Rhode Island Alliance for Retired Americans®

RI ARA

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"Fighting for the future of our members."
"NOW, more than ever!!!"

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Message from the Alliance *for* Retired Americans Leaders

States in the Midwest and the South Are Most Vulnerable to Social Security Cuts

Robert Roach, Jr
President, ARA

States in the Midwest and the South Are Most Vulnerable to Social Security Cuts Any disruption or cuts to Social Security benefits will hurt Americans who live in Southern and Midwestern states the most, according to a **new report** from the Economic Policy Institute. The report reinforced the importance of Social Security to the U.S. economy, with the benefits paid to 73 million Americans every month accounting for 10% of consumer spending.

Social Security benefits make up the largest percentage of income in states in these regions, particularly in West Virginia (16.5 percent), Mississippi (14.7 percent), Arkansas (13.9 percent), Alabama (13.4 percent), and South Carolina (13.3 percent). States with the lowest percentage of Social Security benefits as a share of income, on the other hand, were all in the Western or Eastern parts of the country: District of Columbia (3.3 percent), Colorado (7 percent), Alaska (7.1 percent), California (7.1 percent), and Utah (7.4 percent).

"This research proves once again how vital Social Security is. Retirees spend the Social Security benefits they earn and contribute to their local economy," said **Robert Roach, Jr., President of the Alliance**. "We will make sure our elected officials know that any disruption to our benefits will hurt seniors as well as the businesses where we spend our money. Nothing is more important than making sure our guaranteed, earned benefits are protected."

GOP Budget and Tax Plan Advances in the House of Representatives

The House of Representatives moved closer to a final vote on its so-called "big, beautiful bill" tax and spending plan this week.

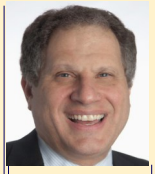
As of today, the plan calls for $715 billion in cuts to Medicaid and $300 billion in cuts to food assistance programs. It also includes $3.7 trillion in tax cuts and a debt ceiling increase. The scale of the health care cuts and tax breaks for the wealthy spawned strong opposition on Capitol Hill. More than 25 people, including several in wheelchairs, were arrested for "illegally demonstrating" as the House Energy and Commerce Committee debated cuts to Medicaid.

Twenty-five percent of the tax cuts go to the top 1 percent of Americans. In addition, the bill includes tax breaks for off-shoring jobs, subsidies for private school tuition, ends investments in clean energy, increases spending on border security, and adds $3.87 trillion over 10 years to the budget deficit.

House Speaker Mike Johnson (LA) says he will bring the package for a floor vote next week. But Senate Republicans on Wednesday signaled that they intend to revise the legislation.

"I think we've assumed all along that the Senate would have its input on this," **said** Senate Majority Leader John Thune (SD). "Obviously, there's 53 Republican senators who want to have their own thoughts and ideas incorporated."

"This fight is not over by a long shot," said **Richard Fiesta, Executive Director of the Alliance.**



Rich Fiesta, Executive Director, ARA

"Members of Congress are feeling the pressure and we need to make sure everyone knows that cuts of this magnitude will hurt the millions of older Americans who rely on Medicaid to pay for prescriptions, home care services, and nursing home care."

ACTION NEEDED: **Click here to send a message to your member of Congress demanding they vote against any Medicaid cuts**.

Executive Director Fiesta Briefs Machinists on Threats to Retirement Security and How to Fight Back

Alliance Executive Director Richard Fiesta spoke to retirees from the International Association of Machinists and Aerospace Workers (IAMAW) this week. He provided an overview of the Alliance's work and updated attendees on key retiree issues, including a rundown of Elon Musk and the Department of Government Efficiency's (DOGE) efforts to dismantle the Social Security Administration and threats to Medicaid posed by House Republicans' budget resolution.

