Rhode Island Alliance for Retired Americans®

RI ARA

Affiliated with the Rhode Island AFL-CIO
"Fighting for the future of our members."
"NOW, more than ever!!!"

Publication 2024 Issue 21
Published in house by then RI ARA

June 2, 2024 E-Newsletter

Message from Alliance *for* Retired Americans Leaders

Under Pressure, Postmaster General Agrees to Pause Consolidations at Dozens of USPS Facilities

Embattled Postmaster General **Louis DeJoy** has agreed to pause some of the most controversial changes he has implemented in response to complaints from lawmakers and post office customers. This includes halting his plans to consolidate dozens of processing facilities until at least January 1, 2025, ensuring the overhaul is paused until after the upcoming presidential election, which is sure to include millions of ballots cast by mail.

Republican and Democratic lawmakers have called on Postmaster General **Louis DeJoy** to delay or stop the consolidation plan, some of which would shift the bulk of mail processing across state lines. The decision marks a reversal for DeJoy, who just last week remained resolute in defending his vision as the only way forward for the Postal Service.

According to **Government Executive** news, the Postal Service is moving processing operations away from hundreds of cities and towns in favor of 60 mega-centers throughout the country, among its sweeping changes. USPS is conducting "mail processing facility reviews" at local facilities to determine if they are good candidates for this consolidation effort, a procedure DeJoy has now agreed to temporarily stop. That will lead to nearly 60 facilities remaining open and operating normally. Mail delays have spiked in fiscal 2024 and have been particularly problematic in places that have already implemented DeJoy's plans.

Many lawmakers had sounded the alarm that mail delays resulting from the network changes could adversely affect the upcoming election. However, USPS has vowed to comb through every sorting site to ensure mailed ballots are delivered in a timely manner, and the newly announced pause should help alleviate some of those concerns.

A recent inspector general **report** found the use of a new regional processing center in Richmond, Virginia, led to worse service, a spike in late and canceled mail transportation trips and other issues.

"This pause is welcome news for all seniors, voters and consumers who rely on the post office for many of their ballots, medications and other important documents and packages to be delivered but this does not end our concerns," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "The Alliance fights for the USPS when there are misguided attempts to change things for the worse, and this is one of those times.

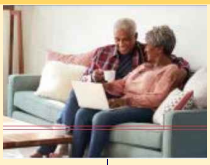

Joseph Peters, Jr.
Secretary
Treasurer ARA

Debt Commission Legislation Fast Tracks Cuts to Social Security and Medicare

On January 18, 2024 the House Budget Committee passed H.R. 5779, the Fiscal Commission Act, introduced by Rep. Bill Huizenga (R-MI), on a 22-12 vote and House Republican leaders say they are looking to get it to the House floor quickly.

Sens. Joe Manchin (D-WV) and Mitt Romney (R-UT) have also introduced companion legislation in the Senate, S. 3262, the Fiscal Stability Act.

The legislation establishes a 16-member "Fiscal Commission" appointed by congressional leaders. Twelve members of the commission would be members of Congress and the other four would be "outside experts." It would make recommendations on how to balance the federal budget to address the growth of direct spending and to improve the solvency of Federal trust funds, including Social Security and Medicare, for at least 75 years. There is no requirement that the Commission's deliberations would be open to the public.



The Commission's recommendations would then be delivered to Congress immediately following the November 2024 elections, with the requirements that each chamber conduct an immediate up or down vote on the recommendations without any opportunities for changes or amendments. The bills only discuss cuts without mentioning consideration of revenue increases.

Alliance for Retired Americans Position

The Alliance for Retired Americans strongly opposes H.R. 5779 and S. 3262, and any other legislation to create committees or commissions to do the work of Americans' elected representatives without input from the American people.

Retirees have earned their Social Security and Medicare benefits over a lifetime of work. The benefits ensure older Americans receive the health care they need, and provide income for more than 66 million Americans. These benefits are critical and they should not be cut.

The Alliance urges Congress to strengthen the solvency of our nation's retirement programs and expand Social Security and Medicare benefits by making the wealthiest pay their fair share into these programs.

Social Security Does Not Contribute to the Deficit

The premise of the commission is flawed. Social Security does not contribute to the federal debt or the deficit. By law, the Social Security Administration cannot borrow funds. The program has its own dedicated revenue source — specifically, payroll contributions from workers, as well as interest on special interest bonds and revenue from higher earners who pay taxes on their Social Security earnings.

ADD YOUR NAME

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

Rhode Island Alliance *for* Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-480-8381
riarajap@hotmail.com • http://www.facebook.com/groups/354516807278/

Governor McKee must live up to his promises for Rhode Island's nursing homes

Op-Ed
Boston Globe/RI
May 21, 2024
By John A. Pernorio

Establish the Nursing Home Workforce Standards Board and hold nursing homes accountable to invest public dollars in frontline staff and residents


John A. Pernorio

When Governor McKee was elected, he set forth clear objectives to raise incomes and improve health care outcomes across Rhode Island. These promises are particularly poignant in the context of our current nursing home crisis — a sector where these pledges are far from being met.

In October 2024, Rhode Island nursing homes are poised to receive a record Medicaid reimbursement rate increase of 14 percent, or nearly $70 million, with an additional $10 million in leftover American Rescue Plan Act funding coming in July. The Rhode Island Nursing Home Staffing and Quality Care Act stipulates that 80 percent of any Medicaid increase should be directed to frontline workers, which will inexplicably apply to the July increase but be withheld from the rest. By doing so, Governor McKee is giving nursing home owners a blank check with no accountability measures while giving frontline caregivers the equivalent of a one-time bonus that will do nothing to lift them out of poverty. Failing to implement a wage passthrough is a stark contradiction to Governor McKee's goals and has profoundly real-world consequences on care.

Unfortunately, I know these consequences all too well. In October 2023, I was sent to Heritage Hills Rehabilitation & Healthcare Center in Smithfield to recover from a blood infection. For the two weeks I was there, it was hell. Let me start by saying that the CNAs on staff were great. But overall, because of short staffing, it was inhumane and degrading. There was only one CNA for 12 patients, especially in the long-term dementia wing. Because of the high patient-to-CNA ratio, call buttons took 30 to 60 minutes to be answered. In one instance, I had to lay in bed for more than five hours with a soiled brief before help arrived. On many occasions when we were supposed to have four CNAs on shift, a CNA would call out leaving only three CNAs. I found out that, during my stay, every day they were short-staffed.

My story is sadly only one of many. Our state is grappling with a severe quality of care issue, having ranked second nationwide for serious nursing home deficiencies in the last three years. These deficiencies are not just statistics; they translate into preventable tragedies and loss of life.

The economic plight of those who work in these facilities is just as dire. Nearly half of all Rhode Island CNAs rely on public assistance to survive — a clear indication that their compensation is insufficient. It begs the question: Why are taxpayers footing the bill for both Medicaid and the resultant public assistance for underpaid health care workers?

