

Happy 4th of July

The Supreme Court's Latest Union-Busting Decision

In the 1960s, the United Farm Workers began demanding better pay and working conditions for California's agricultural workers, who were subject to egregious exploitation and abuse. Led by César Chávez and Dolores Huerta, the union's campaign culminated in the passage of the California Agricultural Labor Relations Act. Among other guarantees, this landmark law

granted union organizers limited, temporary access to agricultural workplaces to speak with laborers. Businesses challenged the act as a violation of their property rights, but in 1976, the U.S. Supreme Court dismissed the case "for want of a substantial federal question."



The Supreme Court of

2021—stacked, as it is, with six conservative Republican-appointed justices—sees things differently. On

Wednesday, the court's conservative supermajority held that California's law violates the Fifth Amendment, which bars the taking of private property for public use "without just compensation." Remarkably, the majority held that the law

constitutes a "per se taking"—not a mere regulation, but an "appropriation" of property that flouts the owners' "right to exclude." The court's 6–3 decision in *Cedar Point Nursery v. Hassid* is thus a crushing blow to organized labor, which often relies on workplace access to safeguard workers' rights.

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Bipartisan Plan to Fix Social Security and Medicare Introduced.

Most older Americans have one question when it comes to their Social Security and Medicare benefits: Will my benefits be cut? This question is uppermost in our minds these days as the TSCL staff continues to assess the full impact that COVID-19 has had on the financing of Social Security and Medicare benefits and future solvency of the program.

Last year, the Social Security Trustees estimated that the retirement and survivor's trust fund and Social Security disability trust fund together would run short in 11 years — by 2032. The Medicare Hospital Insurance trust fund is due to become insolvent in just five years, in 2026.

There are new signs that Congress could soon take steps to consider ways to repair both the Social Security and Medicare Trust Funds to address looming shortfalls. Senator Mitt Romney of Utah reintroduced legislation

from the previous Congress called the TRUST—Time to Rescue United States' Trusts — Act. The legislation does not contain provisions that would make direct changes to Social Security or Medicare. Instead, it would establish a process for reform of these trust funds.

The TRUST Act would establish bipartisan "rescue committees" for the trust funds of the Social Security retirement and survivors insurance, and the Social Security disability insurance program, as well as one for Medicare. Each rescue committee would consist of 12 members of Congress appointed by Senate majority and minority leaders, the Speaker of the House, and the House minority leader. Each committee would be made up of an equal number of Democrats and Republicans.

The committees would be tasked with writing legislation to



prevent trust fund depletion and to improve long term solvency. The committees would have 180 days to come up with their plans, and any proposal would need majority support of the committee, including at least two lawmakers from each party. Legislation reflecting these proposals would receive fast track consideration in both the House and the Senate, but the bills would still require 60 votes to pass in the Senate.

As yet, TSCL has not taken any position on this legislation. We have too many unanswered questions; starting with — Do older Americans support this legislation? Establishing these rescue committees sets up a special legislative process for highly contentious changes that we strongly feel should be debated in public hearings to allow input from organizations representing the interests of

beneficiaries. The committee process so far does not include any mention of public hearings.

In addition, much of this process could take place behind closed doors, and the rules for expedited consideration would make it difficult to fully review and analyze the impact that changes would have on those affected. Finally, TSCL is highly concerned that rescue plans would contain options that would cut benefits, including provisions that would increase the full retirement age, reduce benefits, and "chain" or cut the COLA. All of these options have been discussed as provisions in reform plans in the past, by committees tasked with coming up with plans to reform Social Security, and we expect they would come up again.

The Alliance for Retired Americans strongly opposes the TRUST Act. [Read our position paper.](#)

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Get The Message Out: SIGN THE GPO/WEP PETITION!!!!

Alliance Urges Congress to Lower Drug Prices Now

On Tuesday the Senate Finance Committee chaired by **Sen. Ron Wyden** (OR) released its **Principles for Drug Pricing Reform** legislation. The reforms call for allowing Medicare to negotiate lower drug prices, ensuring that consumers pay less for their drugs at the pharmacy counter, and holding

pharmaceutical corporations accountable when they raise drug prices more than the overall rate of inflation are all critical.

“Our members welcome the principles for drug pricing reform released by the Senate Finance Committee. They are a step in the right direction and once enacted into law will provide real relief to

the American people,” said **Richard Fiesta**, Executive Director of the Alliance, in a press statement. “Americans continue to pay the highest prices in the world for prescription drugs, and seniors are bearing the brunt of this crisis. Older Americans are fed up and are demanding that Congress put

their needs ahead of pharmaceutical corporations now, not later.”

Fiesta urged the Senate and the House to move drug pricing legislation as soon as possible, adding that drug prices are going up month after month with no end in sight.



Rich Fiesta,

Data Show Massive COVID Death Toll in Nursing Homes; Crucial Information Missing in Florida

According to the most extensive examination yet of the **effects** of COVID-19 among its most vulnerable victims, deaths among Medicare patients in nursing homes increased by 32% last year, with two devastating increases eight months apart. According to a **report** from the Department of Health and Human Services’ inspector general, roughly 4 of 10 Medicare recipients in nursing homes had or were thought to have had

COVID-19 in 2020, and fatalities increased by 169,291 from the year before the coronavirus arrived.

Because it included numbers from the early part of last year, amid the original coronavirus outbreak, Tuesday’s report was the most thorough yet from the government.

However, before May 8, 2020, more than four months into the pandemic, Medicare did not mandate nursing homes to report

COVID-19 infections and deaths.

In addition to the missing data at the beginning of the pandemic, Florida’s Department of Health **appears** to have removed some data from public view. This data included the number of people who have died of the virus in each county, detailed vaccination information, and a list of long-term care facilities with coronavirus infections and deaths. The change occurred when the Florida Department of Health

switched its COVID-19 reports from daily to weekly earlier this month.

“Full and complete data is needed to prevent future pandemics or infectious diseases from sweeping through nursing homes,” said Alliance Secretary-Treasurer **Joseph Peters, Jr.** “We urge Florida to start releasing the complete information again



Joseph Peters, Jr.

The “Medicare Tax” That Never Made It To The Medicare Trust Fund

A controversial “Medicare” tax on net investment income that was signed into law shortly after passage of the 2010 Affordable Care Act is expected to once again come under debate according to The Senior Citizens League (TSLC). “During the battle over The Affordable Care Act, a new source of funding — a 3.8% Medicare Net Investment tax was enacted — presumably as means to strengthen Medicare funding,” says Mary Johnson, a Medicare policy analyst for The Senior Citizens League. “But the truth is those revenues, which the **Joint Committee on Taxation (JCT) estimates** to be \$27.5 billion for 2021, never actually made it into the Medicare Part A Trust Fund,” she says.”

