



Message from Alliance for Retired Americans Leaders

GOP Senator John Kennedy, Presidential Candidate Nikki Haley threaten Social Security, Medicare Cuts



Robert Roach, President, ARA

Last Thursday, Republican presidential candidate Nikki Haley **called for** changing the retirement age for Americans

currently in their twenties and limiting Social Security and Medicare benefits for wealthier Americans.

Haley said that for those in their 20s, she "would change the retirement age so that it matches life expectancy."

Three days later, Republican Sen. John Kennedy of Louisiana also **said** on "Fox News Sunday" that President Biden's budget belongs in a "shredder" and that the retirement age for Social Security eligibility should be raised.

Nevertheless, Sen. Mitt

Romney (UT) **grandstanded** during an exchange with Shalanda Young, director of the White House Office of Management and Budget (OMB) during a Senate Budget Committee hearing on Wednesday. Romney falsely claimed that he doesn't know of any "Republican or Democrat in the House or the Senate who is proposing cutting Social Security benefits..."



Rich Fiesta, Executive Director, ARA

"Some GOP politicians get angry when they are reminded that leading members of their party want to slash our hard-earned Social Security and Medicare benefits," said **Robert Roach, Jr., President** of the Alliance. "We must continue to speak out whenever they remind us with their words and actions that they have NOT dropped the idea."

Biden-Harris Administration Acts to Lower Prices for 27 Drugs
 On Wednesday, the Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced 27 prescription drugs for which Medicare Part B beneficiary coinsurances may be lower from April 1 – June 30, 2023. Due to President Biden's Inflation Reduction Act, the new law to lower prescription drug costs, some people with Medicare who take these drugs may save between \$2 and \$390 on average, depending on their individual coverage.

Drug corporations hiked the price for 27 drugs last quarter faster than the rate of inflation, and will have to pay the difference on those medicines to Medicare. President Biden said that in addition to those 27 drugs, more drug price cuts **are coming**.

The **Medicare Prescription Drug Inflation Rebate Program** is one of the many important tools Medicare now has to address rising drug costs. By reducing coinsurance for some people with Part B coverage and discouraging drug companies from increasing prices more briskly than inflation, HHS can lower out-of-pocket costs for some people with Medicare and reduce Medicare program spending for costly drugs. Illinois Alliance Treasurer Katie Jordan is speaking at an event today in Evergreen Park, Illinois with HHS Secretary Xavier Becerra touting the developments.

"I am 95 years old, so I've had a chance to see a few things," said Ms. Jordan. "I know when a law truly changes people's lives. And President Biden and Congressional Democrats' Inflation Reduction Act is doing that in a number of ways."

Americans Underestimate Social Security Income by \$1,900: Study

An analysis shows that older adults have accurate expectations about their claiming age but underestimate their annual benefit.

Older adults generally have accurate expectations about their Social Security claiming age, but they underestimate their annual Social Security income by approximately \$1,900, or 11.5%, on average, according to a **new paper** published by the National Bureau of Economic Research.

The analysis, written by contributing NBER

researchers **Grant Seiter** and **Sita Slavov**, utilizes panel data from the University of Michigan's Health and Retirement Study survey series, which collects data from about 20,000 U.S. household members ages 50 and older every two years.

Specifically, Seiter and Slavov compare HRS respondents' observed Social Security claiming ages and benefits with subjective expectations provided during their 50s and early 60s, finding that, while older adults



generally have accurate expectations about their claiming age, they commonly underestimate their annual Social Security income. Both forecast accuracy and precision increase with age, however, such that the average forecast error for people in their early 60s is not statistically different from zero.

The researchers go on to use "plausibly exogenous variation" in the mailing of Social Security statements, which contain personalized

information about future benefits, to show that the provision of additional information to late-career workers can help reduce forecast errors in annual income.

Ultimately, the researchers conclude that the provision of better information through Social Security statements would have a statistically significant effect on reducing forecast errors, thereby allowing Americans to plan for their retirements more accurately....**Read More**

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Lawmakers unveil plan to keep Americans from claiming Social Security too early

A bipartisan group of senators launched a multi-pronged effort this week to help Americans make better decisions about when to claim their Social Security benefits.

A letter and legislation released Monday said that Americans are confused about their options and that the Social Security Administration (SSA) needs to do a better job at communication — including bringing back paper statements.

“We believe that SSA should take more proactive measures to provide Americans with the tools and resources to determine how best to set themselves and their families up for financial security in retirement,” wrote Sens. Bill Cassidy (R-LA), Chris Coons (D-DE), Susan Collins (R-ME), and Tim Kaine (D-VA) in the note.

Monday’s announcement comes after years of discussion on the issue. Groups like the Bipartisan Policy Center have pushed for reforms for years and were cited in Monday’s letter. In a 2020 report, the group said many people are hurting their long-term financial security by

claiming Social Security too early.

Americans are jumping in ‘at a financially sub-optimal time’

The Social Security program gives retirees an option of when to start getting their checks. They can begin as early as age 62, but with a trade-off: Those monthly benefits are locked in at a lower rate for the rest of their lives. The benefit amount gets bigger the longer you wait to claim, topping out with maximum benefits for Americans who wait until age 70.

That decision has far-reaching implications and experts say many Americans are getting it wrong by claiming too early.

A **recent study** from a group called United Income — also cited in Monday’s letter — estimates that retirees collectively lose \$3.4 trillion because they claim Social Security “at a financially sub-optimal time” That works out to \$111,000 per household.

The problem, experts say, is that Americans don’t fully understand the consequences of



their choice even though more than half of 65-or-over households rely on Social Security for a majority of their income.

A central recommendation released Monday is around changing the nomenclature. Currently, seniors are presented with what these four senators say are a battery of confusing terms from “early eligibility age” to “full retirement age” to “delayed retirement credits.”

Instead, the lawmakers say, Americans should be given a choice among “minimum benefit age,” “standard benefit age,” and “maximum benefit age.”

The bill also includes a push to redesign and bring back paper statements to Americans.

After years of blasting out millions of letters each year, the agency cut back in the last decade and now largely only reaches out to Americans via the U.S. Postal Service when they are over 60 and not receiving benefits.

If the legislation is enacted, all Americans in the workforce would get updates of where they stand and an explanation of their

options at least every five years with the frequency increasing to annual notes after age 60.

Why are Americans claiming so early?

The letter from Capitol Hill also asks the agency to analyze why so many Americans claim benefits early and to outline its plans to “educate the public about the trade-offs of early versus delayed claiming.”

A 2019 release from the SSA laid out how age 62 remains the most common age for Americans with nearly 35% of men and 40% of women jumping into the program then.