During my stay, I was told by many staffers about the high turnover of CNAs because of the low wages and stressful working conditions. To put it in the words of one CNA, "Nobody wants to clean soiled patients for $15 an hour when they could flip burgers at McDonald's for $20 an hour."

Low wages and lack of support are driving a caregiver exodus with nearly a 50 percent turnover rate in Rhode Island nursing homes. With over 18,000 active CNA licenses in the state, 12,000 are unaccounted for as many have moved to less demanding jobs in retail or services. With 9,000 CNA licenses expiring this year, the situation will worsen unless decisive action is taken.

The Raise the Bar on Resident Care Coalition proposes a holistic solution to this crisis — the establishment of a Nursing Home Workforce Standards Board, which would include all stakeholders and use data-driven approaches to set fair compensation and training standards. What's more, we are calling on Governor McKee to ensure that all reimbursement rate increases include a wage passthrough to our dedicated nursing home staff.

Governor McKee, we implore you to honor your commitments. Collaborate with us to establish the Nursing Home Workforce Standards Board and hold nursing homes accountable to invest public dollars in frontline staff and residents. Your administration's actions now will demonstrate whether your promises to raise incomes and improve healthcare outcomes were genuine or just empty campaign rhetoric. It is time for decisive leadership that lives up to the promises made to Rhode Islanders. Let us not fail those who depend on us the most.

John A. Pernorio is the president of the Rhode Island Alliance for Retired Americans.

White House lauds PACT Act as it hits 1 million toxin claims granted to vets

The White House announced Tuesday that more than 1 million claims have been granted through the PACT Act, a landmark law passed in 2022 that gave veterans expanded access to apply for compensation and relief related to toxic exposures during service.

More than 880,000 veterans are receiving disability benefits through the PACT Act across the entire country and its territories, according to the White House.: 0

The White House announced Tuesday that more than 1 million claims have been granted through the PACT Act, a landmark law passed in 2022 that gave veterans expanded access to apply for compensation and relief related to toxic exposures during service.

More than 880,000 veterans are receiving disability benefits through the PACT Act across the entire country and its territories, according to the White House.

President Biden is expected to formally deliver the news later Tuesday during an event with veterans and their families while in New Hampshire.

Secretary of Veterans Affairs (VA) Denis McDonough said the PACT Act has "helped us bring VA to vets, rather than making them change their lives to come to us."

"Now, the president's been quite clear that we at the VA have more work to do and nothing will stop us from fulfilling our sacred obligation … to serve America's vets every bit as well as they have served us," he said in a press call. "We won't rest until every veteran and every survivor gets the VA health care and benefits they deserve."

The VA still has many more claims to work through. Last year, **veterans submitted** more than 2.4 million claims, a 39 percent increase from 2022, for a total of 4.17 million claims since the PACT act became law.

"We're processing those claims at the fastest rate in history," said McDonough.

The PACT Act has also created $5.7 billion in earned benefits for veterans, and **more than 5 million veterans** have received free screenings for toxic exposures through the law.

The White House also released a specific breakdown Tuesday of how many claims have been granted through the PACT Act in each state. Texas has the highest number granted at 110,629, followed closely by Florida at 87,792 and California with 74,363.

Neera Tanden, White House domestic policy adviser, said Biden has been proud of the VA's "fast actions and diligent implementation" of the claims.

"The PACT Act is changing the way we serve toxic exposed veterans," she said in a press call. "This is truly personal for the president, given his experiences as a military parent."

The PACT Act is having a big effect across the VA. More than 440,000 veterans enrolled into VA health care last year, a **30 percent increase** year-over-year. The VA has expanded its staff to meet the demand.

Social Security Recipients Who Retired During the Pandemic Era Face a COLA Shock Next Year. Here's Why.

The Motley Fool

If you first started claiming Social Security in the past couple of years, you've experienced something very different than those who retired and got their benefits before you. The annual Social Security benefits increases that came your way have been generous raises that gave you a good amount of extra money in your checks.

That trend may not continue forever, though. In fact, in 2025, you could be in for a shock when you see the size of the Cost of Living Adjustment (COLA). The COLAs of recent years have been high by historical standards For recent retirees, here are the benefits increases Social Security has provided each year:

- In 2024, benefits increased by 3.2% compared with the prior year.
- In 2023, there was an 8.7% benefits increase.
- In 2022, benefits jumped up by 5.9%.

So, if you first retired in 2021 or after, you've never seen a small COLA, much less a year without a raise at all. However, that's not the standard when it comes to Social Security. In fact, between 2010 and 2020, there was just one year when the benefits increase topped 3.00%. And, recent retirees may find themselves facing a return to those lower raises in 2025 -- which could come as a shock if they aren't expecting such a small benefits bump.

Your COLA could be a disappointment next year

Now, the actual COLA that retirees will get in 2025 hasn't yet been announced. The Cost of Living Adjustment is calculated by using data from the third quarter of the year, so the information needed to determine the raise Social Security recipients will get is not yet available.

However, the Senior Citizens League's most recent projections suggest a 2.6% raise. This is a big jump up over their early predictions for next year, as TSCL originally estimated the raise would be just 1.75% when they made projections in January of this year.

The exact raise will depend on whether inflation is trending upward or downward. But a 2.6% benefits bump, or an even smaller one closer to that 1.75% projection, is going to come as a surprise to those who have gotten used to the much bigger increases of recent years.

Now, retirees shouldn't necessarily be too upset about that, as a smaller **COLA** is indicative of the fact that inflation has slowed down. That's because the COLA formula is designed to track cost increases so seniors maintain their buying power. Since inflation isn't great for seniors who most likely also have money in a **401(k)** or savings account, a slowdown in price increases isn't a bad thing even if does come with a smaller raise.

Still, COLAs can be confusing, and those who don't really understand how the formula works may be expecting their monthly payment to go up a good amount next year if that's what they're used to from the past couple of years. This could lead to disappointment and even budget issues without adjusting expectations. Recent retirees should learn now that COLAs are not going to stay at the level they've been in the post-pandemic era and should make sure they're not anticipating extra **Social Security** money coming that they won't get when the new year rolls around.

How Medicare Benefits Would Change Under Plan Proposed by Doctors

Newsweek

Doctors are pushing for a key **Medicare change** that would expand coverage to your next dentist appointment.

A group of dentists came together last week to ask **Congress** to add **dental coverage** to Medicare. The group pointed out that more current beneficiaries need to visit a dentist each year.

If Medicare included dental coverage, more beneficiaries would be likely to go to the dentist. Improved dental health could save them thousands in out-of-pocket costs annually.