When Medicare solvency is under discussion, the focus is often placed on the Medicare Part A Trust Fund (hospital insurance), which is primarily financed by payroll taxes. The last time Medicare Part A Trust Fund was forecast to become insolvent was in 2009. That year, the Medicare Trust Fund was forecast to become insolvent

by 2017. In 2010, Congress enacted the Affordable Care Act which changed Medicare revenues in two ways. It added an additional payroll tax of 0.9% to the 1.45% of Medicare taxes paid by high earning individuals with wages over \$200,000 (\$250,000 if married). A second provision affecting individuals with this level of income, imposed a new 3.8% tax on a portion of net investment income. Estates and trusts can also be subject to this tax.

While the additional payroll tax went directly to the Part A Trust Fund, the 3.8% “Medicare” net investment tax was never transferred to Part A. It wound up going straight into the U.S. General Fund where it could be appropriated for any government spending.

According to the **Federal Register** “Amounts collected under section 1411 are not designated for the Medicare Trust Fund. The Joint Committee on Taxation in 2011 stated that’s because No provision is made for the transfer of the tax imposed by this



provision from the General Fund of the United States Treasury to any Trust Fund.”

In fact, unlike the additional Medicare tax on high earners, this 3.8% net investment tax was not even a specific provision of the **Affordable Care Act**. It was a provision of a separate bill, the **Health Care Education and Reconciliation Act of 2010** which was passed about two days after the Affordable Care Act. By setting up the revenues so that they would flow to the General Fund, Congress by-passed earmarking those revenues for Medicare Part A or Part B Trust Fund. That means when the funds are used for other government spending, the Medicare Trust Funds are not earning any interest from the federal government for the use of those funds.

Now Medicare Part A is projected to again become insolvent, perhaps by 2024. Policy experts are proposing that the revenues raised by the 3.8% net investment income tax should be “re-directed” to the Part A Trust

fund rather than the federal government general revenue.

“It’s about time,” states Johnson. At the time of passage of the Affordable Care Act, this tax was widely referred to as a **“Medicare” tax** in the media, by tax and investment professionals, and, many lawmakers sold it to the public that way. “Now those revenues are needed by the Medicare Part A Hospital Insurance Trust Fund,” says Johnson. Part A is three years from insolvency and faces an estimated funding gap of more than \$515 billion over the next ten years.

TSLC advocates for legislation that makes affordability for Medicare beneficiaries a priority. Medicare healthcare costs are the fastest growing cost that retired households face, and beneficiaries often shoulder a heavy financial burden. “Cutting Medicare benefits, while shifting more costs to beneficiaries, would be the wrong way to strengthen program financing” says Johnson.

Drugs With Direct-to-Consumer Advertising Make up More Than Half of the Total Amount Spent on Prescriptions by Medicare and People with Medicare

A recent Government Accountability Office (GAO) **report** found that of the \$560 billion that Medicare and people with Medicare spent on prescription drugs from 2016-2018, more than half was spent on drugs that were advertised. The report also looked at what types of medications were advertised most often and found that two-thirds of advertisers' spending focused on just 39 drugs, half went to promote newly marketed drugs, and nearly half centered on drugs to treat chronic conditions.

The report looked at Medicare and beneficiary spending on medications covered by both Part D and Part B and found that of the top 10 drugs with the highest Medicare expenditures, four were also among the top 10 drugs in terms of direct-to-consumer advertising spending, including a blood thinner, an arthritis medication, a cancer treatment, and a pain management medication.

Though this overlap, as well as changes to beneficiary use



and increases in advertising at particular times, suggests that advertising may contribute to a drug's use and spending amounts by people with Medicare, the report also notes that other factors likely contribute to those changes. For example, the GAO review found that increases in unit prices, prescriber decision-making, and promotions directed to prescribers may also impact beneficiary use and spending on certain drugs.

The findings raise questions

about direct-to-consumer advertising's impact on Medicare spending and drug utilization. The U.S. is **one of the only countries in the world** that allow direct-to-consumer advertising of prescription drug products, and it is a controversial policy. Groups, **including the American Medical Association**, have determined that the policy is having a negative impact and driving increased drug prices.

According to New OIG Report, COVID-19 Wreaked Devastation on Medicare Beneficiaries in Nursing Homes

This week, the U.S. Department of Health and Human Services Office of Inspector General (OIG) **released a report** that demonstrated the devastating impact of COVID-19 on people with Medicare who reside in nursing homes. While it was clear from early in the public health emergency that older adults and people with disabilities were disproportionately harmed by COVID-19 and that nursing homes were particularly

dangerous, some of the data had not been compiled and available until now.

The OIG found that 42% of Medicare beneficiaries who resided in nursing homes were diagnosed with COVID-19 or likely COVID-19 in 2020. Over half of Black beneficiaries and nearly half of Hispanic and Asian beneficiaries in nursing homes had or likely had COVID-19. At the height of the pandemic, over 6,600 beneficiaries were being



diagnosed with COVID-19 or likely COVID-19 per day. The infection rate was the same across age groups and genders, but it was higher for people who are dually eligible for both Medicare and Medicaid.

The staggering numbers of infections in nursing homes took a huge toll, increasing the mortality rate for beneficiaries across age groups and genders in nursing homes by 32% over 2019, with Asian, Hispanic, and Black beneficiaries seeing the

largest increases. These data demonstrate the urgent need to increase the pandemic readiness of nursing homes, **reduce the number of people in nursing homes through better at-home supports**, and better prepare the national infrastructure for future public health emergencies. They also show, **as previous data has shown**, that COVID-19 disproportionately affects communities of color.

The Pandemic Led To The Biggest Drop In U.S. Life Expectancy Since WWII

A new study estimates that life expectancy in the U.S. decreased by nearly two years between 2018 and 2020, largely due to the COVID-19 pandemic. And the declines were most pronounced among minority groups, including Black and Hispanic people.

In 2018, average life expectancy in the U.S. was about 79 years (78.7). It declined to about 77 years (76.9) by the end of 2020, according to a **new study** published in the *British Medical Journal*.

"We have not seen a decrease like this since World War II. It's a horrific decrease in life expectancy," said Steven Woolf of the Virginia Commonwealth University School of Medicine

and an author of the study released on Wednesday. (The study is based on data from the National Center for Health Statistics and includes simulated estimates for 2020.)

