Rhode Island Alliance for Retired Americans®

RI ARA

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"Fighting for the future of our members."
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Message from Alliance *for* Retired Americans Leaders

Biden Administration Invests in Training More Geriatricians to Treat Older Patients

Robert Roach, Jr President, ARA

A geriatrician is a medical doctor who is specially trained to meet the unique health care needs of older adults, both while sick in the hospital and in an outpatient setting.

Because 10,000 baby boomers are turning 65 every day between 2011 and 2029, the nation faces a **shortage** of nearly 30,000 geriatricians in 2025.

On Monday the Biden Administration announced **an investment of $206 million** to 42 different academic institutions across the country to address this growing need. The money will also be used to fund programs that help family members and community caregivers learn how to care for their aging loved ones, many of whom have Alzheimer's and related dementias. Another benefit of the funding: **improving primary care** is associated with lower overall health costs.

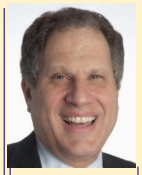
"Training more primary care providers in geriatrics will make it easier for seniors to get the care they need," said Robert Roach, Jr., President of the Alliance. "It is one more way that the Biden-Harris administration is addressing what seniors need most to have a comfortable, secure retirement."

Alliance's New "Project 2025" Fact Sheet Illuminates Changes in Social Security and Medicare if Donald Trump is Elected President

The Heritage Foundation published a 900-page policy blueprint entitled "Mandate for Leadership, the Conservative Promise, Project 2025," designed to be the roadmap for a second Trump Administration if he is elected in November. Heritage, a conservative think tank in Washington, D.C., developed the plan with several former Trump administration officials and it reflects input from over 100 conservative organizations.

If implemented, Project 2025 would dramatically reshape the federal government by placing the entire Executive Branch of the U.S. government under direct presidential control, eliminating the independence of the Department of Justice, the Federal Bureau of Investigations, the Federal Communications Commission and all other federal agencies, as well as potentially firing thousands of federal civil service government employees.

The changes would include dramatic cuts to Social Security and Medicare. The plan would make Medicare Advantage the default enrollment option for people who are newly eligible for Medicare; when Medicare Advantage was created, insurance corporations argued that they could deliver more benefits to consumers at a lower cost to the government, but this has not happened. "Project 2025 also



Rich Fiesta, Executive Director, ARA

calls for severe cuts to Social Security, including increasing the full retirement age from 67 to 70," said **Richard Fiesta, Executive Director of the Alliance.** "This would amount to a cut of nearly 20% in lifetime benefits for all new beneficiaries, many of whom work in physically demanding jobs. It is nearly impossible for many people to work until age 70.

Read the Alliance's Project 2025 fact sheet **here**.

NIRS: Pensions Play a Key Role in Sustaining a Robust Public Safety Workforce

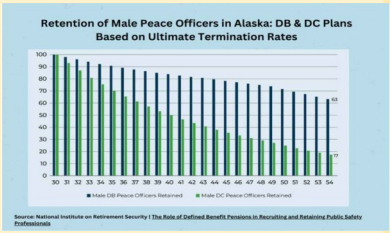
As state and local governments across the nation struggle to fill public safety jobs, research from the National Institute on Retirement Security (NIRS) explores how defined benefit pension plans are a critical workforce management tool for public safety employers.

NIRS' new report, The Role of Defined Benefit Pensions in Recruiting and Retaining Public Safety Professionals, examines data from a nationally representative sample of 28 police and fire pension plans, as well as national data.

The analysis shows that police officers have an average tenure of 18 years, firefighters have an average of 20 years, and all public safety workers combined have an average of 17.6 years of service. This retention rate contrasts sharply with the private sector, which had a median tenure in 2022 of just 4.1 years.

The research found that a majority of the public safety workers' pension plans expect 75 percent or more of current employees to retire from the plan, and more than half of new hires (52 percent) are projected to stay until retirement.

The research also finds that after the fifth year of service, public safety employee turnover flattens and remains very low until the worker reaches retirement eligibility. The data



indicate that pension plans are working as intended to retain workers during their career and help employees transition to retirement when appropriate.

"The research confirms that defined benefit pension plans have critically important recruitment and retention effects for public safety personnel," said

Joseph Peters, Jr. Secretary Treasurer ARA

Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "It is no accident that many jurisdictions that have recently made significant changes to their public pension plans have seen higher levels of employee turnover." A July 11 NIRS webinar will offer a review of the research.

You can register for the webinar **here**.

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SIGN THE GPO/WEP PETITION!!!!!

Donald Trump's threat to Medicare and Social Security

Donald Trump was the worst president for seniors in the history of the nation. That is not hyperbole. Alarmingly, if elected again, he will be even worse—and, worryingly, more effective. When Trump ran for president in 2016, he claimed he **would be** the one Republican not to cut our earned benefits but, when he actually became president, **every single one** of his budgets proposed deep cuts to Social Security and Medicare, as well as Medicaid.

When Trump couldn't get the cuts enacted, he employed the old tactic of "starve the beast." Figuring tax cuts are easier to enact than benefit cuts, he cut income taxes which help to fund Medicare and Medicaid, and sought to defund Social Security, which has its own dedicated revenue source.

To advance his goal of undermining Social Security, Donald Trump grabbed the questionable power to go after its dedicated revenue unilaterally—something without precedent. Because Trump was limited to executive action, he was able to only defer the revenue, but he made clear that he would not just defer the revenue, but **eliminate it, if he were re-elected**. Insufficient dedicated revenue leads to automatic cuts. Conveniently, automatic cuts means there is no one to clearly be held accountable.

Trump's goals to undermine these programs, so vital to seniors, have not changed. Trump continues to claim he won't cut benefits despite his record to the contrary, but tells the truth from **time to time**. Moreover, he is reportedly considering, once again, defunding Social Security, if he has the chance. Trump also plans to continue to give his billionaire friends massive tax giveaways.

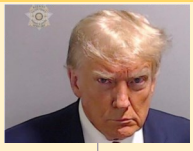
And we know what those cuts will look like. The Republican Study Committee, which includes 80 percent of all House Republicans and 100 percent of House Republican leadership, releases a budget every year. Every year, it contains deep, draconian cuts and radical transformative proposals for Social Security. Indeed, its recently-released FY 2025 budget slashes Social Security's already inadequate benefits by $1.5 trillion in just the first ten years. In fact, it cuts Social Security by $73 billion in the first year alone.

These are much deeper cuts than are necessary to **eliminate** Social Security's modest projected shortfall. And they would occur much sooner than if Congress did nothing whatsoever! Even worse, the Republican proposal would radically transform Social Security, ending it as we know it.

Social Security provides wage-related benefits designed to maintain one's standard of living when wages are lost in the event of old age, disability, or death. Today's extreme Republicans want to instead provide only subsistence-level benefits, designed to barely keep beneficiaries above abject poverty. And these radicals propose to privatize Social Security and Medicare, on top of that.