But some of the reasons that Americans are interested in getting money as early as possible may also have to do with the uncertain future of the Social Security program as is does with any lack of education. A **recent government trustees report** found that, with no action from Congress, Social Security only has the funds to continue paying out 100% of benefits through 2034. After that, benefits could be decreased by around 24%....**Read More**

Mike Pence Tells Fox News that Social Security Should Be Privatized

Among the suggestions making the rounds during the **debate over Social Security** is to either privatize the program or at least reform it in a way that it acts more like an investment plan. Among those advocating for privatization is former Vice President and potential 2024 presidential candidate Mike Pence, who recently said he wants to reform Social Security by instituting private savings accounts for recipients.

During a speech at the National Association of Wholesaler-Distributors summit earlier this year, Pence proposed giving younger Americans “the ability to take a portion of their Social Security withholdings and **put that into a private savings account.**” Pence shared a similar sentiment in a recent Fox News interview.

Social Security has become a political lightning rod during the current **debt-ceiling negotiations** because the program’s Old-Age and

Survivors Insurance Trust Fund is expected to run out of money by the middle of next decade.

While most Democrats oppose efforts to privatize or otherwise change the basic structure of Social Security, some Republicans advocate reforms that would prop up the program while also giving future Social Security beneficiaries more control over their retirement funds.

The latter sentiment was echoed in a Wall Street Journal column published this week and written by M. Todd Henderson, a law professor at the University of Chicago and visiting fellow at the Hoover Institution.

In the column, Henderson said Democrats’ “dogged attachment to government-run investing undermines the goal of helping workers save for retirement.” He also noted that although Social Security has helped reduce poverty among seniors, it is “inefficient” in helping those who



need it the most. “Social Security creates two economic castes: a rich one that invests outside the system and a poor one dependent on the program,” Henderson wrote. “Social Security returns ... are meager, at best. One must live a longer-than-expected life to have even a coin-flip chance of getting more money out of the program than one paid in.”

He suggests letting workers invest in U.S. companies by giving them an individual retirement account at birth — similar to a 401(k), but with more protections. The account could be funded through a “small seed investment” from the government. Current wage taxes would then fund the accounts to ensure that everyone is saving for retirement.

To insulate from risk, investments would be limited to a “small set of broad market indexes.” Henderson also advocates setting up a “modest”

government insurance program to help smooth out market volatility, especially for low-income workers.

“The upshot of investing Americans’ futures in the stock market is not only that it would yield better returns, but that it would also alleviate Democrats’ concerns about the alleged wedge between capital and labor,” Henderson wrote. These kinds of ideas have been floated before, and every time they have failed. That’s mainly because Social Security advocates say private plans carry too much risk — and they’ve rallied most lawmakers to their side.

A recent article on the Truthout website claimed that privatization “could be devastating for people with low incomes” who have fewer financial resources to contribute to retirement accounts....**Read More**

Are Medicare Advantage plans in trouble? Plan size and star ratings could matter a lot, experts say

The booming Medicare Advantage (MA) market has been rocked in recent months over major regulations that could lead to payment cuts for next year as well as changes to risk adjustment standards and audits.

However, experts and analysts say that new regulations are more likely to hit smaller "insurtech" startups and nonprofit plans than the big players like UnitedHealth Group and Humana. The end result could mean more consolidation in a marketplace already dominated by a few larger insurers.

"We expect that MA plans will attempt to pass through most of the rate pressures for 2024, which should lead to a slower rate of growth for MA membership for the industry," said Lance Wilkes, an analyst with Sanford Bernstein, in a statement to Fierce Healthcare. "We expect that larger MA plans will be better able to weather this environment and should take share over time."

MA plans are trying to navigate two major regulations that came out over the past few months. One of them is the proposed advance notice, which must be finalized by April 3, which outlines pay rates for the 2024 coverage year and makes several coding changes. Another key regulation is a final rule that overhauls risk adjustment data

validation audits, which aim to ensure MA claims are backed up by patient medical records.

While the Centers for Medicare & Medicaid Services (CMS) **has estimated a 1% growth rate for plans in 2024**, insurers believe that the calculation is faulty and cite their own studies that found the rule will result in a 2.27% cut. Insurers say CMS does not fully factor in changes to star ratings and the risk adjustment model set to take effect next year, assertions the Biden administration counters are false.

Plans can likely manage a small cut without having a "real impact on profitability," but the effect won't be felt evenly, said Chris Meekin, managing director and Washington healthcare policy analyst for Raymond James, in an interview with Fierce Healthcare.

Nonprofit and smaller players, such as insurtech startups, could have a tougher go as they must implement other regulations or have a lower-than-expected star rating, which can affect the payments to plans. This year **51% of MA plans offering drug coverage have a star rating** of four or more compared with 68% of plans last year.

"The people that got whacked on stars are going to feel that.



That is just the reality for another year until the star ratings are updated," Meekin said.

Some of the changes to the star ratings include the removal of pandemic flexibilities and giving more weight to consumer experience survey feedback.

"There are lots of reasons that plans feel star ratings and the way you come up with them is not fair to them," said Carla Dewberry, a partner with the law firm K&L Gates, in an interview with Fierce Healthcare. "Different plans have different patient populations."

However, larger plans are "probably going to be fine and shouldn't be worried about where things stand," Meekin said.

One of the biggest players in the space, Humana, even conceded this point during a recent presentation.

"Our stars performance will carry us further than others in 2024," said CEO Bruce Broussard during the Cowen Healthcare Conference on Tuesday.

Humana estimated overall membership growth in MA by 625,000 people for 2023, **bouncing back from a lower-than-expected performance** in 2022. The insurer also recently pulled out of the commercial market to focus

more on its government program business.

But while Humana is bullish about growth in MA this year, the program could have longer-term headwinds as the federal government tries to rein in overpayments to plans, Wilkes said.

"There is some risk of some MA plans viewing [the advance notice] as a one-time rate pressure," he said. "This could lead them to willingly reduce margin to maintain growth."

There may already be signs that MA growth is slowing down. **A recent study from the Chartis Group showed that** MA enrollment grew by 5.5% in 2023 compared to 2022, a lower growth rate compared to prior years.

The report also showed that nonprofit Blues plans as well as startups such as Devoted Health gained a slight market share in 2023 but still lag behind UnitedHealth Group, which made up 55% of all new enrollment, and Humana with 23% of new sign-ups.

Meekin expects the advance notice, as well as the overhaul to risk adjustment audits finalized in late January, to potentially impact whether these smaller plans are able to get an edge.

"The big will get bigger and be fine. The small we will see fall by the wayside," he said.

Report Shows Big Insurance Profiting Massively From Medicare Privatization

The seven largest for-profit insurance companies in the U.S. have seen their combined revenues from taxpayer-backed programs grow 500% over the past decade.