Beyond the more than 600,000 deaths in the U.S. directly from the coronavirus, other factors play into the decreased longevity, including "disruptions in health care, disruptions in chronic disease management, and behavioral health crisis, where people struggling with addiction disorders or depression might not have gotten the help that they needed," Woolf said.

The lack of access to care and other pandemic-related disruptions hit some Americans



much harder than others. And it's been well documented that the death rate for Black Americans was **twice as**

high compared with white Americans.

The disparity is reflected in the new longevity estimates. "African Americans saw their life expectancy decrease by 3.3 years and Hispanic Americans saw their life expectancy decrease by 3.9 years," Woolf noted.

"These are massive numbers," Woolf said, that reflect the systemic inequalities that long predate the pandemic.

It is impossible to look at these findings and not see a reflection of the systemic racism

in the U.S.," **Lesley Curtis**, chair of the Department of Population Health Sciences at Duke University School of Medicine, told NPR.

"This study further destroys the myth that the United States is the healthiest place in the world to live," Dr. Richard Besser, president of the Robert Wood Johnson Foundation (an NPR funder), said in an email.

He said wide differences in life expectancy rates were evident before COVID-19. "For example, life expectancy in Princeton, NJ—a predominantly White community—is 14 years higher than Trenton, NJ, a predominantly Black and Latino city only 14 miles away," Besser said.... **Read More**

Calming Computer Jitters: Help for Seniors Who Aren't Tech-Savvy

Six months ago, Cindy Sanders, 68, bought a computer so she could learn how to email and have Zoom chats with her great-grandchildren.

It's still sitting in a box, unopened.

"I didn't know how to set it up or how to get help," said Sanders, who lives in Philadelphia and has been extremely careful during the coronavirus pandemic.

Like Sanders, millions of older adults are newly motivated to get online and participate in digital offerings after being shut inside, hoping to avoid the virus, for more than a year. But many need assistance and aren't sure where to get it.

A recent **survey from AARP**, conducted in September and October, highlights the quandary. It found that older adults boosted technology purchases during the pandemic but more than half (54%) said they needed a better grasp of the devices they'd acquired. Nearly 4 in 10 people (37%) admitted they weren't confident about using these technologies.

Sanders, a retired hospital operating room attendant, is among them. "Computers put the fear in me," she told me, "but this pandemic, it's made me realize I have to make a change and get over that."

With a daughter's help, Sanders plans to turn on her new computer and figure out how to use it by consulting materials from **Generations on Line**. Founded in 1999, the Philadelphia organization specializes in teaching older adults about digital devices and navigating the internet. Sanders recently discovered it through a local publication for seniors.

Before the pandemic, Generations on Line provided free in-person training sessions at senior centers, public housing complexes, libraries and retirement centers. When those programs shut down, it created an online curriculum for smartphones and tablets (www.generationsonline.org/apps) and new tutorials on Zoom and telehealth as well as a



"family coaching kit" to help older adults with technology. All are free and available to people across the country. Demand for Generations on Line's services rose tenfold during the

pandemic as many older adults became dangerously isolated and cut off from needed services.

Those who had digital devices and knew how to use them could do all kinds of activities online: connect with family and friends, shop for groceries, order prescriptions, take classes, participate in telehealth sessions and make appointments to get covid vaccines. Those without were often at a loss — with potentially serious consequences.

"I have never described my work as a matter of life or death before," said Angela Siefer, executive director of the National Digital Inclusion Alliance, an advocacy group for expanding broadband access. "But that's what happened during the pandemic, especially

when it came to vaccines."

Other organizations specializing in digital literacy for older adults are similarly seeing a surge of interest. **Cyber-Seniors**, which pairs older adults with high school or college students who serve as technology mentors, has trained more than 10,000 seniors since April 2020 — three times the average of the past several years. (Services are free and grants and partnerships with government agencies and nonprofit organizations supply funding, as is true for several of the organizations discussed here.)

Older adults using digital devices for the first time can call 1-844-217-3057 and be coached over the phone until they're comfortable pursuing online training. "A lot of organizations are giving out tablets to seniors, which is fantastic, but they don't even know the basics, and that's where we come in," said Brenda Rusnak, Cyber-Seniors' managing director. One-on-one coaching is also available... **Read More**

SCOTUS Reaffirms President Biden's Power to Remove Social Security Commissioner

The following is a statement from **Alex Lawson**, Executive Director of **Social Security Works**, on today's Supreme Court decision in the case of **Collins v. Yellen**:

"Even before the Supreme Court announced its decision today, it was clear that President Biden has the power to fire the Commissioner of Social Security, Andrew Saul. It's long past time for the president to use that power. Biden should have fired Saul on January 20th,

citing the 2019 **Seila Law** case as his power to do so. But for any Biden advisors who are still hesitating about the constitutionality of removing Saul, today's case should put those doubts to rest.

Today's case directly concerned Biden's ability to remove Mark Calabria, Director of the Federal Housing Finance Agency, which (as Justice Elena Kagan **pointed out**) has a similar leadership structure to



the Social Security Administration. The Supreme Court ruled that Biden had the authority to fire Calabria, and the White House promptly did so, stating that 'the President is moving forward today to replace the current Director with an appointee who reflects the Administration's values'.

Like Calabria, Saul is acting in opposition to the Biden administration's stated values. Biden ran on a platform of

protecting and expanding Social Security. He needs a Social Security Commissioner who will support that goal, not undermine it.

Powerful **members of Congress** have called for the removal of this **union-busting, anti-Social Security** Trump crony. The Biden administration should protect the American people's earned benefits by removing Saul from office immediately."

Walmart Offers Low-Priced Insulin to Counter Amazon's Drug Push

Walmart Inc. will offer its own brand of analog insulin for people with diabetes, an effort to boost its pharmacy business and counter Amazon.com Inc.'s recent push to sell more medications.

The world's largest retailer will begin selling ReliOn NovoLog this week in its U.S. pharmacies with a prescription, Walmart said in a statement

Tuesday. The medicine will cost between 58% and 75% less than the current cash price of branded insulin products for uninsured patients, Walmart said.

More than 3 million Walmart customers are diabetic, and the retailer already offers human insulin to them for about \$25. But that type is inferior to



analog insulin, a man-made variety that's designed to better mimic the body's own blood-sugar production and regulation. While widely considered the preferred option, analog insulin is expensive, prompting pleas from patients and Congressional **investigations** to lower the cost of the lifesaving drug.