For years, politicians have talked about giving Medicare the power to negotiate lower prescription drug prices. Biden got it done. Thanks to Biden, out-of-pocket insulin costs have been capped at $35 per month, hearing aids are cheaper, and inhaler prices are lower. If Trump wins a second term, he has made clear he will seek to repeal those reforms, just as he sought to repeal the Affordable Care Act. Nor will Medicaid be spared.

None of this should be a surprise. Before running for president, Trump slandered Social Security by calling it a Ponzi scheme – an illegal enterprise used to dupe and defraud the unsuspecting. He supported privatizing Social Security and raising the retirement age, with the **condescending remark**, "how many times will you really want to take that trailer to the Grand Canyon?"



Before running, Trump **praised proposals** by former Republican vice presidential nominee Paul Ryan that would have destroyed Medicare by turning it into a voucher program, forcing seniors to fend for themselves in a hostile market.

And there's more evidence of Donald Trump's true plans. Look who Trump surrounded – and continues to surround – himself with. Everyone around Trump is hostile to these programs.

In 2016, Donald Trump picked Mike Pence to be his running mate, despite the fact that Pence had a clear record of favoring cuts to these programs, including **raising the retirement age** and privatizing our earned benefits. Pence wouldn't help Trump steal the 2020 election so he is being replaced – but not because of his policy views on Social Security, Medicare, and Medicaid. Those who are reportedly being considered have as hostile or even worse views than Pence.

And Trump's other appointments were no better. Just to name two, Trump appointed extreme Social Security, Medicare, and Medicaid opponent Mick Mulvaney as his Director of the Office of Management and Budget, and later chief of staff. Mark Meadows, another Trump chief of staff (currently under indictment) also has a long record of supporting massive cuts to Social Security, Medicare, and Medicaid. Perhaps even more concerning than Trump's hostility to programs that are vital to seniors is his utter disregard for their health and well-being. It was seniors who **overwhelmingly** bore the brunt of Trump's completely incompetent handling of **the COVID pandemic**. Too many Americans, disproportionately seniors, died because of Trump.

Rather than deal effectively with the pandemic, Trump's administration shockingly used it to further Trump's goal of undermining Social Security. At the height of the pandemic, Trump's son-in-law Jared Kushner proposed pressuring desperate Americans, thrown out of work because of the impact and dangers of COVID, to trade their earned Social Security benefits for upfront, immediate cash. Fortunately, it went nowhere, but did show a single-minded effort to rip away the protections of Social Security despite where the focus should have been – on saving lives.

It is essential that the American people not be fooled by the rhetoric. Trump has shown he understands how unpopular cutting Social Security, cutting Medicare, cutting Medicaid, and raising drug prices are with everyone but his billionaire donors. But he showed early on that he understood the politics. In 2011, for example, **Trump told Sean Hannity** that Republicans "are going to lose elections" if they "fall into the Democratic trap" of advocating cutting Social Security, Medicare and Medicaid without bipartisan cover.

So don't be fooled. Social Security, Medicare, Medicaid, and drug prices are on November's ballot. Donald Trump will be more effective this time around. The choice is clear: Trump and his Republican allies in Congress want to cut Social Security, cut Medicare, cut Medicaid, and increase the already-huge profits of drug companies while giving tax breaks to Big Pharma and their other billionaire friends. Democrats want to expand Social Security, expand Medicare, lower drug prices, and force billionaires and multinational corporations to pay their fair share.

For the sake of all of our economic security, it is essential that the American people, and seniors in particular, understand this fundamental difference between the two parties and vote accordingly.

[This post was originally published on **Common Dreams**.]

KFF Tool Compares Trump and Biden on Health Care Issues

A new KFF **side-by-side** examines the health care positions of President Biden and former President Trump. The election-year tool functions as a "quick resource for understanding each candidate's record as president, positions, public statements, and proposed policies." It covers key topics like prescription drug prices, mental health, and long-term care, as well as issues related to foundational programs like Medicare, Medicaid, and the Affordable Care Act. KFF plans to update the tracker throughout the campaign.

In a **companion piece,** KFF President and CEO Drew Altman explains that compiling the tool was an "especially tricky assignment" as "Trump avoids policy and policy details" while "Biden… is not running on big new plans for health care" and "both camps are skipping over the usual policy planning process." The resulting analysis presents a "worm's eye view" of discernible differences, to which Altman offers context:

"From the bird's eye view, however, the differences are bigger, amounting to a fork in the road in direction on the role of the federal government in health and federal health spending. Conservative Republicans envision, and will try to sell Trump on, an agenda that would dramatically dial back the federal role in health while expanding the role of states and market choices. Deep cuts in federal health spending would accompany these changes. By contrast (and also in contrast to the Medicare for All agenda of the progressive left), Biden will try to build incrementally on recent expansions in public programs: Medicaid, the ACA and Medicare. Biden's approach is not small ball, nor is it sweeping health system reform; it's an aggressive form of incrementalism."

Altman notes that under either president, the likelihood of any sweeping changes would depend on an array of other political and environmental factors, like congressional control and public opinion. That said, here are several potential health policy flashpoints:

- **Efforts to reduce federal health care spending could focus on Medicaid and the ACA**. "One prominent Republican proposal would create a complex **series of block grants**, combining ACA subsidies and Medicaid coverage and slashing program funding by **$4.5 trillion dollars over ten years.** Altman notes that although a "cut of that magnitude sounds fantastical," it "would decimate coverage" for over 100 million lower income Americans, and face opposition from consumers, states, and providers, a Medicaid/ACA block grant "could be the main drama in health policy following a Trump election."
- **Medicare could also be targeted for cost savings and restructuring**. This could include transforming Medicare into a premium support program using vouchers or coupons. The beneficiary effects of such a program would hinge on details like how the value of the voucher would be set; whether its value would increase over time; whether coverage and voucher value would be based on the lowest cost plans or on ones providing better coverage; and whether the program's ultimate goal is federal savings or a policy goal of further privatizing Medicare.

Medicare Rights will be exploring these policy issues and their implications in more depth over the coming year.

View the KFF tool, "**Compare the Candidates on Health Care Policy**," and the companion column, "**Unraveling the Mysteries of Biden vs. Trump on Health Care**."

New report shows Medicare Advantage might not save you money

Many people say they enroll in Medicare Advantage–Medicare coverage through private health insurers- thinking it is a lower cost alternative to Traditional Medicare. Certainly, the Medicare Advantage plans want you to think that. But, a new report in the **Annals of Internal Medicine** by Sungchul Park, Amal Trivedi, and David Meyers shows that people in Medicare Advantage face about the same costs as people in Traditional Medicare; overall, the difference in spending is a wash!!!