"Fewer than half of Medicare beneficiaries see a dentist each year," Dr. Lisa Simon, an associate physician at Boston's Brigham and Women's Hospital and a faculty member at Harvard Medical School, told Congress. "When they do, they spend more than $1,000 out of pocket on their care."

Currently, dentistry coverage under Medicare Advantage plans often keeps recipients on private company plans instead of traditional Medicare, which offers no such coverage.

"Dental plans are often a draw for beneficiaries that choose Medicare Advantage," Simon said. "But my research has found that beneficiaries with Medicare Advantage have rates of dental access that are just as low and out-of-pocket costs that are just as high as traditional Medicare beneficiaries. Medicare Advantage is not the solution here."

Dr. Myechia Minter-Jordan, president and CEO of Boston's CareQuest Institute for Oral Health, echoed Simon's statements. She added that because of Medicare's current guidelines, around 25 million older Americans and people with disabilities have no dental benefits.

"There is currently no financial support for adults to purchase dental insurance through [the Affordable Care Act's] Health Insurance Marketplace," Minter-Jordan said. "And adult dental coverage is optional under state Medicaid programs, which means that coverage varies widely from extensive benefits to none at all."

For those that go without dental care, cavities and gum disease are common. But there are also larger health problems that can be missed without routine dental visits, including those related to diabetes.

"This would be an overwhelmingly positive development for Medicare recipients if added," Alex Beene, a financial literacy instructor at the University of Tennessee at Martin, told *Newsweek*. "There's a reason why many in the medical community are advocating for the switch: The additional expenses individuals accumulate when visiting the dentist have caused many to avoid seeing one altogether."

Vermont Senator **Bernie Sanders**, who chairs the **Senate**'s Committee on Health, Education, Labor and Pensions, has pushed for similar programs to expand dental coverage for America's vulnerable residents.

"The lack of affordable dental care in America is a problem all over our country," Sanders has said. "But it is especially acute for lower-income Americans, pregnant women, people with disabilities, veterans, those who live in rural communities, and Black, Latino and Native Americans."

Sanders also said the lack of access and affordability has become "so absurd" that some Americans travel to Mexico, India, Thailand and other places to get inexpensive dental care.

The senator also said 1 in 5 seniors has lost teeth because of the challenges involved in getting dental coverage.

Medicaid, the federal health care program for low-income Americans, has dental care coverage, but many have had concerns with the way it's handled.

"The reimbursement rate under Medicaid is so lousy that frankly it's the illusion of coverage without the power of access," Louisiana Senator **Bill Cassidy** said, according to the *Pagosa Daily Post* in Colorado. "If you're losing money on every patient you see who's covered by Medicaid, you can't make it up."...**Read More**

Do You Qualify for Spousal Social Security Benefits? 3 Things to Know Before Applying

The Motley Fool.

Social Security can go a long way in retirement, especially as costs continue to rise and it becomes more difficult to save.

The average retiree collects just over $1,900 per month in benefits, as of December 2023. But retirement benefits aren't the only type of Social Security available. Spouses could also qualify for spousal benefits, potentially boosting your payments by hundreds of dollars per month.

There are some strict eligibility requirements for spousal benefits, though. Here's what you need to know.

1. There are a few basic requirements to qualify

For general spousal benefits, the main requirement is that you must currently be married to someone who is entitled to either retirement or disability benefits. In addition:

- You must have been married for at least a year
- You'll need to wait until your spouse begins taking Social Security before you can file
- You must be at least 62 years old

If you're caring for a child under age 16 or a disabled child, you could be entitled to spousal benefits at any age. Also, the one-year marriage rule generally doesn't apply in this case as long as your spouse is the parent of the child.

The maximum you can collect is 50% of the amount your spouse will receive at their **full retirement age (FRA).** To earn that amount, you'll need to wait to file until your own FRA -- which is age 67 for anyone born in 1960 or later. If you file before your FRA, you'll receive a reduced payment each month.

Also, unlike retirement benefits, delaying claiming past your FRA won't increase your payments. While you can wait to start collecting spousal benefits, there's no financial incentive for waiting beyond your FRA.

2. Divorced spouses can sometimes qualify, too

If you've previously been married, you can sometimes qualify for divorce benefits based on your ex-spouse's work record. The requirements for this type of benefit include:

- Your previous marriage must have lasted for at least 10 years
- You cannot currently be married (though you can still qualify if your ex-spouse has remarried)
- You must be at least 62 years old
- You must wait until your ex-spouse begins taking benefits if you've been divorced for fewer than two years

Like with spousal benefits, the maximum divorce benefit is 50% of your ex-spouse's benefit at their FRA. Claiming divorce benefits also won't impact your ex-partner's payments, nor will it affect their current spouse's ability to receive spousal benefits.

3. Your retirement benefits could disqualify you

It is possible to receive spousal or divorce Social Security if you're also entitled to retirement benefits based on your own work history. However, it will depend on how much you're earning.

To still qualify for spousal or divorce benefits, your payments must be larger than what you'll receive in retirement benefits. The Social Security Administration will pay out your retirement benefit first, then you'll receive an additional payment so that your total benefit equals the higher amount.

So, for example, say you're entitled to $1,000 per month in retirement benefits based on your work record, and your spouse will receive $3,000 per month at their FRA.

Your maximum spousal benefit in this case, then, is $1,500 per month. You'll receive your $1,000 retirement benefit first, then an additional $500 per month so that your total payment is $1,500 per month. If your retirement benefit is higher than what you'd receive in spousal or divorce benefits, you won't qualify for this type of Social Security at all.

The average spouse of a retired worker receives around $912 per month from Social Security, which can make a major difference in retirement. Not everyone will qualify for spousal or divorce benefits, but if you're eligible, it pays to take full advantage of it.

SOCIAL SECURITY FULL RETIREMENT AGE

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

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

The Motley Fool

How to Talk to a Loved One About Senior Living

Starting the conversation with a loved one about moving to senior living can be challenging, but these tips can help.

When an older loved one begins having difficulty completing **the tasks of daily living** – laundry, driving, shopping, managing a household and just plain looking after themselves – it's time to talk about what happens next.

But these conversations can be awkward and uncomfortable. It's not uncommon for older adults to balk when a loved one broaches the topic of moving into a senior living residence. Being faced with one's own mortality can lead to fear and denial.

"For someone experiencing physical or **cognitive decline**, it's difficult to accept that we can't do some of the things we used to do and took for granted," says John Mastronardi, executive director at The Nathaniel Witherell, a short-term rehabilitation and skilled nursing facility in Greenwich, Connecticut.

These conversations, however, are important, and the following suggestions may make having it a bit easier.

Talk to Your Siblings First

If you have siblings, be sure you all agree that it's time to have the **senior care** discussion. Settle any disagreements among yourselves before you talk to your loved one. Presenting a united front is important when approaching a loved one about moving into senior care.