"Diabetes is one of the most rapidly growing diseases in the country," Cheryl Pegus, executive vice president and head of Walmart's health and wellness business, said on a conference call. "We know from our customers that cost is a major factor in how you manage health care."... **Read More**

Senator Wyden sets forth principles for drug price reform

Jonathan Cohn reports for **The Huffington Post** that Senate Finance Committee Chair, Ron Wyden, just announced his principles for drug price reform. They are as centrist as can be. They speak to the need for lowering prescription drug costs for everyone in the US without compromising innovation. Now, we need the Congress to pass legislation that adheres to these principles.

Principle number one recognizes that the federal government should have the power to negotiate drug prices directly with manufacturers. Of course, that is a no-brainer. Without that federal power, because there is no meaningful drug price competition for brand-name drugs, Congress is allowing pharmaceutical companies to set drug prices.

Because pharmaceutical companies are setting drug prices in the US, tens of thousands of Americans are **dying prematurely each year**. They cannot afford their cancer, diabetes and heart medicines. If we paid the prices

that other wealthy countries pay for drugs, we'd be paying less than half and sometimes as little as one fourth of what we pay today.

Senator Wyden wants private health insurers and the people they cover to benefit from lower drug prices, along with people with Medicare. How Congress achieves that goal is an open question. It would be easiest if it gave everyone Medicare for free simply for the purpose of getting Medicare's negotiated drug price. That likely won't happen. Short of that, Congress might be able to make these low prices available through your local Federally Qualified Health Center.

Senator Wyden does not specify how he would bring down drug prices. He does not call for **international reference pricing**, which is the simplest way to ensure that drug prices come down without letting politics get in the way. It is the approach described in HR3, the House bill passed in 2019 that would lower drug prices for 250



drugs over ten years. Some say that international reference pricing is "passing the buck." They want an "American" solution. Really? If Congress passes it, it will be an American solution. Congress will have to decide which countries it should benchmark US drug prices to and under what circumstances. Congress will still have to decide what happens when Pharma fails to adhere to these prices.

In fact, international reference pricing is about as close to a "market solution" as we can get. If Congress allowed drug importation, drug prices in the US would end up being an international reference price of some sort.

Senator Wyden would also cap drug price inflation from one year to the next. In short, everyone would see lower drug costs at the pharmacy. Good idea. If not, Congress will only create a wedge that the pharmaceutical industry uses to pit people with Medicare against everyone else. And, if not,

millions of Americans who don't have Medicare will continue to die prematurely because they can't afford their medications.

Senator Wyden's principles for prescription drug reform should also lead to several hundred billion dollars in savings. That's money that could go towards putting an out-of-pocket cap in traditional Medicare as well as adding vision, hearing and dental benefits.

Senator Wyden recognizes that reining in drug prices will not affect the innovation we need. Rather, it will allow us to direct more money toward critical and effective innovations. Right now, pharmaceutical companies spend **relatively little on innovation**. Moreover, a lot of their innovation money is focused on developing me-too drugs (variations on a drug already available) that do not add meaningful value.

Medicare and Revenue – Looking Back, Looking Forward By Marilyn Moon, Center for Medicare Advocacy Visiting Scholar

We are pleased to present a new Issue Brief by Marilyn Moon – "Ensuring Medicare's Financial Health" – reviewing the fiscal solvency of Medicare and the Part A Trust Fund. Highlights are provided here. The full Brief is available at <https://medicareadvocacy.org/wp-content/uploads/2021/05/Issue-Brief-Medicare-Solvency.pdf>.

When Medicare was originally passed, a schedule of tax rate increases was put in place, with the expectation that more would be needed in the future. The original schedule went from 0.35% to 0.8% to begin in 1987. Just two years later, that schedule was increased to reach 0.9% in 1987 and after.

The rate of 0.9% was actually achieved by 1974. Since then it has been raised five times to 1.45% in 1986. There have been no further rate increases since

1986.

In 1986, when the last rate increase occurred, Part A spending totaled \$50.4 billion, or 1.1 percent of GDP. There were 28.3 million beneficiaries enrolled in the program at that time, about 11.4 percent of the population. By 2019, the total number of enrollees had reached 60.9 million, 18.6 percent of the population and spending was \$328.3 billion, 1.52 percent of GDP.

Other changes have helped keep the Part A Trust Fund solvent. The most important of these lifted the cap on the level of payroll subject to tax. That change occurred in 1994. In 2019, revenues to the Part A trust fund were about a third higher than if the cap were set at the same level as for Social Security.

Since Medicare was introduced, the role of payroll



taxes has been declining. In 1970, payroll taxes

accounted for 61.8 percent of Medicare spending but by 2019 had fallen to 36.4 percent. This is largely because there has been a major shift of spending from Part A, which is largely financed by payroll taxes, to Part B which is financed by general revenues (75 percent) and premiums (25 percent). In 1970, Part B was just 28 percent of the total program. In 2019, it amounted to 53 percent of combined A and B spending. And if Part D spending is included, the payroll tax share declines even further since it is also financed in the same way as Part B.

When Medicare was passed in 1965, the payroll tax applied to a greater share of GDP than it does today. After being stable for many years, the share of our economy that goes to labor has declined substantially since

2000, as interest and dividends have grown. This is important in terms of how well the payroll tax base represents growth in the economy. (Medicare is actually in better shape in this area than is Social Security since the cap on wages subject to the Medicare payroll tax was eliminated in 1994. For Social Security, the payroll tax cap is still in effect, at \$100,000, thus the share of wages subject to the tax has also declined because wages for those with higher incomes have grown faster than wages below the cap.)

If payroll is a declining share, then the tax base is not keeping up with economic growth and consequently it may become less adequate over time as compared to broader based (e.g. income) taxes. This may be relevant in deciding whether to continue to rely on the payroll tax to fund the Medicare Trust Fund.

Health care coverage denied? Appeal, it's easy

In its infinite wisdom, Congress is eyeing a fix for people with poor health insurance whose health care is wrongly denied or delayed. No, it's not guaranteeing everyone good health insurance. It's not even ensuring that health insurers pay claims appropriately and in a timely manner.

Rather, **CNBC** reports that some Democrats in Congress want to give people the right to sue their health insurance company.

If you have Medicare, you already have the **right to appeal denials of care**. Most people don't realize they can or that it's worth the time, so few people appeal. But, more than 75 percent of appeals result in coverage, according to the **Office**

of the Inspector

General. And, appealing a denial of care or coverage is easy and free. You don't need a lawyer.

To appeal, simply send a letter from your doctor justifying the need for a medical service to the address on your Explanation of Medicare benefits form or your Medicare Advantage form and request the appeal.

