



Friday Alert Message from the Alliance for Retired Americans Leaders

As the Older Americans Act Turns 60, Future of Programs Seniors Rely On Are Under Siege



Robert Roach, Jr.
 President, ARA

Last week marked the 60th anniversary of the Older Americans Act (OAA). On July 14, 1965, President Lyndon B. Johnson **signed** it

into law. Now, at a time when 10,000 Americans turn 65 each day, the Administration has proposed a budget that significantly slashes programs funded by the Act.

The OAA **funds** services for seniors such as family caregiver support, transportation assistance, meal delivery, and protections against elder abuse. A major reason for the law's success is that it gives states **flexibility** in deciding where and how to use funds, but as a result many Americans **aren't** even aware that the program they rely on is funded by the federal government.

OAA programs fund thousands of senior centers, Meals on Wheels, transportation to medical appointments, as well as the Medicare State Health Insurance Programs (SHIPs), Aging and Disability Resource Centers (ADRCs), the National Center on Elder Abuse (NCEA), and the National Caregiver Family Support Program (NFCSP). Workers who administer OAA programs were already reeling from layoffs at the Department of Health and Human Services (HHS) in April that **slashed 40 percent** of staff from the Administration for Community Living (ACL), which coordinates federal aging and disability policy. The Administration's FY2026 budget **will further**

compound their struggle to provide services by cutting \$5 million from elder rights programs and completely eliminating funding for health promotion, disease prevention, and Aging and Disability Resource Centers.

"The Older Americans Act has served seniors well for sixty years," said **Robert Roach, Jr., President of the Alliance.**

"Lawmakers should be working to safeguard these programs with more funding instead of trying to cut them. As we fight to protect Social Security, we are also ready to mobilize our members to fight back against this proposal and defend the OAA."

Study Debunks Pharmaceutical Industry's Claims That Medicare Drug Price Negotiation Would Harm R&D

A new **study** by Bentley University debunks the pharmaceutical industry's claims that the Medicare drug price negotiation law would harm innovation and research. Drug research and development (R&D) spending actually increased after it passed despite these assertions, **according to** the analysis.

The study **evaluated spending** at 134 corporations and found that R&D spending surged from \$211 billion to more than \$247 billion after the law passed in 2022, surpassing record levels. Other data indicates that equity investments decreased in 2021, but then stabilized and even grew after 2022. Additionally, drug mergers and acquisitions were not negatively impacted, with pharmaceutical corporations engaging in more acquisitions of valuable firms between 2022 and 2025.

Pharmaceutical lobbyists have **used** similar rhetoric when defending their monopoly pricing

power, most recently when working to pass the so-called ORPHAN Cures Act, which exempts more drugs from Medicare price negotiation and gives drugmakers a massive \$5 billion windfall.

"This research confirms that pharmaceutical corporations exaggerated the potential

negative impacts of the Inflation Reduction Act so they could continue to exploit patients and maintain the industry's drug pricing monopoly," said **Richard**

Fiesta, Executive Director of the Alliance. "Since R&D is clearly thriving at these companies, we must make sure they negotiate in good faith, protect Medicare drug price negotiation, and work to expand the number of eligible prescription drugs."

Social Security Administration Struggles to Provide Customer Service Amid Fallout from DOGE Cuts

Months after Elon Musk's Department of Government Efficiency (DOGE) fired thousands of experienced, hardworking Social Security Administration (SSA) workers, the agency is having trouble keeping up with calls to its 1-800 number, according to **a report from the Washington Post.** SSA pulled about 1,000 field office employees to answer the phones instead of working on claims.

"Social Security Commissioner **Frank Bisignano** seems to think he can make it look like customer service numbers are improving by



Rich Fiesta,
 Executive Director, ARA



Joseph Peters, Jr.
 Secretary Treasurer ARA

shifting workers who process claims to answering the phone. But that's only going to make the length of time to process a claim take longer," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance.** "Congress clearly needs to pass legislation to force this Administration to keep these offices open and functioning."

Fortunately, Rep. **John Larson** (CT) has introduced a bill (H.R. 1876) that will keep field offices open to ensure that beneficiaries can still get in-person help if they need to. **Action Needed: Please send a message to your representative demanding that they support the Keeping Our Field Offices Open Act (H.R. 1876).**

South Carolina Alliance Hosts Its Biennial Convention

The South Carolina Alliance hosted its biennial convention on Tuesday and Wednesday of this week, in conjunction with the South Carolina AFL-CIO Convention. AFL-CIO Secretary-Treasurer **Fred Redmond** and Alliance Field Manager **Tommy McLaughlin** spoke during the convention. **McLaughlin** outlined the devastating impacts that the Department of Government Efficiency's (DOGE) cuts have had on Social Security, and ways that the Alliance and older South Carolinians can fight back to protect earned benefits.



Tommy McLaughlin

Just Updated Its 2026 Cost-of-Living Adjustment (COLA) Forecast. Here's How Much Your Benefits Could Increase.

One of the most important pieces of Social Security retirement benefits is the annual cost-of-living adjustment, or **COLA**. Without the COLA, many seniors would face significant shortfalls in their retirement budgets as prices for housing, healthcare, and groceries increase over time. Over the last few years, as **inflation** has reared its ugly head, many retirees have come to rely more and more on the annual COLA.

While we're still months away from the official announcement for next year's COLA, multiple analysts have published their best estimate for what kind of pay bump retirees could receive next year. Estimates from The Senior Citizen's League and independent analyst Mary Johnson both put the number at 2.5% in their most recent reports. The Social Security Board of Trustees, the people in charge of the trust fund and who report on the financial status of the program to Congress, have their own estimate they publish once per year. They just published their 2025 annual report, and they have a new COLA estimate for 2026 that differs from the third-party estimates.

When will we know next year's official COLA?

The annual COLA figure is released around the same time every year in the second week of October. That's because the

COLA is based on data collected over the summer between July and September. Specifically, it's based on the year-over-year increase in a measure of inflation called the **Consumer Price Index** for Urban Wage Earners and Clerical Workers, or CPI-W.

Every month, the Bureau of Labor Statistics surveys thousands of prices around the country for everything from apples to water bills. To calculate the CPI-W, each price is weighted by its relative portion of a standard budget for a working-age city dweller. The results are usually compiled and published by the second week of the following month.