If you can't agree, consider contacting a social worker or elder care specialist to help you resolve your issues. Sometimes, an outside perspective from someone who's worked with others dealing with the same issues can help you find the best way forward.

Know the Various Senior Living Options

There are so many **different senior living options** available, it's important to have an understanding of what they are before you approach your loved one. **Types of communities** include:

- **In-home health care**
- **Independent living**
- **Assisted living**
- **Continuing care retirement communities** (CCRC)
- **Nursing homes**
- **Group homes**

Early on, your loved one may need minimal assistance, and hiring a part-time **home health aide** might be enough to keep them healthy and safe for a while. However, your loved one's needs may change over time, and eventually, they may need to physically **move** into another facility, such as a nursing home or **memory care facility**.

To prepare for the conversation with your parent, research what senior living options are nearby. Search online and gather brochures or other marketing materials from places that look promising to show your loved one. Give them a chance to consider these options, and ask whether any of them look appealing and worth touring….**Read More**

From Medicare Rights Center: *Medicare Watch*

KFF Report Highlights Medicare Coverage Rules for Sexual and Reproductive Health Services

Last month KFF **released a report** and **fact sheet** explaining Medicare's coverage rules and restrictions for coverage of sexual and reproductive health services.

Because of the common understanding of Medicare as insurance for older adults, discourse about the program can often overlook the needs of people with Medicare who can become pregnant. The report notes that, contrary to these assumptions, one million women1 of reproductive age receive their health insurance from Medicare. Compared to women with Medicare who are over age 65, those eligible for Medicare due to disability are more likely to be Black or Hispanic, have lower incomes, and be in worse health.

Inaccurate stereotypes about older people and people with disabilities can also lead discussions around Medicare to de-emphasize or ignore benefits including screenings for sexually transmitted infections and HIV. The report found these benefits to be largely on-par with coverage in Medicaid and under private insurance.

The report notes that while many contraceptive products are covered under Medicare Part D, coverage and cost sharing for specific methods, particularly intrauterine devices, contraceptive implants and tubal ligation is more variable and limited than what is covered by Medicaid or by federal coverage requirements for private insurance. Abortion care is extremely curtailed – the **Hyde Amendment** prohibits coverage for abortion care unless the pregnancy is the result of rape or incest, or when the pregnancy poses a threat to the life of the pregnant person. Unlike Medicaid, Medicare also leaves pregnant people with cost-sharing obligations for all pregnancy-related services. This includes cost sharing for prenatal visits and for breastfeeding supports and supplies that are covered without cost sharing in most private insurance.

Medicaid Unwinding Extension as Eligible People Lose Access to Care

During the COVID-19 pandemic, states had the option to get increased federal funding for Medicaid if they agreed to place a hold on redeterminations until March 31, 2023. These continuous enrollment provisions meant that states did not assess enrollees' eligibility to receive Medicaid, so people were not required to prove they continued to qualify for Medicaid coverage.

Starting in April of 2023, states could start resuming their redetermination processes, with an initial target date of June 2024 for completion of the "unwinding" process. **Many experts and advocates** worried that unwinding put access to Medicaid coverage for millions of people who were still eligible at risk. These fears were well founded, as KFF analysis of the early unwinding data showed that nearly 1.4 million people across 22 states lost Medicaid as of June 20, 2023. 71% of this population had their coverage terminated for procedural reasons, such as incomplete paperwork and outdated contact information.

The effect on some populations has been devastating. Native Americans, for example, have **reported high levels of procedural disenrollments**, leading to loss of coverage and access to care.

In an attempt to mitigate some of these issues, the Biden-Harris administration urged states in mid -2023 to slow their processes and avoid costly mistakes. But, to date, **more than 21 million people** have been disenrolled from Medicaid, with 69% being disenrolled for procedural reasons.

With an estimated one quarter of redeterminations still to go, the **administration recently extended state access to waivers** that ease the unwinding process to June 30, 2025. At Medicare Rights, we strongly support this extension and other actions from the administration and states to limit the use of procedural disenrollments and improve processes to avoid dropping eligible people from Medicaid coverage.

I'm a Social Security Expert: This Is What Your Benefit Should Be in 5 Years

Anyone planning to rely on Social Security in retirement probably knows the program is on thin financial ice.

While your benefits are safe for now, they **won't be for long without action**. A simmering crisis will boil over in the 2030s if Congress doesn't shore up the program before then, but **what's in store for your benefits in the nearer term over the next half-decade?**

There's Not Much To Fear in the Next Five Years

Barring something unforeseen, Social Security will exist as we know it throughout the 2020s. There will be tweaks and modifications, but those are built into the program's existing legal framework. For example, the law has required annual cost-of-living adjustments (COLAs) since 1975 to ensure that benefits keep pace with inflation. But there's no reason to expect a radical change this decade.

"Social Security is very much safe in the near term," said Nicholas B. Creel, Ph.D., assistant professor of business law and director of the **Center for Innovation at Georgia College and State University**. "It's going to be paying out promised benefits in full until at least the early to mid-2030s, even if the government doesn't do anything to shore it up in the meantime."

The average monthly benefit in 2023 is around $1,780 — an amount that varies based on retirement age and Social Security contributions during work life. The benefit changes each year based on cost of living. The 2024 average will be 3.2% higher. The typical COLA bump is no more than 2% though, so in five years the average benefit is likely to be between $1,900 and $2,000.

In 10 Years, Something's Got To Give

Although it currently feels far off in the distance, an unavoidable crisis is on the horizon; without action, Social Security in its current form will not endure beyond the next decade. "According to the Trustees of the Social Security trust fund, Social Security's reserved funds will be depleted by the end of 2033, at which point the SSA will only cover 77% of scheduled benefits," said Lindsey Crossmier, a financial researcher and writer for **RetireGuide.com**.

The SSA's 2023 Status of the Social Security and Medicare Programs report backs up Crossmier's assertion. In 10 years, the program's reserve trusts will run out, and beneficiaries will rely solely on incoming payroll taxes to fund their payments. That will be enough to cover only a little more than three-quarters of promised benefits.

10 Years Might Be Wishful Thinking

While the program is almost certainly safe for the next five years, there's no guarantee that the 2033 depletion timeline will hold. In fact, it likely will shorten — it has already in the recent past.

"Unfortunately, the estimated year for Social Security's reserve depletion keeps being pushed up," Crossmier said. "Last year, 2034 was the predicted depletion year. Now, as of 2023, the director of the Congressional Budget Office expects Social Security funding depletion to start in 2032."

The Bipartisan Policy Center confirms Crossmier's numbers. When inflation hit a 40-year high last year, beneficiaries received an equally historic 8.7% COLA to account for the rapidly rising prices that beneficiaries were experiencing. While the largest COLA in four decades was welcome and necessary, it depleted the program's coffers even further and accelerated the date of insolvency — and the next economic crisis could add even more fuel to the fire…**More**

Will Congress extend Medicare telehealth coverage?