The researchers looked at costs for people in Traditional Medicare as compared to costs of people who switched from Traditional Medicare to Medicare Advantage. They found that "[d]ifferences in financial outcomes between beneficiaries who switched from TM to MA and those who stayed with TM were small. Differences in financial burden ranged across outcomes and did not have a consistent pattern." The findings are particularly significant because people too often assume they will save money in Medicare Advantage and fail to appreciate the challenges they could face getting the care they need from the physicians and hospitals they want to use in Medicare Advantage.

To be clear, there's no question that if you need few or no health care services, you will have few if any costs in a Medicare Advantage plan. But, you would have few if any costs in Traditional Medicare as well if you did not buy supplemental coverage. The question you should consider when deciding whether to enroll in a Medicare Advantage plan is whether you are willing to trade the cost of supplemental coverage in Traditional Medicare to pick up your out-of-pocket costs for a serious gamble as to whether you will be able to get the care you need at a price you can afford in a Medicare Advantage plan. There are four big issues facing people in Medicare Advantage that people in Traditional Medicare do not face.

1. Even though you are supposed to get the same benefits in Medicare Advantage as in Traditional Medicare, Medicare Advantage plans often inappropriately delay and deny care, forcing you to get prior authorization before receiving services and, sometimes, challenge denials of care your treating physicians say you need. In some cases, your only choice is to pay out of pocket for the full cost of those services.
2. Traditional Medicare covers your care from almost any physician or hospital you want to use. Medicare Advantage plans restrict your access to physicians and hospitals, sometimes not covering care in cancer centers of excellence or from top specialists. In some cases, your only choice is to pay out of pocket for the full cost of services from the physicians or hospitals you want to use.
3. Traditional Medicare covers your care anywhere in the United States. So, if you are traveling or have a second home or want to receive your care away from home and near a friend or family member, Traditional Medicare will cover it. But, if you are in a Medicare Advantage HMO, it will only cover your care out of your area if it is an emergency. And, if you are in a Medicare Advantage PPO, it will only cover at best 60 percent of the cost of your care of of your area, except in emergencies.
4. Some Medicare Advantage plans might meet your needs and others might not. But, the data is not available to let you know which ones are better than others. You should avoid all Medicare Advantage plans that are not five stars, but five star plans could still have high denial, high delay and high mortality rates.

Updated Medicare Savings Program Application May Ease Access to Assistance

Last week, Medicare Rights submitted **brief comments** in support of an updated **Medicare Savings Program (MSP) application redesign.** MSPs help people with limited income and savings pay their Medicare costs, but they are **historically underenrolled**, partly because they have **overly complex application processes**.

This work builds on the Biden-Harris administration's **welcome focus** on reducing administrative burden for public programs by supporting "streamlining State enrollment and renewal processes and removing barriers, including by eliminating face-to-face interview requirements and requiring prepopulated electronic renewal forms, to ensure eligible individuals are automatically enrolled in and retain access to critical benefit programs."

Within the past year, the administration already took important steps to advance these goals, including finalizing rules to streamline some application processes for both **Medicaid** and **MSPs**.

Now, this application redesign would make vital changes for readability and accessibility, but signing up is still a fairly complicated endeavor. This is largely due to onerous state administrative requirements. For example, in most states MSP enrollees must meet strict financial **eligibility criteria** and submit extensive documentation to that effect.

But some states have improved access to MSPs. As we have **reported extensively, New York chose to extend MSP eligibility sharply in 2023**. Upon taking effect, this made over 300,000 New Yorkers eligible to access MSPs as well as the Part D low-income subsidy (LIS), also known as "Extra Help," which can make prescription drugs more affordable and is automatic upon enrollment in an MSP.

We applaud actions at the state and federal levels to make MSPs more available. We continue to urge policymakers to comprehensively modernize the program by raising eligibility thresholds, eliminating administrative and other barriers, and increasing outreach to all who qualify.

3 Ways Social Security Could Change for the Better in 202

There are certain aspects of life where change can be a negative thing. If your employer decides to do away with remote work and make everyone return to the office on a full-time basis, that's a change you may not rush to embrace. Similarly, if your doctor tells you to cut out fried foods and reduce your salt intake, you may very grudgingly accept that change to your diet.

But change isn't always a bad thing. And in the context of Social Security, it has the potential to be quite positive next year. Here are three ways the program could change for the better in 2025.

1. Benefits should get a boost

Social Security benefits usually get an annual cost-of-living adjustment, or COLA, the purpose of which is to help those checks maintain their buying power as life gets more expensive. However, there's no guarantee that there will actually be a COLA in any given year. For one to happen, there needs to be inflation from one year to the next.

Thankfully, the period of unusually high inflation that characterized much of 2022 is over. But living costs have still been consistently rising on an annual basis so far in 2024. This means that next year, Social Security benefits are likely to rise to some degree. The size of that bump, however, is still uncertain, as each January's COLA is based on the prior third-quarter's inflation data.

A recent forecast from the nonpartisan Senior Citizens League estimates that 2025's Social Security COLA will be 2.57%. That's lower than the **3.2% raise** beneficiaries got at the start of 2024 -- but it is still a raise.

2. The maximum monthly benefit should increase

Not all workers pay **Social Security** taxes on all of their wages. There's a cap on the wage tax that's adjusted each year -- higher earners only pay into the program for every dollar they earn below that cap.

The flip side of that coin is that there's also a maximum monthly benefit that Social Security will pay. In 2024, the maximum monthly benefit for someone who claimed at their full retirement age is $3,822. But that number is likely to increase in 2025.

Of course, it's only higher earners who are eligible for Social Security's maximum monthly payment. But if you're in that boat and are retiring in 2025, you'll have a nice benefit coming to you.

3. There should be a higher earnings-test limit

You might assume that you can't work and collect Social Security at the same time, but that's not true. You absolutely can. However, if you're working while receiving benefits and you haven't yet reached your full retirement age, you risk having some of your Social Security withheld if your income exceeds a certain threshold known as the earnings-test limit.

What is Project 2025? The Presidential Transition Project explained.

The detailed plan to dismantle and reconstruct the government laid out by **conservative groups** known as the 2025 Presidential Transition Project has critics up in arms over its "**apocalyptic**" and "**authoritarian**" nature.

The Heritage Foundation, a conservative think tank in Washington, D.C., led an effort to create the more than 900-page **"Mandate for Leadership,"** published in April 2023, reimagining the executive branch and presented a plan to overhaul several federal government agencies, including the FBI, for the country's next conservative president to follow.

What is in Project 2025?

The mandate attacks several policies that former President Barack Obama and President Joe Biden instituted, including **student loan forgiveness** and **Obamacare**. It simultaneously calls for expanded executive power for the commander-in-chief while criticizing what Project 2025 members perceive as overreaches by the Biden administration

"Presidents should not issue mask or vaccine mandates, arbitrarily transfer student loan debt, or issue monarchical mandates of any sort," the plan reads. "Legislatures make the laws in a republic, not executives."