The Social Security COLA is based on the average year-over-year increase in the CPI-W during the third quarter of the year, which ends in September. When the September CPI-W number gets published in October, the Social Security Administration is able to announce the COLA that will go into effect for benefits payments that begin the following January.

Here's how the trustees updated their 2026 COLA estimate

When the Social Security Board of

Case	May 2024	June 2025
High-cost	1.8%	2.4%
Intermediate	2.2%	2.7%
Low-cost	3%	3%

Trustees publishes its annual report, it includes multiple estimates for the COLA. There's a high-cost, low-cost, and intermediate estimate. These are based on the net cost of each scenario to Social Security based on both outflows (benefits payments) and inflows (tax revenue).

The high-cost estimate is actually the case where the COLA is lowest. While Social Security will pay out less in benefits in that case, low inflation will also curb how much wages rise and in turn how much Social Security will collect in revenue. And since there are more workers paying into Social Security than retirees collecting benefits, a super low inflation environment can be bad for **the overall health of Social Security**.

The board updates its COLA estimates each year along with its full outlook for Social Security and if and when the program will deplete its trust fund. Here are its 2026 COLA estimates from May 2024 and its most recent update from June 2025.

As you can see, the board has raised its estimate for the 2026 COLA significantly since last year. It's worth pointing out that many

analysts, not just the trustees, expected inflation to fall faster than it has since last year. As you can see, the board has raised its estimate for the 2026 COLA significantly since last year. It's worth pointing out that many analysts, not just the trustees, expected inflation to fall faster than it has since last year.

The Federal Reserve has tried to tame inflation by keeping rates higher for longer. At the start of last year, investors were thinking the Fed would cut rates by 150 **basis points** by the end of 2024. It only cut 100 basis points, and it signaled fewer-than-expected rate cuts this year, too. On top of that, there's a growing amount of uncertainty driven by the Trump administration's constantly changing trade policies and ongoing conflicts in Europe and the Middle East.

As such, there's a good chance we see a pickup in inflation this summer, pushing the COLA higher. That said, the trustees' intermediate estimate for the 2025 COLA was 2.6%, but retirees only ended up with a 2.5% bump. So, it's possible the trustees are overestimating how much prices will increase this summer.

As things stand, though, Social Security beneficiaries should expect to see a bump somewhere between 2.4% and 3% based on all the data available.

Medical Debt Returning To Americans' Credit Reports After Judge Reverses Biden-Era Rule

A federal judge in Texas has overturned a Biden-era rule that removed medical debt from Americans' credit reports.

Judge Sean Jordan scrapped the regulation in a ruling on Friday, July 11. The Consumer Financial Protection Bureau **finalized the rule** on Tuesday, Jan. 7, about two weeks before former President Joe Biden left office.

The decision came exactly a week after President Donald Trump signed the previously named "One Big Beautiful Bill" into law. Experts warn that the Republican-backed budget reconciliation legislation makes sweeping cuts to Medicare and

Medicaid, while increased work requirements could take coverage away from millions.

Jordan, a 2019 Trump appointee, wrote that the CFPB exceeded its authority by banning the use of certain types of medical debt that are explicitly allowed under the Fair Credit Reporting Act. The move aimed to boost scores for millions of Americans, with the CFPB saying it would eliminate roughly \$49 billion in medical bills from appearing on credit reports.

The rule also blocked lenders from using medical devices like prosthetics as loan collateral,



with the CFPB arguing that debt collectors have weaponized credit reports to force payment on disputed or incorrect bills.

"People who get sick shouldn't have their financial future upended," former CFPB director Rohit Chopra said in January. "The CFPB's final rule will close a special carveout that has allowed debt collectors to abuse the credit reporting system to coerce people into paying medical bills they may not even owe."

But the court ruled that the agency went too far.

"While the bureau has the general authority to repeal

existing regulations, the medical debt rule unlawfully exceeds that authority by fashioning a new regulatory scheme that conflicts with the plain text of [federal law]," Jordan wrote in his opinion.

Credit reporting companies like Experian, Equifax, and TransUnion had already begun voluntarily removing some medical debt. The major agencies agreed to leave collections under \$500 off credit reports after the CFPB raised concerns in 2022.

The agencies opposed a full ban, claiming it would leave lenders with an "inaccurate and incomplete picture" of borrowers' finances....**Read More**

This is how the deduction for seniors works with President Trump's reform

The taxation of **Social Security benefits** remains a hot topic for retirees and those planning for retirement. Recently, President Donald Trump signed a new piece of legislation, sparking significant interest. Although widely advertised as a removal of taxes on Social Security benefits, the law operates in a more nuanced manner. It's essential to grasp the details of this reform to understand its potential impact on your financial situation. Dubbed the "**Big Beautiful Bill**," this legislation was signed on July 4th. Among various campaign promises, President Trump had long vowed to eliminate taxes on Social Security benefits. The White House even claimed that this new law fulfilled that promise. However, despite the marketing, the "Big Beautiful Bill" does not completely

eliminate taxes on Social Security benefits. This total elimination was not feasible due to congressional restrictions on what can be included in a budget reconciliation, as was the case with this law.

Instead, the law introduces a **federal tax deduction** of \$6,000 for Americans aged 65 and older. This amount is an increase from the initial version of the bill passed by the House, which proposed a \$4,000 deduction. Given that Social Security benefits can make up a significant portion of seniors' income, this deduction has the potential to exempt a portion of those benefits from taxes for some individuals.

However, not all seniors will benefit from this deduction. There are specific criteria that



limit its applicability. The deduction does not apply to beneficiaries under 65 years old. It also does not benefit those who already earn too little to pay taxes at all. Additionally, the deduction decreases for individuals earning more than \$75,000 (\$150,000 for joint filers).

A June analysis by the President's Council of Economic Advisers estimated that 88% of seniors would not pay taxes on their benefits under the new law. Nonetheless, experts like Garrett Watson, a policy analyst at the Tax Foundation, have noted that "many seniors will be surprised to find it doesn't apply to them."