During the Covid-19 pandemic, Congress opened up telehealth coverage in Medicare and millions of older adults and people with disabilities have taken advantage ever since. Telehealth allows them to get medical attention without the burden of leaving home. But, with the pandemic behind us, the Medicare telehealth coverage provisions are set to expire at the end of this year. Emily Olson reports for HealthcareDive on a House Ways and Means Committee bill that would extend telehealth coverage in Medicare through 2026.

As of now the House Committee bill to extend telehealth coverage another year has unanimous bipartisan support. They have until the end of this year to get it through Congress.

If passed, the bill would lift all geographic restrictions on telehealth services. For a time, telehealth was available only to rural residents. The bill would also allow more health care providers to offer health care services through the internet and phone. The entire House of Representatives will vote on the bill shortly.

While there is widespread support for telehealth, there is some concern about it as well. Does it allow for appropriate treatment? How does it affect the most vulnerable people with Medicare? And what are the risks of fraud and abuse?

Medicare's coverage of telehealth services improves access to care for many people, particularly people in rural communities. It also makes it easier for people to get mental health services.

The Preserving Telehealth, Hospital, and Ambulance Access Act, as written, covers Medicare telehealth services by FQHC's, federally qualified health centers, as well as rural health clinics. It also allows most hospice agencies to use telehealth for recertification purposes as an alternative to face-to-face requirements.

Of note, telehealth does not come for free. But, bill sponsors believe that its costs will be covered by money-saving prescription drug requirements

Help for Seniors: Your Guide to Assistance Programs & Services

Did you know there are literally thousands of programs that provide help for seniors in America? Whether you are struggling with the cost of housing or home repairs, looking for ways to save on prescriptions or hearing aids, or seeking affordable legal guidance, you can probably find senior citizens assistance programs that are designed to address needs like yours. In fact, the range of available services is so vast that the biggest challenge might be identifying the options that work best for your particular situation. A good starting point in any search for senior assistance options is to check with your local Area Agency on Aging or use the online **Eldercare Locator** provided by the U.S. Administration on Aging. Either method can direct you to a host of services for older adults in your area. The **directory of resources** at the end of this article includes many more sites that can help you find the benefits and programs that are most applicable to you.

The following sections provide information on the many different resources that are available to help older adults meet their needs and improve their quality of life. Check out specific information about 11 different topics, or use the directory of resources to track down additional assistance.

Help related to:

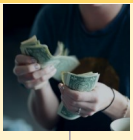
- **Income and taxes**
- **Medicare and prescriptions**
- **Hearing aids**
- **Mobility aids**
- **Dental care**
- **Housing and rent**
- **Mortgages**
- **Home repairs, improvements, and modifications**
- **In-home care**
- **Downsizing**
- **Legal matters**
- **Technology**
- **An essential directory of helpful resources**

Want surgery? Some hospitals make you pay upfront

Melanie Evans reports for the **Wall Street Journal** on the rise of hospitals requiring patients to pay upfront for their surgery. In one case, a hospital wanted $2,000 from a patient's mother or would postpone her daughter's surgery if she could not come up with the money. While the patient is insured, she has a high deductible so her insurance would not cover the treatment.

The good news: If you have Medicare, you should never have to pay upfront for your care. The problem is greatest for insured Americans with high-deductible health plans. That said, one recent study by the Consumer Financial Protection Bureau found that older adults owe **$54 billion in medical debt**.

Paying upfront is a challenge for millions of working Americans. In a **Kaiser Family Foundation survey**, half of adults said they could not pay an unexpected bill for $500 for their care without having to borrow money. GoFundMe is too often a solution. People do not have enough savings.



Some hospitals have essentially flipped the way they do their billing. Rather than waiting until after a procedure to bill a patient, they are refusing to perform the procedure without a payment in advance. They don't want to be dealing with patients who won't or can't pay the bill after they have been treated.

Many people are in a bind, without the money they need to get needed care for themselves and their families. Sometimes they must delay critical care. Other times they find that the hospital overcharged them and need to spend their time getting the refunds they are due.

People giving birth, needing knee replacements and CT scans are increasingly being asked to pay in advance for these services.

Which hospitals are requiring these upfront payments? It appears that hospitals owned by UnitedHealth are among them. While hospitals cannot turn away patients who need emergency care, they can refuse to treat people needing elective care.

Today, hospitals collect nearly a quarter (23 percent) of patient bills in advance of treatment. That's up from one fifth (20 percent) just two years ago.

Hospitals do not want to be forced to write off debt. And, even patients with insurance today are not able to cover their costs. Advance payments are how hospitals are getting around this issue to the detriment of many patients and their families.

If there's any benefit to these upfront charges, they let the patients know their costs so that they can possibly comparison shop. That is generally an impossible task, as it can mean switching doctors or traveling too great a distance to get needed care.

Before you pay a hospital bill upfront:

- Ask about other options. Non-profit hospitals must offer charity care for people who can't afford to pay. **Dollar For** is a non-profit that can assist you in getting charity care.
- If the cost is high, ask whether there is a way to pay a lower price or to pay in installments with no interest.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

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

High Price of Popular Diabetes Drugs Deprives Low-Income People of Effective Treatment

For the past year and a half, Tandra Cooper Harris and her husband, Marcus, who both have diabetes, have struggled to fill their prescriptions for the medications they need to control their blood sugar.

Without Ozempic or a similar drug, Cooper Harris suffers blackouts, becomes too tired to watch her grandchildren, and struggles to earn extra money braiding hair. Marcus Harris, who works as a Waffle House cook, needs Trulicity to keep his legs and feet from swelling and bruising.

The couple's doctor has tried prescribing similar drugs, which mimic a hormone that suppresses appetite and controls blood sugar by boosting insulin production. But those, too, are often out of stock. Other times, their insurance through the Affordable Care Act marketplace burdens the couple with a lengthy approval process or an out-of-pocket cost they can't afford.

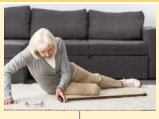
"It's like, I'm having to jump through hoops to live," said Cooper Harris, 46, a resident of Covington, Georgia, east of Atlanta.

Supply shortages and insurance hurdles for this powerful class of drugs, called GLP-1 agonists, have left many people who are suffering from diabetes and obesity without the medicines they need to stay healthy.

One root of the problem is the very high prices set by drugmakers. About 54% of adults who had taken a GLP-1 drug, including those with insurance, said the cost was "difficult" to afford, according to **KFF poll results** released this month. But it is patients with the lowest disposable incomes who are being hit the hardest. These are people with few resources who struggle to see doctors and buy healthy foods.