The playbook calls for the reinstatement of a **Trump executive order** augmenting a president's power to hire and fire federal officials by replacing civil servants with political appointees throughout government

It also seeks to repeal aspects of the **Affordable Care Act**, urge the Food and Drug Administration to reverse the **approval of abortion pills**, and further empower Immigration and Customs Enforcement to **deport undocumented immigrants**.

The plan also specifically addresses LGBTQ+ issues and attacks "radical gender ideology." In addition to calling for an end to the Department of Education, it suggests legislation that would forbid educators from using transgender students' names or pronouns without written permission from their guardians. It also appears to oppose same-sex marriage and gay couples adopting children by seeking to "maintain a biblically based, social science-reinforced definition of marriage and family."

Social Security announces new cuts in retiree benefits – Goodbye to $300

Claiming **Social Security benefits** is one of the most important moments when retirement time is approaching. Despite getting a monthly deposit, which brings peace of mind to millions of retired Americans, sometimes economic and financial events can affect that monthly payment. Unfortunately for retirees, it seems that benefit cuts are inevitable if lawmakers fail to act in time. Since Social Security trust funds are projected to be depleted by 2033, beneficiaries could see cuts of more than $300, which means that beneficiaries will only receive 83% of their benefits.

Since the early 1980s, **Social Security** has been referred to as "the third rail of American politics," with the belief that touching the program could jeopardize a politician's career. The program is currently on strong footing, but the Social Security Administration's most recent predictions indicate that benefit cuts will occur in 2035 unless Congress acts. On the campaign trail, presidential contenders promise to keep the program and safeguard seniors, but **catchy statements at campaign rallies often obscure the realities of the situation.**

According to Romina Boccia, director of budget and entitlement policy at the Cato Institute, discussing Social Security is tough because there has been so much narrative and so many misconceptions about how the program operates. For years, the system has paid out more in benefits than it collects in **payroll taxes**, owing to a combination of declining birth rates and an elderly population.

Rising income inequality may jeopardize Social Security's future

The **highest-earning Americans and their employers only pay Social Security taxes** on the first $168,600 of income due to a cap on the amount of income that is subject to the program. In testimony before the House Budget Committee earlier this month, Social Security Administration top actuary Stephen Goss described the problem to members of Congress. Additionally, as Romina Boccia claims, between 1983 and 2000, the wages of the top 6% of workers who earned more than the taxable maximum level under Social Security increased significantly faster than those of the other 94% of workers.

Currently, the program uses the trust fund it established from previous surpluses invested in **Treasury bonds** plus the interest on those bonds to make up the shortfall between taxes collected and payments disbursed. As Max Richtman, president and CEO of the National Committee to Preserve Social Security and Medicare, stated, the trust fund reserves will run out in ten or eleven years, leaving just current payroll taxes. This will create an automatic benefit cut where "people will be getting 86–87% of their benefits, and we don't want that." This is a concern. We want the full advantages….**Read More**

KFF Health News: The Concierge Catch – Better Access for a Few Patients Disrupts Care for Many

By John Rossheim

"You had to pay the fee, or the doctor wasn't going to see you anymore."

That was the takeaway for Terri Marroquin of Midland, Texas, when her longtime physician began charging a membership fee in 2019. She found out about the change when someone at the physician's front desk pointed to a posted notice.

At first, she stuck with the practice; in her area, she said, it is now tough to find a primary care doctor who doesn't charge an annual membership fee from $350 to $500.

But last year, Marroquin finally left to join a practice with no membership fee where she sees a physician assistant rather than a doctor. "I had had enough. The concierge fee kept going up, and the doctor's office kept getting nicer and nicer," she said, referring to the décor.

With the national shortage of primary care physicians reaching 17,637 in 2023 and projected to worsen, more Americans are paying for the privilege of seeing a doctor — on top of insurance premiums that cover most services a doctor might provide or order. Many people seeking a new doctor are calling a long list of primary care practices only to be told they're not taking new patients.

"Concierge medicine potentially leads to disproportionately richer people being able to pay for the scarce resource of physician time and crowding out people who have lower incomes and are sicker," said Adam Leive, lead author of **a 2023 study on concierge medicine** and researcher at University of California-Berkeley's Goldman School of Public Policy.

Leive's research showed no decrease in mortality for concierge patients compared with similar patients who saw non-concierge physicians, suggesting concierge care may not notably improve some health outcomes.

Read more **here**.

Do you qualify for hospital charity care?

Back in October 2021, I wrote a post for Just Care on **how to lower your hospital costs if your income is low.** Many people who qualify for charity care are unaware that they might qualify for a free or low-cost hospital care under a hospital's policy. If you are able, before going to the hospital, find out whether it offers charity care, and, if so, who qualifies and whether any physicians are excluded from their charity care policy.

The Affordable Care Act requires non-profit hospitals to offer charity care to people with low incomes. They might reduce their charges or, in some cases, cancel them altogether if your income is below a certain level. But, most people don't know about this requirement, and hospitals don't often tell you about it. Since it became law, many nonprofit hospitals have made it a lot more difficult for people struggling to pay for their **hospital care to get charity care**. Moreover, some physicians who provide you care at the hospital might not be covered under the hospital's charity care policy, reports Filipa Carvalho for the **Lown Institute**. However, hospitals must disclose their financial assistance policy (FAP), including which physicians are covered and which are not.

If your income is low, it's wise to ask your hospital about its policy for providing charity care and for an application before you are admitted to the hospital. You might want to see about using a different hospital if it appears that it will be challenging to get charity care.

If you use a hospital offering charity care, even if your income is higher than the hospital's income limit, you should still apply if paying the bill will put you in medical debt. You have 240 days from receiving a hospital bill to apply, and it could save you thousands of dollars.

If the hospital sends a collection agency after you, call the hospital and let the staff know you are applying for charity care and you'd like them to stop the collection agency from trying to get you to pay.

Government Data Points to a Big Imbalance in Social Security Payouts.

A lot has changed since the government put the first monthly Social Security check in the mail in 1940.

Most Americans no longer receive a pension from work. They fund their own retirement savings through personal accounts like the **401(k)** and **IRA**. And more and more people have come to rely on Social Security to make ends meet in retirement as well.

Nearly 60% of retirees say Social Security is a major source of income in retirement, according to an annual Gallup poll, so making the most out it is essential to millions of Americans.

That means navigating the details of a program that hasn't been meaningfully overhauled since the 1980s.

The good news is that since the system is based on older data about retirees, it's created some imbalances in the program over time. The government even has the data to prove Social Security no longer works the way it was originally designed. And you can set yourself up to take advantage of that imbalance to collect more from the program. Here's how.

