



Message from Alliance for Retired Americans Leaders

Shortage of Geriatricians Can Make Finding the Right Doctor Hard for Seniors



Robert Roach, Jr.
 President, ARA

Research suggests geriatricians more effectively manage older patients' care, but factors including ageist stereotypes, lack of school programs, and lower salaries are dampening interest in the field.

People over 65 need more health care services than other age groups and make up nearly half of people admitted to the hospital. However, there are only 7,300 board-certified geriatricians in the United States, which is fewer than 1 percent of all physicians, according to the American Geriatrics Society. By contrast, more than 60,000 pediatricians were practicing in 2021, according to the Association of American Medical Colleges (AAMC).

Geriatrics only became a board-certified specialty in 1988, and accredited medical schools aren't required to teach geriatrics — so many don't.

However, research suggests that geriatricians more effectively and efficiently manage older patients' care than doctors without such specific training — leading to lower inpatient death rates, shorter hospital stays and reduced patient costs.

For instance, some doctors don't understand that what may

appear to be a new symptom or problem is actually an adverse effect of a drug, which in younger people wouldn't cause that.

"Older Americans have unique health care needs and deserve specialists who know how to best treat them," said **Robert Roach, Jr., President of the Alliance**. "We call on Congress to create incentives and encourage more physicians to become geriatricians and ensure all doctors receive at least some training in the care of older patients."

House Republican Budget Framework Would Cut \$1.5 Trillion from Social Security, Raise Retirement Age to 69

A new **budget** endorsed by a large and influential group of House Republicans calls for



Rich Fiesta,
 Executive Director, ARA

private insurance called "premium support." The budget was released Wednesday by the Republican Study Committee (RSC), a group of more than 170 House GOP lawmakers, including many allies of Republican presidential nominee Donald Trump. It calls for **over \$1.5 trillion in cuts to Social Security, including an increase in the retirement age to 69 and cutting disability benefits.**

The RSC budget also strip's Medicare power to negotiate lower prices on prescription drugs.

"This budget — combined with Donald Trump's recent comments about cutting Social

Security and Medicare — is a direct attack on the benefits we worked a lifetime to earn," said **Richard Fiesta, Executive**

Director of the Alliance.

"Republicans have told us what they will do if they take control of Congress and the White House next year. Retirees need to get

engaged and help defeat these politicians who have made it clear they don't care about older Americans."

Bill Would Stop Medicaid from Targeting Family Homes Following the Death of a Loved One

Criticism is mounting over Medicaid's estate recovery process, which can take property away from families in need without warning following the death of a patient with Medicaid.

This month, Rep. Jan Schakowsky (IL), co-founder and co-chair of the House Democratic Task Force on Aging and Families, proposed scuttling the "cruel" program altogether.

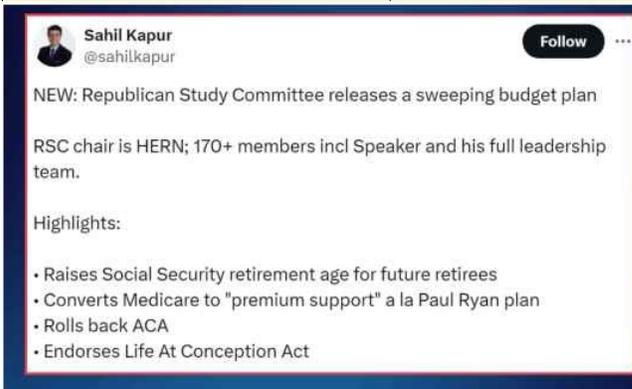
Critics of the status quo argue that many states fail to warn people who sign up for Medicaid that big bills and claims to their

property might await their families after they die. "Medicaid estate recovery often keeps families in a cycle of poverty, and it forces seniors and people with



Joseph Peters, Jr.
 Secretary Treasurer ARA

disabilities to go without care," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "That is why the Stop Unfair Medicaid Recoveries Act of 2024 would repeal the federal mandate requiring state Medicaid programs to go after families and estates for repayment of Medicaid long-term care services."



Sahil Kapur @sahilkapur Follow

NEW: Republican Study Committee releases a sweeping budget plan

RSC chair is HERN; 170+ members incl Speaker and his full leadership team.

Highlights:

- Raises Social Security retirement age for future retirees
- Converts Medicare to "premium support" a la Paul Ryan plan
- Rolls back ACA
- Endorses Life At Conception Act

raising the Social Security retirement age and ending Medicare's guaranteed health care benefits and replacing it with a payment toward the cost of



Happy Easter



ADD YOUR NAME

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

'Work until you drop dead': House GOP plan takes axe to Social Security, healthcare and civil rights

The **Republican Study Committee** has released its proposed 2025 budget which would take an ax to major elements of the social safety net, healthcare system, and civil rights, while affecting nearly every American, either now or in the future.

Calling it "**Fiscal Sanity to Save America**," the budget proposal from the far-right MAGA-affiliated group of about 170 House Republicans would effectively create a national abortion ban and ban on in-vitro fertilization procedures (IVF) by creating legal protections for human embryos starting at "the moment of fertilization." It mentions the word "abortion" 77 times.

Speaker of the House Mike Johnson is a member and **former chairman** of the Republican Study Committee.

"The House GOP Study Committee (largest House GOP bloc) released a budget endorsing the Life at Conception Act, which would provide 14th amendment legal

protections at every stage of life," **explained** Joseph Zeballos-Roig, Semafor's domestic policy and politics reporter. "Amounts to near-total ban on abortions with no IVF exceptions."

U.S. Rep. Bill Pascrell (D-NJ) blasted the Republican Study Committee's budget.

"Wow today a group comprising 80% of republicans in Congress explicitly endorsed a far-right bill that would impose a national abortion ban and outlaw birth control and in vitro fertilization IVF," he **wrote** on X.

"Just now 80% of republicans in Congress called for raising the retirement age and tying social security to life expectancy. Republicans want you to work until you drop dead," he added minutes **later**.

The new budget also calls for converting Medicare to a 'premium support model,' echoing a proposal that Republican former Speaker Paul Ryan had rallied support



for," **NBC News** reports. "Under the new RSC plan, traditional Medicare would compete with private plans and beneficiaries would be given subsidies to shop for the policies of their choice. The size of the subsidies could be pegged to the 'average premium' or 'second lowest price' in a particular market, the budget says."

"The plan became a flashpoint in the 2012 election, when Ryan was GOP presidential nominee Mitt Romney's running mate, and President Barack Obama charged that it would 'end Medicare as we know it.' Ryan defended it as a way to put Medicare on better financial footing, and most of his party stood by him."