The deduction is effective for the fiscal year 2025. However, it is a limited benefit that will only be in place until the end of 2028. This timeframe coincides with the

period just before President Trump, if reelected, would be scheduled to leave office. While the "Big Beautiful Bill" does not eliminate taxes on Social Security benefits, the \$6,000 deduction for seniors aged 65 and older could offer significant tax relief for those who meet the criteria. It's crucial for retirees and future retirees to assess their income and tax situation to determine if they qualify and how this deduction might affect their tax obligations.

The income limits for Social Security income tax have not changed since 1993. Therefore, planning ahead with strategies for your retirement accounts, such as Roth conversions or realizing capital gains at a low tax rate, remains crucial to reducing your overall tax bill.

Social Security alert issued about big change coming this fall

The Social Security Administration (SSA) issued a new alert on Monday about its plan to discontinue issuing paper checks for benefit payments starting September 30. It marks a major shift in how millions of Americans will receive their Social Security, **Supplemental Security Income (SSI)** and **Social Security Disability Insurance (SSDI) benefits**.

Why It Matters

Transitioning to electronic payments carries significant implications for benefit security and government efficiency.

Electronic Funds Transfers (EFTs) process payments more quickly and securely than mailed

paper checks, which the SSA found are 16 times more likely to be lost, stolen or tampered with.

The cost difference is notable: Issuing a paper check costs about 50 cents compared to less than 15 cents for an EFT. The transition could save the government millions of dollars each year.

What To Know

The shift to digital payments follows **federal concerns over fraud and theft** involving paper checks, which spiked during the COVID-19 pandemic.

An executive order signed by President Donald Trump on March 25 mandated a government-wide move to fully



digital payments in response to the risks. **Nearly 500,000 Social Security recipients** still receive monthly benefits by

paper check. The SSA has emphasized that most beneficiaries already use electronic payments, but those who do not must enroll in a digital option—either direct deposit or the Direct Express debit card—to maintain timely benefit delivery after the cutoff date.

"There are two key reasons for this change: efficiency and fraud prevention," Kevin Thompson, the CEO of 9i Capital Group and the host of the *9innings* podcast, told *Newsweek*. "Digital

payments streamline the distribution process, cut down on mailing costs, and reduce the potential for delays or errors while by using secure electronic payment methods, the SSA can better ensure that benefits are delivered directly to the intended recipients, reducing the risk of theft or misdirected funds."

Beneficiaries who currently receive paper checks are being contacted directly by the SSA and provided guidance on how to switch to electronic payments. The agency is including informational inserts in existing paper checks, running outreach efforts, and making staff available for assistance.,.,.,**Read More**

Social Security update: Major change for benefit recipients

The Social Security Administration (SSA) has announced a significant upgrade for millions of Americans: The **My Social Security online portal** will offer 24/7 access starting mid-July.

The change marks a major improvement in customer service, allowing beneficiaries and applicants to manage their Social Security accounts at any time, day or night.

Why It Matters

Social Security remains a

critical pillar for more than 60 million Americans, whose financial security often depends on timely access to the program's resources.

Until now, the online portal has experienced scheduled downtimes, limiting access for retirees and those seeking to manage their benefits or documentation.

This shift to uninterrupted access comes amid **mounting**



financial pressures on the Social Security system and broader concerns about the program's sustainability, particularly as the trust fund's money for full payments is set to run out within the next decade without legislative intervention.

What To Know

The revamped My Social Security portal is designed to give both beneficiaries and non-beneficiaries around-the-clock access to their accounts.

Through the portal, users can request replacement Social Security cards, upload documents, submit online forms, and manage critical features such as direct deposit information, tax forms, and benefit verification letters. Non-beneficiaries can also check application statuses and access personalized estimates of their or their spouse's benefits, according to the SSA....**Read More**

DOGE's reckless SSA cuts may have created a problem too big to fix

The Trump administration's colossal cuts to the Social Security Administration in the name of "efficiency" are sowing chaos and dysfunction throughout the agency. Even attempts to fix these new problems are akin to rearranging deck chairs on a sinking ship because they fail to address the core problem: staff shortages. The Trump administration's colossal cuts to the Social Security Administration in the name of "efficiency" are sowing chaos and dysfunction throughout the agency. Even attempts to fix these new problems are akin to rearranging deck chairs on a sinking ship because they fail to address the core problem: staff shortages. The Trump administration's colossal cuts to the Social Security Administration in the name of "efficiency" are sowing chaos and dysfunction throughout the agency. Even attempts to fix these new problems are akin to rearranging deck chairs on a

sinking ship because they fail to address the core problem: staff shortages. The Washington Post [reports](#) the SSA is "temporarily reassigning about 1,000 customer service representatives from field offices to work on the swamped toll-free phone line, increasing the number of agents by 25 percent." And when the Post reports the phone line is "swamped," what that means in practice is that people are complaining about dropped calls and previously [reported wait times of up to five hours](#).

But there's one little oversight: There is no one in place to do the work that the reassigned representatives had to leave behind. According to the Post, "Jessica LaPointe, president of Council 220 of the American Federation of Government Employees (AFGE), said the move will slow responses to the complex cases that the field office employees handle and be only a temporary bandage for the



phone problems." "The 1-800 number — they do offer a critical role at the agency, but it's triage, whereas customer service representatives

actually clear work for the agency," LaPointe told the Post. "So it's just going to create a vicious cycle of work not getting cleared, people calling for status on work that's sitting because the claims specialists now are going to have to pick up the slack of the customer service representatives that are redeployed to the tele-service centers.

So how did the SSA end up so short-handed that it has to rob Peter to pay Paul? Before the second Trump administration, SSA had a [staff of roughly 57,000](#). According to the Center on Budget and Policy Priorities, the Trump administration's DOGE operation [enacted](#) "the largest staffing cut in SSA's history," which involved "indiscriminately pushing out 7,000 workers to hit an arbitrary

staffing reduction target." The Trump administration has also ousted [dozens of officials with expertise](#) in running SSA's benefits and information technology

On top of the problems noted above, reassigning workers adds further inefficiency because they have to do on-the-job training and lean on more experienced co-workers to get them up to speed. And field offices themselves were already beleaguered, dealing with the effects of *other* reassignments within SSA. "Field office staff are struggling to resolve the most difficult cases, due to disproportionate losses and reassignments in SSA's regional offices, which provide daily support to their colleagues in the field by answering complex policy questions and troubleshooting system problems," [the CBPP reports....Read More](#)

Supreme Court Preserves Affordable Care Act's Preventive Care Infrastructure

Late last month, the Supreme Court kept the current system for designating what services should be covered as preventive services for people with Affordable Care Act (ACA) plans and other coverage. This decision, [Kennedy v. Braidwood Management](#), preserves access to these services, including immunizations and screenings, at no cost to the person covered. Medicare Rights [joined an amicus brief earlier this year](#) in support of allowing coverage to continue uninterrupted.