In the United States, Novo Nordisk charges about $1,000 for a month's supply of Ozempic, and Eli Lilly charges a similar amount for Mounjaro. Prices for a month's supply of different GLP-1 drugs **range from $936 to $1,349** before insurance coverage, according to the Peterson-KFF Health System Tracker. Medicare spending for three popular diabetes and weight loss drugs — Ozempic, Rybelsus, and Mounjaro — reached $5.7 billion in 2022, up from $57 million in 2018, according to **research by KFF**. The "**outrageously high**" price has "the potential to bankrupt Medicare, Medicaid, and our entire health care system," Sen. Bernie Sanders (I-Vt.), who chairs the U.S. Senate Committee on Health, Education, Labor and Pensions, wrote in a letter to Novo Nordisk in April….**Read More**

Blood Pressure Meds Raise Fracture Risks for Those in Nursing Homes



Blood pressure medications appear to more than double the risk of life-threatening bone fractures among nursing home residents, a new study warns.

The increased risk stems from the drugs' tendency to impair balance, particularly when patients stand up and temporarily experience low blood pressure that deprives the brain of oxygen, researchers reported recently in the journal ***JAMA Internal Medicine***.

The risk is compounded by interactions with other drugs and nursing home patients' existing problems with balance, they added.

"Bone fractures often start nursing home patients on a downward spiral," said lead researcher **Chintan Dave**, academic director of the Rutgers Center for Health Outcomes, Policy and Economics.

"Roughly 40% of those who fracture a hip die within the next year, so it's truly alarming to find that a class of medications used by 70% of all nursing home residents more than doubles the bone-fracture risk," Dave added in a Rutgers news release.

About 2.5 million Americans live in nursing homes or assisted living facilities, researchers said in background notes. Up to half suffer **falls** in any given year, and up to 25% of those falls result in serious injury.

For the study, researchers analyzed Veterans Health Administration records for nearly 30,000 elderly patients in long-term care facilities between 2006 and 2019.

Researchers compared the 30-day risk of hip, pelvis and arm fractures for those taking blood pressure meds to those who don't.

The fracture risk for people on blood pressure medication was 5.4 fractures per 100 people per year, compared with 2.2 per 100 for those not on blood pressure drugs.

The risk was even greater in certain groups -- at least triple in people with dementia, those with systolic blood pressure above 139 and those with diastolic blood pressure above 79. Systolic is the first number on a blood pressure reading, and diastolic is the second number.

A combination of less medication and better support could help protect the health of the elderly, researchers concluded.

"Caregivers can't strike this right balance of risk and reward if they don't have accurate data about the risks," Dave said. "I hope this study gives them information that helps them serve their patients better."

What to Expect During Rehab After Hip Replacement

Hip replacement is a major, arduous elective surgery, and rehabilitation afterwards takes time, according to an expert from Johns Hopkins Medicine in Baltimore.

It'll also take coordinated planning between yourself, your care team and your family and caregivers, said **Dr. Savya Thakkar,** an orthopedic surgeon and expert in minimally invasive and robotic-assisted total joint replacements at Hopkins.

Hospital discharge

Hospital stays after a hip gets replaced are not long, Thakkar said.

"Most patients can start walking and can go home the day of the surgery," Thakkar said in a Hopkins news release. "Most people don't need bed rest. In fact, moving your new joint keeps it from becoming stiff."

Post-surgical overnight hospital stays are typically only mandated for folks with underlying medical conditions (for example heart or lung issues that might need monitoring).

Or, if you do not have someone who can take you home and then help you out there, an extra night in the hospital might be warranted.

Inpatient rehab at the hospital could also be advised for patients who've had particularly complex hip replacement surgeries, Thakkar added

Hospital discharge

Hospital stays after a hip gets replaced are not long, Thakkar said.

"Most patients can start walking and can go home the day of the surgery," Thakkar said in a Hopkins news release. "Most people don't need bed rest. In fact, moving your new joint keeps it from becoming stiff."….**Read More**

Pedestrians Twice as Likely to Be Hit by Electric Cars Versus Gas-Powered Ones

Many people have been caught by surprise when an electric-powered car has smoothly and silently crept up on them as they walked.

But such an accident can pose a very serious risk to life and limb, and pedestrians might be twice as likely to be hit by an electric or hybrid car than a gas-powered vehicle, researchers reported May 21 in **the *Journal of Epidemiology & Community Health***.

It's even more risky in urban areas, with people there more than three times as likely to be hit by an electric car compared to a gas-powered model, researchers found.

"Drivers of electric or hybrid-electric cars must be cautious of pedestrians who may not hear them approaching and may step into the road thinking it is safe to do so, particularly in towns and cities," said the team led by **Phil Edwards**, an epidemiologist with the London School of Hygiene and Tropical Medicine.

"The greater risk to pedestrian safety posed by electric or hybrid-electric cars needs to be mitigated as governments proceed to phase out petrol and diesel cars," the researchers wrote.

Traffic injuries are the leading cause of death for children and young people, researchers said, adding that pedestrians represent 1 in 4 traffic deaths.

To study the potential added risk from electric vehicles, researchers analyzed UK data from 2013 to 2017 on pedestrian deaths and types of vehicles involved in such accidents.

During that period, more than 120,000 British pedestrians died in a traffic collision, with more than 96,000 hit by a car or taxi.

Three-quarters of pedestrians (74%) had been hit by a gas-powered vehicle, compared with just 2% by electric or hybrid cars -- not surprising, given how much more popular gas vehicles remain.

But after taking into account number of miles driven, researchers found that electric and hybrid cars posed a much greater risk to pedestrians than gas vehicles.

Average annual casualty rates for pedestrians were more than 5 deaths per 100 million miles of road travel for electric cars, compared to just under 2 and a half deaths per 100 million miles for gas-powered cars….**Read More**

New guidelines on alcohol consumption is likely to expose its many risks

I've written about the **risks of consuming alcohol** several times now. Despite the fact that we have been told for decades that a little bit of alcohol can lower the risk of heart disease, there is mounting evidence that you're better off staying away from alcohol altogether. Isabelle Cueto reports for **StatNews** on past government alcohol consumption guidelines tainted by the influence of the alcohol industry and new independent guidelines to be released next year.

Bottom line, the people preparing the research findings on alcohol consumption in the 1990's were allowed to design the studies, collect the evidence and disseminate the results. Now, the guidelines are being updated. And, notwithstanding claims of fewer heart attacks among French people than Americans because they drank wine every day and broadcast on 60 Minutes in the 1990's, it appears that the research was flawed; the alcohol industry was involved.

The earlier research did not take account of the people who did not drink because of an illness and other considerations. There was no reason to connect alcohol consumption with better health.

The Stat News article explains the tight link between politics and money, which affected the guidelines on alcohol consumption. Congress had created an independent advisory committee in the 1990's as a result of questions about the alcohol guidelines in the 1980's. But, it appears that the committee was far from independent. Members had ties to different food industries.