KFF Health News: Honey, Sweetie, Dearie: The Perils of Elderspeak

By Paula Span

A prime example of elderspeak: Cindy Smith was visiting her father in his assisted living apartment in Roseville, California. An aide who was trying to induce him to do something — Smith no longer remembers exactly what — said, "Let me help you, sweetheart." "He just gave her The Look — under his bushy eyebrows — and said, 'What, are we getting married?'" recalled Smith, who had a good laugh, she said. Her father was then 92, a retired county planner and a World War II veteran; macular degeneration had reduced the quality of his vision, and he used a walker to get around, but he remained cognitively sharp. "He wouldn't normally get too frosty with people," Smith said. "But he did have the sense that he was a grown-up and he wasn't always treated like one." People understand almost intuitively what "elderspeak" means. "It's communication to older adults that sounds like baby talk," said Clarissa Shaw, a dementia care researcher at the University of Iowa College of Nursing and a co-author of a recent article that helps researchers document its use.

"It arises from an ageist assumption of frailty, incompetence, and dependence." Its elements include inappropriate endearments. "Elderspeak can be controlling, kind of bossy, so to soften that message there's 'honey,' 'dearie,' 'sweetie,'" said Kristine Williams, a nurse gerontologist at the University of Kansas School of Nursing and another co-author of the article.

"We have negative stereotypes of older adults, so we change the way we talk

Or caregivers may resort to plural pronouns: *Are we ready to take our bath?* There, the implication "is that the person's not able to act as an individual," Williams said. "Hopefully, I'm not taking the bath with you." **Read more here**.

Are Social Security taxes eliminated in the GOP bill?

The recent GOP legislative proposal, a cornerstone of President Trump's domestic economic strategy, has notably excluded the elimination of **Social Security taxes**. Despite earlier promises, the bill prioritizes other fiscal measures, such as raising the national debt ceiling by $4 trillion and extending tax exemptions from Trump's first term.

Currently, up to 85% of Social Security benefits can be subject to federal income taxes, depending on total income. According to the Social Security Administration (SSA), around 40% of beneficiaries currently pay federal taxes on retirement, spousal, and disability benefits. The exclusion of tax cuts for these benefits from the GOP proposal has left many questioning the rationale behind this decision.

One significant reason for not eliminating Social Security taxes is the **Byrd Rule**. This legislative rule prevents changes to Social Security within budget reconciliation bills if deemed unrelated to the primary budgetary reform goal. Named after former Senator Robert Byrd, this rule safeguards against the inclusion of unrelated measures that might struggle to pass through standard legislative processes.

Experts also highlight the financial implications of ending Social Security income taxes. The Social Security program is already facing significant financial challenges, with potential benefit reductions of 17% by 2035 if unresolved. Eliminating taxation on benefits could result in a revenue loss of approximately $950 billion for the SSA, complicating efforts to maintain the program's solvency.

Instead of removing benefit taxation, the GOP proposal introduces a new benefit for seniors. This includes an additional deduction for taxpayers aged 65 and older, supplementing the standard deduction they already receive. This deduction begins phasing out at a modified adjusted gross income of $75,000 for individuals and $150,000 for married couples filing jointly.

To qualify for this new deduction, filers and their spouses, if filing jointly, must provide valid Social Security numbers. This deduction applies to fiscal years 2025 to 2028. Experts like Andrew Biggs view this as a tax cut for seniors, designed to mitigate the impact of not repealing Social Security benefit taxes.

House Speaker Mike Johnson has dubbed the proposal the "One, Big, Beautiful Bill," asserting it will fulfill the "America First Agenda." This ambitious legislative package aims to address various economic priorities, though it remains to be seen how it will fare in the legislative process.

CBO: GOP Medicaid plan would make 7.6 million people uninsured

The uninsured numbers include 1.4 million people without verified citizenship who would be removed from the program and 4.8 million people who would lose coverage because of work requirements, the committee said.

All told, the Medicaid portions of the GOP proposal would save $625 billion over a 10-year period. The panel is tasked with finding at least $880 billion in savings, and CBO said they were on track to exceed that amount.