***Kennedy v. Braidwood* Details and Ruling**

Originally filed as *Braidwood Management v. Becerra*, the plaintiffs in this case challenged the ACA requirement that most private insurance plans cover preventive services without cost sharing. The Centers for Medicare & Medicaid Services (CMS) makes decisions about what services plans must cover, based on recommendations from the U.S. Preventive Services Task Force (USPSTF). Because the USPSTF is an expert panel of unelected officials who do not require Senate confirmation,

plaintiffs said the ACA's reliance on them violated the Appointments Clause of the U.S. Constitution and argued that USPSTF members cannot wield so much power over ACA plans. Both the Biden and the Trump administrations argued that the USPSTF does not have too much power because it is under the control of someone who is Senate-confirmed: the Secretary of the Department of Health and Human Services (HHS).

The Supreme Court found that this chain of command allows the USPSTF to continue its role.

USPSTF Retains Influence, but Its Independence May Be at Risk

While this decision does preserve ACA preventive services coverage, some of the reasoning voiced by the Trump administration and Supreme Court may lead to a decrease in USPSTF autonomy. The Court found that the HHS Secretary has the power to reject USPSTF recommendations and may also be allowed to require the USPSTF to endorse an



administration's opinion about what services should be covered.

The Court found that the HHS Secretary has the power to reject USPSTF recommendations.

These incursions would undermine the USPSTF's ability to function free of political influence and pressure, a similar situation to what the [Advisory Committee on Immunization Practices \(ACIP\) is currently facing](#). HHS Secretary Robert Kennedy Jr. dismissed the ACIP experts and [replaced them with people with less expertise](#) who largely share his viewpoints, such as his skepticism about vaccines and support for debunked claims. The ACIP's latest [recommendations show this tension](#).

[Lawsuits have already been filed](#) about the ACIP firings. The results of such litigation may limit or expand future power to politicize the ACIP and, potentially, the USPSTF.

Preventive Services Are Vital At Medicare Rights, we strongly support the inclusion of scientifically valid preventive

services in insurance products. The ACA's preventive care coverage requirement has [increased use](#) of these necessary services, improved [health outcomes](#), and reduced [racial disparities](#) in access to care. There is also clear evidence that access to affordable preventive care saves money for individuals, programs, and taxpayers.

We urge all policymakers to avoid politicizing expert panels like the USPSTF or ACIP.

While Braidwood did not directly threaten preventive services in Medicare or Medicaid, a different decision from the Supreme Court could have created massive ripple effects for preventive services throughout the health system. We are relieved that the Court chose a different path, and we urge all policymakers to avoid politicizing expert panels like the USPSTF or ACIP. Coverage decisions should rest on vetted science with the goal of bolstering and preserving the health of the entire population.

Social Security Statement: How to obtain and why you should print it

In the vast landscape of the United States, more than **72.5 million individuals** depend on the Social Security Administration (SSA) for various benefits. These monthly payments primarily support retired workers, those on Supplemental Security Income (SSI), and individuals receiving Social Security Disability Insurance (SSDI). As a beneficiary, you're encouraged to create a 'mySocialSecurity' account on the SSA's official website. This online portal allows you to manage your benefits, calculate future payments, and even request a replacement Social

While the digital age has made accessing information more convenient, there's a significant advantage to having a **printed copy of your Social Security statement**. This document is not just a piece of paper; it holds vital information about your financial future. It provides a detailed record of your annual earnings, an estimate of future benefits, an assessment of the credits you've accumulated over your working life, and personalized notices.

Although all this information is readily available online, a printed statement serves as a crucial



backup. Imagine encountering technical issues or system interferences that prevent you from accessing your online account. In such scenarios, your printed statement becomes your only reliable source of information, ensuring you're never left in the dark about your benefits.

To obtain a printed copy of your Social Security statement, you need to log into your 'mySocialSecurity' account. Once logged in, navigate to the 'Social Security Statement' section in the main menu. Here, you'll find the option to download and print

your statement. If you haven't set up an account yet, it's a straightforward process to create one. Alternatively, you can request a printed copy by calling **1-800-772-1213**.

Having a **printed statement is not just about convenience; it's about safeguarding your financial future**. It ensures that you have a tangible record of your earnings and benefits, which can be crucial for financial planning and decision-making. In a world where digital access can sometimes be unpredictable, a printed statement offers peace of mind.

Medicaid Cuts at the State Level and Implementation Advocacy

With the reconciliation bill **now law**, stakeholders and advocates are eyeing the implementation process and what it might mean at the state level.

A new resource from **Manatt Health** offers state-specific estimates on Medicaid coverage and hospital expenditures, as well as congressional district-level data. The authors estimate nearly 9 million people will lose Medicaid, which "translates into one in 10 people currently enrolled in the Medicaid program nationwide losing their coverage." They find that over the next ten years, total Medicaid cuts (federal and state funds) will reach more than \$1.2 trillion and hospitals will lose 18% of their Medicaid funding.

Hospitals will lose 18% of their Medicaid funding.

Similarly, a KFF analysis on the **state level** impacts finds federal Medicaid spending alone will fall by \$1 trillion over ten years, representing 15% of

federal spending on Medicaid over that period. The spending cuts vary by state; Louisiana and Virginia are the most heavily affected, with 21% reductions. Over half of the bill's Medicaid cuts come from policies that target ACA expansion states, such as the work reporting requirement (\$326 billion) and more frequent eligibility redeterminations (\$63 billion).