A new analysis released Monday shows that insurance giants are benefiting hugely from the accelerating privatization of Medicare and Medicaid, which for-profit companies have infiltrated via government programs such as Medicare Advantage.

According to the **report** from Wendell Potter, a former insurance executive who now advocates for systemic healthcare reform, government

programs are now the source of roughly 90% of the health plan revenues of Humana, Centene, and Molina.

Over the past decade, Potter found, the seven top for-profit insurance companies in the U.S.—the three mentioned above plus UnitedHealth, Cigna, CVS/Aetna, and Elevance—have seen their combined revenues from taxpayer-backed programs soar by 500%, reaching \$577 billion in 2022 compared to \$116.3 billion in 2012.

"The big insurers now manage most states' Medicaid programs—and make billions of dollars for shareholders doing



so—but most of the insurers have found that selling their privately operated Medicare replacement plans is even more financially rewarding for their shareholders," Potter wrote. "In addition to their focus on Medicare and Medicaid, the companies also profit from the generous subsidies the government pays insurers to reduce the premiums they charge individuals and families who do not qualify for either Medicare or Medicaid or who work for an employer that does not offer subsidized coverage."

Potter noted that the top insurance giants, a group he

dubbed the Big Seven, now control more than 70% of the Medicare Advantage market, which has grown rapidly in recent years. According to the Kaiser Family Foundation, **more than 28 million people** were enrolled in a privately run Medicare Advantage plan last year—nearly half of the Medicare-eligible population.

An **ardent critic** of Medicare Advantage, Potter **said** in an interview with *The American Prospect* on Monday that the program "is a big contributor to the excessive spending" in Medicare.... **Read More**

Medicare beneficiaries could pay less for 27 drugs covered under Part B starting next month

Some **Medicare beneficiaries** will begin paying less next month for 27 prescription drugs whose prices have increased at a rate that outpaces inflation, government officials announced Wednesday. Depending on their individual coverage, beneficiaries could save between \$2 and \$390 per average dose for these drugs starting April 1, **according to the Centers for Medicare & Medicaid Services**. The reduced cost applies to **certain drugs and biologicals** that are administered in a hospital or other clinical setting — medications that treat cancer, arthritis and chronic kidney disease, for example — and are covered under Medicare Part B.

"Some of these drugs are life-saving for various conditions and situations like organ transplants," said Elizabeth Gavino, founder of Lewin & Gavino and an independent broker and general agent for Medicare plans. "It's heartbreaking to hear stories from clients about life-saving medications that are financially

out of reach because of fixed income," Gavino said. "Lowering the costs may help some folks."

Beneficiaries who typically pay 20% coinsurance under Part B will see their share decline based on a lower inflation-adjusted price for the drugs on this list. And, the list of drugs impacted by this coinsurance adjustment may change quarterly.

The change is due to legislation adopted last year

The cost reduction for these 27 drugs is due to implementation of provisions in the **Inflation Reduction Act**, which Congress **passed last August**.

The law requires pharmaceutical manufacturers to pay a rebate to the Medicare program if their drug prices rise faster than the rate of inflation — which is not uncommon. Half of all drugs covered by Medicare had **list price increases that outpaced inflation** between 2019 and 2020, according to the Kaiser Family Foundation. It's worth noting that the law applies to drugs under Part D as well,



although information on which ones are subject to the inflation rebates won't be available until later this year, said Juliette Cubanski, deputy director of the program on Medicare policy at the Kaiser Family Foundation. Additionally, those rebates in Part D will not result in lower costs to beneficiaries — that reduction only applies in Part B.

More changes to Medicare drug coverage are in effect

This isn't the only change to drug coverage that Medicare beneficiaries may notice this year.

The Inflation Reduction Act also capped monthly cost-sharing for **insulin** delivered through Part D at \$35, which took effect Jan. 1. Part D deductibles — which vary from plan to plan but cannot be more than \$505 in 2023 — also won't apply to the covered insulin product.

For beneficiaries who take insulin through a traditional pump (which falls under Part B), the benefit starts July 1.

Additionally, as of this year, there is no longer any cost-sharing for recommended vaccines under Part D, including the one for shingles.

More changes will happen in future years

Other provisions that are intended to reduce Part D spending take effect in later years.

This includes eliminating an existing 5% coinsurance in the so-called catastrophic phase of coverage, which takes effect in 2024.

Additionally, beneficiaries' annual out-of-pocket Part D spending will be capped at \$2,000 beginning in 2025. Currently, there is no out-of-pocket limit, regardless of whether you get your coverage as a standalone Part D option or through an **Advantage Plan**.

Medicare also will be able to start negotiating the price of some drugs beginning in 2026.

Increasing Social Security Full Retirement Age to 70 Gains Momentum — How It Could Impact Benefits

Among the proposed changes to **Social Security** is to raise the full retirement age for recipients, which proponents say will bolster the program's finances as one of its reserve funds heads for depletion. Now a pair of lawmakers have moved a step closer to bringing such a plan up for a vote.

U.S. Sens. Angus King (I-Maine) and Bill Cassidy (R-La.) are leading a group of legislators in a proposal to raise the FRA to 70 from 67, according to reports this week from MarketWatch and Semafor.

The two senators have also proposed creating a sovereign-wealth fund that could be funded with \$1.5 trillion or more in borrowed money. If the fund fails to generate an 8% annual return, both the maximum taxable income and the payroll tax rate would be increased to ensure Social Security stays on track to be solvent for another 75 years.

Other options on the table include changing the formula that

calculates monthly Social Security benefits from one based on a worker's average earnings over 35 years to a formula based on the number of years spent working and paying into Social Security.

Proposals to raise the FRA have been floated for quite a while amid reports that the Old-Age and Survivors Insurance (OASI) Trust Fund — which funds about 25% of Social Security benefits — will run out of money as early as 2032. When that happens, Social Security will have to rely solely on payroll taxes for funding under the current system.

The idea behind raising the FRA is that it will push more Americans to wait an extra couple of years to start claiming Social Security benefits, which could save money over the short term. So far, the idea has not advanced much past the discussion stage. The King-



Cassidy initiative represents a much more concrete step toward bringing such a plan up for a Congressional

vote.

Social Security advocates and many lawmakers have pushed back against raising the FRA because of the potential financial impact it would have on seniors who are already struggling to make ends meet.

But spokespersons for Cassidy and King wrote in an email to MarketWatch that their plan doesn't include any cuts for Americans currently receiving Social Security benefits, and that "many will receive additional benefits." They also said the plan is not finalized and "the final framework is still taking shape."

Even if the plan makes it to a Congressional vote, its chances of eventually passing into law are not great. The Senate and House would have to approve it, and then President Joe Biden would

have to sign it — and as GOBankingRates previously reported, he has shown **no inclination to support Social Security changes that would cut or delay access to benefits**.