Award-winning journalist Laurie Garrett **observes** the Republican Study Committee's budget "cuts \$1.5 trillion from Social Security," "raises Medicare costs & cuts caps on pharma fees," "cuts Medicaid,

ACA/Obamacare & the Children's Health Insurance Prog by \$4.5 trillion over 10 years," "creates \$5.5 trillion in tax cuts for the rich and corporations," "eliminates all clean energy tax incentives," and "raises Social Security Retirement age to 69."

U.S. Rep. Jan Schakowsky (D-IL) **wrote**: "Social Security is NOT an entitlement. Americans pay into the program with each and every paycheck. Raising the Social Security retirement age is yet another way the extremists in the GOP are trying to take away your hard-earned money."

The House Democratic Whip, U.S. Rep. Katherine Clark (D-MA) **summed it up** this way: "The MAGA GOP's three-point plan:

- ◆ Raise the retirement age.
- ◆ Cut Social Security.
- ◆ Line the pockets of billionaires.

Democrats are going to stop them."

Social Security head warns against raising retirement age after GOP proposal

Social Security Administration (SSA) Commissioner Martin O'Malley warned that raising the retirement age for the program would disproportionately hurt blue-collar workers, the day after the Republican Study Committee (RSC) released a proposal to raise the age.

The RSC, which comprises nearly 80 percent of House Republicans, **released a budget proposal** Wednesday that would raise the age of Social Security eligibility "to account for increases in life expectancy," though it did not provide specifics. The current full retirement age for the program is 67.

"[Americans] want their government to strengthen [Social Security] and expand it — not to cut it, contract it or gut its customer service," O'Malley said at a House Ways

and Means Committee hearing Thursday.

"For those who would advocate raising the age, I think we have to be mindful of people who do hard work their whole lives, and die sooner," he said.

Democratic lawmakers slammed the RSC budget proposal.

"I don't know about you, but I don't think that Americans should be forced to work till they drop dead," Rep. Bill Pascrell (D-N.J.) said.

"Underfunding of SSA is an attack on hard-working Americans and their earned benefits — this is no entitlement, but earned benefits," Rep. John Larson (D-Conn.) said.

Republicans largely avoided the topic during the hearing.

The RSC proposal noted President Biden supported



raising the age from 65 to 67 when he was a senator in the 1980s. It said action on Social Security was

again necessary given projections that the program will be insolvent within a decade under the status quo.

"With insolvency approaching in the 10-year budget window, Congress has a moral and practical obligation to address the problems with Social Security," according to the RSC proposal.

Biden has proposed raising payroll taxes on Americans earning more than \$400,000 in order to keep the program fully funded.

O'Malley on Thursday also endorsed Biden's calls for guaranteed 12-week paid leave for lower paid workers.

"It's not right that we are one of the most developed economies in the world and yet

one of very few that does not have paid family leave," he said.

Biden tapped O'Malley, the former governor of Maryland, for Social Security commissioner in December.

Biden has proposed increasing SSA's discretionary budget to \$15.4 billion — an increase of \$1.3 billion — to remedy the agency's administrative struggles, like maintaining staff and a backlog in disability status applications.

"It's been 9 years since Congress has given SSA a budget hearing, and in those 9 years it's been a decline in service SSA provides," O'Malley said.

O'Malley called on the committee to pass President Biden's proposed investment into SSA, which he called "a solid step forward."

Study Shows Part D Plans Ratcheting Up Restrictions on Coverage

A **new study** from University of Southern California (USC) researchers shows that Medicare Part D plans have been increasingly **restricting access to some prescription drugs** through the years. Plans have used prior authorization, step therapy, and formulary restrictions to curb beneficiaries' ability to take certain important prescriptions. The study covered 10 years, from 2011 to 2020, and showed plan adoption of each of these utilization management practices steadily gaining traction.

Plans can exclude some drugs from their formularies entirely, meaning enrollees either must pay out of pocket or try to get an exception by submitting an

appeal to the plan. In 2011, plans excluded 20.4% of drugs. By 2020, that number was up to 30.4%, with an even higher 44.7% for brand-name drugs.

Even if drugs are on the formulary, plans can limit access. For example, prior authorization requires prescribers to get plan permission before it will cover a drug, and step therapy requires patients to use one or more other drugs before gaining access to the prescribed drug. In 2011, plans subjected 11.5% of drugs to prior authorization or step-therapy restrictions. By 2020, that number had reached 14%, with a higher 23.7% for brand-name drugs.

These practices can negatively impact beneficiary health and



well-being. They force many into the Medicare Part D appeals system, **which is**

outdated and onerous. We often hear from enrollees who are struggling to navigate this overly complex, multi-step process, which can also prove burdensome for pharmacists, plans, and prescribing physicians. This can lead to further care delays, the abandonment of prescribed medications, reduced adherence to treatment protocols, worse health outcomes, and higher costs for the patient and the Medicare program.

The USC report comes as the Inflation Reduction Act (IRA) is **changing the structure of Part D payments and plan**

liabilities. If plan costs increase as a result of the IRA, the plans may respond by pursuing savings elsewhere, including through more aggressive use of formulary exclusions, prior authorization, and step therapy.

At Medicare Rights, we will continue to urge Medicare to ensure people with Medicare have access to needed medications and to conduct aggressive oversight to prevent plans from finding and exploiting loopholes that deny necessary care. While **recent rules** and **proposals** aim to curb prior authorization in Medicare Advantage, more must be done in Part D

AstraZeneca follows rival, will cap inhaler prices at \$35 per month amid scrutiny

Drugmaker AstraZeneca will cap out-of-pocket costs at \$35 for all its inhaler products, the company announced Monday.

The cap is effective June 1 and will apply to the company's entire range of inhaler products used to treat asthma and chronic obstructive pulmonary disease, including inhalers Symbicort, Breztri Aerosphere and Airsupra. The cap will be applicable for patients who are uninsured or underinsured.

The announcement follows a **similar move** by rival company Boehringer Ingelheim and comes amid scrutiny from Democratic lawmakers over the cost of inhalers.

The companies are also facing

scrutiny from federal regulators for anticompetitive practices that can delay lower-cost generics from coming to market.

The Federal Trade Commission recently challenged more than 100 patents as improperly listed in the Food and Drug Administration's database of patent and exclusivity information, including five of AstraZeneca's patents on its blockbuster inhaler Symbicort.

The company noted it reduced the list price of Symbicort at the start of this year.

The change comes amid increasing attention and criticism about the cost of inhalers. The



four major manufacturers — Boehringer

Ingelheim, AstraZeneca, GlaxoSmithKline and Teva — **are under investigation** by Sen. Bernie Sanders (I-Vt.) and other Democrats for charging Americans significantly more than consumers pay overseas for the same products.

According to pricing data from the lawmakers, AstraZeneca's Breztri Aerosphere inhaler costs \$645 in the U.S. but just \$49 in the U.K.

