Request for Reconsideration
- ◆ Request a Waiver, showing the overpayment wasn't your

fault and repayment would cause hardship

- ◆ Request a Lower Withholding Rate

Jason Stanley, VP of strategy at NSSA, stresses the importance of acting fast. **"There are multiple paths available—including waivers, appeals, and negotiated payment plans—and early communication can help avoid unexpected reductions and preserve flexibility"**, he said to *Money*.

Keep in mind: none of these forms can be submitted online. You must send them by fax, mail, or deliver them to your local SSA office.

Even though July 24 is the technical deadline, that doesn't mean your benefits will shrink the next day. However, the risk increases as you approach your next scheduled payment in August. If you've received a letter, take it seriously—and act now to avoid financial surprises.

No tax on Social Security? Not quite. What the tax megabill really means for seniors

The Social Security Administration caused a stir over the weekend after issuing a statement saying that the Republican legislation known as the One Big Beautiful Bill would eliminate taxes on benefits for a majority of beneficiaries, blurring the lines between the **senior-focused provision** that is included in the legislation and a promise President Donald Trump made earlier this year.

In a **press release** emailed around 4 p.m. on July 3, the SSA said the new law included "a provision that eliminates federal income taxes on Social Security benefits for most beneficiaries, providing relief to individuals and couples. Additionally, it provides an enhanced deduction for taxpayers aged 65 and older, ensuring that retirees can keep more of what they have earned."

The law does include a temporary enhanced deduction for

Americans 65 and older whose income is below certain thresholds, but it is not a separate provision that would eliminate taxes on Social Security benefits, as much as 85% of which could be subject to taxation. Benefits are still part of the adjusted gross income calculation, but a higher standard deduction could offset a person's taxable income.

The **enhanced deduction**, which expires in 2028, is \$6,000 for qualified individuals and \$12,000 for married taxpayers filing jointly.

"It is really ... reducing their overall amount of income that is subject to taxation through the enhanced standard deduction, not ... reducing or eliminating taxes on Social Security," said Romina Boccia, director of budget and entitlement policy at the Cato Institute, a libertarian think tank.

Before the passage of the tax



bill, 64% of seniors didn't pay taxes on their Social Security benefits, **according to a June report** from President

Donald Trump's Council of Economic Advisers. Under the new legislation, 88% won't pay taxes on those benefits, the report estimated.

The standard deduction indirectly accomplishes the president's promise to eliminate taxation on Social Security benefits, said Andrew Biggs, a senior fellow at the center-right American Enterprise Institute. The benefit may be framed differently, but the results end up similar. "You're either paying taxes on benefits or you're not paying taxes on benefits," Biggs said. In the press release, the SSA said nearly 90% of beneficiaries won't pay federal income taxes on benefits. Biggs estimated that figure includes those who already

weren't paying taxes, but he said that about two-thirds of people over 65 who are currently paying taxes on benefits would no longer be doing so.

The SSA did not respond to a request for comment or clarity. The White House referred MarketWatch to the SSA. The new provision, though welcome for certain high-earning Social Security beneficiaries, could spell trouble for the program, which is already facing financial issues. The **trustees' report released in June** said the insolvency date for the program's old-age, survivor and disability benefits could come as soon as 2033, but a **report** about the new law from the nonpartisan Committee for a Responsible Federal Budget said the insolvency date could be pushed up by a year as a result of lower revenues from the reduced taxation on benefits.

Social Security Update: Payout shift triggers drop in personal income

Personal income in the United States declined by 0.4 percent in May, marking the first monthly drop since 2021, according to recently released government data.

The decrease was not driven by Americans earning less, but was instead attributed to a shift in **Social Security benefit payouts**. This change comes amid ongoing concerns about the **financial sustainability of the program**, as its trust fund is forecast to run out of cash within the next 10 years unless legislative action occurs.

Why It Matters

The decline in personal income underscores the significant influence that Social Security has on the nation's economic well-being. With more than 60 million Americans receiving benefits, even modest adjustments in payouts can affect broader measures of household income and economic stability.

Concerns about Social Security's solvency have been mounting, with the program facing automatic benefit reductions if **Congress** does not intervene before the trust fund is depleted. According to a report released by Social Security

trustees last month, once the trust fund is exhausted, payroll taxes would only be sufficient to cover about 77 percent of scheduled benefits.

Advocates and policymakers warn that such cuts could increase poverty rates among older Americans and disrupt finances of millions who depend on these payments.

What To Know

In May, there was a 0.4 percent dip in personal income, following a 0.8 percent rise in April. Analysts have attributed the decline not to lower wages or earnings, but to a specific change in how Social Security benefits were distributed.

Since the Social Security Fairness Act went into effect, retroactive payments were sent out to beneficiaries in March and April, triggering monthly income to temporarily rise for nearly 3 million recipients.

the law affects former public sector workers whose jobs previously did not receive equal coverage from Social Security. Due to the boost, it appeared income dropped in May, but moving forward, the extra benefits will be factored into



monthly payments.