The biggest savings in the bill would come from the federal work requirements, which would account for about $301 billion over seven years. The provision would require childless adults aged 19-64 years old to prove they work, go to school or volunteer for 80 hours a month.

Experts say most Medicaid beneficiaries are working, and work requirements force enrollees to complete burdensome paperwork requirements. According to a CBO analysis of a 2023 Republican bill, work requirements had no impact on the employment status or hours worked by Medicaid recipients.

Overturning Biden-era Medicaid rules on eligibility determinations would save nearly $163 billion, and a moratorium on new provider taxes that states use to help finance their programs would save roughly $87 billion.

Most of the coverage losses would occur after the 2026 midterm elections; work requirements wouldn't take effect until 2028.

Republicans have said the changes are needed to preserve Medicaid for the people who need it most, not the "able-bodied" and migrants without legal status who they say are bloating the program's spending

'Thicket of red tape' for Medicaid in GOP bill sparks fears of coverage losses

Melannie Bachman, 39, of Charleston, South Carolina, is among the patients closely watching the sweeping Republican bill to overhaul Medicaid that's been brought to the House. She was diagnosed with **triple-negative breast cancer** — an aggressive and difficult-to-treat form of the disease — in 2021. She said she had to apply for Medicaid multiple times and wasn't approved until four months later, which meant she had to pay for multiple screenings while waiting.

Bachman no longer qualifies for Medicaid because she's cancer-free. But she worries that the proposed revisions could make it harder for her or others in similar situations to get covered again, or even cause them to give up on the process altogether.

Bachman is still within five years of her diagnosis, and her doctors tell her that it's essential for her to continue being monitored in case the cancer returns.

"It's one of the hardest parts of this journey, besides fighting for your life," Bachman said of applying for Medicaid. "The application process, the figuring how and when to find coverage, being someone who had no coverage at all."

As House Republicans on Tuesday haggled over **parts of a bill that proposes deep cuts and new restrictions on Medicaid**, patients and doctors who rely on the program said they're bracing for the worst, including overwhelming red tape and administrative hurdles that could prevent many people from getting the care they need.

The legislation, introduced Sunday by the Energy and Commerce Committee, proposes a slew of changes to the health program, such as work requirements, patient co-pays for doctor visits, tougher eligibility checks and citizenship verification. The panel began marking it up Tuesday and hopes to send it to the full House this week, with the goal of passing the entire bill by Memorial Day.

The legislation could lead to 8.6 million people losing **Medicaid coverage**, according to a preliminary estimate from the Congressional Budget Office. More than 70 million people currently get health coverage through the program.

The changes would make some people ineligible for coverage due to work requirements. Certain groups, such as the disabled, pregnant women and people who are in prison or rehabilitation centers, would be exempt.

Others — particularly those covered under the Affordable Care Act's Medicaid expansion — could be forced to drop out as they face higher fees and additional paperwork to maintain their coverage….**Read More**

Social Security insists on changing the retirement age

The **Social Security program** in the United States, a cornerstone of economic security for millions, has seen its Full Retirement Age (FRA) evolve significantly over the decades. Initially set at 65 years when the program was established in 1935, the FRA was aligned with a time when the average life expectancy was around 61 years. This setup meant that many individuals either did not reach the age to claim benefits or relied on them for a relatively short period.

As life expectancy in the U.S. has increased dramatically, now approaching 79 years, the longevity of beneficiaries has placed additional financial strain on the system. To address this challenge and ensure the program's long-term sustainability, significant changes were enacted through the 1983 amendments to the Social Security Act. These reforms introduced a gradual increase in the FRA from 65 to 67 years, a change that continues to affect retirement planning today.

The transition to a higher FRA was not immediate but was designed to be implemented progressively over several decades. This gradual increase is still ongoing, impacting the retirement plans of millions of Americans. The current FRA varies depending on an individual's birth year, reflecting this phased approach. For instance, those born in 1955 have an FRA of 66 years and 2 months, while individuals born in 1960 or later have an FRA set at 67 years.