Expansion States, Rural Areas Will Be Hit Hardest

Expansion states with large numbers of rural residents will be hit the hardest. A **separate KFF analysis** notes Medicaid covers 1 in 4 adults in rural areas, a higher share than in urban areas, and plays a large part in financing rural health care services. The analysis projects rural states will lose \$155 billion in federal Medicaid funding under the bill, far more than the \$50 billion rural health fund lawmakers added at the last minute.

Indeed, those reductions are



largely concentrated among 12 states that have large rural populations and expanded Medicaid.

Kentucky, North Carolina, Virginia, Illinois, New York, Ohio, Pennsylvania, Michigan, Oklahoma, Missouri, Minnesota, and Louisiana could each lose \$5 billion or more.

Twelve states that have large rural populations and expanded Medicaid ... could each lose \$5 billion or more.

But everyone will feel the impact. Many other harmful Medicaid changes apply broadly, such as the provision halting the simplification of Medicaid eligibility and renewal processes (\$167 billion) and new restrictions on state financing options (\$340 billion). Overall, seismic shifts are expected throughout the entire health care system, driving up costs and reducing access to care nationwide.

Advocacy Can Shape How the Law is Implemented

The extent of these challenges will become clearer when the law is implemented. For example, it remains to be seen how states will respond to the Medicaid changes and how much control federal agencies will exercise regarding state choices.

There will be opportunities to weigh in as states work to stand up to these new requirements and to help shape their roll out at the federal level.

Because so much is still to be decided, engagement and advocacy remain critical. There will be opportunities to weigh in as states work to stand up to these new requirements and to help shape their roll out at the federal level. Throughout, Medicare Rights will remain steadfast in our commitment to holding policymakers accountable, to mitigating and reversing **the bill's harms**, and to championing policies that advance health, well-being, and dignity.

Managing the Risks of Elder Fraud: How Assisted Living Communities Can Protect Seniors

With the growing number of elderly individuals needing assistance, assisted living communities have become an important solution for providing care and a loving environment. However, the vulnerability of this population also puts them at higher risk for elder fraud, a widespread problem in today's society. In this comprehensive guide, we delve into the issue of elder fraud within assisted living communities, discussing ways facility staff, families, and seniors can protect against this ongoing threat. We'll also answer frequently asked questions regarding elder fraud prevention in assisted living communities.



Understanding Elder Fraud in Assisted Living Communities
The Role of Assisted Living Communities in Preventing Elder Fraud
How Families and Seniors Can Protect Themselves
FAQs

How to keep insurers from denying Medicare Advantage enrollees needed care

The federal government allows health insurers to use prior authorization in Medicare Advantage with near impunity. As a result, while health insurers must cover all Medicare benefits, they too often do not. They override the decisions of treating physicians and use prior authorization to deny Medicare-covered care. To avoid this dangerous insurer game-playing with people's health and to protect enrollees, a centralized agency should conduct all prior authorization in Medicare Advantage.

Today, a Medicare Administrative Contractor or MAC processes all claims in Traditional Medicare. The MAC permits consistency and fairness in coverage of Medicare benefits across Traditional Medicare. Moreover, Traditional Medicare rarely uses prior authorization and defers to treating physicians. In Medicare Advantage, insurers each design their own prior authorization protocols, coming between patients and their

doctors about the care patients need. The insurers make it impossible to compare plans, let alone to know whether protocols are evidence-based.

We know from investigations into Medicare Advantage that insurers engage in widespread and persistent inappropriate delays and denials of care. But, neither Congress nor the Centers for Medicare and Medicaid Services, which oversees Medicare, has done anything to fix this glaring prior authorization problem in the program or let people know which Medicare Advantage plans to avoid. So, older adults in Medicare Advantage are left with no way to know whether the Medicare HMOs they choose will cover the care they need and to which they are entitled.

What's more, insurer use of prior authorization is on the rise. It's a revenue-generating tool for insurers. For every service insurers in Medicare Advantage



subject to prior authorization, they can bank on greater revenue. Every service they deny or even delay is money in their pockets. The conflict of interest is transparent.

Having an independent contractor determine whether services are medically necessary would help ensure that people in Medicare Advantage receive the Medicare benefits to which they are entitled. It would also make it easier for people to compare Medicare Advantage plans. Right now, they are throwing darts, literally putting their lives at risk, in some cases, when they enroll in a Medicare Advantage plan. One [NBER study](#) found that if CMS cancelled contracts with the five percent of worst performing MA plans it would save tens of thousands of lives each year.

In a paper for [JAMA Network](#), Hayden Rooke-Ley et al. estimated that MA plans subjected 50 million procedures to prior authorization in 2024,

one prior authorization for every 1.5 members. Insurers use prior authorization to deter physicians from providing certain services. The time and cost of getting approvals is huge. Insurers denied more than three million services (6.4 percent).

The HHS Office of the Inspector General has found that 13 percent of denials in Medicare Advantage were inappropriate. Traditional Medicare would have covered them. In short, right now, people in Medicare Advantage get fewer benefits than people in traditional Medicare.

On top of that, insurers too often do not pay physicians and other providers for the care they provide Medicare Advantage enrollees. Having an unbiased MAC both responsible for prior authorization and for paying providers appropriately would help fix these wrongs in Medicare Advantage.

RFK Jr. Cancels Key U.S. Health Panel Meeting Without Warning, Raising Concerns

U.S. Health Secretary [Robert F. Kennedy Jr.](#) canceled a meeting of a government health panel that helps guide what preventive care is covered by insurance, alarming doctors and other health officials.

The U.S. Preventive Services Task Force (USPSTF) was set to meet Thursday, but members were told in an email Monday that the meeting would be postponed. No reason was given.

"Moving forward, HHS looks forward to engaging with the task force to promote the health and well-being of the American people," the email said, according to a report from *The New York Times*.

The U.S. Department of Health and Human Services (HHS) did not respond to questions about the cancellation.

The USPSTF is a nonpartisan panel of 16 volunteer doctors and health experts.

It meets several times a year to review the latest science and decide which screenings, medications and other

preventive services should be fully covered by insurance. This includes tests for [lung cancer](#), medications to reduce [stroke](#) risk and other life-saving services.

The decision to cancel the July meeting follows a U.S. Supreme Court ruling last month. Justices supported the task force's role — but also gave Kennedy the power to ignore its advice or remove members before their terms end, *The Times* said.