"What really happened is that the Social Security Fairness Act eliminated two provisions. The

Windfall Elimination Provision (WEP) & the Government Pension Offset (GPO). They previously reduced benefits for individuals who also receive income from public pensions," Michael Ryan, finance expert and founder of MichaelRyanMoney.com, told *Newsweek*.

"These retired teachers, firefighters, and government workers had been getting the short end of the stick for years. Having their Social Security benefits slashed just because they'd also earned a pension from their public service jobs," Ryan added.

The Social Security trust fund is projected to run out of cash by 2033, about nine months sooner than anticipated last year, due in part to the new Social Security Fairness Act. Trustees have warned that, without legislative intervention, benefits for over 60 million recipients would automatically be slashed by 23 percent once the fund is empty.

A recent analysis from the

Committee for a Responsible Federal Budget projected that a typical couple could see annual Social Security benefits drop by up to \$16,500 in 2033 if no fix is enacted, while a middle-income single worker could face a reduction of \$8,200 per year. This amounts to an automatic 21 percent cut to monthly checks.

More than 11,000 baby boomers now reach retirement age daily, resulting in fewer workers supporting a growing population of beneficiaries.

Decades of surplus payroll taxes have created a large, but dwindling, trust fund buffer. Once depleted, incoming payroll taxes would only sustain partial payments, covering 77 percent to 79 percent of promised benefits, according to current estimates.

Potential solutions discussed include raising payroll taxes, lifting the income cap on taxable wages, cutting benefits or raising the retirement age. However, these proposals face political resistance and there have been no specific plans proposed by the president or Congress. ...**Read More**

Medicare agency to test prior authorization in traditional Medicare

Last week, the Centers for Medicare and Medicaid Services announced a new pilot project that will test the use of prior authorization in Traditional Medicare on 17 services, Alan Condon reports for [Becker's Hospital Review](#). The goal is to reduce the use of wasteful and inappropriate services in Traditional Medicare.

As with most government policies that might sound good on their face, the devil is in the details. For sure, some providers deliver some unnecessary services in traditional Medicare, e.g. hospice care. And, mechanisms should be in place to stop them.

The question is which services

will require prior authorization, how easy will it be to get prior authorization, how quickly will the process work, could a delay or denial endanger the health and well-being of people and will companies that partner with CMS have a financial incentive to delay and deny care?

We know that health insurers in Medicare Advantage use prior authorization excessively, burden providers significantly, delay and deny care inappropriately, and harm their enrollees in the process. The HHS Office of the Inspector General has twice found widespread and persistent inappropriate delays and denials of care and coverage in Medicare



Advantage. The insurers' financial incentive in MA is to deny care, yet the Traditional Medicare government contractor will have a similar incentive, as the CMMI model is written.

CMMI built a conflict of interest built into the model. In this new traditional Medicare prior authorization pilot, companies will get a percentage of the government savings they realize from denying payment for unnecessary services. The companies will want to deny as much care as they can get away with. The question is whether the government will let their contractors get away with inappropriate denials or will it

make sure that all denials are based on credible evidence?

CMS is saying that clinicians, not AI algorithms, will determine whether Medicare should cover services. The services for which people will need prior authorization include deep brain stimulation for people with Parkinson's Disease, epidural steroid injections for pain management, cervical fusion, skin and tissue substitutes and arthroscopy for knee osteoarthritis. Inpatient-only and emergency services are exempted from the model. The pilot will launch in Arizona, Washington, New Jersey, Texas and Oklahoma.

How the Social Security 8-year rule works

When it comes to **Social Security benefits**, the timing of your claim can make a substantial difference in your retirement income. The '8-Year Rule' refers to the strategic window between ages 62 and 70, during which you can choose to start receiving benefits. This decision is pivotal, as it determines the size of your monthly checks for the rest of your life.

Many retirees rely heavily on Social Security, with 91% expecting it to be a primary source of income, according to the Transamerica Center for Retirement Studies. The age at which you decide to claim benefits can mean the difference between a smaller monthly check or a significantly larger one.

Claiming benefits at age 62 results in a permanent reduction of about 30% compared to what you would receive at your full

retirement age, typically 66 or 67.

Conversely, delaying your claim until age 70 increases your benefit by approximately 8% for each year you wait, up to 132% of your full benefit. For instance, if your full retirement age benefit is \$1,000 per month, waiting until 70 could boost it to \$1,320.

Despite the advantages of delaying, many retirees still opt to claim early. A 2022 Congressional report found that 29.3% of new retirees claimed benefits at age 62, making it the most common age to start. In contrast, less than 10% waited until age 70. This highlights the importance of understanding the long-term impact of your decision and considering factors beyond immediate financial needs.

The '8-Year Rule' is not just about choosing an age to claim



Securing today and tomorrow benefits; it's about understanding how this decision fits into your broader retirement strategy.

As Preston Cherry, founder of Concurrent Wealth Management, puts it, "Claiming at 62 gives you a longer runway, but with smaller checks. Waiting until 70 provides a larger monthly income, but requires bridging the gap in between."

"This strategy involves planning how to cover those interim years effectively.