"We remain dedicated to addressing the need for affordability of our medicines, but the system is complex and we cannot do it alone. It is critical

that Congress bring together key stakeholders to help reform the healthcare system so patients can afford the medicines they need, not just today, but for the future," CEO Pascal Soriot said in a statement.

In a statement, Sanders said he has spoken to the CEOs of all the companies since the investigation launched and called on GlaxoSmithKline and Teva to take similar action.

"If AstraZeneca and Boehringer Ingelheim can cap the cost of inhalers at \$35 in the United States, these other companies can do the same," Sanders said.

What Is Happening To Your Medicare Advantage Freebies?

Health insurers have been facing a lot of pressure as of late, **which in turn might take a toll on freebies** they previously offered to seniors with Medicare Advantage plans. The Wall Street Journal reported that as insurers might favor "margins over growth," some perks such as **free gym membership** might disappear.

As The Wall Street Journal further noted, Medicare Advantage is facing several struggles, as while the private plans have grown in popularity in recent years, "The industry is contending with pressure on both cost, as seniors who held back on

procedures during the pandemic rush back, and revenue, as the Biden administration curtails payments to plans."

In 2023, some of the aforementioned perks included fitness, telehealth services, a meal benefit, acupuncture, transportation and bathroom safety devices, according to **KFF**.

Wellness perks, such as the SilverSneakers plan, are also often free under many Medicare Advantage plans. The SilverSneakers plan allows seniors to attend the gym for free and join exercise groups to stay healthy, according to **Medigap**.



In addition, as Medigap reported, some Medicare Advantage policies offer Special Needs Plans (SNPs), which might include grocery allowances that allow beneficiaries to pay for healthy food catered to a specific chronic health condition. Perks May Disappear Due to Pressure, Pause in Growth

But now, the pressure many health insurers are facing might force them to cut down on these perks.

For instance, Cigna recently sold its Medicare business after calling off talks to purchase Humana, while others are

pausing on their growth, according to The Wall Street Journal.

We're in the position of not trying to grow Medicare Advantage," Centene chief financial officer Andrew Asher told The Wall Street Journal. "We're trying to ultimately recover margin [in the] back half of the decade. And so we'll just adjust the bids accordingly."

This could translate into plans that might be a "little bit less attractive for seniors," Asher told The Wall Street Journal.

Medicare Advantage Is Under Fire. What It Means for Your Health—and Wallet.

Marcia Mantell won't be eligible for Medicare for a few years yet. But she's sure of one thing: Pitchmen like William Shatner won't be luring her into a Medicare Advantage plan.

"You are nickel-and-dimed to death," says Mantell, 62, a retirement consultant in Plymouth, Mass. Out-of-pocket costs can add up quickly in the plans, she says. And once you're in, it's tough to go back to traditional Medicare. "It sounds on TV like you can switch whenever you want. You can't. It's a 30-year decision."

No one has a crystal ball to see how their health will hold up through retirement. But concerns are mounting about Medicare Advantage, also known as Part C—the insurance plans that manage Medicare coverage for more than 30 million people. Some big players in Advantage—notably Humana—are reporting sharply higher costs

and lower profits, causing their stocks to fall. If the trends continue, it could translate to ancillary benefit cuts and more denials of services.

Other pressures on Advantage are mounting. Some large hospital chains and medical providers have dropped Advantage plans, citing low payments and administrative hassles. The federal government is scrutinizing Advantage plans over insurance industry practices that are driving up costs. The Biden administration has also taken aim at Advantage marketing—featuring the likes of Shatner and football legend Joe Namath in TV ads—saying it may be misleading consumers.

How this will play out isn't clear. What's certain is that consumers are getting caught in a growing battle among the government, healthcare providers, and insurers. With



cost pressures rising in the Medicare market, consumers face increasingly complex decisions over which plan to choose, with long-term consequences for their finances and, potentially, their health.

"Everyone involved is feeling cost pressures," says Ron Mastrogiovanni, CEO of HealthView Services, a retirement healthcare data company. "By next year, they're going to have to make some changes."

Just over half of the eligible Medicare population is now enrolled in Advantage, which provides Part A hospital coverage, Part B outpatient coverage, and extras that aren't offered by traditional Medicare, which is run by the federal government. The plans continue to rake in consumers: From 2023 to 2024, Advantage enrollment is projected to rise by 7%,

according to the Biden administration.

For insurers, Advantage has been highly lucrative—but the economics are shifting. Rising healthcare costs are straining the ecosystem of patients, the government, insurers, and medical providers. Labor and other medical costs have risen sharply in the wake of the pandemic, fanning healthcare inflation.

Humana, one of the biggest players in Medicare Advantage plans, has sounded alarms. CEO Bruce Broussard told analysts in January that the whole industry will "possibly reprice" next year, saying the Advantage sector is navigating "unprecedented increases in medical cost trends." A recent McKinsey & Company report said Advantage was undergoing its biggest shifts in more than two decades.... [Read More](#)

What Will Happen If 70 Becomes the New Retirement Age in the US?

Whether the full retirement age (FRA) in the U.S. should be pushed back to 70 years old **has been a hot topic** among politicians. Republican House leaders **released a proposed budget** that suggests 70 should be the new retirement age, while others strongly disagree. As for most U.S. citizens, well, retiring at 70 isn't exactly their dream scenario, and many are banking on retiring even earlier than the current FRA.

Could 70 Become the New Retirement Age? If So, When

Would It Take Effect?

It's not a guarantee, but it is a strong possibility that 70 could become the new FRA in the U.S.

"It's quite conceivable that 70 could become the new standard retirement age in the U.S.," said Brandy Burch, CEO at **Benefitbay**. "[This is] primarily due to evolving economic conditions, longer life expectancies and the financial sustainability of Social Security. People are living healthier, longer lives, which means more



years in the workforce can help improve the adequacy of retirement savings and address potential shortfalls in public pension schemes." But predicting when the

new FRA may go into effect could be tricky because of the complications that would accompany the major change.

"Predicting an exact timeline is challenging because such a change would involve complex legislative processes and societal adjustments," Burch said.

"However, given the ongoing discussions about the sustainability of Social Security and the demographic trends pointing towards an aging population, I would anticipate a gradual shift in this direction over the next couple of decades."

If This Happens, Life Will Drastically Change For Future Retirees... [...Read More](#)

Social Security Previously Deducted 100% Amount From Benefits, But Now Only 10%

In an era where financial stability seems increasingly elusive for many, a significant change in the Social Security Administration's (SSA) policies brings a sigh of relief. Gone are the days when a misstep in benefit payments could spiral into a nightmare of financial destitution, even homelessness.

The SSA's latest reform, aimed at mitigating the harsh repercussions of overpayment clawbacks, is not just a policy change—it's a beacon of hope for those caught in the crossfire

of bureaucratic oversight.