Why Social Security no longer works as originally designed

You can claim Social Security retirement benefits starting at age 62. If you're still working or plan to live off your savings in early retirement, you don't have to claim right away. In exchange, **the government will increase your benefit** by a small amount for every month you forgo claiming Social Security. Those increases cap out at age 70.

Social Security was originally designed to pay approximately the same amount in lifetime benefits no matter what age you claim. It was updated in 1983 to change how much those monthly adjustments were at various ages based on life expectancies at the time and projections for future life expectancies.

Of course, it's difficult to make such projections, and it's no surprise the government didn't get the numbers exactly right.

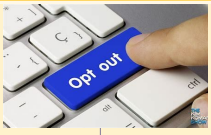
The current CDC longevity expectations give a clear indication that retirees can maximize their lifetime benefit by claiming at one specific age.

How long do you have to live to make it worth the wait?

The following table shows the breakeven ages for various claiming decisions for someone with a full retirement age of 67. Living past the breakeven age means it's a good decision to delay benefits.

The longer you delay benefits, the longer you have to live to maximize your lifetime Social Security income. Every month you don't collect a Social Security check adds a little more time to the breakevege age….**Read More**

Medicare Coverage: Can You Opt Out if You're Still Employed?



Find out whether or not you need to sign up for Medicare after age 65 if you still receive health insurance coverage through work.

As the workforce evolves, an increasing number of Americans are choosing to remain employed beyond traditional retirement ages. Currently, nearly 20% of adults ages 65 and older are still working, which is a significant increase from 11% in 1987, according to the Pew Research Center. As the workforce evolves, an increasing number of Americans are choosing to remain employed beyond traditional retirement ages. Currently, nearly 20% of adults ages 65 and older are still working, which is a significant increase from 11% in 1987, according to the Pew Research Center.

For those who are 65 or older and still employed, the question of whether to enroll in **Medicare** or continue with employer-provided **health insurance** becomes a critical decision.

Here's what you need to know about your Medicare options and obligations if you're still working past 65.

Employer Health Coverage

If you're 65 or older, your enrollment in Medicare is influenced by your current employment status and the size of your employer. Here's how it breaks down:

Large employers (20 or more employees). If you have **health insurance** from a large employer, either through your own plan or your spouse's coverage, this plan will pay first before Medicare kicks in.

- **Small employers (fewer than 20 employees).** In this case, Medicare becomes the primary payer for health care, and your employer's plan pays second.

Delaying Medicare Coverage: Your Options

- There's several options to consider if you're still working past age 65, depending on your situation.

Scenario 1: You (or your spouse) are still working and will receive benefits from the employer

- If you're still employed and covered under a large employer's health plan, you have the option to delay signing up for **Medicare Parts A and B** without facing penalties.

Next steps: Reach out to Medicare to inform them of your decision to opt out. You can contact them at 1-800-MEDICARE or visit your local Social Security office.

Scenario 2: You will receive benefits from Social Security at age 65

Once you have enrolled in Social Security benefits at age 65, you can only defer **Part B coverage**, not Part A coverage. To delay Part B, you must decline it before your Medicare coverage begins.

Next steps: Contact Social Security at 1-800-772-1213 or visit an office. Afterward, you will likely need to return your Medicare card. If you keep the card, that means you agree to keeping and paying for Part B.

Scenario 3: You will not receive benefits from Social Security at age 65

If you do not plan on receiving benefits from Social Security at age 65, you can delay both Parts A and B without doing anything.

Next steps: You don't need to do anything to opt out of Medicare Parts A and B. However, you are encouraged to **sign up for Medicare** after you stop working or once your employer-provided health insurance ends.

Enrollment Options

- If you missed your **initial enrollment period** when you first became eligible for Medicare, individuals can sign up for Medicare Part A or Part B during the general enrollment period, which runs from January 1 to March 31 each year.
- "Individuals cannot use the annual open enrollment period that runs from October 15 to December 7 to enroll in Medicare Part A or Part B. That enrollment period can only be used by people with Medicare to sign up for drug coverage or **Medicare Advantage** coverage or switch coverage," says Erin Nevins, president of USA Medicare Consultants in Greenville, New York
- There is a special enrollment period, or SEP, that allows individuals to sign up for Medicare later, within eight months of losing employer coverage or leaving a job.
- "Medicare-eligible individuals are encouraged to enroll in Medicare Part A during the initial enrollment period since the program does not charge monthly premiums and a Medicare ID number is assigned upon being enrolled," Nevins says. "It makes it much easier to apply for Medicare Part B when the time comes if you're already enrolled in Part A.".

Late penalties

The penalty for late enrollment in Medicare Part B is 10% of the **standard monthly premium** for each 12-month period that enrollment is delayed...**Read More**

What Happens When Someone Steals Your Social Security Number?

But your Social Security number is a vital piece of information. It's a number you'll need to provide when you accept a job, apply for a loan, or file a tax return. And if your Social Security number winds up in the wrong hands, the results could, unfortunately, be downright dreadful.

A world of unfavorable consequences

A criminal who gets a hold of your **Social Security** number can use it to do a host of bad things. Someone can open a credit card in your name that you know nothing about, rack up charges, and not pay the bill. Once that happens, your credit score could take a major hit -- and you may not be any the wiser until you go to apply for a new loan or credit card yourself.

Avoiding issues with a stolen Social Security number

In some situations, you can be extremely careful and still have your Social Security number end up in the wrong hands. If your bank experiences a data breach, for example, someone could find out what your Social Security number is and use it against you.

But there are a few steps you can take to avoid that scenario. For one thing, don't carry your Social Security card around. Also, be careful when giving that number out. And never give it out on an unsolicited basis.

Scammers have, in recent years, increasingly taken to targeting seniors in the context of financial fraud. If someone calls you out of the blue claiming to be an employee of the Social Security Administration (SSA), hang up. Do not give them your Social Security number. Similarly, do not respond to a random email, text, or even letter in the mail asking for that information.

One common scam criminals tend to use on seniors is calling and threatening to garnish their Social Security benefits if they don't comply by answering some basic financial questions. You should know that the SSA will never do that. This doesn't mean that you can't have your Social Security income garnished. That could happen, for example, if you don't make any attempt to pay the IRS when you have a balance due. But in that case, you'll get an official letter in the mail warning you of that consequence. You won't have a random person calling you up asking you to confirm your Social Security number.

What to do if your Social Security number is stolen

If you have reason to believe that your Social Security number has been stolen, contact the SSA and ask for guidance. What might that look like?

Let's say you try to sign up for Social Security benefits, only to find that there's already a benefits application for you on file. That's the sort of thing you'll want to try to get ahead of.

Similarly, let's say you've been getting Social Security benefits on a monthly basis, only suddenly, those payments stop. That, too, is a situation to investigate immediately.