While delaying benefits results in a larger monthly check, it doesn't always guarantee the highest lifetime payout. If you have health concerns or a family history of shorter lifespans, claiming earlier might make more financial sense. It's crucial to weigh these personal factors alongside the potential financial benefits of waiting.

Additional considerations include your 'age of equilibrium,' the point where the total value of delayed, higher payments surpasses the total of earlier, smaller ones. This is vital when considering longevity and cash flow needs. Working longer can also impact your decision, as earning above certain thresholds before full retirement age can reduce your benefits.

Remember that your benefit amount is based on your lifetime earnings, not just your final working years. The Social Security Administration calculates your benefit using your highest 35 years of earnings, adjusted for wage changes. To maximize your benefit, you must have consistently earned at least the taxable maximum annual wage, which is \$176,100 in 2025, and delay claiming until age 70.

Dear Marci: Will I have a penalty if I join Part D late?

Dear Marci,
I'm turning 65 soon but might wait to enroll in Part D. I already have drug coverage from my job, so I'm not sure I need it. Will I have a penalty if I join Part D later?

– Marcia (Allentown, PA)

Dear Marcia,
Whether you'll have to pay Part D late enrollment penalty (LEP) if you later decide to enroll depends on whether your current coverage is creditable for Part D.

Creditable drug coverage means your plan provides a benefit that is as valuable or more valuable than the basic **Part D benefit**. Each year around September, you should get a notice from your employer or plan informing you about whether or not your drug coverage is creditable. If you don't get this notice, contact your human resources department, drug plan, or benefits manager.

If you have creditable drug



Dear Marci coverage, you won't owe a LEP if you later enroll in Part D. Also, if you have creditable coverage and you lose that coverage, you'll have a two-month **Special Enrollment Period (SEP)** to enroll in a Part D plan.

If your drug coverage isn't creditable, you should enroll in Part D. Even if you don't take prescription drugs now, it's important to have Part D or creditable coverage so that if you

later need prescriptions, you don't have penalties or coverage gaps.

If you might delay Part D enrollment because you already have prescription drug coverage, make sure to check if your coverage is creditable. Keep a record of your insurance and of the creditable coverage notices until you enroll in Medicare Part D.

Hope this answers your question!

–Marci

I Asked ChatGPT What Would Happen If Billionaires Paid Taxes at the Same Rate as the Middle Class

Taxes can get you thinking about fairness. For instance, when I'm calculating **deductions** on my salary and watching a decent chunk go to Uncle Sam, I can't help but wonder: What if the ultra-wealthy paid the same percentage of their income in taxes that regular people do?

So I decided to ask ChatGPT a simple question: "What would happen if billionaires paid taxes at the same rate as the middle class?" The AI's response was more nuanced than I expected — and revealed some surprising truths about **how our tax system really works**.

Earning passive income doesn't need to be difficult. **You can start this week**.

Setting the Record Straight

First, ChatGPT corrected a common misconception I had. Based on actual data from PolitiFact and ProPublica investigations, the 25 wealthiest Americans currently pay an average federal income tax rate of 16% under existing law.

Meanwhile, households earning \$50,000-\$100,000 (where most teachers, firefighters and other middle-class workers fall) typically pay an effective tax rate between 0% and 15%.

So contrary to what I'd heard, billionaires don't actually pay less than teachers under current tax law. But here's where it gets interesting.

How Wealth Grows vs. How Wages Work

ChatGPT explained that the issue isn't necessarily the tax rates themselves, but **how different types of income get taxed**. This is where the system becomes genuinely unfair.

"Billionaires benefit from tax strategies that lower their effective tax burden compared to what ordinary income earners face on wages," the AI explained. "The current system taxes work more than wealth."

Here's what that means in practice: When I get my salary, taxes come out immediately.



When a billionaire's stock portfolio increases in value by millions, they don't pay taxes on that growth until (or unless) they sell those stocks.

The 'Buy-Borrow-Die' Strategy

ChatGPT broke down something called the "buy-borrow-die" **strategy that wealthy people use to minimize taxes**. It sounds like financial wizardry because, honestly, it kind of is.

Here's how it works: Billionaires borrow money against their stock holdings (which isn't taxed), live off those loans and then pass their assets to heirs largely tax-free when they die. Meanwhile, regular people like me can't defer taxes on our paychecks or borrow against our retirement accounts without major penalties.

The AI used **ProPublica** data to illustrate this: "The top 25 billionaires saw their wealth

grow by \$401 billion from 2014-2018, but paid just \$13.6 billion in federal income taxes — an effective rate of 3.4% on wealth growth."

That 3.4% figure is what really stung. While they're paying their legal tax obligations on realized income, their actual wealth is growing at a rate that's taxed far below what middle-class workers pay on their salaries.

What If We Changed the Rules?

ChatGPT ran the numbers on what would happen if billionaires paid taxes at the same rate middle-class families do — around 15%-22%.

Using the ProPublica data, if those top 25 billionaires had been taxed at a 20% rate on their wealth growth, they would have paid around \$80 billion instead of \$13.6 billion.