A Bold Move Towards Justice

The SSA has long been tasked with the unenviable job of balancing the books, ensuring that the disbursement of benefits does not exceed the bounds of legality and fairness. However, the methods employed to correct overpayments have, in the past, veered towards what many would describe as draconian.

The stark reality of this



approach was brought to light through heart-wrenching stories shared by Social Security recipients, catapulted into the

national consciousness by investigative reports from "60 Minutes," KFF Health News, and others.

Responding to a growing chorus of outrage and concern, Social Security Commissioner Martin O'Malley announced a transformative shift in policy. No longer will the SSA seize 100%

of an overpaid beneficiary's monthly Social Security benefit in a bid to recoup funds.

Instead, the agency has set a cap at a more manageable 10%, a move O'Malley describes as stepping away from "the heavy-handed practice" of full benefit interception. This adjustment is complemented by an extension of repayment plans to 60 months, offering a gentler path to financial rectification for beneficiaries.... [Read More](#)

'Win-win': A bill to eliminate taxes on Social Security benefits has been reintroduced

A bill announced in the U.S. House could scrap federal taxes on Social Security benefits starting in 2025, while introducing a new funding stream that might keep the program going for an additional 20 years.

On Jan. 25, Rep. Angie Craig, D-Minn., reintroduced legislation, dubbed the "You Earned It, You Keep It Act," that would repeal the taxation of **Social Security benefits**, putting money back into the pockets of retirees.

In addition, an **analysis** of the bill from the Social Security Administration shows how changes in financing via the bill would allow the agency to continue making payments in full through 2054, which is 20 years longer than current projections. "This bill is a win-win — it's a tax cut for seniors and a way to ensure more Americans can depend on the Social Security benefits they've earned," Craig

said in a **press release**.

New financing The big change in the bill with how benefits are financed has to do with the Social Security payroll tax. Employers and employees each pay tax on 6.2% of wages up to a maximum of \$168,600 in 2024 — the self-employed pay 12.4% in taxes. The proposed bill would kick the payroll tax back into gear once earnings exceed \$250,000, leaning on high earners to increase funding.

These financing measures might allow retirees to afford enjoying their full Social Security benefits. At present, folks with a combined income — which includes your adjusted gross income, plus nontaxable interest, plus half of your Social Security benefits — of \$25,000 or more (and couples filing jointly with a combined income of \$32,000 or more) currently **pay taxes** on at least 50% of their benefits. The



bill would eliminate these taxes.

According to the SSA, **about 40%** of people who receive Social Security benefits end up paying taxes on them each year. Inflation is 'eroding' benefits The Social Security Old-Age and Survivors Insurance Trust Fund is currently **projected to run low** by 2033, which means retirees are expected to receive about 77% of their benefits at that time. If the bill is passed, and the SSA analysis is correct, benefits would be fully funded until 2054. Many depend on these benefits, but despite a **3.2% cost-of-living adjustment** to Social Security payments this year, some beneficiaries aren't convinced the monthly checks will be enough to account for the increased cost of basic goods, which are presently **up 3.2%** compared to a year ago, according to the latest Census Bureau numbers.

For these folks, a tax break on benefits may go a long way. A retired elementary school teacher, Sally Hokkanen, **told Fox 9 Minneapolis-St. Paul** that she and her husband rely on Social Security payments and their 401 (k)s to make ends meet.

"Most of it goes to rent and transportation," Hokkanen said, adding that she'd love to use the extra money to travel if the tax on Social Security benefits gets eliminated with the "You Earned It, You Keep It Act."

"Historic **inflation** is eroding seniors' budgets, jeopardizing the financial security they've worked their whole lives to achieve," Rep. Yadira Caraveo, D-Colo., who co-sponsored the bill, said in a **news release**. "The last thing they need is for the government to double tax their hard-earned Social Security benefits."

MY SOCIAL SECURITY: IT'S NOT JUST FOR RETIREES

By King Arias Social Security Metropolitan Public Affairs Specialist

A personal *my Social Security* account can be helpful in so many ways. You can benefit from its personalized tools even if you are not retired or close to retirement.

With your personal *my Social Security* account, you can do much of your business with us online. You rarely need to call or visit a local Social Security office once you have one.

Let's look at some of the features offered by an account.

If you do not receive benefits, you can:

- ◆ Request a replacement Social Security card (in most states and the District of Columbia).
- ◆ Check personalized retirement benefit estimates to compare different dates or ages to
- ◆ begin receiving benefits.
- ◆ Check the status of your Social Security application after you apply.



- ◆ Get proof that you do not receive benefits.

If you already receive benefits, you can:

- ◆ Request a replacement Social Security card (in most states and the District of Columbia).
- ◆ Get a benefit verification or proof of income letter.
- ◆ Update your direct deposit (Social Security benefits only).

- ◆ Update contact information (Social Security benefits only).
 - ◆ Get a Social Security tax form (1099/1042S).
 - ◆ Opt out of receiving certain notices by mail and receive them in the secure Message Center.
- Please help us spread the news! Let your family and friends know that they can create a personal *my Social Security* account today at www.ssa.gov/myaccount.

Mobility for the Elderly: Scooter Options That Can Improve Your Life

For the elderly, scooter amenities like comfy seats and powerful motors can mean a whole new level of freedom and independence around the house, throughout the neighborhood, and beyond. In fact, mobility scooters are allowed in shops, on buses, and anywhere else that pedestrians are permitted. Some models are even suitable for air travel.

That's why more and more adults are realizing the benefits of using motorized scooters. At the start of this century, only

142,000 Americans over age 65 used electric scooters to help them get around, according to the **National Institute on Disability and Rehabilitation Research**. About a decade later, that number had grown to 815,000, according to a study in the **Journal of the American Geriatrics Society**. The study says that, in total, roughly two percent of U.S. seniors use mobility scooters.

Below, you'll discover the different types of scooters you



can choose and what factors you should think about when doing so. You'll also learn what you can expect to pay for a scooter and how you may be able to get the government to cover some of the cost. And you'll get details about 13 of the best scooter models that are worth considering.

- ◆ **Basic types of mobility scooters**
- ◆ **What to look for in a motorized scooter for elderly people**

- ◆ **How much do scooters cost?**
- ◆ **5 of the best three-wheeled motorized scooters for adults**
- ◆ **8 of the best four-wheeled electric scooters for elderly people**



Intermittent fasting linked to 91% increase in risk of death from heart disease, study says

BY MARTHÉ FOURCADE
AND BLOOMBERG

The American Heart Association published only an abstract, leaving scientists speculating about details of the study protocol.

The safety of intermittent fasting, a popular strategy to lose weight by limiting food intake to certain times, was called into question by a surprise finding from research presented at a medical meeting.

Limiting mealtimes to a period of just eight hours a day was linked to a 91% increase in risk of death from heart disease in the study, which was released on Monday in Chicago. The American Heart Association published only an abstract, leaving scientists speculating about details of the study

protocol. The study was reviewed by other experts prior to its release, according to the AHA.