Some experts are now concerned that the task force, like another federal health panel, may soon be completely reshaped.

Earlier this year, Kennedy [removed all 17 members](#) from a U.S. Centers for Disease Control and Prevention (CDC) vaccine committee. The people he chose to replace them included some who have publicly questioned the safety of vaccines.

"This is very worrying," said [Dr. Peter Lurie](#), executive



director of the Center for Science in the Public Interest. "If past is prologue, it may suggest that they are preparing to eliminate or emasculate the [USPSTF] committee."

The USPSTF has long had bipartisan support and is seen as a trusted voice in science-based care. Members are often primary care doctors or academics. They go through conflict-of-interest checks and serve staggered four-year terms to reduce the influence of any one presidential administration, *The Times* said.

But lately, the task force has faced criticism.

An essay published this week in *The American Conservative* claimed the panel was part of the "deep state" and accused it of "pushing faulty race and gender ideology on doctors."

Supporters reject that view. They say the task force's work is guided strictly by medical science and a rigorous rating system, *The Times* reported.

Thursday's canceled meeting

was set to focus on preventing [heart disease](#).

It's not clear yet if Kennedy plans to replace any members of the panel. Even if the group declines to recommend a service, *The Times* noted, private insurance companies can still choose to cover it.

Still, doctors warn that political interference could hurt patients.

"When something works well and helps inform doctors about how to take care of their patients, to postpone the task force's work just doesn't make any sense," [Dr. Bobby Mukkamala](#), president of the American Medical Association, told *The Times*.

"This flies in the face of what is good for the country's health," he added.

On Wednesday, [AcademyHealth](#), a nonprofit health research group, sent a letter to Congress urging lawmakers to protect the task force from political interference....[Read More](#)



CDC Says COVID-19 Cases Rising in 25 States

COVID-19 cases are on the rise again across the United States, with the biggest increases in parts of the South, Southeast and West Coast.

The U.S. Centers for Disease Control and Prevention (CDC) estimates that 25 states are seeing growth in COVID cases as a summer wave appears to be starting, *CBS News* reported.

Even though activity remains "low" nationwide — based on CDC **wastewater data** — it's up from "very low" the week before.

Some of the biggest increases in emergency room visits for COVID have happened in the Pacific Northwest and the

Southeast. In those areas, rates are now the highest they've been since February and March, *CBS News* added.

Health experts had been watching for a possible summer spike, as new versions of the virus spread across the country.

A recent CDC **analysis** shows that COVID now seems to follow a twice-a-year pattern: Cases usually peak once in the summer (July through September) and again in the winter (from December through February).

"Our analysis revealed biannual COVID-19 peaks in late summer and winter, a pattern that is expected to persist as long as the



rapid evolution of SARS-CoV-2 and cyclical S1 diversity continues," CDC scientists wrote.

S1 diversity refers to ongoing changes in a key part of the virus's spike protein — specifically the S1 region, which helps the virus bind to human cells, *CBS News* reported.

The CDC is also warning about another virus that's spreading more than usual right now: Parvovirus B19.

Most people who catch this virus don't get very sick. But some develop **flu-like** symptoms, including fever, muscle aches and a rash.

Pregnant women are at higher

risk for complications from parvovirus B19. The CDC says they should take extra steps to protect themselves such as wearing a mask in high-risk places.

In Chicago, health officials said emergency rooms are seeing a spike in patients with this virus.

"Several of the most recent weeks saw the highest percentage of B19-associated ED visits compared to the same week in all years since 2015," health officials **said**.

Parvovirus B19 is not the same parvovirus that infects dogs and other canines.

Household Mold Can Trigger Lung Disease

Household mold can be a significant trigger for a rare but potentially debilitating lung disease that can cause permanent breathing problems, a new study says.

Mold appears to be the primary cause for nearly a quarter (23%) of 231 cases of hypersensitivity pneumonitis (HP) treated at the University of Texas Southwestern Medical Center in Dallas, researchers report in the journal ***PLOS One***.

It's the largest study to date linking home mold exposure to HP, researchers said. HP is an interstitial lung disease, a group of diseases that irritate, inflame or

scar lung tissue.

"This case series is important because it links home mold exposure with the development of hypersensitivity pneumonitis, which informs our efforts to diagnose and treat interstitial lung diseases," lead author **Dr. Traci Adams**, an assistant professor of internal medicine at UT Southwestern, said in a news release.

The results also are especially timely given the growing number of extreme weather events caused by climate change, which increase the risk of household mold growth, researchers noted.



HP occurs when repeated exposure to inhaled allergens triggers an immune response that damages lung tissue, researchers said in background notes.

More than 300 substances are known to cause HP, according to the **American Lung Association**. Some varieties of HP have names based on the source of the allergen.

These include farmer's lung, from mold on hay, straw and grain; bird fancier's lung, from avian feathers or droppings; humidifier lung, fungus growing in humidifiers or AC units; and hot

tub lung, from bacteria found in steam coming off hot tubs.

For this new study, researchers analyzed records of 231 HP patients between 2011 and 2019, and found that 54 developed the disease due to mold growth in their homes.

Water damage was the primary source of mold growth, most often found in bathrooms, bedrooms and air-conditioning units, researchers said....**Read More**

Kerendia Approved for Heart Failure With Left Ventricular Ejection Fraction ≥ 40 Percent

Patients taking Kerendia saw significant reduction in cardiovascular death and hospitalization and urgent visits for heart failure

Following priority review, the U.S. Food and Drug Administration approved Kerendia (finerenone) for the treatment of patients with heart failure with left ventricular ejection fraction (LVEF) ≥ 40 percent.

Kerendia is a nonsteroidal mineralocorticoid receptor antagonist that selectively blocks overactivation of

mineralocorticoid receptors in the heart and kidneys. It targets heart failure with LVEF ≥ 40 percent.

Approval was granted based on the **results** of a phase 3 trial (FINEARTS-HF), in which Kerendia, added to standard of care, reduced the relative risk for the composite primary end point — cardiovascular death and total heart failure events — by 16 percent compared with placebo plus standard of care. Heart failure events were defined as hospitalizations or urgent visits for heart failure. The treatment



effect remained consistent across all prespecified subgroups, regardless of whether patients were using sodium-glucose cotransporter 2 inhibitors.