That said, if you want to sue your health insurance company in federal court because it denied your claim or it's not paying your medical bills in a timely fashion, chances are you can't. **Some Democrats want to change that.**

Health insurers generally write



their contracts to require arbitration of coverage disputes. They prevent class action lawsuits. Arbitration protects health insurers because decisions are neither open to public scrutiny or easy to appeal. Arbitration keeps the health insurers from being accountable for their bad acts.

Congresswoman Katie Porter, D-Calif. proposes the **Justice for Patients Act** would prevent health insurers from requiring arbitration. It would allow individual and class action lawsuits if patients preferred to go that route.

Lawsuits might help to hold health insurers accountable. Patients rarely win money in

arbitration disputes, according to the **Economic Policy Institute**. Fewer than one in ten arbitration disputes lead to financial rewards for patients.

So long as corporations can require consumers to engage in arbitration, they will. Porter's bill focuses exclusively on permitting lawsuits against health insurers. But, arbitration is required in all kinds of discrimination, sexual harassment and civil rights cases. People should have the right to sue corporations. Corporations have little to fear if their behavior is not egregious. The costs are steep enough and the time involved prolonged enough that lawsuits will never become the first line of attack.

U.S. lawmakers to investigate approval, pricing of Alzheimer's drug from

U.S. lawmakers on Friday announced an investigation into the approval and pricing of Biogen Inc's Alzheimer's drug, Aduhelm, amid concerns over its steep price and doubts if the clinical evidence proves the drug works.

The drug, which has a list price of \$56,000 per year, was approved by the U.S. regulators as the first treatment to attack a likely cause of Alzheimer's on June 7.

"We have serious concerns about the steep price of Biogen's new Alzheimer's drug

Aduhelm and the process that led to its approval despite questions about the drug's clinical benefit," House Committee on Oversight and Reform said in a statement.

The investigation has been announced by Rep. Carolyn Maloney, chairwoman of the Committee on Oversight and Reform, and Rep. Frank Pallone, Jr., Chairman of the Committee on Energy and Commerce.

Biogen said it will "of course cooperate with any inquiry we



may receive from these committees," in response to a Reuters request for comment.

At \$56,000 a year, the Kaiser Family Foundation estimates that Medicare could spend \$57 billion or more per year on Aduhelm, which is more than Medicare Part B spends on all other drugs combined, the House Committee said.

Health insurers and the Medicare program will bear most of the cost of the drug, whose price will vary based on dosage and discounts.

The Food and Drug Administration (FDA) approved the drug - despite strong objection from its own expert advisory panel - for all patients with Alzheimer's, although it has only been tested for patients in the early stages of the disease.

Three of the 11 members of FDA's independent advisory panel have resigned in protest over the agency's decision.

Shares of the drugmaker were down nearly 1% in after-market trading.

Center for Medicare Advocacy Releases Issue Brief Regarding Medicare and Family Caregivers

The Center for Medicare Advocacy has written an Issue Brief, *Medicare and Family Caregivers*, as part of collaborative work to advance the *RAISE Family Caregivers Act*, Public Law 115-119 (1/22/2018). The *RAISE Act* directs the Department of Health and Human Services to develop and maintain a national family caregiver strategy that identifies actions and support for family caregivers in the United States. The Center's Issue Brief explores the role Medicare does, and could, play in supporting older and disabled beneficiaries and their caregivers. The Issue Brief was written with support

from The John A. Hartford Foundation.

Over 62 million Americans who are 65 or older, and certain younger people with significant disabilities, rely on Medicare for health care coverage and access to care. Many Medicare beneficiaries depend on family members to provide or supplement their care. As the population ages, and lives longer with chronic conditions, the need for family caregiving, and support for caregivers, is increasing. Concurrently, however, access to Medicare-covered home health aide care continues to decline. This is often true even for individuals



who meet the Medicare law's qualifying criteria.

In order to better meet the needs of Medicare beneficiaries and their caregivers, the Center for Medicare Advocacy's *Issue Brief* makes several recommendations, including:

1. Ensure the scope of current Medicare home health benefits, generally, and home health aides, specifically, are actually provided. Simply put, ensure that current law is followed;
2. Create a new stand-alone home health aide benefit that would provide coverage without the current skilled care or

homebound requirements, using Medicare's existing infrastructure as the vehicle for the new coverage; and

3. Identify other opportunities for further exploration within and without the Medicare program, including additional Medicare revisions, demonstrations, and initiatives overseen by the Center for Medicare and Medicaid Innovation (CMMI).

The *Medicare and Family Caregivers Issue Brief* is available here: <https://medicareadvocacy.org/wp-content/uploads/2020/06/Medicare-and-Family-Caregivers-June-2020.pdf>

Silent Heart Attacks All Too Common, and Often Overlooked

In 2014, Marian Butts was hospitalized for fluid in her lungs. Right before being released, a cardiologist told her she had some heart damage from a previous heart attack. That was a shock to her and her family.

Years before, the Chesapeake, Virginia, resident, who has diabetes, had been treated for ongoing acid reflux and indigestion. That is one of the symptoms sometimes connected to a silent heart attack.

"We didn't recognize it. We hadn't even heard of a silent heart attack before," said her daughter, Debra Brabson. Her mother hadn't suffered from chest pain, shortness of breath or other more recognized signs of a heart attack.

Also called silent ischemia or a silent myocardial infarction, it may present with minimal, unrecognized or no symptoms at all. And it is more common than one might expect, said Dr. Michael Kontos, a cardiologist with VCU Health Pauley Heart Center in Richmond, Virginia.

Of the estimated 805,000 heart attacks each year in the U.S., a projected 170,000 of them are silent heart attacks, according to statistics from the American Heart Association.

"Most people would accept that women and people with diabetes are more likely to have silent or unrecognized (heart attacks)," Kontos said.

The symptoms of a silent heart attack can include indigestion, feeling like you have a strained muscle in the chest or upper back, or prolonged, excessive fatigue.

It is only later that evidence of a heart attack is discovered when a patient is being examined for another problem using an electrocardiogram or imaging test, such as an echocardiogram or cardiac MRI.

"Many times, people think that it is something else, and they get an EKG or echocardiogram and they end up getting diagnosed with a heart attack that they



didn't know they had," said Dr. Leslie Cho, director of the Women's Cardiovascular Center at the Cleveland Clinic.

"Oftentimes, people will say there was an episode where, 'I was very short of breath or tired, but I thought I was working too hard,' or whatever they thought it was."

The damage can vary, she said, with some people having "a silent heart attack in a small territory and the heart has performed its own natural bypass," while others develop serious heart complications such as heart failure.