Lifestyle interventions aimed at weight loss have come under scrutiny as a new generation of drugs help people shed pounds. Some doctors questioned the study's findings, saying they could have been skewed by differences — such as underlying heart health — between the fasting patients and the comparison group, whose members consumed food over a daily period of 12 to 16 hours.

“Time-restricted eating is popular as a means of reducing calorie intake,” **Keith Frayn**, emeritus professor of human metabolism at the University



of Oxford, said in a statement to the UK Science Media Center.

“This work is very important in showing that

we need long-term studies on the effects of this practice. But this abstract leaves many questions unanswered.”

The researchers, led by Victor Zhong of the **Shanghai Jiao Tong University School of Medicine**, analyzed data from about 20,000 adults included in the US Centers for Disease Control and Prevention's **National Health and Nutrition Examination Survey**.

The study looked at answers to questionnaires along with death data from 2003 through 2019. Because it relied in part on forms that required patients to recall what they ate over

two days, scientists said there was room for potential inaccuracies. About half of the patients were men and the mean age was 48.

It wasn't clear how long the patients continued the intermittent fasting, though the researchers assumed they kept it up, according to Zhong.

The fasting patients were more likely to be younger men with a higher BMI and food insecurity, he said by email. They also had a lower prevalence of hypertension, diabetes and cardiovascular disease based on self-reports. “We controlled for all these variables in the analysis, but the positive association between 8-h time-restricted eating and cardiovascular mortality remained,” Zhong said.

Survey Finds Americans Conflicted About Plant-Based Diets

Most folks know they'd be **healthier** if they ate more plant-based foods, but only a quarter are willing to follow through and do it, a new study shows.

Surveys reveal that Americans' beliefs about eating more plants for health are often at odds with their daily dietary choices, researchers say.

“U.S. consumers have

favorable perceptions of foods and beverages that support human and environmental health, but that's not translating into what they're purchasing and consuming,” said lead researcher **Katherine Consavage Stanley**, a doctoral student in human nutrition, foods and exercise at Virginia Tech in Blacksburg.



For **the study**, researchers looked at data from more than a decade of nationwide surveys gathered between 2012 and 2022 by the International Food Information Council, analyzing more than 1,000 participants' responses.

Across all the years, 73% of Americans said plant proteins were healthy, compared to 39%

who said animal proteins were healthy.

The percentage of Americans who follow a plant-rich dietary pattern more than doubled during the decade studied, rising from 12% to nearly 26%.

At the same time, however, the percentage of people eating more red meat also rose, from 13% to 19%....**Read More**

Nerve Treatment Could Help Ease Diabetic Neuropathy

A surgical treatment used to treat conditions like carpal tunnel syndrome and back sciatica might also help relieve the pain of patients with diabetic neuropathy, a new study finds.

Surgical nerve decompression significantly eased pain among a small group of people with diabetic neuropathy for up to five years, researchers report.

In the surgery, researchers removed inflexible tissue that was putting pressure on swollen nerves in the feet and legs. That allows improved blood flow to the nerve, giving it a chance to shrink back to normal size.

“The five-year results suggest that the procedure actually does have a positive long-term impact

on pain,” said lead researcher **Dr. Shai Rozen**, vice chair of plastic surgery at UT Southwestern Medical Center in Dallas.

About 20 million Americans suffer from diabetic neuropathy, in which the fluctuating blood sugar levels of **diabetes** cause nerves to become irritated and painful.

Symptoms can include pain, muscle weakness, numbness, tingling or burning, and extreme sensitivity to touch. The condition most often affects a person's lower extremities.

“Diabetic neuropathy can be debilitating, leading to a lack of mobility and a severe reduction in



quality of life,” Rozen said in a medical center news release.

“It's believed that roughly one-third of those with

neuropathy pain have nerve compression -- where there is direct and chronic pressure on a peripheral nerve -- due to physiological changes brought on by diabetes,” Rozen added. “Our research suggests that nerve decompression surgery to release compressed nerves from surrounding tissue could offer lasting relief for those individuals.”

In the clinical trial, 78 patients were randomly assigned to either undergo nerve decompression or to remain on medication only.

Patients who underwent the surgery only had one leg treated with nerve decompression. The other randomly chosen leg underwent a “sham surgery,” in which the surgeon made incisions to mimic the procedure but didn't remove any tissue.

At the 12-month visit, surgery patients reported significantly less pain in both legs, while those on medication had unchanged pain rankings.

“The one-year reports of pain improvement in both legs could mean that there is a placebo effect taking place” that soon after surgery, Rozen said....**Read More**

How to Improve Memory: 9 Expert Tips for Seniors

Memory loss isn't inevitable. Discover proven strategies on how to boost your memory.

Memory can wither with age. While forgetfulness can be a scary experience, there are ways to fight memory loss and improve memory.

"Memory lapses can be both embarrassing and troubling, but the good news is it is never too late to improve your powers of recall," says Dr. David Poulad, a **neurosurgeon** at IGEA Brain and Spine in Union, New Jersey. "Your brain continues to develop neurons and build new connections to strengthen memory as you age. There are

plenty of strategies that help you improve your memory today and keep it robust for years to come."

Below, experts provide various tips for how to improve your memory, avoid memory loss and prevent further damage if loss has occurred.

9 Tips to Improve Memory

For many people, memory improvement is possible. The extent to which memory can improve, however, will look different from person to person. For instance, a short-term memory that was never properly encoded is unlikely to return to



your mind. Future memories may have better chances.

Individualizing expectations and talking to a doctor about the severity of your memory loss challenges can help you set a frame of reference for what you want to achieve.

"We often think about preventing or slowing further decline rather than recovery of memory function," Kristinsson says. "Compensatory strategies are often employed in order to help the individual cope with their short-term memory difficulties."

Compensatory strategies are techniques that can help you work with and around memory issues – and set you up for success in recalling future memories.

Strategies to boost memory include:

1. **Repeating things.**
2. **Making reminders.**
3. **Using your senses.**
4. **Using visual cues.**
5. **Setting consistent routines.**
6. **Timing activities strategically.**
7. **Minimizing distractions.**
8. **Writing down your personal experiences.**
9. **Avoiding multitasking.**

Blood Test Might Spot Lung Damage Risk After Long COVID

Fears that Long COVID patients might end up with long-term, potentially deadly lung scarring are unfounded, a new study concludes.

The same team have come up with a blood test that could potentially spot those Long COVID patients whose lungs are likely to recover well, and those whose lungs may not.

According to researchers at the University of Virginia Health (UVA) System, about 30% of people who develop COVID-19 will go on to develop symptoms of **Long COVID**.

Some patients develop a stiffening or scarring of lung tissue as part of COVID or its aftermath.