Adverse events reported in ≥ 1 percent of patients (and more frequently than placebo) were elevated potassium levels, hypotension, abnormally low sodium levels, and events related to worsening kidney function. "The FDA's approval of finerenone expands treatment options for patients with heart failure with a left ventricular

ejection fraction of ≥ 40 percent — a large and growing group of patients with a poor prognosis," Chair of the Executive Committee for the FINEARTS-HF study Scott D. Solomon, M.D., from Harvard Medical School and Mass General Brigham in Boston, said in a statement. "Based on the clinical efficacy we saw in the FINEARTS-HF study, finerenone can become a new pillar of comprehensive care."

The approval of Kerendia was granted to Bayer.

Popular Chronic Pain Med Linked To Dementia Risk

A drug used to treat seizures, nerve pain and restless leg syndrome might be linked with increased risk of dementia, a new study says.

Regular gabapentin use appeared to increase risk of dementia by 29% and mild cognitive impairment (MCI) by 85%, researchers reported July 10 in the journal *Regional Anesthesia & Pain Medicine*.

What's more, the risk was more than doubled in people normally considered too young to suffer from brain aging, those 18 to 64, results show.

"The findings of this study support the need for close monitoring in adult patients prescribed gabapentin to assess for potential cognitive decline," wrote the research team led by Nafis Eghrari, a medical

student at Case Western Reserve University in Cleveland.

"Moreover, this provides a foundation to further research whether gabapentin plays a causal role in the development of dementia and cognitive decline," the researchers added.

Gabapentin has become increasingly popular for the treatment of chronic pain because it's not nearly as addictive as opioids, researchers said in background notes.

But concerns have been growing that gabapentin might contribute to cognitive decline, since it works by suppressing communication between nerve cells, researchers said.

To examine this further, researchers analyzed records for



more than 26,400 people who had been prescribed gabapentin for chronic low back pain, and compared them to a similar number of other back pain patients who hadn't gotten the drug.

People who'd received six or more gabapentin prescriptions were more likely to be diagnosed with dementia or mild cognitive impairment within 10 years of their initial pain diagnosis, results show.

Looking at age groups, researchers found that 18- to 64-year-olds prescribed gabapentin were more than twice as likely to develop dementia or MCI.

This was driven mainly by 35- to 64-year-olds, among whom the risks of dementia more than doubled and MCI more than tripled, researchers said.

These risks also rose along with prescription frequency, results show. Those with 12 or more gabapentin prescriptions were 40% more likely to develop dementia and 65% more likely to develop MCI than those prescribed the drug three to 11 times.

Researchers noted that because this is an observational study, it cannot draw a direct cause-and-effect association between gabapentin and brain decline.

"We hope the current study promotes further research to delineate whether gabapentin plays a causal role in the development of dementia and the underlying mechanisms of this relationship," the team concluded in their paper.

Thousands Laid off From NIH, FDA and CDC After Supreme Court Decision

Thousands of health workers lost their jobs this week after a U.S. Supreme Court **ruling** cleared the way for the Trump administration to move forward with major staffing cuts.

On Monday, the U.S. Department of Health and Human Services (HHS) finalized 10,000 layoffs across federal health agencies, including the National Institutes of Health (NIH), U.S. Food and Drug Administration (FDA) and U.S. Centers for Disease Control and Prevention (CDC), *The New York Times* reported.

The layoffs followed a **March announcement** by Health Secretary **Robert F. Kennedy Jr.**, who called for a major department overhaul.

The affected workers included staff responsible for travel logistics, communication, medical research contracts and other related tasks.

"Thank you for your service to the American people," said an email sent to workers as they were removed from the payroll.

Some employees who received layoff notices April 1 first learned they were let go when their building access badges stopped working.

But many people still remained officially on the payroll until 5 p.m. Monday, when the high court allowed the administration to move forward, even as legal challenges continue, *The Times* said.



While the administration called many of the jobs "redundant," critics liken the cuts to having doctors but no support staff in a hospital.

"What I have seen is some of the very best people, people who have alternatives, who have choices, have decided they just don't want to stay in this limbo land," said **Dr. Ashish Jha**, dean of Brown University's School of Public Health who was former President **Joe Biden's** COVID-19 response coordinator.

Jha warned that the ongoing staffing cuts could cause more employees to leave. "They don't want to be in an organization that's under such upheaval," he said.

In total, HHS plans to cut about 20,000 jobs this year. That includes earlier layoffs, early retirements and buyouts. The department is also shrinking its number of divisions from 28 to 15, *The Times* said.

While officials pointed to the department's \$1.8 trillion budget as a reason for the cuts, experts said payroll represented less than 1% of that amount. Most of the money funds programs like Medicare and Medicaid.

A federal lawsuit filed in Rhode Island by 19 states and Washington, D.C., claims the layoffs hurt essential health services. Some states lost access to help lines for quitting smoking, testing for sexually transmitted diseases and more.... **Read More**

FDA Sends Warning Letters to Companies Selling Illegal Opioid Compound

The U.S. Food and Drug Administration has issued seven warning letters to companies illegally marketing products containing 7-hydroxymitragynine (7-OH), which is found in trace amounts in kratom.

The agency issued the letters to companies selling concentrated 7-OH products (e.g., tablets, gummies, drink mixes, shots) online and in retail outlets such as smoke shops, gas stations, and

corner stores. 7-OH is not permitted in dietary supplements or conventional foods, and there are no FDA-approved drugs containing 7-OH. Furthermore, the marketing of drugs that contain 7-OH is illegal.

The letters instruct the companies to cease the illegal marketing of products containing added 7-OH or that have elevated



levels of 7-OH. These products include adulterated conventional foods and dietary supplements, for which 7-OH does not meet safety standards, as well as unapproved new drugs for pain relief and anxiety management, which are being marketed with unsubstantiated claims.

The FDA warns that people using these products "are exposing themselves to products

that have not been proven safe or effective for any use."