Understanding one's FRA is crucial, as claiming benefits before reaching this age results in a permanent reduction in monthly benefits. The earliest age to claim is 62, but doing so can lead to a reduction of up to 29.17% if the FRA is 66 years and 10 months. Conversely, delaying retirement beyond the FRA, up to age 70, can increase monthly benefits by approximately 8% for each year the claim is postponed.

The changes in the FRA are not part of an active agenda for further increases at this time. Instead, they are the result of the 1983 legislative reform, which set the gradual increase from 65 to 67 years. This adjustment was driven by the rising life expectancy and the need to maintain the program's financial health. While experts and committees continue to discuss potential future reforms, the current variations in FRA are primarily due to the ongoing implementation of the 1983 law.

The Social Security 'House of Cards' Is Collapsing

A new AP-NORC poll reveals increasing confidence among Americans over 60 regarding the future of Social Security, despite recent turmoil under Trump's second term, including staffing cuts and administrative chaos.

-Yet younger generations have reasons to be concerned, as official projections show that by 2035, Social Security may only pay about 83% of scheduled benefits.

Experts suggest bipartisan solutions, including raising payroll taxes or adjusting retirement ages, but political gridlock has stalled reforms.

-Without congressional action soon, younger Americans could face reduced benefits, highlighting a critical need for solutions to ensure Social Security's sustainability beyond the next decade.

Social Security in Trouble?

A recent poll, from the Associated Press-NORC Center for Public Affairs Research, found that increasing numbers of Americans are convinced that Social Security is going to be there for them in the future.

Per an AP write-up of the poll, "about 3 in 10 U.S. adults age 60 or older are 'not very' or 'not at all' confident that Social Security benefits will be there for them when they need it, which rises from 2 in 10, from the version of the survey that was released in 2023.

While there has been **a lot of chaos with Social Security** so far in the second Trump Administration, including multiple interim agency commissioners and **DOGE-driven cuts** that have harmed customer service, it doesn't appear that adults over 60 are in much danger of Social Security not being able to pay full benefits once they become eligible.

As for younger people, well, they might have a bit more reason to worry.

Depletion Dates

The Social Security Board of Trustees put out its 2024 report a year ago, and it found that the main Social Security Trust Funds were "projected to have enough dedicated revenue to pay all scheduled benefits and associated administrative costs until 2035," which was a year later than the projected date of 2034 in the previous year's report.

What happens after 2035? According to SSA, at that point, the funds would contain enough funds to "pay 83 percent of scheduled benefits."

So no, Social Security is not going to zero soon, and Social Security will still exist at that time. Those becoming eligible then will still get the majority of their due benefits. That said, 2035 is only ten years away at this point.

What Will Happen?

The one way to make Social Security pay full benefits, starting that year, would be for Congress to somehow change the funding formula.

Per CNBC, "preventing that shortfall would likely involve trimming benefits or increasing the Social Security payroll tax." One other possible solution is to raise the Social Security eligibility age.

While some bills have been introduced in Congress over the last few years, the issue hasn't broken through, with the leadership of neither party putting together a plan to extend Social Security's solvency beyond 2035.

In an op-ed published in April in The Conversation, economist Dennis W. Jansen sounded the alarm about Social Security's eventual solvency crisis.

"I am alarmed that Democratic and Republican administrations alike have failed for more than three decades to take the actions necessary to keep its funding on track, either by raising taxes or cutting benefits," Jansen wrote. He also ripped the **Trump Administration**, for "reducing the program's staff, **sending confusing signals about changes** it intends to make, and undercutting the quality of service for the people who are eligible for these benefits."

Trump has also **proposed making Social Security benefit payments** exempt from federal taxes, although **one model has predicted** that doing so would make the trust fund run out two years earlier than otherwise.

Jansen also noted that as far back as 1990, the Social Security Trustees had predicted a depletion date in 2036.