If the FRA ever does get raised to age 70, it would "significantly cut benefits for anyone retiring before their new full retirement age," according to the National Committee to Preserve Social Security and Medicare (NCPSSM), a nonprofit advocacy group.

The NCPSSM noted that when the full retirement age was 65, workers retiring at age 62 received an initial benefit that was 20% less than their full benefit amount. When the FRA rises to 67, workers retiring at age 62 will receive a 30% cut in benefits. If the age were increased to 70, a worker claiming retirement benefits at age 62 would have their benefits reduced by nearly half, according to the NCPSSM.

Dear Marci: Does Medicare cover home health care?

Dear Marci,
I'm in the hospital after surgery and am getting ready to go home. I think it will be difficult to get around or leave my house for appointments and physical therapy, though. Will Medicare cover physical therapy in my home?

-Wallace (Buffalo, WY)

Dear Wallace,

Yes, Medicare covers home health care, **if you qualify**. Medicare can cover the following home health services:

- ◆ **Skilled nursing services**, such as injections, tube feedings, catheter changes, observation and assessment of your condition, and wound care
 - Provided up to seven days

per week for generally no more than eight hours per day and 28 hours per week.

- ◆ **Skilled therapy services**, such as physical therapy, speech language pathology, and occupational therapy
- ◆ **Home health aide**, who provides personal care services like bathing, toileting, and dressing

○ Note: Medicare pays in full for an aide if you require skilled care. Medicare will not pay for an aide if you only require personal care and do not need skilled care.

- ◆ **Medical social services**, such as counseling or help



Dear Marci

finding resources in your community.

Medical social

services are ordered by your doctor to help with social and emotional concerns you have related to your illness.

- ◆ **Medical supplies**, such as wound dressings and catheters
- ◆ **Durable medical equipment (DME)**, such as wheelchairs and walkers

There are **certain**

requirements you must meet to be eligible for the home health benefit. For example, you must be considered **homebound** and have a **plan of care** approved by your doctor. It is also important to know that your home health care is covered by Medicare even if

your condition is **chronic** or if you are not showing signs of improvement.

Speak with your doctor or hospital discharge planner to **begin home health care**. If you need home health care, it should be included as part of your **hospital discharge plan**. If you have Original Medicare, call 1-800-MEDICARE or visit www.medicare.gov/care-compare to find a list of Medicare-certified home health agencies (HHAs). If you have a **Medicare Advantage Plan**, you should contact the plan directly for a list of HHAs in your plan's network.

-Marci

Medicare Advantage plans use AI to deny care

Bob Herman and Casey Ross report for **StatNews** on Medicare Advantage plans' use of Artificial Intelligence (AI) to deny life-saving and quality-improving services to their enrollees needing costly care. Without appropriately taking account of patients' individual health status, Medicare Advantage plans restrict needed nursing home care and physical therapy, as well as delay critical cancer care and more.

In one case, Security Health, a Medicare Advantage plan refused to cover more than 17 days of nursing home care for an 85 year-old woman with a fractured shoulder and uncontrolled severe pain. The

Medicare Advantage plan said she could go home, even though it was clearly unsafe for her to do so. She could not perform any activities of daily living without assistance, and she lived alone.

More than a year later, a federal judge found that Security Health was liable for the additional three weeks of nursing home care the woman had to pay for out of pocket. She had precious little means to do so and was forced to spend her limited savings down to the point where she qualified for Medicaid.

Medicare Advantage plans face no penalty for these types



of egregiously inappropriate denials. Instead, it is enrollees who face serious penalties, forced to pay for life-sustaining care out of pocket or to go without. STAT's investigation found that these inappropriate denials are growing as a result of AI.

The federal government is not overseeing the algorithms the AI uses to deny and delay care inappropriately, particularly for people who are very sick. The patients can appeal the denials, but that can take years. Often, by that time, the patients have died or suffered gravely.

You can only imagine who is programming the algorithms and

what these programmers are directed to do when they do the programming. The MA plans want as many denials and delays as possible to maximize their profits. They seem to treat enrollees like widgets, rather than as individuals with unique needs.

We do not know how many MA plans use AI to make medical necessity determinations, but we do know that most of the largest ones do, including UnitedHealth Group, Elevance, Cigna, and Aetna/CVS Health. The biggest company offering AI services to MA plans is NaviHealth, which UnitedHealth now owns. [.Read More](#)

Biden admin lays out Medicare drug negotiation process

The Biden administration on Wednesday began fleshing out how it will implement drug-pricing provisions in the Inflation Reduction Act, including a multi-step negotiation process for selected Medicare drugs starting next year.

Why it matters: The law gave the administration discretion to work out many details of the first-ever drug price talks, which will initially cover 10 Part D drugs for which there's no generic competition.

Details: The [guidance](#) envisio

ns the Centers for Medicare and Medicaid Services accepting one counteroffer from the manufacturer and holding one to three in-person or virtual meetings with the company before settling on a "final maximum fair price offer." Negotiations would end by Aug. 1, 2024.

- The negotiated price would become effective in 2026. Companies that don't comply will be hit by an excise tax.

What they're saying: "By



considering factors such as clinical benefit and unmet medical need, drug price negotiation intends to increase access to innovative treatments for people with Medicare," CMS administrator Chiquita Brooks-LaSure said in a statement.

The administration earlier on Wednesday identified 27 drugs that will trigger penalties on their manufacturers under a separate part of the IRA for having prices that rose faster than

inflation. Those inflation rebates on will take effect in April.

- The medicines included AbbVie's blockbuster anti-inflammatory drug Humira and the CAR-T cancer treatment Yescarta from Gilead.
- CMS said Medicare recipients with Part B coverage who take the drugs could save between \$2 and \$390 per average dose starting April 1, depending on their circumstances

2023 federal spending bill promotes health and financial security of older adults

Dena Bunis writes for the [AARP Bulletin](#) on how the 2023 federal spending bill promotes the health and financial security of older adults, strengthening Medicare, Social Security and retirement savings.

Expanded Medicare coverage:

- ◆ **Telehealth coverage:** The federal spending bill continues Medicare coverage of telehealth services for two years, through December 2024. People in traditional Medicare and Medicare Advantage are covered for video and telephone visits while at home.
- ◆ **Hospital at home:** In some cases, Medicare will cover care from hospitals in people's homes, rather than at the hospital.

- ◆ **Behavioral and mental health:** Starting in 2024, Medicare will cover a wider range of behavioral and mental health care providers, including intensive outpatient mental health services.