Now, if your Social Security number has been used to do things like open a new credit card in your name, that's not really something the SSA can assist with. In that case, you'd want to go to **IdentityTheft.gov** to report that activity. That site is managed by the Federal Trade Commission. You may also want to contact the IRS if you feel your Social Security number has been associated with any sort of tax fraud.

It's unfortunate that criminals can do a lot of bad things with a Social Security number. And the consequences of having yours stolen could be impactful whether you're of retirement age or not. That's why it's so important to do what you can to safeguard that number -- and also to know what to do if it does fall into the wrong hands.

The Unfortunate Truth About Claiming Social Security at Age 70

Most personal finance experts recommend waiting as long as necessary to claim Social Security in order to qualify for the **largest possible benefit.** For most, that means applying for retirement benefits at age 70.

While 70 is, statistically speaking, the optimal age to claim for the majority of retirees, it doesn't mean there are no downsides to waiting that long before taking Social Security. In some instances, waiting until 70 could even be detrimental to your finances and your ability to enjoy your retirement.

You're taking a risk

If you have the freedom and financial flexibility to claim your Social Security benefits at any age, then you'll have to make a calculated bet on when you should claim. While Social Security is designed to pay out an equal amount in lifetime benefits for the average person, regardless of when they claim, you probably don't fit the average. You might live much longer than the average person, or you might not.

If you live to an average age or longer, you'll likely benefit from delaying benefits until 70, according to various studies. One from United Income in 2019, for example, estimates 57% of retirees would maximize their wealth by waiting until 70 to claim Social Security benefits. Note that's far from a certainty, and many retirees don't live long enough to get the most out of that strategy.

Regardless, determining the exact optimal age to claim your Social Security benefits would require knowing exactly when you'll pass away. Since that's impossible to know, you can only make a best guess based on your lifestyle, family health history, and other factors. There will be times when those who delay their benefits based on a careful consideration of their life expectancy still end up with less in lifetime benefits.

You might be waiting for nothing

Social Security doesn't max out at age 70 for everyone. Anyone claiming **spousal or survivor benefits** will receive their maximum retirement benefit when they reach **full retirement age**. Those born in 1954 or earlier reached full retirement age at 66. The age increases by 2 months for each year you were born after 1954 before maxing out at age 67 for those born in 1960 or later.

Spousal benefits are equal to one-half of your spouse's **primary insurance amount**. That's the amount they'd claim at their full retirement age. While spousal benefits are reduced if you claim early, you won't receive delayed retirement benefits by waiting beyond your full retirement age. Even if you aren't eligible for spousal benefits when you reach full retirement age (because your partner hasn't claimed yet), it still probably doesn't make sense to delay taking your personal benefit.

Survivor benefits are equal to up to 100% of the deceased spouse's benefit prior to their death. If the deceased hadn't started collecting benefits, it's equal to up to 100% of their eligible benefit at death or the amount they'd be eligible for at full retirement age, whichever is higher. Again, there's no benefit to the surviving spouse in delaying beyond their full retirement age.

You'll be responsible for health insurance

You become eligible for Medicare upon turning 65. And if you're no longer working and receiving health insurance through your employer, it behooves you to enroll in the government medical insurance program. Most retirees automatically enroll in the program, since they're already collecting Social Security at age 65. But if you're planning to delay until 70, you'll need to enroll manually.

What's more, you'll be responsible for paying Medicare premiums out of your own budget. The Social Security Administration will deduct Medicare Part B premiums from your monthly benefits check automatically. But if you don't have a Social Security check, there's nothing to deduct your premiums from…..**Read More**

RI ARA HealthLink Wellness News

Please Note: All Articles In This Section Are For Information Only And Not Medical Advice

HealthLink Wellness "Taking Control"

Facial Temperatures Might Help Docs Diagnose Diabetes, Fatty Liver Disease

Screening for chronic illnesses like **diabetes** or fatty liver disease could one day be as simple as checking the temperature of your nose, eyes or cheeks.

The temperature of different parts of the face are associated with various chronic diseases, researchers reported July 2 in the journal ***Cell Metabolism***.

Armed with an AI-driven thermal camera, doctors could one day use this simple approach to detect diseases earlier in humans, researchers said.

"Aging is a natural process," researcher **Jing-Dong Jackie Han** with Peking University in Beijing, China, said in a news release. "But our tool has the potential to promote healthy aging and help people live disease-free."

The research team had previously used facial structure to estimate how slowly or quickly a person's body is aging, relative to their actual age.

For this effort, they analyzed facial temperatures of more than 2,800 Chinese people ages 21 to 88 to see if those readings could be used to judge their health.

Researchers fed the people's data into an AI program, which identified key facial regions where temperatures were significantly related to age and health.

Metabolic disorders like diabetes and fatty liver disease cause higher eye area temperatures relative to healthy people, results show. Likewise, high blood pressure causes elevated cheek temperatures, researchers said.

Researchers suspect this increase in temperature around the eyes and cheeks is caused by inflammation linked to chronic disease.

That inflammation causes people's temperatures to rise in specific facial areas, creating a "thermal clock" that can be used to detect illness.

"The thermal clock is so strongly associated with metabolic diseases that previous facial imaging models were not able to predict these conditions," Han said.

As a next step, the researchers performed an experiment to see if a healthy habit could influence a person's thermal clock.

They had 23 participants jump rope at least 800 times daily for two weeks. To their surprise, researchers found that these folks reduced their thermal age by five years through that short burst of exercise.

The team next plans to see if thermal facial imaging can be used to diagnose other illnesses like sleeping disorders or heart problems.

"We hope to apply thermal facial imaging in clinical settings, as it holds significant potential for early disease diagnosis and intervention," Han said.

Noninvasive Urine Test for Cervical Cancer Shows Promise

A new urine test might help doctors more easily screen for cervical cancer, researchers report.

The test looks for proteins generated by a type of cancer-causing human papillomavirus, HPV 16.

HPV strains 16 and 18 are responsible for nearly all cervical cancers, according to the National Cancer Institute.

These proteins, called E7 proteins, are associated with a high risk of cervical cancer, researchers said.

"Our new urine test can detect HPV16 E7 proteins, which are critical markers of cervical cancer risk, at extremely low levels," said lead researcher **Etsuro Ito**, a professor of biology at Waseda University in Japan. "This means that women may be able to screen for cervical cancer without the discomfort and inconvenience of a traditional Pap test."

The test detected E7 proteins in 80% of women with Stage 1 cervical intraepithelial neoplasia (CIN), a precursor to cervical cancer. It also found the proteins in 71% of women with Stage 2 CIN and 38% of women with Stage 3 CIN, results show.

"We believe that the E7 oncoprotein is critical in the early stages of HPV-related cervical carcinogenesis and E7 may play a more significant role in the progression of CIN1 and CIN2 than in CIN3," Ito said in a university news release.