"Extrapolate that across approximately 1,000 billionaires?" the AI asked. "You're talking hundreds of billions in added revenue annually."...**Read More**

Here's How Your Social Security Number Works And What Each Element Means

The Social Security Number (SSN) is an important means of identification for residents of the United States. It was originally designed to track U.S workers' earnings either by employment or self-employment and to administer retirement benefits, disability benefits, survivor benefits and Medicare under the **Social Security Acts of 1935** by President Franklin D. Roosevelt.

Since then the 9-digit code has become a nationwide identification tool used for credit checks, taxation, and other administrative purposes. The XXX-XX-XXXX is simple and straightforward, as it's divided into three parts; Area Number, Group Number, and Serial Number, making it easy to keep track. The SSN was created during the Great Depression to address the administrative challenges caused by a lack of a unified identification system before an identification system was introduced. The first SSN

card was issued in 1936 as part of the New Deal's Social Security Program. Decades later, it has become more than a **retirement benefits tracker** and has grown into an important means of modern identification.

Breakdown Of Social Security Number Components

The SSN is broken down into three distinctive parts and each has a significance in identifying a person. The first three digits are the Area Number. Initially, the digits were used to indicate the geographical region where the person applied for their SSN. Lower digits were assigned to the Eastern Coasts while higher digits were assigned to the Western Coasts but this was scrapped in 2011 after the SSN randomization was introduced. The process came about for security and privacy reasons and since then SSNs are randomly assigned, regardless of the person's location. Examples of



Area numbers include 008-009 for Vermont and 010-034 for Massachusetts.

The Group Number was set up to divide the Area Numbers into smaller, more manageable blocks. The two digits made it easier to issue and keep track of Social Security Numbers, and make sure they were assigned fairly across different regions and prevented numbers from running out in specific regions. Their purpose was primarily administrative and did not carry any personal significance. The last set of four digits is the Serial Number. They are assigned sequentially between a group and this prevents duplicates -- they do not have any inherent meaning as their purpose is to help distinguish people within the same group or area. You should also examine **what Social Security rules can drastically increase your monthly benefits**.

Significance Of The Serial

Number

Beyond its original intentions, the Social Security Number plays an important role in our modern society. It's a requirement in most important institutions -- financial institutions, private organizations, or government agencies. It's used for employment eligibility, identity verification, and credit checks. Employers often require employees to provide their SSNs. Then they report salary information, income tax data, and tax withholdings to the Internal Revenue Service and other relevant state agencies.

However, this widespread use also raises significant privacy and security concerns. Identity theft has become one of the fastest-rising crimes in the United States and often involves stolen SSNs. These are vulnerable to theft and fraud because they rely on documentation for verification rather than biometric data and this makes them easier to misuse. ...**Read More**



Ozempic-style drugs treat type 1 diabetes, not only type 2, study finds

A clinical trial for semaglutide, the active ingredient in Ozempic, found that it improved blood sugar control in people with type 1 diabetes.

Semaglutide, the active ingredient in Ozempic, and other drugs in the same class have revolutionized the treatment of **obesity and type 2 diabetes**. Now, a clinical trial suggests the medicines can treat type 1 diabetes, as well.

The trial results, published June 23 in the journal **NEJM Evidence**, suggest semaglutide can improve blood sugar levels and induce weight loss in people with type 1, potentially introducing a new drug that could be used along with insulin to manage the disease.

"For a hundred years, we are fixated on insulin and insulin delivery ... and there aren't really extra medications that are approved for type 1," lead study

author **Dr. Viral Shah**, a diabetes researcher at Indiana University, told Live Science. There are some add-on drugs approved for use alongside insulin, but Shah envisions Ozempic-like drugs as a potential firstline treatment.

The **insulin resistance** and impaired release of digestive hormones that fuel type 2 diabetes can also exist in type 1, so it does make sense to explore treatments for those, he said.

Type 1, type 2, and double diabetes

Type 1 and type 2 diabetes are driven by very different mechanisms.

In **type 2**, cells in the pancreas that make insulin become less sensitive to blood sugar and produce less insulin in response. Insulin normally helps usher sugar from the bloodstream into cells, so this effect causes sugar to build up in the blood.



Meanwhile, **type 1 diabetes** is an autoimmune disorder in which the insulin-secreting cells are destroyed by one's own immune system. There are **several drugs** for type 2 diabetes that focus on driving cells to secrete more insulin, and there are **standard treatments** centered around improving blood sugar control, weight loss, high blood pressure and cardiovascular disease risk through lifestyle changes. Drugs like semaglutide, known as GLP-1 agonists, control blood sugar in type 2 by reducing a liver-made hormone that raises blood sugar, as well as slowing down digestion. This makes you feel fuller for longer and allows the pancreas more time to release the right amount of insulin.

The primary way to control blood sugar in type 1 diabetes, however, is insulin replacement.

But type 1 diabetics, especially those with obesity, often have insulin resistance and thus many of the same health issues as those with type 2 — for example, **nerve damage**, foot ulcers and eye damage, all due to uncontrolled blood sugar. This condition has been termed "double diabetes."