The Brookings Institution, meanwhile**, has proposed what it calls** a bipartisan solution for solving the funding crisis. It's a multi-pronged plan, which includes such ideas as raising the payroll tax and increasing the retirement age for high earners.

When Will We Hear About 2025?

The 2024 edition of **the Social Security Trustees Report** was released on May 9, 2024, indicating that the 2025 version of the report will likely arrive soon, although there's a possibility that recent chaos and staff cuts at the agency have caused a delay.

SSA did, however, **recently release its annual list** of the most popular baby names, finding that Liam and Olivia remain the most popular names for boys and girls, respectively, in 2025.

Dementia Care: Tips for Home Caregivers

If you're providing at-home dementia care for a parent or a loved one, these tips will make this difficult role easier.

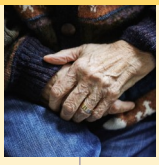
Caring for a Parent With Dementia

Alzheimer's disease and other forms of **dementia** are progressive neurological diseases that cause a loss of cognitive function, which includes the ability to think, reason or remember, reports The National Institute of Neurological Disorders and Stroke.

Over time, these changes interfere with a person's ability to manage the **daily tasks of living**. What may start as forgetfulness or being occasionally tongue-tied can progress to needing round-the-clock care.

Often, a family member must lead the charge in caregiving before the decision to move to memory care or another long-term care facility is made; the Centers for Disease Control and Prevention reports that approximately 1 in 5 U.S. adults provides care to family members or friends who have a chronic health condition or disability.

This journey can be emotionally draining and physically taxing for **caregivers**, but finding the right information and support can help ease some of the burden.



Seek Professional Help

According to the CDC, there are more than 100 different types of dementia, from Alzheimer's and vascular dementia to Lewy body and frontotemporal dementia. **Parkinson's disease** and other neurological conditions can also cause dementia and dementia-like symptoms.

Each disease has its own specific features and prognosis; therefore, it's critical to get the correct diagnosis.

When you first start noticing **symptoms**, make an appointment with your parent's primary care doctor or **geriatrician** to find out what's going on. In many cases, they will refer your loved one to a **specialist** who can provide additional guidance and care depending on the exact diagnosis.

"Don't be afraid to ask doctors or specialists questions," urges Moraima Castañeda, Oregon-based CEO of MLC Health Solutions, a clinical and organizational transformation consultancy serving the health care sector.

With the right diagnosis, your loved one's medical team can develop an appropriate treatment plan and point you in the right direction for additional support.

Local dementia care services

Consider reaching out to local aging-related organizations, which may provide resources for support, training and respite care. The National Association on Area Agencies on Aging offers online tools to find your local agency.

"Those area organizations on aging can really help you get that local support and piece together the team that's going to care for your loved one," says Dr. Rhonda L. Randall, Florida-based executive vice president and chief medical officer, employer and individual, at UnitedHealthcare.

You'll also want to find out what's covered by your parent's health insurance and what their financial responsibilities might be. Call the health insurance carrier and speak with a case worker about which resources and benefits are available

For some, this may include VA benefits related to military service or **Medicare and Medicaid**, which also offer resources.

Learn More About Their Condition

Once you have a diagnosis, learn as much you can about your loved one's disease so you'll know what to expect and how to respond to any situations that may arise.

For example, people with dementia are known to believe they're speaking with the deceased, which spooks many new caregivers. But if you know that people with dementia can **hallucinate**, it helps you make sense of that behavior and respond appropriately. If your father has dementia and is "conversing" with your mother, who died a dozen years ago, instead of reminding him of that loss, you might redirect his attention with a nice memory: "Dad, do you remember when Mom would spend hours in the kitchen preparing picnics for us on Sundays in the park?"

Instead of insisting that your loved one acknowledge reality as you know it now, you can spare them potentially reliving grief by redirecting and **reminiscing about happy times**….**Read More**

Trump Team Faces Key Legal Decision That Could Put Mental Health Parity in Peril

The Trump administration must soon make a decision that will affect millions of Americans' ability to access and afford mental health and addiction care.