Could this scarring tip over to become progressive pulmonary fibrosis -- a syndrome where lung scarring progresses relentlessly over time, impeding breathing?

To find out, the UVA Health team tracked the lung health of 16 people who'd been hospitalized with severe COVID-19. Fourteen of them had symptoms so severe that they'd needed a ventilator to breathe.

Some of these symptoms continued even after they'd been discharged from the hospital, a sign that Long COVID had set in.

Six months later, some patients' lungs had recovered, while others continued to suffer lung trouble, including pulmonary fibrosis.

Blood tests that tracked levels of immune cells called monocytes were found useful in predicting whose lungs would recover and whose wouldn't, the researchers said. The lungs of folks with low levels of monocytes in their blood samples took longer to bounce back from COVID-19.



These people also had worse symptoms, suggesting that a monocyte-focused blood test might help predict who'll develop Long COVID and who won't.

There was more good news from the study: The kind of damage that COVID and Long COVID appear to inflict on immune cells is very different from that seen among patients with pulmonary fibrosis, the researchers said.

The findings were published recently in the journal **Frontiers in Immunology**.

"Idiopathic pulmonary fibrosis is progressive and kills patients within three to five years," noted lead researcher **Dr. Catherine Bonham**. She's a pulmonary and critical care expert who serves as scientific director of UVA Health's Interstitial Lung Disease

Program.

"It was a relief to see that all our COVID patients, even those with long-haul symptoms, were not similar" to people with idiopathic pulmonary fibrosis, she said in a UVA Health news release.

"We are excited to find that people with long-haul COVID have an immune system that is totally different from people who have lung scarring that doesn't stop," Bonham said. "This offers hope that even patients with the worst COVID do not have progressive scarring of the lung that leads to death."

She stressed that the study's small size means more research needs to be done.

"We are only beginning to understand the biology of how the immune system impacts pulmonary fibrosis," Bonham said.

Eli Lilly Warns That 2 Insulin Products Will Be in Short Supply

Drugmaker Eli Lilly & Co is announcing a temporary shortage of two of its insulin products.

"The 10 mL [milliliter] vials of Humalog® and Insulin Lispro Injection are or will be temporarily out of stock at wholesalers and some pharmacies through the beginning of April," Lilly said in a recent statement.

The company said it is continuing to make the 10 mL vials, and "will ship them as soon as we can." However, in the

meantime patients with **diabetes** may need to consult with their doctors "to discuss switching to the same insulin in a prefilled pen or other insulin treatment options," Lilly said.

Switching to another product may be more easily said than done, noted patient advocate **Laura Marston**. She has type 1 diabetes and uses Humalog.

Marston told *CNN* that she uses the vials in her insulin



pump. Her insurance only covers the vials, through a prior authorization process that may be tough to get around.

"If Lilly doesn't fix this fast, I actually don't know what I'm going to do," Marston told *CNN*.

Lilly said it is offering customers without insurance a coupon program offering insulin for \$35.

"We recognize that any supply challenge may cause a disruption in people's treatment regimens,

and we are moving with urgency to address it," its statement said.

"Patients who need insulin immediately and cannot access their healthcare provider for an alternative treatment option should seek emergency care," the company added.

Lilly spokesman **Tarsis Lopez** told *CNN* that the "dynamic nature of insulin supply and demand, coupled with a brief delay in manufacturing, led to the temporary supply constraint."

Nearly 7 Million Americans Have Alzheimer's, and Caregivers Are Stressed

Nearly 7 million American seniors are living with Alzheimer's dementia, placing a huge strain on both personal caregivers and the U.S. health care system, according to a new Alzheimer's Association report.

The cost of caring for seniors with Alzheimer's is projected to reach \$360 billion this year, up \$15 billion from just a year ago, says the association's **2024 Alzheimer's Disease Facts and Figures** report.

At the same time, coordinating the health care of people with dementia has become "a complex maze composed of primary care providers, specialists, social services, medication management and caregiver support," **Sam Fazio**, senior director of psychosocial research and quality care at the Alzheimer's Association, said in a news release.

Seven of 10 **caregivers** report that coordinating Alzheimer's care is stressful, and 53% said navigating health care is difficult, the association's report found.

"As the number of individuals living with Alzheimer's continues to grow, ensuring patients, their caregivers and families have a clear understanding of how to navigate dementia care resources is critical to improving health outcomes," Fazio said.

In all, 6.9 million people 65 and older in the U.S. are living with Alzheimer's disease, the report says.

About 11.5 million family members and other caregivers provided an estimated 18.4 billion hours of unpaid help for people with Alzheimer's in 2023, the report says.

On average, that's nearly 31 hours of care per caregiver each week, or 1,612 hours a year, the report says.

These hours are spent managing a disease that essentially upends the lives of both patient and caregiver.

A caregiver might find themselves helping with daily personal care like dressing or washing, while also scheduling appointments with health care providers, attending doctor's visits, and reaching out for support services like adult day care or meal delivery.

Two in three caregivers (66%) struggle to find resources and support, the report says.

The top five sources of stress for caregivers are:

- ◆ Cost (42%).
- ◆ Coordinating with multiple doctors (36%).
- ◆ Securing appointments (35%).
- ◆ Getting help taking a break (35%).
- ◆ Finding appropriate doctors (32%).

Experts say care navigation services can provide relief. These services help people weave their



way through the health care system and the network of support services available to them.

The concept of care navigation originated in cancer clinics in the 1990s, to address the complexities faced by cancer patients in managing their care, the report says. It's since expanded to other chronic diseases, including kidney disease and diabetes.

The vast majority of dementia caregivers (97%) say they would find a navigation service helpful. But only half (51%) have talked with a health care professional about the challenges they face or sought help with dementia care, the report says.

Caregivers say a 24/7 helpline, assistance coordinating care from various providers and help understanding their patient's condition would be most helpful. About one-third of caregivers cited such services as needed.

Caregivers aren't wrong in feeling overwhelmed, health care workers say.

About 60% of health care workers say the U.S. health care system is not effectively helping people navigate dementia care, the report says.

Further, nearly half (46%) say their own organization lacks a clearly defined process for coordinating care for patients with dementia and Alzheimer's disease.

Roadblocks or detours encountered by people lost in the health care system can have important ramifications for people with dementia, the report says, including:

- ◆ Delaying timely detection, diagnosis and treatment of early-stage problems with brain function.
- ◆ Interfering with comprehensive dementia care by making it difficult to coordinate between different health providers and settings.
- ◆ Causing caregivers to miss out on important support services like disease education programs and respite care.

In July, the Centers for Medicare and Medicaid Services is preparing to launch an eight-year pilot program for dementia care management, the Alzheimer's Association says.

The Guiding an Improved Dementia Experience (GUIDE) model will provide access to a care navigator to help caregivers manage both health care and supportive services for their patient.