"Type 1 diabetes does not exclude the presence of type 2 diabetes," Shah said. "People with the double diabetes phenotype may benefit from some of the medications that are currently approved for type 2 diabetes." That was the idea behind the new trial of semaglutide, the ingredient found in the weight-loss drug Ozempic and type 2 diabetes drug Wegovy... **Read More**

Ozempic Alternative Ditches The Needle And One Major Side Effect

A drug that can be taken orally could soon rival the likes of **Ozempic** for treating type 2 **diabetes** and obesity, according to a new study. Although its efficacy hasn't yet been tested in humans, the compound could bypass some of the **harmful side-effects** associated with similar drugs.

Unlike the famous family of GLP-1 receptor agonist drugs, this new candidate targets the **β2-adrenergic receptor** (β2AR). Drugs that do this aren't new: **salbutamol** (sold as Ventolin among other brand names) is widely prescribed for use in short stints to treat asthma and chronic obstructive pulmonary disease.

Clenbuterol is also prescribed for asthma in some countries, though it's better known as a performance-enhancing drug, **banned by the World Anti-Doping Agency** for its anabolic effects.

For more than a decade, scientists have been trying to find a way to harness the benefits of β2AR agonists, without setting

off their harmful effects. They can stimulate skeletal muscle glucose uptake and burn fat, mimicking the effects of exercise — but they have been considered too risky for treating diabetes or obesity, because of their tendency to **wreak havoc on the heart**.

The body's β2-adrenergic receptors are coupled with G proteins, and when activated for long periods (by β2AR drugs, for instance), the G proteins set off a chain reaction which leads to cardiovascular problems.

"That would lead to heart rate increases, systolic blood pressure increases, and, eventually, that over-sustained exposure would lead to increases in heart weight and cardiac hypertrophy," molecular biologist Shane Wright, from Karolinska Institute in Sweden, **told** Mar de Miguel of Bioworld.

But a campaign led by scientists from the Karolinska Institute, Stockholm University, and the biotech company Atrogi AB has revealed a series of β2AR



agonist molecules that can side-step the slippery slope triggered by the G proteins.

By activating only specific pathways, one of these — dubbed 'compound 15' — seems less likely to cause those concerning side effects, though we won't know for sure until further clinical trials are carried out.

Unlike GLP-1 receptor agonists like Ozempic, compound 15 doesn't suppress appetite or lead to **muscle loss**, which means it may be safer in that regard too. It's also much more user-friendly, as a drug that can be swallowed rather than injected.

"The goal was to try to target this other action that this receptor has expressed in the skeletal muscle, not in the heart, where it is mediating glucose uptake as a very beneficial outlet for lowering blood glucose levels," **Wright said**.

So far, the newly-designed drug has been tested in lab-grown cells, male mice, rats, beagles,

and phase 1 **clinical trials** (which only test for safety, not efficacy) in healthy and type 2 diabetic men.

"Lead candidates of the chemical series increased glucose tolerance in preclinical models of diabetes and obesity with little or no increase in contractile force, cardiac lesions, and cardiac hypertrophy," the authors **report**. They also reversed muscle atrophy induced by GLP-1 drugs.

"Clinical evaluation demonstrated that our lead candidate was orally bioavailable and safe in both healthy volunteers and type 2 diabetics, underlining its therapeutic potential."

Many more tests — and a catchier name — will be needed before compound 15 or its relatives are made available as an alternative to GLP-1 drugs. Phase 2 clinical trials are underway to see if the enhanced muscle growth, balanced glucose levels, and insulin sensitivity seen in animal tests hold up in human bodies.... **Read More**

New Weight-Loss Drugs Under Scrutiny Amid Pancreas Concerns

Popular weight-loss drugs like **Ozempic** and **Zepbound** have revolutionized how we **tackle obesity**. But now, emerging reports about potential side effects have prompted a new investigation by UK health regulators.

Hundreds of people reported experiencing severe **pancreas** problems after taking these drugs, according to **the BBC**.

The UK government is now asking anyone who's been affected to contact them. They are particularly interested in understanding whether genetic factors may predispose certain individuals to such severe reactions.

As always with health alerts, it's crucial to put this news into perspective. There's no clear evidence yet that these drugs are directly *causing* pancreas damage. Their **known side effects** are already well-documented and they remain approved as safe for use when prescribed and overseen by a doctor.

And that last part – doctor

oversight – is vital: it's not safe to obtain these drugs through unofficial channels. Even if you can be sure you're getting what you asked for – which you can't – these medications **aren't right for everyone**.

It's important to note that when **any medication is taken up by a large number of people**, it will inevitably reach some who will experience health issues regardless of the drugs they're on, and rare adverse reactions will likely also occur.

But the sheer number of reports of acute or **chronic pancreatitis** warrants further examination, and the cases so far involve up to 10 fatalities. The investigation is being managed by the Medicines and Healthcare products Regulatory Agency and Genomics England.

Collectively, the drugs being looked at are known as GPL-1 (**glucagon-like peptide-1**) receptor agonists, because they target cells in the body usually activated by the natural GLP-1 hormone, which controls blood sugar and appetite – hence why



they're used for **diabetes** and weight loss.