Having a silent heart attack increases the risk of heart failure by 35% compared to people without evidence of a heart attack, according to a 2018 study in the *Journal of the American College of Cardiology*. The risk was even higher in people in their early 50s and younger.

Silent heart attacks also may increase the risk of stroke, based on preliminary research

presented earlier this year at the American Stroke Association's virtual International Stroke Conference.

And in the long run, silent heart attacks appear to be just as deadly as diagnosed ones.

A 2018 study in *JAMA Cardiology* found participants with a silent heart attack fared progressively worse over time. After 10 years, about half of them had died – the same death rate as participants who had a recognized heart attack.

Experts stress the need to educate the public about the more subtle symptoms of a heart attack and to not ignore them. Seeking early medical attention is important.

Since being diagnosed with a silent heart attack, Butts, now 77, has had surgery for breast cancer and recovered from COVID-19.

"She is very tough," her daughter said. "Women spend so much of their time taking care of other people that they ignore their own pain."

Could Home Test for Colon Cancer Mean a Big Medical Bill to Come?

You decide to take a popular colon cancer screening test that can be performed at home, and it comes back positive. A follow-up colonoscopy is scheduled, but then you suddenly receive a large and unexpected medical bill.

That's what happened to a Missouri woman who was hit with \$1,900 in medical expenses after using the popular at-home

colon cancer screening test called Cologuard.

Before using the test, Lianne Bryant checked with her insurance company and was told the test would be fully covered, *CBS News* reported.

The Cologuard test came back positive, so Bryant had a follow-up colonoscopy, which was negative. But then, "I start getting statements from my



hospital saying that I have a balance of \$1,900," Bryant told *CBS News*. "I'm thinking, well, I certainly don't owe that much. I mean, that's not possible."

Under the Affordable Care Act, only routine screening tests are covered. Because Bryant's Cologuard result was positive, her follow-up colonoscopy was

classified as a "diagnostic" test, which was not fully covered by her insurance. She would have been fully covered had she not used Cologuard first.

"I am mad because I pay so much every month for this insurance," Bryant told *CBS News*. "I just feel like I'm really getting raked over."...[Read More](#)

High Deductibles Keep Folks With Chest Pain From Calling 911

The public health message has always been loud and clear: If you are experiencing a medical emergency such as chest pain, dial 911 or go to the nearest emergency room.

But a new study shows that a \$1,000 or higher deductible on your health insurance plan may serve as a deterrent to seeking care when you experience chest pain that could signal a heart attack.

"Plans with high out-of-pocket costs, such as high-deductible health plans, put patients with chest pain in a difficult spot of balancing their financial well-being against the potential risk of significant heart disease," said study author Dr. Shih-Chuan Chou.

"If someone experiences chest pain, the best course of action remains to seek medical



attention in a timely fashion," added Chou, an emergency care physician at Brigham and Women's Hospital in Boston.

For this study, the researchers reviewed claims from a nationwide U.S. health insurer from 2003 to 2014. They identified people whose employers offered only low-deductible health plans with

(\$500 or less a year) during the first year and then mandated enrollment in a high-deductible health plan (\$1,000 or more a year) the second year. There were more than 500,000 employees in the high-deductible group and nearly 6 million people in a low-deductible health plan for two years in a row....[Read More](#)

Study Suggests COVID Vaccine Booster Shots Will Be Needed

One dose of a two-dose mRNA COVID-19 vaccine is enough to protect previously infected people, but it's likely they and everyone with two doses will still require booster shots at a later date, a new study suggests.

That's because antibodies triggered through either natural infection or vaccines decline at about the same rate, the University of California, Los Angeles researchers explained.

"Our data suggest that a person who previously had COVID-19 has a huge response after the first mRNA vaccination and has little or no benefit from the second dose," said senior author Dr. Otto Yang, a professor of medicine in the

Division of Infectious Diseases, and of microbiology, immunology and molecular genetics.

"It is worth considering changing public health policy to take this into account both to maximize vaccine usage and avoid unnecessary side effects," Yang said in a UCLA news release.

The two-dose Pfizer and Moderna vaccines trigger the immune system to produce antibodies against SARS-CoV-2, the virus that causes COVID-19.

Clinical trials showed that two doses of either vaccine provide about 95% protection against the virus, but the trials included few people who'd already been



infected. Also, it wasn't clear how quickly antibody levels and strength declined.

To find out, the UCLA team measured antibodies in 28 people who'd never been infected and in 36 people soon after they recovered from mild or severe COVID-19.

In those who'd never been infected, one dose of either vaccine produced antibody levels similar to those in people who'd had mild COVID-19, and two doses resulted in levels similar to those in people who'd had severe COVID-19.

In people who had COVID-19 prior to vaccination, the first dose produced a strong antibody response similar to severe

natural infection, but the second dose provided no additional increase in antibody levels.

The effectiveness of antibodies followed similar patterns, according to the study published June 23 in the journal *ACS Nano*.

It also found that after the second vaccine dose, declines in antibody levels in both groups were similar to what occurs after a natural infection, with an average loss of 90% within 85 days.

More research is needed, but these findings indicate that all vaccinated people will likely require booster shots, the study authors said.

99% of New U.S. COVID Hospitalizations, Deaths Occurring Among the Unvaccinated

Unvaccinated people now account for nearly all COVID-19 hospitalizations and deaths in the United States, federal government figures show.

An *Associated Press* analysis of May data from the U.S. Centers for Disease Control and Prevention found that infections in fully vaccinated people accounted for fewer than 1,200 (0.1%) of the more than 853,000 COVID-19 hospitalizations, and only about 150 (0.8%) of the more than 18,000 COVID-19 deaths.

Citing limitations in the data,

the CDC hasn't estimated rates of hospitalizations and deaths among fully vaccinated people, but the findings of the data analysis reflect what's being said by many health officials and experts, according to the *AP*.

Unvaccinated people account for 98% to 99% of COVID-19 deaths in the United States, Andy Slavitt, a former adviser to the Biden administration on COVID-19, said earlier this month.

On Tuesday, CDC Director



Dr. Rochelle Walensky said COVID-19 vaccination is so effective that "nearly every death, especially among adults, due to COVID-19, is, at this point, entirely preventable," and called such deaths "particularly tragic," the *AP* reported.

U.S. COVID-19 deaths have dropped dramatically from a mid-January peak of 3,400 per day.

But while vaccines have proven highly effective and the United States has a large supply, there's also been a steep drop in

demand, with a substantial percentage of Americans remaining resistant to vaccination.

About 63% of all vaccine-eligible Americans — those aged 12 and older — have received at least one dose, and 53% are fully vaccinated, according to the CDC.