More Social Security funding:

The Social Security Administration gets \$785 million more for its operations. Social Security pays for itself. But, Congress has year after year failed to appropriate enough money from its Trust Fund to cover its administrative costs. As a result, customer service is underfunded. People must wait an average of 35 minutes to reach the Social Security Administration by phone. And,



claims for disability benefits take significantly longer to be processed than ten years ago.

This federal spending bill appropriates \$14.1 billion for Social Security, which is 5.9 percent more than last year, though less than the \$14.8 billion that the administration requested.

Easier retirement savings:

Secure 2.0 provisions in the federal spending bill make it easier for workers to get retirement plans and for older adults to have retirement accounts.

- ◆ The spending bill raises the age at which people must take minimum distributions from IRAs and 401(k)s from 72 to 73.
- ◆ The spending bill includes a new tax benefit for low and

middle-income adults, effective 2027, that can lower their tax bills if they contribute to qualified retirement plans. They can get a federal matching contribution of as much as \$1,000.

- ◆ The spending bill includes a new national database for to help people find retirement accounts from previous jobs.
- ◆ In some cases, the spending bill increases contributions to 401(k) and 403(b) accounts beginning in 2025, for people 60 to 63.
- ◆ Reduces the time part-time workers must wait to join a retirement plan from three years to two years beginning in 2025.

Medical and health misinformation abounds

Medical and health misinformation abounds, and it's not going away. The government should do more to address some of the misinformation. But, as with all advertising and promotion, people need to assume that what they are hearing or seeing or reading might not be true, before acting on the information. They need to find independent sources they can trust.

If the question is whether a drug, vitamin supplement or other medical service is safe and

effective, I go first to [cochrane.org](#). Cochrane is a non-profit independent organization that studies all the available reliable data to determine what's working or not working. For example, if you go to [cochrane.org](#) to look up different vitamin supplements, you'll learn a lot about the [lack of evidence that most of these supplements work](#).

If the question is whether a medical device is safe and effective, you can begin by



looking on the Food and Drug Administration's [web site](#) to see whether it has been recalled.

Unfortunately, that won't tell you the whole story because the FDA has not recalled some [medical devices](#) it has approved that can cause serious harm.

Similarly, there are lots of prescription drugs that are [FDA-approved](#) that may not be safe and effective.

[Stat News](#) reports on FDA action, truly inaction, to address a

lot of misinformation. Some researchers [argue](#) the FDA must do more to police health information and ensure drug labels are accurate. At the same time, the researchers recognize that the FDA does not have the tools, resources or power to undertake this work. Not only might the FDA be infringing on people's free speech rights under the first amendment of the constitution, but the internet allows people to make inaccurate claims that reach tens of millions of people

Social Security COLA Will Drop Significantly in 2024 — How Low Could It Go?

The falling U.S. inflation rate is [good news for American consumers](#), but it could lead to a [much smaller cost-of-living adjustment](#) (COLA) for Social Security beneficiaries next year — possibly as low as 2% or less. That estimate was provided by the Senior Citizens League, a nonpartisan seniors advocacy group, based on the latest inflation figures. If the fiscal 2024 COLA does dip below 2%, it would be the smallest adjustment since 2020.

The COLA is determined every October by the Social Security Administration. The agency bases its calculation on the percentage increase in the Consumer Price Index for Urban

Wage Earners and Clerical Workers (CPI-W) in the third quarter compared with the prior year, CBS News reported. If there is no change, then the COLA is zero.

When the CPI-W increase is especially high — as it was during the 2022 third quarter — then Social Security recipients can expect a big bump in their monthly payments for the next fiscal year. That's the case right now. Because of last year's soaring inflation rate, [the 2023 COLA is 8.7%](#) — the highest in more than 40 years.

The Senior Citizens League's projection for a much lower COLA in fiscal 2024 is based on the 12-month average rate for



CPI-W, which has been on the decline. The overall inflation rate rose 6% for the 12 months ending

February 2023, according to a report this week from the U.S. Bureau of Labor Statistics. That was the smallest 12-month increase since the period ending September 2021. "Based on February inflation data, the [FY 2024] COLA looks like it will be below 3% and could fall into the 2% or even lower range by the third quarter if that 12-month average continues to decline," Mary Johnson, the Social Security and Medicare policy analyst at the Senior Citizens League, wrote in an email to CBS MoneyWatch.

Her group will issue an official forecast for the 2024 COLA in May.

A small adjustment next year could prove to be bad news for seniors, who have plenty of experience dealing with COLAs that don't keep up with inflation. Even with this year's historically high 8.7% COLA, not all seniors are convinced it is effective at battling high prices for food and other items.

As previously reported, a recent survey from The Senior Citizens League found that more than half (54%) of older consumers "remain unconvinced" that the 8.7% COLA will keep pace with rising costs in 2023.

RI ARA HealthLink Wellness News

Alzheimer's Report: Many Seniors With Memory Issues Aren't Telling Their Doctors

Alzheimer's is one of the most common and serious diseases of aging, yet many older adults with memory issues are not telling their doctors about their struggles.

That's according to a new report from the Alzheimer's Association that focuses on whether doctors and patients are discussing early warning signs of the disease. The answer, often, is no.

In focus group discussions, the association found that older adults who'd been noticing problems with their memory and thinking often said they did not want to bring the subject up with their doctor.

Some cited fear of getting a wrong diagnosis or being put on unnecessary treatments. At the same time, people often feared a correct diagnosis of dementia.

It's understandable that no one wants to hear that news, said **Dr. Nicole Purcell**, senior director of clinical practice for the Alzheimer's Association.

But the reluctance is concerning, she added, because getting to the bottom of people's thinking and memory problems is essential. In some cases, those issues are not caused by dementia, but by a reversible medical condition such as sleep apnea or a thyroid

disorder.

Even if a person is in the early stages of Alzheimer's, Purcell said, new treatments are becoming available that can slow the disease down.

Within the past two years, the U.S. Food and Drug Administration has approved two drugs that target the underlying biology of the disease: They help clear the brain of abnormal protein clumps called amyloid "plaques" -- considered the hallmark of Alzheimer's.

Those medications, aducanumab (Aduhelm) and lecanemab (Leqembi), are not yet widely accessible: Medicare, at least for now, is not paying for them unless the patient is enrolled in a clinical trial.

That's clearly a huge barrier, Purcell said, as the medications carry a hefty price tag outside of trials. Aduhelm costs \$28,200 a year, while Leqembi carries an annual price tag of \$26,500.

Still, early diagnosis of Alzheimer's is critical for many reasons, she and other experts said. Medicare coverage decisions could change in the near future, for one.

But beyond that, "people need care," said **Dr. Howard Fillit**,



chief science officer for the nonprofit Alzheimer's Drug Discovery Foundation in New York City.

Patients, he said, need help with planning for the future, managing coexisting health conditions and medications, and navigating daily challenges. Their family caregivers also need guidance, Fillit pointed out.