These medications can be split into two types: those based on **semaglutide** (such as Ozempic and Wegovy), and those based on **tirzepatide** (including Mounjaro and Zepbound). The latter type also targets **glucose-dependent insulinotropic polypeptide** (GIP) receptors, as well as GLP-1 receptors, for a stronger effect.

To date, almost 400 reports of acute pancreatitis have been received from people using GLP-1 drugs such as Mounjaro, Wegovy, Ozempic, and liraglutide, as per **The Guardian**. Nearly half of those, 181, involve the tirzepatide-based drug sold as Mounjaro.

Genetic risk is one of the factors being studied, which may mean some people are more prone to pancreatic issues. In the case of acute or chronic pancreatitis, this manifests itself as severe stomach pain that won't go away.

Those in the UK aged over 18, who have a strong adverse

reaction to one of these weight loss and diabetes drugs **are being asked to register** their details on the **Yellow Card website** (the official UK system for reporting issues with approved medications).

From there, you'll be asked to submit more information and a saliva sample, if you're chosen to take part in a study of GLP-1 drugs and pancreatic issues.

The effects of all medications have to be considered in relation to other factors, including existing health conditions, genetics, age, and sex. Even the most effective drugs can come **with risks**.

"GLP-1 medicines like Ozempic and Wegovy have been making headlines, but like all medicines there can be a risk of serious side effects," **says** geneticist Matt Brown from Genomics England.

"We believe there is real potential to minimize these, with many adverse reactions having a genetic cause."

Insured? You're More Likely To Survive Cancer Through Immunotherapy Treatment

Powerful new **immunotherapies** are offering fresh hope for patients with many different types of cancer.

Unfortunately, that hope doesn't extend to people without health insurance, a new study says.

Immune checkpoint inhibitors (ICIs) are revolutionizing cancer treatment by helping the immune system better find and attack cancer cells in a person's body.

However, the drugs are also pricey, and people without private insurance or Medicaid are less likely to receive them, and, thus, less likely to survive, researchers reported July 7 in **JAMA Network Open**.

"These findings are concerning, especially as ICIs are being used more frequently in treating people with both early and late-stage cancers," said lead researcher **Jingxuan Zhao**, a senior scientist of health services research at the American Cancer Society.

"ICIs can be lifesaving," Zhao

added in a news release. "However, cancer patients without health insurance coverage may be unable to afford them due to their high costs."

These are grim tidings, given that between 11.8 million to 17 million Americans are expected to lose health coverage due to Medicaid cuts and other provisions included in the Republican-passed Big Beautiful Bill, according to estimates from the Congressional Budget Office and **KFF**, a health policy organization.

The new study found that Medicaid patients had about the same survival benefit from immune checkpoint inhibitors as those with private insurance.

For the study, researchers drew data from a national cancer database on more than 12,000 people newly diagnosed with late-stage melanoma, about 152,600 with lung cancer, and nearly 19,000 with kidney cancer. All patients were 18 to 64 years old.

Researchers examined changes



in two-year survival for each type of cancer before and after the U.S. Food and Drug

Administration (FDA) approved ICIs for their treatment. Results showed that ICIs made a huge survival difference, and that people with private insurance were more likely to benefit.

For example, two-year survival rates among advanced melanoma patients without insurance increased from 16% to 28% following FDA approval of ICI treatment, researchers found.

But two-year survival leapt from 29% to 46% for people with private insurance, results showed.

Survival disparities similarly widened among lung and kidney cancer patients based on their insurance status following approval of ICI therapies for those conditions.

On the other hand, survival improved similarly for people with private insurance and those on Medicaid.

"Health policies expanding access to insurance coverage options and making new treatments more affordable are needed," Zhao said. "Expanding Medicaid to individuals without health insurance coverage may improve their access to effective cancer treatments that are also costly, such as ICIs."

Lisa Lacasse, president of the American Cancer Society Cancer Action Network, agreed.

"Having comprehensive, affordable health insurance is a major determining factor in surviving cancer, especially as promising new – but also costly – treatments, like ICIs, become available," Lacasse said.

"That's why ACS CAN has long advocated for increased access to quality, affordable health coverage – made increasingly urgent with recent Congressional action that significantly cuts Medicaid funding and makes affordable health insurance coverage unattainable for millions nationwide," she added.

Many Older Adults Taking Daily Aspirin Despite Tighter Guidelines

About 1 in 6 older adults takes daily aspirin to prevent heart disease, even though stricter guidelines say it's not for everyone, a new study says.

Worse, nearly a quarter of those folks started taking aspirin without a doctor's recommendation, and about 1 in 10 haven't discussed their use with any health care provider, researchers found.

"For some patients without a history of cardiovascular disease, the benefits of taking aspirin for primary prevention may be offset by an increased risk of bleeding, especially as patients get older," said senior researcher **Dr. Jordan Schaefer**, a clinical associate professor of internal medicine-hematology at the University of Michigan Medical School.

"It is even more concerning when patients are taking aspirin without consulting their physician," Schaefer added in a news release. "A provider can't

help a patient understand the risks and benefits of aspirin if they are left in the dark."