The availability of a simple urine test could aid efforts to eradicate cervical cancer by eliminating barriers related to screening, researchers said.

"This new method holds great promise for early detection and prevention of cervical cancer," Ito said. "We are optimistic that further development and validation of this assay will lead to its widespread use in clinical settings."

Scientists Find Way to Reverse Chemo Resistance in Pancreatic Cancer Patients

Pancreatic cancer is particularly aggressive and difficult to treat, partly because it's often resistant to chemotherapy.

Researchers now think they know why **chemo** struggles to work against pancreatic cancer – and how to reverse that resistance.

It turns out that the physical stiffness of the tissue around the cancer cells makes chemo less effective, researchers reported July 4 in the journal ***Nature Materials***.

"We found that stiffer tissue can cause pancreatic cancer cells to become resistant to chemotherapy, while softer tissue made the cancer cells more responsive to chemotherapy," senior researcher **Sarah Heilshorn**, a professor of materials science and engineering at Stanford University, said in a news release.

"These results suggest an exciting new direction for future drug development to help overcome chemoresistance, which is a major clinical challenge in pancreatic cancer," she added.

The study focused on pancreatic ductal adenocarcinoma, which accounts for 90% of pancreatic cancer cases. This form of cancer starts in the cells lining the ducts of the pancreas.

In these cancers, the tissue becomes notably stiffer, acting as a physical block that prevents chemo from reaching cancer cells, researchers said.

To figure out what is happening, researchers designed tissue in the lab that mimicked the properties of both pancreatic tumors and healthy pancreas tissues. They then used this tissue to culture cells drawn from pancreatic cancer patients.

"We created a designer matrix that would allow us to test the idea that these cancerous cells might be responding to the chemical signals and mechanical properties in the matrix around them," Heilshorn said.

The researchers found that two things caused pancreatic cancer to become resistant to chemo – stiffer tissue and high amounts of hyaluronic acid, a substance that helps stiffen the tissue.

Hyaluronic acid interacts with cellular tissue through a receptor called CD44. Researchers found they could make tissue softer and more responsive to chemo if they blocked the CD44 receptor….**Read More**

GLP-1 Drugs Ozempic, Wegovy Linked to Rare Blinding Condition

Trendy weight-loss drugs appear to increase the risk of a rare and potentially blinding eye condition, a new study warns. People with diabetes prescribed semaglutide (**Ozempic, Wegovy**) were more than four times more likely to be diagnosed with NAION, researchers reported July 3 in the journal ***JAMA Ophthalmology***.

Further, those who were overweight were more than seven times more likely to be diagnosed with NAION, results showed.

"The use of these drugs has exploded throughout industrialized countries and they have provided very significant benefits in many ways, but future discussions between a patient and their physician should include NAION as a potential risk," said lead researcher **Dr. Joseph Rizzo**, director of the Neuro-Ophthalmology Service at Mass Eye and Ear in Boston.

"It is important to appreciate, however, that the increased risk relates to a disorder that is relatively uncommon," he added in a hospital news release.

NAION typically causes sudden vision loss in one eye, without any pain, Rizzo said. It's thought to be caused by reduced blood flow to the front of the optic nerve, where the nerve meets the eye.

NAION is the most common cause of sudden blindness due to damage of the optic nerve, and is second only to glaucoma as an overall cause of optic nerve blindness, researchers said.

There currently are no effective treatments for NAION, and vision loss to the nerve damage is generally considered permanent.

However, NAION is relatively rare, occurring in about 10 out of every 100,000 people, researchers said.

They conducted the new study after noticing that three patients had been diagnosed with vision loss from NAION in just one week. All three had been taking semaglutide.

Semaglutide initially was developed to treat type 2 diabetes, as it helps control blood sugar levels. It was later approved for weight loss after researchers found that it helped control appetite and slow digestion.

For the study, researchers analyzed records for more than 17,000 Mass Eye and Ear patients treated during the six years since Ozempic was approved for diabetes treatment.

Researchers compared NAION rates in people prescribed semaglutide against those taking other diabetes or weight-loss drugs, and discovered the significant risk increases.

However, researchers noted that they aren't sure why this association exists.

"Our findings should be viewed as being significant but tentative, as future studies are needed to examine these questions in a much larger and more diverse population," Rizzo said.

"This is information we did not have before and it should be included in discussions between patients and their doctors, especially if patients have other known optic nerve problems like glaucoma or if there is preexisting significant visual loss from other causes," he added.

Novo Nordisk, which makes Ozempic and Wegovy in the United States, emphasized that the data in the new study doesn't establish a causal association between the use of semaglutide medications and NAION.

"Patient safety is a top priority for Novo Nordisk, and we take all reports about adverse events from the use of our medicines very seriously," a company spokesperson told *CNN*.

Your heart rate can help you understand your physical fitness

If you carry a mobile phone, you already track the number of steps you take each day. Other devices can help you do even more, Talya Minsburg reports for **The New York Times** on the benefits of tracking your heart rate.

Smartwatches and fitness trackers will tell you a bunch about the health of your heart. They can also track heart rate zones and changes in your heart rate. You can improve your health with this information.

The information you can glean from smartwatches and fitness trackers can help you understand how fit you are and your fitness trends. If you're an athlete, the information can help you with speed and endurance.

If you don't use a smartwatch or tracking device, you can still know your resting heart rate simply by putting your finger on your wrist or neck and counting beats for 15 seconds, Your resting heart rate is that number of beats times four.

Healthy hearts beat about 15 to 25 times every 15 seconds or 60 to 100 times a minute. People who exercise a lot generally have lower rates.

If you want to know your maximum heart rate, count the number of beats while you are exercising strenuously.

Heart rate zone training can help build your endurance. There are five heart rate zones. Zone one is a relatively easy workout, in which you reach only about half of your maximum heart rate.

Zones two through five require more effort. Zone two and three are good for building endurance. Zone two is a good zone for running or bicycling. Zone three takes still more effort; you might find you will need to take some breaths as you exercise.

Zones four and five teach your body to function with less oxygen. Zone four is hard enough that you can only stay at this heart rate for a limited time. Zone five is intense, in which you reach your full or nearly full heart rate. You cannot be talking at this level.

Mounjaro Bests Ozempic for Weight Loss

Mounjaro outperforms **Ozempic** in helping people lose weight, a new study shows.

People taking **tirzepatide** (Mounjaro, Zepbound) dropped significantly more pounds than those taking **semaglutide** (Ozempic, Wegovy), researchers reported July 8 in the journal ***JAMA Internal Medicine***.

"Individuals with overweight or obesity treated with tirzepatide were significantly more likely to achieve clinically meaningful weight loss and larger reductions in body weight compared with those treated with semaglutide," concluded the research team led by **Dr. Nicholas Stucky**, vice president of research with Truveta Inc., a medical research collective.