There are likely to be outbreaks this fall and winter in unvaccinated pockets of the United States, resulting in more preventable deaths, experts predict.... [Read More](#)

Could a DNA Blood Test Spot a Range of Hidden Cancers?

Could a new one-and-done blood test designed to detect as many as 50 different types of cancer become a diagnostic game changer?

Yes, say researchers, who report the method appears accurate and reliable at identifying and locating cancer, including some kinds for which there are now no effective screening methods.

"[The test] sets the stage for a new paradigm of screening individuals for multiple cancer with a single blood test, as opposed to the current situation where we screen for individual cancers," said study leader Dr. Eric Klein, chairman of the Glickman Urological and

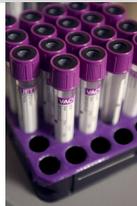
Kidney Institute at the Cleveland Clinic.

The new blood test looks for the presence of so-called cell-free DNA (cfDNA), a telltale sign of cancerous tumors.

The latest round of testing involved roughly 2,800 participants already diagnosed with cancer and 1,250 who were healthy. The results were dramatic, Klein said.

"Across all stages [of cancer], the test correctly identified when cancer was present in 51.5% of cases," he said.

The false positive rate -- meaning the frequency with which a test incorrectly identified disease when there



wasn't any -- was just 0.5%, Klein added.

Broken down stage by stage -- with stage 1 being early disease and stage 4 being very advanced cancer -- the blood test delivered far better results for later-stage disease.

For example, across all cancers, Klein said, the blood test had a "sensitivity rate" of 90.1% with stage 4 illness. That figure dipped to 77% for stage 3 cancer; 40.4% for stage 2, and 16.8% for stage 1.

Still, Klein pointed to the test's value as a means for discovering cancers that elude all the diagnostic tools now available. Among those are

cancers of the esophagus, liver and pancreas.

Across all stages of disease, the new test actually had a far higher sensitivity rate with elusive cancers than with ones for which there are already effective screening tools.

For example, the test had a sensitivity rate of 33.7% in diagnosing all-stage breast, bowel, cervical or prostate cancer, all of which can be screened by other means. But that figure jumped to 65.6% with hard-to-spot esophageal, liver and pancreatic cancers.... [Read More](#)

Lost Sense of Smell Returns for Almost All COVID Survivors

A year on, nearly all patients in a French study who lost their sense of smell after a bout of COVID-19 did regain that ability, researchers report.

"Persistent COVID-19-related anosmia [loss of smell] has an excellent prognosis, with nearly complete recovery at one year," according to a team led by Dr. Marion Renaud, an otorhinolaryngologist at the University Hospitals of Strasbourg.

Early in the pandemic, doctors treating people infected with SARS-CoV-2 began to realize that a sudden loss of smell was a hallmark of the illness. It's thought that COVID-linked "peripheral inflammation" of nerves crucial to olfactory function is to blame in these cases.

But as months went by, and many patients failed to recover

their sense of smell, some began to worry that the damage could be permanent.

The new study should ease those fears.

In their research, the French team tracked the sense of smell of 97 patients (67 women, 30 men) averaging about 39 years of age. All had lost their sense of smell after contracting COVID-19.

The patients were asked about any improvements in their smelling ability at four months, eight months and then a full year after the loss of smell began. About half were also given specialized testing to gauge their ability to smell.

By the four-month mark, objective testing of 51 of the patients showed that about 84% (43) had already regained a sense of smell, while six of the



remaining eight patients had done so by the eight-month mark. Only two out of the 51 patients

who'd been analyzed using the specialized tests had some impaired sense of smell one year after their initial diagnosis, the findings showed.

Overall, 96% of the patients objectively recovered by 12 months, Renaud's team reported. The study was published online June 24 in *JAMA Network Open*.

Dr. Theodore Strange is interim chair of medicine at Staten Island University Hospital, in New York City. He wasn't involved in the new study, but called the findings "very encouraging."

"The good news is that the loss of smell is not a permanent sequelae of COVID disease," Strange said.

That sentiment was echoed by Dr. Eric Cioe-Peña, director of global health at Northwell Health in New Hyde Park, N.Y. He said the findings, although very welcome, should remind everyone — especially the young — that a SARS-CoV-2 infection can do a lot of long-term harm.

"It's important that while the public is scrutinizing the vaccine, some to determine whether the 'risk is worth the benefit,' that we take into account not only hospitalization and death but these 'long haul' symptoms, which can affect people months and years after recovery from the virus itself," Cioe-Peña noted.

"The most important thing to take away from this study," he said, "is to get vaccinated and prevent exposure to long haul symptoms in the first place."

For People With Heart Failure, Statins May Lower Cancer Risk Too

Many people with heart failure take a cholesterol-lowering statin, and new research suggests those pills might also lower their odds for cancer.

Researchers analyzed data from more than 87,000 people in Hong Kong who had no history of cancer and were hospitalized for heart failure between 2003 and 2015.

They were followed until they were diagnosed with cancer, died or until the end of 2018, whichever came first.

During an average four years of follow-up, statin users had a 16% lower risk of developing cancer than non-statin users, according to the study published June 23 in the *European Heart Journal*.

Overall, 4.4% of the patients died from cancer, but the rate was lower among those who took statins.

"Ten years after starting statins, deaths from cancer were 3.8% among heart failure patients taking statins and 5.2%



among non-users -- a reduction in the absolute risk of death of 1.4%," study leader Dr. Kai-Hang Yiu, University of Hong Kong, said in a journal news release.

The benefit seemed to grow the longer the patient took a statin.

"The reduction in the absolute risk of developing cancer after six years on statins was 22% lower compared to those who received only between three

months and two years of statins," Yiu noted.

Overall, rates of death from *any* cause during 10 years of follow-up were 60.5% among statin users and 78.8% among non-statin users. That means that statin use was associated with a 38% reduced risk of death from any cause, the researchers said.

One U.S. expert said the findings make sense, given what doctors know about how statins work....[Read More](#)

Potato Chips, Fatty Lunches Greatly Raise Your Heart Risks

A steady lunch routine of cheeseburgers and fries may shorten your life, but loading your dinner plate with vegetables could do the opposite.

Those are among the findings of a new study looking at the potential health effects of not only what people eat, but when.

Researchers found that U.S. adults who favored a "Western" lunch — heavy in cheese, processed meat, refined grains, fat and sugar — were at heightened risk of premature death from heart disease.

The same was true of people who had a penchant for potato chips and other "starchy" snacks between meals.