During the past decade, newer research highlighted a significant bleeding risk associated with aspirin's use in people who have no history of **heart attack** or heart disease, researchers said in background notes.

As a result, guidelines have tightened around aspirin's use as primary prevention — warding off heart problems before they develop, researchers said.

A significant number of people remain unaware of this bleeding risk, the new study found.

Only 68% of people agree that daily aspirin increases risk of bleeding, based on the researchers' survey of more than 2,500 people between 50 and 80 years of age.

More than 80% said aspirin helps with general health, and 29% believed it reduces the risk



of dementia, researchers found.

"It appears that older adults taking aspirin may anticipate benefits beyond reducing the risk of cardiovascular disease and may not fully understand the added risk of bleeding," lead researcher **Dr. Mark Edwards**, an internal medicine resident at University of Michigan Health, said in a news release.

Younger survey participants aged 50 to 69 were more than twice as likely to take aspirin despite having no history of heart disease, compared to those aged 70 to 80, results showed.

Women and those with a household income \$60,000 or greater also were more likely to use aspirin for primary prevention, researchers added.

"Aspirin use is much more of a complex question than it once seemed, which is all the more reason why it is important to consult a health care provider

when considering use," researcher **Dr. Geoffrey Barnes**, an associate professor of internal medicine-cardiology at the University of Michigan Medical School, said in a news release.

"I would recommend that anyone over 40 years old talk to their provider about their risk for cardiovascular disease, with careful consideration of family and health histories," he added.

The American College of Cardiology and the American Heart Association advise against aspirin use for primary prevention after age 70, and recommend its use in younger people only if they are at higher risk for a heart condition based on a 10-year risk calculation.

The U.S. Preventive Services Task Force recommends against daily aspirin for primary prevention after 60, and stopping around 75 for those taking it based on higher risk, researchers said..

RFK Jr. Praises Meal Program Critics Say Is Ultra-Processed

A government-backed meal delivery service for people on Medicaid and Medicare is getting national attention — but not all of it is positive.

Health Secretary **Robert F. Kennedy Jr.**, recently praised **Mom's Meals**, a company that sends prepackaged meals to people who are older or living with illnesses like **cancer** or **diabetes**, the *Associated Press* reported.

"This is really one of the solutions for making our country healthy again," Kennedy said in a **video** posted on X.

He toured the company's Oklahoma facility last week and thanked them for providing meals "without additives."

But experts say that's not entirely true.

An *Associated Press* investigation found that many of Mom's Meals' offerings are highly processed and contain ingredients that wouldn't be found in a home kitchen.

Marion Nestle, a nutrition expert at New York University, reviewed the menu, including nutrition labels and ingredients.



Some meals — like chicken bacon ranch pasta or French toast sticks with ham — were high in salt, sugar or saturated fat, Nestle said.

"It is perfectly possible to make meals like this with real foods and no ultra-processing additives but every one of the meals I looked at is loaded with such additives," she said.

"What's so sad is that they don't have to be this way," Nestle added. "Other companies are able to produce much better products, but of course they cost more."

She noted that Mom's Meals do

not have the petroleum dyes that Kennedy is pushing companies to remove from their products.

Experts say most food is processed in some way. But ultraprocessed foods are made in factories and contain chemical additives, preservatives or dyes that wouldn't be used at home. These foods have been linked to health risks like obesity, heart disease and diabetes. ...**Read More**

Fruits And Veggies Protective Against IBD, Study Says

A healthy plant-based diet might protect people from inflammatory bowel diseases, a new study says.

People noshing healthy plant-based foods had a 14% lower risk of **Crohn's disease** and an 8% lower risk of ulcerative colitis, researchers found.

On the other hand, an unhealthy diet containing more animal fats and vegetable oils was associated with a 15% increased risk of Crohn's disease, results show.

"Our research indicates that a

healthy plant-based diet may protect against inflammatory bowel disease, with its anti-inflammatory properties playing a key role," senior researcher **Dr. Zhe Shen** of the Zhejiang University School of Medicine in China said in a news release.

For the study, researchers tracked more than 143,000 people participating in the UK Biobank, a large-scale health research project among residents of the United Kingdom. As part of the project, patients filled out



diet questionnaires. During an average 14.5 years of follow-up, more than 1,000 people developed inflammatory bowel disease, researchers found.

Researchers graded participants' diet based on their intake of healthy plant foods, unhealthy plant foods, and animal products.

Analysis showed that higher intake of fruits and vegetables accounted for part of the lower risk for Crohn's disease, researchers said.

Blood tests from participants indicate that the anti-inflammatory properties of plant-based foods might explain this protection, researchers said.

"These findings underscore the beneficial association between healthy plant-based diets and reduced risk of ulcerative colitis and Crohn's disease," researchers concluded. "They provide important insights for the development of dietary guidelines aimed at preventing IBD."

How to slow down the aging of your brain

In a piece for the [Wall Street Journal](#), Alex Janin reports on how changes in your lifestyle can slow down the aging of your brain. Stunningly, a healthy diet, exercising and destressing, can all keep your brain from aging as quickly as it otherwise would.