As recently as 2020, a scientific panel tried to recommend limiting sugar and alcohol intake and **federal officials wouldn't allow it.** The US Department of Health and Human Services and the US Department of Agriculture share responsibility for overseeing the recommendations on an alternating basis.

This time, a new set of committees are overseeing the process, doing independent reviews. Their results will be released in 2025. The belief among independent experts is that the committee members looking at the evidence will recognize the risk of certain cancers and other chronic diseases from any amount of alcohol consumption and likely recommend against consuming any alcohol.

FDA Panel Gives Nod to Blood Test for Colon Cancer

A U.S. Food and Drug Administration advisory panel on Thursday recommended the approval of a new blood test that can spot colon cancer.

The panel voted 7-2 that the benefits outweigh the risks when using the Guardant Health's Shield test for **colon cancer**. "The advisory committee's strong support for the approval of Shield reinforces the crucial role that a blood test option can have in improving [colon cancer] screening rates for those at average risk," Guardant co-CEO **AmirAli Talasaz**, said in a company **news release** announcing the panel vote.

"Despite the importance of detecting colorectal cancer early, there are notable barriers that can deter average-risk Americans from completing existing screening methods," Talasaz added. "Shield effectively detects cancer at an early stage when it is most treatable. Providing people with this blood test alongside other noninvasive stool tests can increase the rate of colorectal screening and potentially reduce preventable [colon cancer] deaths."

If approved by the FDA, Shield would become the second blood-based colon cancer test in the United States: Epigenomics' Epi proColon was **approved** in 2016.

Roughly 150,000 U.S. patients are diagnosed with colon cancer annually and it is the second-leading cause of cancer fatalities in the country, with more than 50,000 deaths each year, according to the **American Cancer Society**.

Currently, colonoscopy is the gold standard test for colon cancer, but adherence to it is low because it is invasive and preparation for the test is daunting. Other tests include fecal tests such as Exact Sciences' Cologuard, but blood-based tests are considered more convenient, *NBC News* reported.

Panelists raised concerns that Guardant's test was not as accurate as colonoscopy, especially as Shield detected only 13% of pre-cancerous tumors called advanced adenomas, *NBC News* reported. This issue was also raised by FDA staff in **briefing documents**.

Guardant's application for approval was based on a study that showed the test detected 83% of colon cancers, according to the FDA documents.

Shield "is better than nothing, but I don't want to downplay the issue that this test is going to miss a lot of cancers," panel member **Charity Morgan,** a professor in the department of biostatistics at University of Alabama, said during the panel meeting, *NBC News* reported.

The company expects the test will need to be repeated every one to three years, Guardant Health executive **Victoria Raymond** said during the meeting, but added that "colonoscopy should be the prioritized option," *NBC News* reported.

Deadly GallBladder Cancers Rising Among Black Americans

Gallbladder cancer rates are steadily increasing among Black Americans, even as they remain stable or decline for most other Americans, a new study warns.

Further, growing numbers of cases among Black people are not being diagnosed until **later stages**, according to the findings presented Monday at Digestive Disease Week 2024 in Washington, D.C.

"Gallbladder cancer diagnosis at late stage can be highly detrimental," increasing a person's risk of death and leading to more intensive and complex cancer treatment," said lead researcher **Dr. Yazan Abboud**, an internal medicine resident at Rutgers University New Jersey Medical School.

Gallbladder cancer has few to no symptoms in early stages, making it hard to detect, the researchers noted.

For the **study**, the scientists analyzed records for nearly 77,000 patients diagnosed with gallbladder cancer between 2001 and 2020 in the U.S. Cancer Statistics database, which covers nearly 98% of the U.S. population.

Gallbladder cancer rates were stable among whites and declined at an average rate of 0.6% for Hispanic people, researchers found.

But gallbladder cancer rates increased by more than 1% per year, on average, for Black people.

Further, detection of late-stage tumors increased by nearly 3% a year, on average, during the study period.

"This could be due to a lack of timely access to healthcare leading to delayed diagnosis," Abboud said in a meeting news release.

Gallbadder cancer is one of the most aggressive forms of cancer, with a five-year survival rate of just 19%, researchers said.

About 43% of cancers in this study were found in late stages, including nearly 44% of cancers in Black patients compared to 41% in white and Hispanic people.

Late-stage symptoms include abdominal pain or bloating, unexplained weight loss, and yellow skin and eyes, researchers said.

Future studies should look into the reasons behind these racial disparities, with a goal of improving early detection across the board, Abboud noted.

Findings presented at medical meetings should be considered preliminary until published in a peer-reviewed journal.

Only Half of Americans Feel Prepared to Save a Life in Emergencies: Poll

Only about half of Americans feel prepared to help someone during a medical emergency, a new poll finds.

Only 51% of Americans think they would be able to perform hands-only CPR to help someone who's collapsed. Similarly, only 49% feel they could step in and staunch serious bleeding, while 56% said they can help someone who's choking to death.

"Before emergency responders arrive, it's up to us as the public to initiate care," said **Dr. Nicholas Kman**, an emergency medicine physician at Ohio State Wexner Medical Center and a clinical professor of emergency medicine at the Ohio State University College of Medicine.

"For every minute that passes, the chance of survival drops, and if they do survive, there's less chance of a good neurologic outcome," Kman added in a university news release.

Hands-only CPR is essential to saving the life of someone who's suffering from cardiac arrest. About 60% to 80% of people die before reaching the hospital, and bystander CPR can double or triple survival rates, doctors said.

"We would love the public to learn how to do hands-only CPR and practice the skill of doing CPR every six weeks," Kman said. "Like with any skill, practice builds confidence. If we don't practice it, we lose that skill."

Training to stop serious bleeding also can save the lives of people who've been deeply wounded in household mishaps or car crashes, researchers added.

"Initiating hemorrhage control is something that you have to do very quickly," Kman said. "We know from different studies that a patient with major bleeding can die in two to five minutes, depending on the location of the bleed."

And learning the Heimlich maneuver is critical to saving a person's life if they're choking on food or an object.

"Somebody who's choking will eventually run out of oxygen, collapse and have a cardiac arrest," Kman said. Lack of oxygen also will quickly lead to brain damage.

Training for these lifesaving skills is available in-person and online through many different local organizations and employers, Kman said.

"We're responsible for each other," Kman said. "When you're trained in these lifesaving skills, you'll know how to recognize the signs that someone needs help and buy time until the responders can get there."

The Ohio State University poll involved 1,005 people surveyed between April 5 and 7.

Subtle Mental Declines Occur Before Older Folk Quit Driving

One of the toughest decisions seniors face is when to give up their keys and stop driving.

Even slight changes to the ability to remember, think and reason can lead a senior to decide to stop driving, a new study finds.

Impaired cognitive function foreshadows the decision of many seniors to give up driving, even more so than age or physical changes related to Alzheimer's disease, researchers found.