"There is growing momentum in this country to enhance dementia care navigation," Fazio said. "Dementia care navigation programs have shown they can be a huge benefit to people living with dementia and their caregivers. Unfortunately, these programs are not widespread across the country."

Skin Biopsy Might Help Diagnose Parkinson's or Other Brain Disorders

Folks can learn their risk for Parkinson's disease and other related brain disorders through a simple skin biopsy, a new study says.

Skin tests can detect an abnormal form of alpha-synuclein, a protein that is the hallmark of Parkinson's disease and similar degenerative brain illnesses, researchers say.

This simple test could be a reliable and convenient tool to help doctors accurately diagnose patients at risk for these brain diseases linked to abnormal alpha-synuclein, researchers conclude in the **Journal of the American Medical Association**.

"Too often patients experience

delays in diagnosis or are misdiagnosed due to the complexity of these diseases," lead researcher **Dr.**

Christopher Gibbons, a neurologist at Beth Israel Deaconess Medical Center in Boston, said in a news release.

Diseases related to alpha-synuclein abnormalities include Parkinson's, **dementia** with Lewy bodies (DLB), multiple system atrophy (MSA), and pure autonomic failure (PAF), researchers said in background notes.

These diseases – referred to as synucleinopathies – affect an estimated 2.5 million people in



the United States.

For the study, researchers recruited 428 people who had been diagnosed with one of the

synucleinopathies. Each person had three 3-millimeter skin biopsies taken from their neck, knee and ankle.

Researchers found abnormal alpha-synuclein in 93% of people with Parkinson's; 96% of people with dementia with Lewy bodies; and 98% of people with multiple system atrophy, results show. All patients with PAF had the abnormal protein in their skin samples.

By comparison, only about 3% of a group of healthy people

tested positive for abnormal alpha-synuclein, researchers said.

"While we have been aware of the presence of alpha-synuclein in (skin) nerves for many years, we were thrilled with the accuracy of this diagnostic test," senior researcher **Dr. Roy Freeman**, director of the Center for Autonomic and Peripheral Nerve Disorders at Beth Israel Deaconess Medical Center, said in a news release.

"Parkinson's disease and its subgroup of progressive neurodegenerative diseases show gradual progression, but alpha-synuclein is present in the skin even at the earliest stages," Freeman added. ... **Read More**

Does Medicare Cover Stair Lifts?

Discover if Medicare provides coverage for stair lifts to boost independence at home

As young homebuyers, we often overlook the future when climbing stairs might become a challenge. Some regret not opting for a single-floor home as they **get older**. Yet, financial constraints or emotional ties to a current residence often hinder such a move.

Stair lifts offer a practical solution for those living with mobility and disability issues to access upper floors.

What Is a Stair Lift?

Stair lifts are mechanical devices designed to transport people up and down stairs. They are professionally installed devices that typically consist of a

rail mounted to the treads of stairs with a chair or lifting platform attached.

Users sit on the chair or platform wearing a seat belt or safety bar and are transported along the rail. (They should not be confused with **lift chairs**, which are normal chairs with a motorized lifting device to help people with mobility issues safely get up and sit down.)

Stair lifts are commonly used by individuals who are prone to **falls**, have disabilities and are living with chronic diseases that affect mobility, including:

- ◆ **Arthritis.**
- ◆ **Multiple sclerosis.**
- ◆ Muscular dystrophy.
- ◆ Paralysis.



◆ **Parkinson's disease.**

◆ **Spinal cord injuries.**

Does Medicare Cover Stair Lifts?

Unfortunately, stair lifts are not covered by **Medicare** (specifically durable medical equipment (DME)). Medicare considers stair lifts home modifications rather than DME.

In certain circumstances, if deemed medically necessary, you may get coverage for a stair lift through a **Medicare Advantage** plan. However, it's important to check with your policy, as coverage for stair lifts is not common.

Outside of Medicare, check with local and national organizations to see if they offer

any financial support for stair lifts, including such groups as:

● **Veterans Administration.** If you served in the U.S. armed forces, you can reach out to the Veterans Administration and apply for a grant to cover the cost of a stair lift. The VA program provides certain grants to veterans who require medical devices and equipment.

Area Agencies on Aging.

These local organizations offer services and resources to older adults to help them live in their home and remain independent. They can provide connections to local and regional non-profits and programs to help cover the cost of getting a stair lift.

Drug Could Extend Survival for Uterine Cancer Patients

An already approved cancer drug could be an effective treatment for women with advanced, recurring uterine cancer, a new clinical trial shows.

Rucaparib, which belongs to a class of drugs called PARP inhibitors, extended women's survival for more than a year and a half, on average, compared to simple surveillance following chemotherapy, researchers report.

"We improved patients' progression-free survival, meaning time without recurrence or progression, by an average of 19 months," said lead

researcher **Dr. Bradley Corr**, an oncologist with the University of Colorado Cancer Center.

"Patients on placebo had a progression-free survival of nine months, whereas it was 28 months for those who had received rucaparib," Corr added in a university news release. "This is very significant for our patients and for their care."

Rucaparib currently is approved to treat breast, ovarian and prostate cancer, Corr said.

PARP inhibitors work by blocking naturally occurring



enzymes that help damaged cells repair themselves. Unfortunately, these enzymes also help cancer cells recover from damage done by chemotherapy.

Uterine cancer, also known as endometrial cancer, affects more than 60,000 women in the United States each year, and is one of the few cancers in which cases are increasing, researchers said in background notes.

Survival for early-stage uterine cancer is high, at more than 80%, but survival rates decrease dramatically in advanced cases,

the researchers said.

In the clinical trial, all patients underwent one or two courses of chemotherapy, and then half were randomly assigned to take rucaparib, which comes in pill form.

Currently, the only **treatment** option for uterine cancer patients following chemotherapy is to watch and wait, in hopes their cancer won't return, researchers said.

The unfortunate reality is that most late-stage uterine cancers eventually come back after chemo, Corr said...[Read More](#)

Angry? Venting to Others Probably Won't Help You

Grumbling and grouching to others isn't an effective way of reducing rage, a new review shows.

Folks who vent about a source of anger might feel better in the moment, but that won't diminish their ire, researchers found.

Instead, stress-reducing techniques like deep breathing, mindfulness, meditation and **yoga** are much more effective alternatives than griping, results show.

"I think it's really important to bust the myth that if you're angry you should blow off steam -- get it off your chest," said senior researcher **Brad Bushman**, a professor of communication at Ohio State University. "Venting anger might sound like a good

idea, but there's not a shred of scientific evidence to support catharsis theory."

For this analysis, researchers reviewed over 150 studies involving more than 10,000 participants.

They discovered that turning down the heat through stress-relieving activities is better at reducing anger because it lowers a person's fight-or-flight response.

On the other hand, venting about anger actually increased a person's agitation, as did physical activities like jogging.