Warning letters were sent to the following companies: Shaman Botanicals LLC; My Smoke Wholesale; Relax Relief Rejuvenate Trading LLC dba RRR Trading or EDP Kratom; Thang Botanicals Inc. dba 7Ω HMZ, 7-OHMZ, or 7OHMZ; Royal Diamond Imports Inc. dba Roxytabs.com; Hydroxie LLC; and 7Tabz Retail LLC.

Why women are doubly likely to get Alzheimer's as men

Women are twice as likely to get Alzheimer's as men. But, why? It's not because women live longer, though aging does affect our immune systems and, as a consequence, our mental faculties. Alvin Powell reports for [The Harvard Gazette](#).

The answer to why women are twice as likely to get Alzheimer's appears to lie with double X chromosomes and menopause. The X chromosome contains genes that are different from the Y chromosome, which could explain the increased risk of

Alzheimer's in women. Men have an X and Y chromosome; women have two X chromosomes.

Also, women lose estrogen and progesterone during menopause, which differentiates them from men. Estrogen affects the brain. And, neurological processes in women are simply different from men.

As a result of these differences, it's likely the case that women are more likely to get migraines and multiple sclerosis than men. And, men are more likely to get



Parkinson's disease and brain tumors. X chromosomes have a lot more genes than Y chromosomes. Though one of women's two X chromosomes is "silenced." Still, the silenced chromosome can have some active genes.

And, X chromosome genes are connected to our immune systems, as well as our cognition, brain structure regulation, and Alzheimer's.

Hormones are also different for women and men. We all have

estrogen, progesterone and testosterone. But, men have more testosterone and women more estrogen and progesterone. During menopause, women lose estrogen and progesterone.

There's plenty more to learn about the consequences of these differences between men and women.

NB: The latest research shows that women who do hormone replacement therapy are more likely to see their cognition deteriorate.

Watch out: Some medical devices could be unsafe

Nearly ten years ago, the Food and Drug Administration (FDA) began a [breakthrough device program](#) with a goal of speedily approving innovative medical devices in order to help patients in need. More than one hundred of these devices are now on the market, but are they safe or effective? Katie Palmer reports for [Stat News](#).

Medical device manufacturers are lobbying to ensure Medicare pays for their devices as soon as the FDA approves them. They want the payback on their innovations as quickly as possible. And, the FDA

Commissioner says he would like that to happen.

But, perhaps Medicare should not be so quick to approve these new devices for coverage. Are these really breakthrough devices and are they safe? [Researchers](#) believe that the breakthrough device program is conducting faster reviews of new medical devices. But, they do not see the evidence that would confirm that these devices would actually benefit patients.

When new devices are intended to meet unmet health care needs, they should be subject to clinical



testing. The FDA allows some "substantially equivalent" devices to circumvent this testing; but, there have been serious [safety issues with some of these devices](#).

Of 75 medical devices intended to be therapeutic in the breakthrough device program, 67 underwent clinical tests, and half of them were high-risk. Of course, it's important to consider their benefits as well as risks. But, these devices should not fail their clinical testing on safety and efficacy.

It would be easier to accept

bringing speedy new devices to market if they were subject to greater market oversight. But, that does not always happen. The researchers found that many of the breakthrough devices are not getting the post-market oversight needed to confirm their safety and efficacy.

For sure, manufacturers are benefiting from the breakthrough device program. But, should their devices be covered automatically as they would like? It would increase Medicare spending by billions without any assurances that it would benefit patients, let alone not harm them.

Experts Say There's No Safe Amount of Processed Meat

A new study finds that eating even a little processed meat, drinking soda or consuming trans fats puts you at risk for serious health problems.

The research, published recently in the journal [Nature Medicine](#), looked at more than 60 earlier studies on how diet affects the risk of [type 2 diabetes](#), [colon cancer](#) and [heart disease](#).

"Habitual consumption of even small amounts of processed meat, sugary drinks, and trans fatty acids is linked to increased risk of developing type 2 diabetes, ischemic heart disease and colorectal cancer," lead author [Demewoz Haile](#), a research scientist at the Institute for Health Metrics and Evaluation in Seattle, told [CNN](#).

People who ate just one hot dog a day had an 11% higher risk of type 2 diabetes and a 7% higher risk of colon cancer than those who didn't have any.

Drinking about one 12-ounce soda a day raised the risk of type

2 diabetes by 8% and a risk of heart disease by 2%, the researchers found.

Two experts not involved in the research told [CNN](#) the takeaways from this research are clear.

There is no "safe amount," said [Nita Forouhi](#), a nutrition expert at the University of Cambridge in the U.K.

At first, the increased risks may seem small, said [Mingyang Song](#), an associate professor at the Harvard T.H. Chan School of Public Health.

But, he added, "when we look at the actual data there, it's really remarkably consistent and remarkably strong, and even in the lower dose of consumption, we can still see an increased risk of disease."

Researchers used a method called burden-of-proof — a newer type of meta-analysis that weighs both the results and the quality of many past studies.

But experts caution that these



studies can only show a link — not prove that one food actually caused the disease.

They said there are many reasons why the foods studied could cause health problems.

Song noted that sugary drinks and processed meats can raise inflammation in the body, which plays a role in many diseases.

Processed meats such as bacon, hot dogs and salami are often cured with nitrites, which turn into cancer-causing nitrosamines in the stomach, [Gunter Kuhnle](#), a nutrition professor at the University of Reading in the U.K., told [CNN](#).

Meanwhile, he said, sugary drinks flood the body with sugar quickly. That can lead to weight gain and affect how the body handles blood sugar and cholesterol.

Kuhnle added that trans fats, found in some packaged and fried foods, lower good cholesterol and

raise bad cholesterol, which can lead to clogged arteries.

Other factors may also play a role, Kuhnle said.

People who eat more processed food often have other health risks, such as smoking, low income or lack of access to health care.

Experts say cutting back on these foods is a smart move.

"My general advice: don't panic," Kuhnle told [CNN](#) in an email. "Food is not just (a) source of nutrients — it plays a central role in culture, pleasure, family life, and social connection. Reducing it solely to a list of health risks misses the bigger picture."

He and other experts recommend a balanced diet that includes fruits, vegetables, whole grains, nuts, legumes and yogurt.

"The goal shouldn't be perfection but rather a healthy and sensible dietary pattern that allows room for enjoyment," Kuhnle said.

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](#)