Indeed, one big 2024 Preventive Medicine Research Institute study found that people who modify their behaviors to lead a healthy lifestyle can see improvements in their brain

function and even reverse early-stage Alzheimer's. Improvements can be detected in as few as four and a half months.

In a small study, those patients who changed their behaviors either improved or maintained their brain function. More than seven in 10 improved their conditions. But, none of the patients who did not modify their behavior improved and nearly seven in 10 deteriorated.



Today, people are living longer, but their health is not keeping up with them as they age. They are developing dementia and other conditions that come with growing old. Some experts believe that the sooner people make behavior changes, the more likely it is that they will delay the aging of their brains.

Exercise is as critical as a healthy diet to keeping your brain young. A different 2024

study of healthy people showed that a small amount of exercise a week promotes a larger brain size and a healthier brain. Sleeping at least seven hours a day is also important.

The science of measuring brain health and age is developing quickly. MRI scans can actually determine the speed at which your brain is aging as compared to your age.

CDC Now Recommends RSV Vaccine for Some Adults 50+

Adults as young as 50 may now qualify for an RSV vaccine if they have certain health conditions, according to a quiet update from the U.S. Centers for Disease Control and Prevention (CDC).

This marks a change from the CDC's previous recommendation, which only offered the shot to people 60 and older who were at high risk, *The Associated Press* reported.

[Respiratory syncytial virus](#), or RSV, is usually mild but can cause severe illness in infants, older adults and people with

certain health problems. It affects the nose, throat and lungs.

Earlier this year, a group of vaccine experts on the CDC's Advisory Committee on Immunization Practices (ACIP) voted to expand RSV vaccination to high-risk adults starting at age 50.

However, that recommendation was not executed after Health Secretary [Robert F. Kennedy Jr.](#) fired all 17 members of the [panel](#) in June.

He replaced them with seven



new members, some of whom have questioned vaccine effectiveness.

The reconstituted panel has not discussed RSV vaccination again and has already caused concern among doctors by questioning proven science around flu vaccines and childhood immunizations, *The AP* said.

Despite this, a [page on the CDC's website](#) updated last week says Kennedy approved the original panel's RSV recommendation on June 25.

The site now states that

vaccinating high-risk adults 50 and older is an "official recommendation of the CDC," *The AP* added.

The change has not yet appeared on the agency's main adult immunization schedule.

The CDC already recommends the RSV shot for all adults 75 and older and for people 60 and older who have health conditions that increase their risk of severe RSV.

It also recommends the shot during pregnancy to protect newborns.

Hearing Aids Are a Boon To Social Life, Study Finds

Some folks won't use hearing aids because they're worried the devices will make them look old or get in the way of their social life.

Nothing could be farther from the truth, a new evidence review says.

[Hearing aids](#) dramatically improve a person's social engagement and reduce feelings of isolation or loneliness, based on evidence from 65 prior studies

involving nearly 6,000 people.

"We found that adults with hearing loss who used hearing aids or cochlear implants were more socially engaged and felt less isolated compared to those who didn't use them," senior researcher [Dr. Janet Choi](#), an otolaryngologist with the University of Southern California's Keck School of



Medicine, said in a news release.

"This suggests that hearing devices may help prevent the social disconnection and broader health consequences that can follow untreated hearing loss," Choi added.

Nearly 30 million U.S. adults could benefit from hearing aids, only 16% of people who need them actually use them, according

to the [National Council on Aging](#) (NCOA).

The stigma surrounding hearing loss is one common reason why people eschew hearing aids, the NCOA says, along with the cost and hassle of the devices.

To see whether these fears are well-founded, researchers conducted a review of previous studies that investigated how hearing aids affect users' quality of life...[Read More](#)

Rheumatoid Arthritis Patients Benefit From Blood Flow-Restricted Strength Training

Folks who work out to ease their [rheumatoid arthritis](#) (RA) symptoms might find some relief from an unexpected source – a blood pressure cuff.

People who apply pneumatic cuffs to a limb while working out experience reduced pain and improved strength and physical performance, a small-scale study indicates.

This new form of exercise – called blood flow-restricted resistance training – could offer fresh hope for people with RA,

researchers report in the journal [Disability and Rehabilitation](#).

Restricting blood flow to a limb during strength training forces muscles to work harder, even if a person is using lighter weights or less effort, researchers explained.

"RA can cause a loss of muscle mass and strength, which affects day-to-day activities, independence, and increases the risk of falls and fractures," lead researcher [Hunter Bennett](#), a



senior lecturer in exercise and sport science at the University of South Australia, said in a news release.

"Resistance training is one of the best ways to rebuild that strength, but for people with RA, using heavy weights can be difficult or harmful due to pain, fatigue or injury risk," Bennett said. "This is where blood flow-restricted resistance training can help."

For the pilot study, researchers

had 12 people aged 45 to 75 with RA work out with cuffs restricting blood flow to the limb being worked. The people worked out twice a week for eight weeks.

All of the participants liked the workouts, and attended 81% of the training sessions, results showed.

All measures of strength increased for the participants, and they reported a significant reduction in their perceived pain and wellness, researchers said...[Read More](#)