For all those reasons, he said, an early, accurate diagnosis is "critically important."

The **new report**, released March 15, is part of the Alzheimer's Association's annual Facts and Figures update -- an overview of how the disease is affecting Americans and the health care system.

The report is based on focus group discussions, including with people who had "subjective cognitive decline" -- meaning they'd noticed growing problems with their memory or thinking abilities.

Many were reluctant to talk to their doctor about it, though.

"Often, they said they'd rather talk to a family member or friend, to see what's 'normal' for their age," Purcell said.

In addition, Black, Hispanic, Asian and Native Americans

were particularly wary of being put on medications, and preferred a "holistic" approach to their thinking and memory issues. Black and Native American participants also cited racism in the medical field as a concern.

Doctors, meanwhile, are not broaching the topic, either. Focus groups with primary care doctors revealed that they usually depend on family members to bring any concerns to them.

One reason, Purcell said, is that primary care providers are dealing with so much -- seeing older patients who often have multiple physical ailments -- that any proactive discussion of brain health falls by the wayside.

But doctors also worry that if they do suspect a patient is in early cognitive decline, they will have nowhere to send them: Specialists such as neurologists and geriatricians are in short supply in many areas of the United States, Purcell explained.

It all highlights a central issue: While everyone wants people to tell their doctor about any thinking and memory problems, getting a definitive diagnosis can be tough.....**Read More**

New Treatments for Alzheimer's Disease

These are the promising new therapies and research findings in the fight against Alzheimer's disease.

For anyone who has or knows someone who has **Alzheimer's disease**, a progressive and irreversible form of dementia that's ultimately deadly, it can sometimes be difficult to find hope.

A progressive, neurodegenerative brain disease, Alzheimer's affects memory and cognitive functions including problem-solving, orientation, language and visual spatial skills, which eventually lead to functional problems that interfere with the person's ability to perform daily activities such as driving and managing finances. In severe cases, basic activities of daily life -- such as dressing,

walking and eating -- also become difficult.

In addition to cognitive problems, Alzheimer's disease can also bring on a range of behavioral and emotional changes, including:

- ◆ **Depression.**
- ◆ **Anxiety.**
- ◆ **Irritability.**
- ◆ **Hallucinations.**
- ◆ **Delusions.**
- ◆ **Changes in sleep or appetite patterns.**

Alzheimer's is the sixth leading cause of death among U.S. elderly, accounting for more deaths than breast and prostate cancer combined. The disease continues to affect more and more people, with a new diagnosis made every 65 seconds.



Currently, there are approximately 6.2 million Americans living with Alzheimer's.

There's no cure for Alzheimer's, but new drugs to treat the disease have recently garnered a lot of attention and controversy.

Since January 2021, two new drugs have received the Food and Drug Administration's approval for use in Alzheimer's treatment through the federal agency's accelerated approval pathway, which is used for drugs that are intended to treat serious or life-threatening illness if the medication has demonstrated to provide a significant therapeutic advantage over current available treatments. The drugs, aducanumab (Aduhelm) and lecanemab (Leqembi), were

approved in June 2021 and January 2023, respectively.

Both drugs were developed by pharmaceutical companies Biogen and Eisai, and they target the same specific cause of **Alzheimer's symptoms.**

Aducanumab and

Lecanemab for Alzheimer's

Both drugs attempt to slow the cognitive decline of people with Alzheimer's.

How aducanumab works
Aducanumab is a monoclonal antibody therapy that's delivered once a month via intravenous infusion and aims to slow cognitive decline in patients with mild cognitive impairment....**Read More**

Mediterranean Diet Cuts Women's Odds of Heart Disease, Early Death by Nearly 25%

Steering clear of red meat, dairy and processed foods in favor of vegetables, fruits, nuts, extra virgin olive oil and whole grains will do a woman's heart good, a new review shows.

How much good? Australian investigators concluded that women who most closely followed the Mediterranean diet — which also features legumes, fish and shellfish, and moderate amounts of wine — appeared to lower their long-term risk for heart disease and premature death by nearly 25%, compared with women who didn't.

Though not involved in the analysis, **Connie Diekman**, a food and nutrition consultant and former president of the Academy of Nutrition & Dietetics, said the finding "is not surprising."

For one, Diekman noted that "studies continue to demonstrate the benefit of a plant-based eating plan to reduce inflammation, a likely contributor to disease development. In addition, the limited intake of saturated fats (found predominantly in animal foods) and consumption of unsaturated fats (found in higher amounts in plants) seems to be connected to blood levels of LDL cholesterol (the 'bad' cholesterol) and HDL cholesterol (the 'good' cholesterol)."

Diekman added that past research has also shown that using olive oil and nuts that are high in unsaturated fats — both key foods in the Mediterranean diet — can help lower heart



disease risk.

Dr. Gregg Fonarow is director of the Ahmanson-UCLA Cardiomyopathy Center, co-director of the UCLA Preventative Cardiology Program, and interim chief of University of California, Los Angeles' division of cardiology.

Though also not involved in the review, Fonarow said that "the magnitude of associated [25%] benefit was similar to what has been previously reported for the overall population."

Fonarow also pointed to several other reasons why such a diet might protect the heart, including its ability to improve insulin sensitivity; its antioxidant properties; and its "favorable impact on the microbiome [gut]

that may translate into lower cardiovascular event risk."

The research team was led by **Anushriya Pant**, a doctoral candidate with the Westmead Applied Research Centre at the University of Sydney in Australia.

Pant's team pointed out that heart disease is the root cause for roughly 35% of all deaths among women around the world.

In the review, the investigators analyzed a total of 16 studies, all of which had been completed between 2003 and 2021.

Thirteen of the studies had been conducted in Europe or the United States. Collectively, they weighed the potential heart health benefit of the Mediterranean diet among more than 722,000 adult women....[Read More](#)

More Additives Being Added to Americans' Food, Report Finds

Americans are eating more food additives, according to a new study that found about 60% of foods they purchase contain coloring or flavoring agents, preservatives and sweeteners.

That's up by 10% from 2001.

"Our research clearly shows that the proportion of ultra-processed foods with additives in Americans' shopping carts increased significantly between 2001 and 2019," said study leader **Elizabeth Dunford**, a nutrition researcher at the Gillings Global School of Public Health at the University of North Carolina at Chapel Hill (UNC). "We observed this trend across all food and additive categories."

This is important, according to the study, published recently in the *Journal of the Academy of Nutrition and Dietetics*, because

the health consequences of food additives are not fully understood.

Assessing exposure to these additives is a key to understanding any role they play in weight gain, negative changes to the gut microbiome and other adverse health outcomes that are associated with ultra-processed foods, according to researchers.