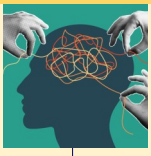
This story also ran on CBS News. It can be republished for free.

The administration is facing a May 12 deadline to declare if it will defend Biden-era regulations that aim to enforce mental health parity — the idea that insurers must cover mental illness and addiction treatment comparably to physical treatments for ailments such as cancer or high blood pressure.

Although a federal parity law has been on the books since 2008, the regulations in question were issued last September. They represent the latest development in a nearly two-decade push by advocates, regulators, and lawmakers to ensure insurance plans cover mental health care equitably to physical health care.

Within the dense 166-page final rule, two provisions have garnered particular attention: first, that insurers provide "meaningful benefits" — as defined by independent medical standards — for covered mental health conditions if they do so for physical conditions. For example, if insurers cover screening and insulin treatment for diabetes, then they can't cover screening alone for opioid addiction; they must also cover medications to treat opioid use disorder.

Second, insurers must go beyond the written words of their policies to measure how they work in practice. For example, are patients having to seek out-of-network care more often for mental than physical care? If so, and it relates to an insurer's policies, then those policies must be adjusted.



In January, a trade association representing about 100 large employers sued the federal government, claiming the regulations overstepped the administration's authority, would increase costs, and risked reducing the quality of care. The ERISA Industry Committee represents several Fortune 500 companies, such as PepsiCo and Comcast, which sponsor health insurance plans for their employees and would be directly affected by the new regulations.

ERIC's lawsuit, filed days before President Donald Trump's inauguration, puts the onus on the new administration to decide whether to defend the regulations. If it chooses not to, the rules could be scrapped.

Mental health clinicians, patients, and advocates are urging the administration to fight back.

"What we're trying to do is make the spirit of parity a practical reality," said Patrick Kennedy, a Democratic former U.S. representative who sponsored the 2008 parity law in the House and co-founded the Kennedy Forum, which advocates on mental health issues. This is "an existential issue for the country, public health, for every aspect of our society."

A **2023 national survey** found that more than 6 million adults with mental illness who wanted treatment in the past year were unable to receive it. Cost was one of the most common barriers.

This lack of treatment harms people's physical health too, with research suggesting that undertreating depression **can complicate chronic conditions**, such as diabetes….**Read More**

Dear Marci: *Does Medicare cover my durable medical equipment?*

Dear Marci

I'm unsure if Medicare covers the cost of durable medical equipment. Does Medicare cover equipment?

– Rose (Anchorage, AK)

Dear Rose,

Yes, Medicare Part B covers durable medical equipment (DME). DME is equipment that serves a medical purpose, can withstand repeated use, and is appropriate for use in the home. Examples of DME include wheelchairs, walkers, and oxygen equipment. Medicare also covers **prosthetics**, orthotics, and some medical supplies. Here is an overview of the Medicare coverage rules for these products:

Eligible equipment:

Medicare's DME benefit does not cover all medical equipment. Medicare **covered DME**:

- Is durable, meaning it can be used many times
- Serves a medical purpose
- Is for use in the home, although you can also use it outside the home
- And is likely to last for three years or more
- Medicare does not cover:
- Equipment mainly for outside the home
- Most items intended only to make things more convenient or comfortable, like air conditioners or grab bars
- Items that get thrown away after use or that aren't used with equipment in most cases, like incontinence pads or surgical facemasks

Modifications to your home, such as ramps or widened doors for improving wheelchair access

Equipment that is not for use in the home, like some specialized hospital beds

Whether you have **Original Medicare** or a **Medicare Advantage Plan,** the types of equipment covered are the same

Coverage requirements:

- Covered DME must:
- Be ordered by a provider who says it's **medically necessary for use in the home**
- Be obtained from **suppliers** who contract with Original Medicare or your Medicare Advantage Plan
- Medicare Advantage Plans may have additional requirements and different cost sharing rules

Coverage method:

Depending on the type of equipment you need, you may need to either **rent or buy the DME**.