And routine brain testing -- in particular, screening meant to detect the earliest and most subtle decline -- could help older adults make safe driving decisions while still preserving their independence, the study concluded.

"Many older drivers are aware of changes occurring as they age, including subjective cognitive decline," said researcher **Ganesh Babulal**, an associate professor of neurology at Washington University School of Medicine in St. Louis.

"Doctors should discuss such changes with their older patients," Babulal added in a university news release. "If risk is identified early, there is more time to support the remaining capacity and skills, extending the time they can drive safely, and to plan for a transition to alternative transportation options to maintain their independence when the time comes to stop driving."

For the study, researchers tracked 283 people with an average age of 72 who drove at least once a week and had no cognitive impairments at the start.

The participants underwent brain testing every year for an average of nearly six years, researchers said.

They also received brain scans and provided cerebrospinal fluid every two to three years, to look for early signs of Alzheimer's disease.

From the start, about a third of the people met the criteria for Alzheimer's disease without any symptoms, based on abnormal amyloid and tau proteins found in their brains and spinal fluid.

During the study, 24 participants stopped driving, 15 died and 46 people developed cognitive impairment, researchers said.

Three factors predicted who would stop driving during the study, researchers found -- symptoms of cognitive impairment, worsening screening scores for Alzheimer's and being a woman.

Women were four times more likely to stop driving than men during the course of the study, results show…..**Read More**

Cannabis Edibles Are Triggering Poisonings Among Older Users

The legalization of cannabis and the popularity of its edible versions is having an unexpected effect: More seniors landing in emergency departments with overdoses.

A new Canadian study found "cannabis poisonings" in the province of Ontario tripled among older users after edibles became legal, compared to the pre-legalization era.

“Overall, this study shows the health outcomes of cannabis legalization and commercialization for older adults and highlights the consequences associated with edible cannabis,” wrote a team led by **Dr. Nathan Stall**, of the Sinai Health and the University Health Network in Toronto.

The study was published May 20 in the journal ***JAMA Internal Medicine***.

In the research, Stall's group looked at Ontario Ministry of Health data on emergency department admissions for cannabis poisoning for three time periods. The first time period was for before marijuana became legal in the province (January 2015 to September 2018); the second was October 2018 to December 2019, when cannabis was legal but only in the form of dried marijuana; and the third was January 2020 to December 2022, when edibles were also allowed to be sold.

Overall, there were more than 2,300 visits to emergency departments for cannabis poisonings among older adults -- people averaging 69.5 years of age -- over the three time periods.

But the rate of emergency visits during the initial legalization period was double that of the pre-legalization period, Stall's team reported, and the rate of emergency visits tripled after edibles became available.

It's unclear what role edibles played in the sharp rise in poisonings, since access to legal marijuana generally was expanding at the same time, the researchers said.

Still, the odds for accidental ingestion do rise when edibles are around, and the researchers noted that most of these products don't come with age-adjusted instructions for use.

They pointed out that "older adults are at particularly high risk of adverse effects from cannabis" because of their age, the fact that many take multiple medications that could lead to drug interactions, and any underlying illnesses.

"Jurisdictions with legalized cannabis should consider measures to mitigate unintentional exposure in older adults and age-specific dosing guidance," Stall and colleagues said.

To Boost Colon Cancer Screening, Give Patients Choices

Giving patients a choice between screening methods could help doctors detect **colon cancer** earlier, a new study shows.

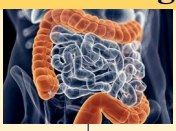
More than double the number of patients underwent colon cancer screening if they were given a choice of the type of test they’d prefer, researchers report.

Only 6% of patients completed screening within six months if they were only offered a colonoscopy, results show. Meanwhile, only about 11% completed screening if they were only offered a take-home fecal test kit.

But if they were offered the choice between a colonoscopy or a take-home test kit, the screening rate jumped to nearly 13%.

Further, when given a choice, the proportion of people who got a colonoscopy increased to 10%, they added.

“Offering the choice of colonoscopy or take-home kits seem to have the advantage of maximizing the rates of colonoscopy -- the most effective screening tool -- while not overloading individuals with too much of a choice, which could have lowered overall participation,” said lead researcher **Dr. Shivan Mehta**, Penn Medicine’s associate chief innovation officer and an associate professor of gastroenterology.



Colon cancer screening is now recommended for people at average risk starting at age 45, researchers said. Those with personal or family history of colon cancer might need to start sooner.

Colonoscopies are recommended once every 10 years. While invasive, these procedures allow doctors to remove precancerous polyps that could develop into colon cancer over time.

But people can also choose to take a fecal immunochemical test once a year. They collect a sample at home and mail it into a lab, where it’s analyzed for hidden blood in stool that can be an early sign of colon cancer.

For the study, researchers offered colon cancer screenings to 738 patients ages 50 to 74 at a community health center in Pottstown, Pa. About half of the center’s patients were on Medicaid, and researchers described the people it treats as “underserved.”

This center had a screening rate of about 22% for colon cancer, much lower than the national average of 72%, researchers noted.

The study was published recently in the journal ***Clinical Gastroenterology and Hepatology***.

While offering patients a simple choice boosted rates, the researchers think more even more options could bring greater numbers in for screening.

“There are certainly colonoscopy access issues across the country due to recovery from a slowdown during the pandemic and the expansion of screening recommendations for the younger population, but it might affect community health center populations more,” Mehta said in a UPenn news release.

“Colonoscopy is important for screening, diagnosis of symptoms and follow-up of positive stool testing, but we should think about offering less invasive options as an alternative and as a choice if we want to increase screening rates,” Mehta added.

Do Fish Oil Supplements Help or Harm the Heart?

Folks regularly taking **fish oil** supplements might not be helping their health as much as they might think, a new study suggests.

Regular use of fish oil supplements could increase the risk of first-time heart disease and stroke among those with good heart health, new research suggests.

However, the long-term study also found that fish oil can help those whose hearts are already in trouble, potentially slowing the progression of heart problems and lowering the risk of death.

Healthy people taking fish oil supplements had a 13% increased risk of developing atrial fibrillation, a heart rhythm problem that increases the risk of heart attack and stroke, researchers found.

They also had a 5% increased risk of stroke, results show.

“Our findings suggest caution in the use of fish oil supplements for primary prevention because of the uncertain cardiovascular benefits and adverse effects,” wrote the research team led by **Dr. Hualiang Lin**, an epidemiologist with Sun Yat-Sen University in Guangzhou, China.

But in those with existing heart disease, regular use of fish oil lowered risk of a heart attack due to atrial fibrillation by 15%, and the risk of heart failure leading to death by 9%.

“Regular use of fish oil supplements might have different roles in the progression of cardiovascular disease,” based on whether someone already has heart problems, the researchers suggested….**Read More**