More than half of the overall packaged food and beverage products bought by U.S. households contained three or more additives in 2019, according to the research.

A 22% higher percentage of baby food purchases were ultra-processed and contained additives.

"These findings give us reason for concern, given the growing



evidence linking high consumption of processed foods with adverse health outcomes," Dunford said in journal news release.

One positive trend identified in the study is a decrease in use of added flavors in carbonated soft drinks.

Consumers buy more than 400,000 different packaged foods and beverages each year at grocery stores. This means they are consuming more sugar, sodium and saturated fats.

"With manufacturers producing foods and beverages with an increasingly higher number of additives, it is more important than ever to understand what is in the foods that Americans are buying and eating," said senior investigator **Barry Popkin**, a

professor of nutrition at UNC.

"U.S. consumers are demanding a much higher level of transparency from brands and retailers than in previous years," he said in the release. "We hope the findings from this study will be used to inform policymakers on where Americans -- especially babies -- are being exposed to additives, and how the packaged food supply is changing."

Investigators used data from the Nielsen consumer panel between 2001 and 2019 to compare product purchases over time. They said previous studies had been difficult because of a lack of publicly available databases with names and quantities of top additives in U.S. foods....[Read More](#)

Shortages of 4 drugs may complicate cancer care

Amid shortages of three generic drugs widely used to treat common cancers in both adults and children, hospital officials worry that they may have to treat patients with less-effective medications or lower-than-recommended doses, **Endpoints News** reports.

Injectable **methotrexate**, **cisplatin**, and **fluorouracil** are all in shortage, according to the American Society of Health-

System Pharmacists (ASHP). Methotrexate comes in both oral and injectable forms, while the other two drugs are available only as injectables.

In addition, a shortage of Novartis AG's **Pluvicto** (injectable lutetium vipivotide tetraxetan), used to improve survival time in patients with metastatic prostate cancer, is leaving some with no



treatment option, according to the *Wall Street Journal*.

"Shortages of oncology drugs are problematic for several reasons," said David Margraf, PharmD, PhD, pharmaceutical research scientist at the Resilient Drug Supply Project (RDSP), part of the University of Minnesota's Center for Infectious Disease Research and Policy (CIDRAP), publisher

of CIDRAP News.

"Patients may have already exhausted other treatment options and have few remaining choices. Oncology drug shortages reduce the expected survival times of patients, which leaves them less time to spend with their loved ones. It's truly a tragedy."...[Read More](#)

Advil v. Tylenol: Which to take and when?

When you're feeling aches and pains or have a cold or the flu, should you take acetaminophen (Tylenol) or ibuprofen (Advil.) And, how much is too much?

◆ When do people take

Advil? People pop Advil for just about any ache or pain. Advil treats inflammation. It is a nonsteroidal anti-inflammatory drug (NSAID), which has ibuprofen as its active ingredient.

◆ **What's the right amount of Advil to take?** If you read the manufacturer's information, you should not be taking more than six 200mg pills a day, one every four hours. But, a

lot of people take two or three Advils at once. And, some experts say that you can take up to 12 pills a day, four pills three times a day.

◆ How quickly will Advil

begin working? Advil should take no more than an hour and as little as 30 minutes to take effect.

◆ What are the risks of taking

too much Advil? Advil can harm your gastrointestinal tract, so always try to take it with food, if only a light snack. If you take too much, you can hurt your stomach lining and cause ulcers and GI tract bleeding. According to



the **FDA**, use of NSAIDs, such as Advil (Ibuprofen) and Aleve

(Naproxen), **increase your risk of stroke and heart attack**. As a result, the FDA now requires drug labels for all prescription NSAIDs to warn people of this risk. Over-the-counter non-aspirin NSAIDs also must contain this information.

◆ **When do people take Tylenol?** People take Tylenol (Acetaminophen) for headaches and pains as well as to treat a fever.

◆ **What's the right amount of Tylenol to take?** According to the **NIH**, you generally

have no side-effect risks, so long as you **do not exceed the maximum dosage** for the drug, 4,000 mg a day.

◆ **What are Tylenol's side effects?** Tylenol's most common side effect is nausea. It's **unsafe to take Tylenol** if you're on a blood-thinning drug, warfarin or Coumadin. You should limit your alcohol intake to one or two drinks max when you are taking Tylenol.

◆ **Should you take Advil or Tylenol every day?** Do not take Advil or Tylenol every day, unless your physician advises it.

New CDC Opioid Guidelines: Too Little, Too Late for Chronic Pain Patients?

Jessica Layman estimates she has called more than 150 doctors in the past few years in her search for someone to prescribe opioids for her chronic pain.

"A lot of them are straight-up insulting," said the 40-year-old, who lives in Dallas. "They say things like 'We don't treat drug addicts.'"

Layman has tried a host of non-opioid treatments to help with the intense daily pain caused by double scoliosis, a collapsed spinal disc, and facet joint arthritis. But she said nothing worked as well as methadone, an opioid she has taken since 2013.

The latest phone calls came late last year, after her previous doctor shuttered his pain medicine practice, she said. She hopes her current doctor won't do the same. "If something should

happen to him, there's nowhere for me to go," she said.

Layman is one of the millions in the U.S. living with chronic pain. Many have struggled to get opioid prescriptions written and filled since **2016 guidelines** from the Centers for Disease Control and Prevention inspired laws cracking down on doctor and pharmacy practices. The CDC recently updated those recommendations to try to ease their impact, but doctors, patients, researchers, and advocates say the damage is done.

"We had a massive opioid problem that needed to be rectified," said Antonio Ciaccia, president of **3 Axis Advisors**, a consulting firm that analyzes prescription drug pricing. "But



the federal crackdowns and guidelines have created collateral damage: patients left high and dry." Born of an effort to fight

the nation's overdose crisis, the guidance led to legal restrictions on doctors' ability to prescribe painkillers. The recommendations left many patients grappling with the mental and physical health consequences of rapid dose tapering or abruptly stopping medication they'd been taking for years, which carries risks of withdrawal, depression, anxiety, and even suicide.

In November, the agency released **new guidelines**, encouraging physicians to focus on the individual needs of patients. While the guidelines still say opioids should not be the go-to option for pain, they ease

recommendations about dose limits, which were widely viewed as hard rules in the CDC's 2016 guidance. The new standards also warn doctors about risks associated with rapid dose changes after long-term use.

But some doctors worry the new recommendations will take a long time to make a meaningful change — and may be too little, too late for some patients. The reasons include a lack of coordination from other federal agencies, fear of legal consequences among providers, state policymakers hesitant to tweak laws, and widespread stigma surrounding opioid medication....**Read More**

The Most Common Anxiety Disorders, Explained

Sometimes an anxiety disorder feels like worry and ruminating about lots of little and big things.