For the study, researchers tracked more than 18,000 overweight and obese people who were prescribed either drug to help control their type 2 diabetes between May 2022 and September 2023.

Both drugs initially were developed as type 2 diabetes medications, but were later approved for use in weight loss.

Results show that both drugs are effective in promoting some weight loss. Nearly 82% of patients taking Mounjaro lost 5% or more of their body weight, compared to nearly 67% of those taking Ozempic, researchers found.

However, Mounjaro users were more likely to achieve greater weight gain. About 42% of Mounjaro patients lost 15% or more of their body weight, compared to about 18% of those taking Ozempic.

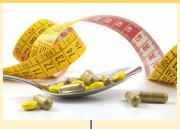
Overall, patients on Mounjaro were 76% more likely than those on Ozempic to lose 5% or more of their body weight; 2.5 times more likely to lose 10% or more of their body weight; and 3.2 times more likely to lose 15% or more of their body weight, results show.

Mounjaro patients also experienced larger reductions in body weight throughout their first year on the drug, researchers added….**Read More**

Are weight-loss drugs cost effective?

Millions of Americans now take weight-loss drugs, some as a treatment for diabetes but, increasingly, simply to lose weight. A new study funded by the Blue Cross Blue Shield Association suggests that these drugs might not be cost effective, reports Joshua Cohen for **Forbes**. Nearly six in ten people stop taking them before they lose significant weight.

People who take weight-loss drugs—GLP1s—can improve their health, particularly if they eat well and exercise. The drugs can help reduce the risk of heart attacks. They can also help people with chronic kidney disease and non-alcoholic fatty liver disease.



Some believe GLP1s also can benefit people with **sleep apnea** and people with joint issues. As of now, Medicare only covers these drugs for people with diabetes and a **small group of overweight people at risk for serious heart events.**

To be effective, people must continue to take these drugs, if not for the **rest of their lives**, for a prolonged period. People who go off them before they have shown clinical benefit tend to regain the weight they lost.

People with diabetes are less likely to stop taking these medicines, Still, 58 percent of people who start taking them stop before they've experienced any real benefit. And three in ten people don't renew their prescriptions after taking them for just one month.

Only 32 percent of people who start on a weight-loss drug appear to continue taking them after a year. About one in three working people do not have health insurance coverage for these drugs if they don't have diabetes. They drive up insurance premiums

Part of the reason insurers won't cover these drugs is their cost, which is insanely high. Moreover, most people don't continue on them long enough to benefit their health. And, their benefits for those who stay on them appear to be marginal.

Even people who take weight-loss drugs on an ongoing basis appear to lower their risk of heart failure by just 1.5 percent according to one recent study. Put differently, one in 67 people on these drugs avoid a serious heart event and virtually none avoid death any more so than people who don't take these drugs.

Bottom line, it's still too early to make a compelling case that insurers should cover weight-loss drugs for people who are not diabetics. At least for now, the data suggest that the costs might outweigh the benefits.

Survey Shows Men Need to Do More to Prevent Cancer

American men are blowing their best chance to head off cancer or spot it early, when it's easiest to treat, a new survey warns.

More than 6 in 10 (65%) men in the nationwide survey said they are behind on at least one routine cancer screening, while nearly 1 in 5 admitted they don't even schedule their own health care appointments.

Those are the key findings from the annual **Early Detection Survey** conducted by the Prevent Cancer Foundation. Its CEO, Jody Hoyos, calls the implications profound.

It's crucial, she said, to advocate for your health and talk to your health care provider about the routine screenings you need.

"By fostering a culture of self-care and encouraging men to prioritize cancer screenings, we can reduce health disparities and achieve better outcomes," Hoyos added in a foundation news release.

Screenings are available for some of the most common cancers in men — colon, skin [melanoma], oral and prostate cancers, she noted, calling on men to talk to their health care provider about their options.

In the survey, 51% of guys aged 45 or older said knowing about at-home screening options for colon cancer screening makes them more likely to get that check.

And 36% of guys who weren't up to date on routine cancer screenings said they'd be more likely to make them a priority if tests were faster. The foundation said that's important for companies to consider when developing new screening tests.

The foundation shared these **screening guidelines** for men who are at average risk for cancer:

Colon: Men with an average risk for this cancer should begin screening at age 45. Those with an increased risk, including those with a parent, sibling or child who has had colon cancer, may need to start sooner or get tested more often. Men should ask their doctor about screening options.

Lung: Current or former smokers between the ages of 50 and 80 should be screened.

Oral: Oral cancers are more common in men than in women. Visit a dentist every six months and ask for an oral cancer exam.

Prostate: Men should talk to their health care provider by age 50 about screening. Black men or any men who have had relatives with prostate cancer should begin that conversation in their 40s.

Skin: Since men are more likely than women to develop melanoma, the deadliest form of skin cancer, monthly self-exams are important by age 50. Men should bring any changes in moles or suspicious skin areas to a doctor's attention and get a yearly skin check.

Testicular: Beginning in their 20s, men should have a testicular exam during their routine physical and learn how to do a self-exam. This will help them recognize changes that they can bring to a doctor's attention. Rates of this cancer are highest in men between 20 and 34 years of age. Testicle checks should continue for as long as the doctor recommends.

About 1 in 8 Americans Has Been Diagnosed With Chronic Insomnia

Millions of Americans struggle to fall or stay asleep, a new survey finds.

Some struggle more mightily than others: Roughly 12% of Americans polled said they have been diagnosed with chronic insomnia, the American Academy of Sleep Medicine (AASM) survey revealed.

Who was the most likely to miss out on good sleep? Men (13%) were slightly more likely than women (11%) to have been diagnosed with chronic insomnia. Meanwhile, millennials reported the highest rate of chronic insomnia diagnosis (15%).

How debilitating can insomnia be? Symptoms associated with insomnia include daytime fatigue or sleepiness; feeling dissatisfied with sleep; having trouble concentrating; feeling depressed, anxious or irritable; and having low motivation or low energy.

"Chronic insomnia impacts not just how a person sleeps at night, but also how they feel and function during the daytime," said AASM President **Dr. Eric Olson**. "Fortunately, there are effective treatment options for those who are living with chronic insomnia, and these treatments can significantly improve both health and quality of life."

Chronic insomnia can impair physical, mental and emotional health, and it can lead to increased risks for depression, anxiety, substance abuse, motor vehicle accidents, Alzheimer's disease and type 2 diabetes, experts say.

The most effective treatment for chronic insomnia is cognitive behavioral therapy, which combines behavioral strategies such as setting a consistent sleep schedule and getting out of bed when you are struggling to sleep, with thinking strategies, such as replacing fears about sleeplessness with more helpful expectations. While six to eight sessions are typical for treating insomnia, some patients improve more quickly….**Read More**