On the opposite end of the spectrum were folks who got plenty of vegetables — specifically at dinnertime. They were nearly one-third less likely to die during the study period, versus people whose dinner plates rarely hosted vegetables.

Yet people who ate the most vegetables at lunch showed no such benefit.

Study author Wei Wei and colleagues, from Harbin Medical



University in China, said the findings point to the potential importance of timing in food choices.

Other experts, though, stressed that it's overall diet quality that matters.

"That is one of the findings of this study," said Lauri Wright, an assistant professor of nutrition and dietetics at the University of North Florida. "It still comes back to diet quality."

The fact that unhealthy lunches, specifically, were tied to ill effects does not mean those foods are fine at dinner, said Wright, who is also a

spokesperson for the Academy of Nutrition and Dietetics.

So-called Western lunches could be a marker of many other things, she said, including a busy, stressful daily routine that involves a lot of grab-and-go eating.

Similarly, Wright said, vegetable-filled dinners could signify other things about people: They might have more time for meal planning, for instance

There's no reason, Wright added, that a veggie-rich lunch habit wouldn't be healthy....[Read More](#)

As COVID Rules Ease, Common Colds Rebound Across America

Infectious disease expert Ravina Kullar's husband has a cold. So does her sister-in-law.

Meanwhile, the Cleveland Clinic's waiting rooms are becoming much more frequented by folks with coughs, sneezes and sniffles, said family medicine physician Dr. Neha Vyas.

These folks are part of a nationwide trend occurring as COVID-19 vaccinations rise, masks drop, protective restrictions lift, and life returns to some semblance of normal, experts say.

"Face masks have protected us not only from COVID-19 infection, but also other

respiratory infections such as colds, the flu," said Kullar, a consultant with Expert Stewardship Inc., a California company that promotes infection prevention in long-term care facilities. "People now are more susceptible to catching these respiratory viruses that someone acquires through the nasal passage or the mouth. It's right on par with lifting the restrictions."

Earlier this month, the U.S. Centers for Disease Control and Prevention issued an advisory warning that one of these bugs -- respiratory syncytial virus (RSV) -- has been on the rise in



13 states, mostly in the South. At the same time, there's been a strong uptick in sales of over-the-counter cold and flu medications, according to Catalina Marketing Corp., a company that tracks store purchases across the United States.

Among cough and cold remedies, there's been a 564% increase for kids' products and an 80% bump in medications aimed at adults compared to this time in 2019 and 2020, Catalina's data shows.

There's also been a 151% increase in vaporizer purchases, a 78% increase in chest rubs, a

48% increase in throat drops and a 19% increase in allergy or sinus remedies.

More people are also hitting the doctor's offices with cold symptoms.

For example, the Cleveland Clinic has had a noticeable uptick in patients with respiratory infections and sinus infections, Vyas said.

"There are correlations between the fact we are opening up places and dropping mask mandates and interacting more and going to sporting events and going back to the gym, and the rise we are seeing in respiratory illnesses," she said. ... [Read More](#)

Lilly to Seek FDA Approval for New Alzheimer's Drug

Fresh on the heels of the U.S. Food and Drug Administration's approval of the controversial Alzheimer's drug Aduhelm, the maker of a second medicine that works in similar fashion said Thursday it hopes to apply for approval of its medication later this year.

Eli Lilly said findings from a mid-stage clinical trial of 272 patients with early Alzheimer's suggest the drug donanemab slows declines in thinking and daily function, the *Associated Press* reported.

The company said it plans to examine the drug in a larger, late-stage trial that will complete enrollment by the end of the year, followed by an 18-month treatment period.

Donanemab has already

received a "breakthrough therapy" designation from the FDA, which is meant to hasten development and review of drugs considered to be potentially better than existing treatments. Donanemab, like Aduhelm, clears an Alzheimer's-linked protein called beta-amyloid from the brain.

Lilly may be able to file its application for approval in the next two or three months since the drugmaker appears to have all the data it needs, Dr. Vamil Divan, an analyst who covers the company for Mizhuho Securities USA, told the *AP*.

Just a few weeks ago, the FDA approved Aduhelm from Biogen, over the objections of independent advisers who said



the drug hasn't been shown to help slow Alzheimer's. The FDA said it was "reasonably likely" that Aduhelm would help patients, the *AP* reported.

Aduhelm -- the first new Alzheimer's drug approved in the United States in nearly 20 years -- is the only treatment likely capable of changing the course of the disease, rather than slowing symptoms like thinking/memory problems and anxiety, U.S. regulators said at the time.

On Wednesday, Biogen said another experimental Alzheimer's drug it developed with Eisai Co. was given breakthrough designation by the FDA, and that the drug, lecanemab, is being assessed in a

late-stage study, the *AP* reported.

Some 6 million Americans and many more worldwide have Alzheimer's disease, which slowly damages areas of the brain needed for memory, reasoning, communication and basic daily tasks.

Lilly and several other drugmakers have previously failed in attempts to find a treatment that slows the progression of the mind-robbing disease.

More than four years ago, Lilly said another potential drug it developed called solanezumab did not work better than a placebo in a study of over 2,100 people. That drug also aimed to clear potentially harmful protein from the brain.

Heart Failure Patients May Be at Higher Cancer Risk

Living with heart failure is hard enough, but a new study suggests that these patients may also face a higher risk of cancer.

Researchers looked at more than 100,000 heart failure patients and the same number of people without heart failure. Their average age was just over 72 and none had cancer at the start of the study.

Over 10 years of follow-up, cancer rates were 25.7% among heart failure patients and 16.2% among those without heart failure. By gender, rates were 28.6% in women with heart

failure, 18.8% in women without heart failure, 23.2% in men with heart failure and 13.8% in men without heart failure.

The study was presented June 28 at an online meeting of the European Society of Cardiology and simultaneously published in the journal *ESC Heart Failure*.

"This was an observational study and the results do not prove that heart failure causes cancer," said study author Mark Luedde, from Christian-Albrechts-University of Kiel and



Cardiology Joint Practice Bremerhaven, in Germany.

"However, the findings do suggest that heart failure patients may benefit from cancer prevention measures."

Heart failure affects roughly 65 million people worldwide.

"Our results allow us to speculate that there may be a causal relationship between heart failure and an increased rate of cancer. This is biologically plausible, as there is experimental evidence that

factors secreted by the failing heart may stimulate tumor growth," Luedde said in an ESC news release.

"While heart failure and cancer share common risk factors such as obesity and diabetes, these were accounted for in the analysis by matching," he explained. But the researchers did not have information on smoking, alcohol consumption or physical activity, so these factors were not used in the analysis. ... [Read More](#)