Other times it's focused on a specific phobia, such as a fear of flying or being in social situations. It can also be expressed as intense feelings about separation from loved ones.

What's clear is that someone experiencing anxiety disorder symptoms isn't alone. About 40 million American adults have one or more types of anxiety disorders, according to the **Anxiety and Depression**

Association of America (ADAA).

If you think you may be among those dealing with these issues, it is possible to get help. There are a range of treatment options for anxiety disorders.

A common experience

The pandemic exacerbated anxiety issues, which led the U.S. Preventive Services Task Force to **recommend** screenings for all adults under the age of 65. "COVID has taken a tremendous toll on the mental health of



Americans," panel member **Lori Pbert**, a clinical psychologist and professor at the

University of Massachusetts Chan Medical School, said when the **screening recommendations were changed**. "This is a topic prioritized for its public health importance, but clearly there's an increased focus on mental health in this country over the past few years."

Anxiety disorders are so common that nearly 30% of adults will experience one at

some point in their lives, according to the **American Psychiatric Association** (APA).

While anxiety itself is a normal reaction to stress, the feelings involved in anxiety disorders are excessive in relation to the circumstances.

More women than men have these conditions, according to the APA. Only about 43% of people who have generalized anxiety disorder are receiving treatment, according to the **ADAA**....**Read More**

Mediterranean diet may reduce risk of dementia or Alzheimer's, research shows

A diet rich in vegetables, nuts, whole grains and fish reduced the likelihood of developing dementia by nearly one-quarter, even among people with higher genetic risk.

A diet that is rich in seafood, fruit, vegetables, nuts and olive oil may lower the risk of dementia, a new study suggests.

An analysis of data from more than 60,000 seniors revealed that choosing to follow a Mediterranean diet reduces a person's likelihood of developing dementia by nearly one quarter, even among those with genes that put that at greater risk, according to the report published Monday in the medical journal BMC

Medicine.

"The main take home message from this study is that, even for individuals with a higher genetic risk, consuming a more Mediterranean-like diet could reduce the likelihood of developing dementia," said the study's lead author, Oliver Shannon, a lecturer in human nutrition and aging at Newcastle University.

Among people whose food choices least resembled a Mediterranean diet, "around 17 in every 1,000 individuals developed dementia during the approximately nine-year study follow-up period," Shannon said



in an email.

In contrast, among people whose food choices most resembled a Mediterranean diet, "only around 12 of every 1,000 individuals developed dementia," he added.

What is a Mediterranean diet?

A Mediterranean diet is filled with healthy plant-based foods such as vegetables, nuts and legumes. It's rich in whole grains, fruits and olive oil and fish.

The people in the study were also typically eating less red or processed meat, sweets and pastries and drinking fewer sugar sweetened beverages, Shannon

said.

Prior studies have been mixed on whether a Mediterranean diet can help stave off dementia. In fact, a study published in October that looked at medical records from 28,025 Swedes found that the diet did not protect against dementia.

In contrast, another study published in May, which included nearly 2,000 older adults, found that diets high in foods associated with inflammation — in contrast to the Mediterranean diet, which appears to be anti-inflammatory — were linked with faster brain aging seen on MRI scans and a greater risk for the development of dementia.Read More

Bile Duct Cancer: Awareness, Funding Needed to Fight This Silent Killer

Lawyer, entrepreneur and avid athlete Mark Clements participated in the 2005 St. George Marathon in Utah, but ongoing stomach pains made finishing the event a struggle.

"He was having some stomach pain," recalled his sister Stacie Lindsey. "My dad had had ulcers, and so he thought that he had ulcers."

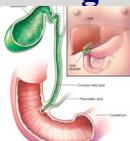
After finishing the marathon, Clements, then 38, went straight in to see his doctor. Ultrasound and other tests confirmed that it wasn't ulcers -- Clements had cholangiocarcinoma, or cancer of the bile duct.

"They could clearly see that it had metastasized outside the

liver," Lindsey said. "It had spread quite prolifically."

Bile duct cancer is a relatively rare cancer, with an estimated 8,000 to 20,000 new cases diagnosed each year, said Lindsey, who is CEO of the Cholangiocarcinoma Foundation.

Unfortunately, only a small number of bile duct cancers are found at an early, treatable stage, according to the American Cancer Society. That's because the bile ducts are located deep within the body, making small tumors virtually undetectable during routine physical exams. Right now, there are no screening tests that can identify bile duct



cancers, Lindsey noted. All of this means that the overall five-year survival rate for bile duct cancers is just 9% for those starting within the liver and 11% for those starting outside the liver, the ACS says.

"The average is about a one-year survival," Lindsey said.

Clements died in January 2007, 15 months after his diagnosis.

There is some reason for hope, however: Thanks to the work of researchers, physicians and groups like the Cholangiocarcinoma Foundation, advances in potential new screening tools and treatments are occurring.

"There's a lot of hopeful, hopeful news here because we have more clinical trials available, more FDA approvals, new standards of care coming," Lindsey explained. "This is really a very exciting and hopeful time for this community, whereas in the past, there were no options available. This is really an exploding area of science and research."

The worst news

Days after he ran the marathon, Clements called his family together and told them that he'd been diagnosed with an inoperable, incurable cancer...Read More

HealthLink Wellness "Taking Control" Science for the Individual

Some of the Highlights:

- ◆ Revolution in Personal Control of Health Based on Science

There is a revolution taking place in personal health and wellness. This book is the results of 20 years of a community-based wellness program "HealthLink Wellness". As you open the book you will see that it is the culmination of the cooperation and funding of many groups, both labor and non-labor. A true community partnership.

Scientifically Derived Health Outcome Measures:

- ◆ HealthLink Risk Profile Index

Ten-year probability estimates of coronary heart disease, originally developed by the

Framingham Heart Study. It has the endorsement of both the American College of Cardiology and American Heart Association. A Risk Profile calculator was developed so that individuals can monitor their own personal progress.

- ◆ Wellness-Comorbidity Matrix.

It is designed to outline for the individual the dynamics of wellness and comorbidity interaction. Its use, in conjunction with the Risk Profile Index, is to make it

easier for individuals to set reasonable incremental goals.

Some of Our Results with Retiree Health:

- ◆ Reduce the number of individuals with hypertension from 61% to 37%
- ◆ Increase the number of individuals with normal blood glucose from 51% to 71%
- ◆ Increase the number of individuals with normal Total Cholesterol from 48% to 70%
- ◆ In addition to the science of wellness, this book also covers how HealthLink

Wellness successfully determined the feasibility of coordinating our community efforts with those of primary care physicians, creating an environment where the patient, community, and medical office work as a team. **Now Available On**

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