"To reduce anger, it is better to engage in activities that decrease arousal levels," Bushman said in a university news release. "Despite what popular wisdom may



suggest, even going for a run is not an effective strategy because it increases arousal levels and ends up being counterproductive."

Lead researcher **Sophie Kjaervik**, a postdoctoral fellow at Virginia Commonwealth University, said the study was inspired by the rising popularity of "rage rooms."

In these venues, people are encouraged to smash items like glass, plates and electronics to work through their anger, Kjaervik said.

"I wanted to debunk the whole theory of expressing anger as a way of coping with it," Kjaervik said. "We wanted to show that reducing arousal, and actually the

physiological aspect of it, is really important."

For the review, the research team focused on how a person's physical arousal might influence their anger.

They compared arousal-increasing activities like punching a bag, jogging, cycling and swimming against arousal-decreasing activities like deep breathing and meditation.

The findings, published March 11 in the journal **Clinical Psychology Review**, showed that arousal-decreasing activities were effective at managing anger in both lab experiments and real-world settings, and among varying groups of people...[Read More](#)

Biden to Sign Order Expanding Health Research in Women

President Joe Biden plans to sign an executive order on Monday that will broaden the scope of medical research in women.

The order "will direct the most comprehensive set of executive actions ever taken to expand and improve research on women's health," the White House said in a [news release](#) announcing the move. "These directives will ensure women's health is integrated and prioritized across the federal research portfolio and budget, and will galvanize new research on a wide range of topics, including women's midlife health."

While women comprise half of

the U.S. population, research into their health is lacking. In fact, the federal government only began mandating women be included in federally funded medical research in the 1990s, the *Associated Press* reported.

"We still know too little about how to effectively prevent, diagnose and treat a wide array of health conditions in women," [Dr. Carolyn Mazure](#), head of the White House initiative on women's health, told the *AP*.

The move comes as women's reproductive rights across the country are being threatened following the Supreme Court's overruling of *Roe v. Wade*.



President Biden and First Lady Jill Biden, who announced an initial **\$100 million in funding last month for women's**

health, plan to announce the latest measures at a Women's History Month reception at the White House on Monday. The measures will include the launch of a new effort at the National Institutes of Health (NIH) that will direct \$200 million in 2025 to fund new, interdisciplinary **women's health** research.

The NIH effort will also focus on identifying and rectifying research gaps in studying menopause and the treatment of

menopausal symptoms, White House adviser [Jennifer Klein](#) told the *AP*.

The NIH tends to fund a lot of biomedical research, which helps doctors figure out how medications affect the human body and how to dose drugs safely, but that equation differs depending on gender.

Some conditions have different symptoms for men and women, such as heart disease. Others are more common in women, like Alzheimer's disease, and some are unique to women — such as endometriosis, uterine cancers and fibroids found in the uterus. Regardless, it all needs to be studied further, Mazure said.

Ultrasound Plus MRI Could Be New Treatment Strategy Against Prostate Cancer

Precisely delivered ultrasound could be an effective treatment for **prostate cancer**, with high-frequency sound waves heating and killing off cancer cells, a new study says.

The treatment killed off all prostate cancer cells in 76% of men who underwent a follow-up biopsy one year later, researchers said.

It also cut down on unwanted side effects, such as incontinence and sexual dysfunction.

In the procedure, MRI scans are used to precisely apply ultrasound to a man's prostate cancer, through a small catheter-like device inserted through the urethra.

"This image-guided therapy maximizes our ability to kill

cancer cells while minimizing collateral damage to the prostate to achieve the ultimate trifecta in prostate cancer treatment: full local cancer control while maintaining urinary continence and potency," lead researcher [Dr. Steven Raman](#), a professor of radiology, urology and surgery at the David Geffen School of Medicine at UCLA, said in a news release.

For this study, 115 men with prostate cancer were recruited at 13 hospitals in five countries and given the ultrasound treatment, researchers said. The procedure can be performed in an outpatient facility in two or three hours, under general or spinal anesthesia.

Results show that the treatment



reduced or eliminated cancer cells, and also shrank men's prostates and reduced their prostate-specific antigen (PSA)

levels.

The men treated with ultrasound experienced a 92% decrease in average prostate size within a year, and a healthy decrease in PSA levels at five years. High PSA levels are a warning sign for prostate cancer.

The therapy also produced fewer side effects than other prostate cancer treatments.

After five years, 92% of the men had control over their bladder and 87% had good erectile function. Incontinence and erectile dysfunction are two common side effects of prostate cancer surgery.

Raman believes that ultrasound therapy "represents a revolution in whole-gland treatment for prostate cancer."

"Prostate cancer is the most common form of cancer in men, affecting one in eight men in their lifetime," he said. "We have more research to do, but if validated, (ultrasound) has the potential to change the standard of care for thousands of men."

Researchers are scheduled to present these findings in Salt Lake City at a meeting of the Society of Interventional Radiology, which begins Saturday.

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

U.S. Life Expectancy Rose Overall, But Overdose Deaths Still Set Records

As the pandemic wound down, life expectancy in the United States began to bounce back in 2022, although deaths among children increased and drug overdose deaths continued to reach record highs, new government research shows.

Final **data** for 2022 was published Thursday by the U.S. Centers for Disease Control and Prevention. It showed that a 1.1-year increase brought overall life expectancy at birth to 77.5 years.

While promising news, that increase makes up for less than half of the 2.4 years of life lost during the first two years of the pandemic, and Americans' life

expectancy is still lower than it's been in nearly two decades, experts said.

"Life expectancy gives us a snapshot of the health of a population," [Dr. Steven Woolf](#), director emeritus of the Virginia Commonwealth University Center on Society and Health, told *CNN*. "Vaccination of the population brought a welcome reduction in COVID-19 mortality, and medical care for chronic diseases has thankfully begun to return to normal and that is reflected in the rebound in life expectancy rates."

Still, many other wealthy countries have made more



"substantial" recoveries in life expectancy, he added.

"Put simply, the fact that life expectancy in 2022 was lower than in 2019 means that Americans continue to die at higher rates than they did before the pandemic, despite the rebound," Woolf said. "We are hardly out of the woods."

But the report did deliver some good news.

The age-adjusted death rate for COVID-19 fell more than half between 2021 and 2022, and it was a driving factor in shrinking the overall death rate by 9%.

Heart disease remained the

leading cause of death, followed by cancer. Death rates for these two killers ticked down about 4% and 3%, respectively. Together, heart disease and cancer still caused about 2 out of every 5 deaths nationwide, the report showed.

However, a rising death rate among children is a worrying trend, experts say.

The death rate among children ages 1 to 4 jumped 12% between 2021 and 2022, while the death rate for children ages 5 to 14 increased 7% year-over-year, according to the CDC data....[Read More](#)