Medicare typically only pays for standard equipment that meets your health needs. If you want **special features or upgrades**, you may have to pay more.

Maintenance:

Whether Medicare covers the cost of **maintenance and repair** for your DME will depend on whether or not you rent or bought the equipment. Medicare may also cover **replacement** of the equipment in some circumstances.

To find out if Medicare covers the equipment or supplies you need, or to find a Medicare approved DME supplier in your area, call 1-800-MEDICARE or visit **www.medicare.gov**. You can also learn about Medicare coverage of DME by calling your **State Health Insurance Assistance Program (SHIP)**.

Hope this helps!

-Marci

Retirees face potential 33% benefit cut under new tax plan; Here's why

Retirees across the United States may soon face a daunting financial challenge. A proposed tax plan, supported by President Trump and several legislators, aims to eliminate federal income taxes on Social Security benefits, tips, and overtime. While this might initially seem beneficial, experts warn it could lead to a significant reduction in Social Security benefits, potentially cutting them by 33% by 2035.

Proposed tax plan details

The tax proposal suggests removing federal income taxes on Social Security benefits, a move that could eliminate a crucial revenue stream for the program.

Currently, Social Security is funded primarily through payroll taxes (91%), with a smaller portion coming from taxes on benefits (4%) and interest from trust fund assets (5%). The elimination of these taxes could severely impact the program's financial health.

Social Security faces financial challenges due to a growing retiree population and a slower-growing workforce. The Congressional Budget Office (CBO) estimates that under current law, the Social Security Trust Fund will be depleted by 2034. If this occurs, benefits would need to be reduced to about 77% of scheduled payments, equating to a 23% cut.

Impact of eliminating benefit taxes

Removing taxes on Social Security benefits would eliminate a revenue source expected to contribute $1.1 trillion over the next decade. This would exacerbate the program's deficit, potentially depleting the trust fund sooner. The Committee for a Responsible Federal Budget (CRFB) estimates that eliminating these taxes could advance the fund's depletion by one year, while Penn Wharton suggests it could be two years.

If taxes on Social Security, tips, and overtime are all eliminated, as proposed by President Trump, the CRFB estimates the trust fund could be depleted three years earlier. This scenario could lead to benefit cuts as early as 2032, rather than 2035, putting additional financial strain on retirees.....**Read More**

What Trump's Executive Order Means for Medicare, Medicaid

After President **Donald Trump** issued an executive order to dramatically lower prescription drug prices in the United States, recipients on **Medicare** and Medicaid are wondering how the new prices could impact them.

Why It Matters

Nearly 70 million Americans rely on Medicare, while Medicaid serves nearly 80 million low-income or disabled recipients. While prescription drug prices under Medicare and Medicaid can vary, Trump's new executive order **aims to lower prices** for all patients.

The order is based on a "most favored nation" pricing model, similar to a policy Trump pushed in his first administration but ultimately failed following legal challenges.

What To Know

Trump signed the executive order Monday to lower prescription drug prices. Currently, Americans pay significantly more for prescription drugs than consumers in other countries.

Prices for brand-name drugs in the U.S. are, **on average, three times higher**, and drugmakers often base their business strategies around the U.S. market, where they earn most of their global profits.

Trump called his executive order "one of the most consequential Executive Orders in our Country's history," and said it would reduce drug prices "almost immediately, by 30% to 80%" on Truth Social.

Under the order, drugmakers have a 30-day deadline to meet specific price targets. The government will take further action if the companies do not make "significant progress" within six months.

The new executive order is likely to face legal pushback. The pharmaceutical industry has long criticized pricing rules, saying they can dramatically cut into revenue and reduce incentives for new drug development….**Read More**

Attention mounts on Medicare Advantage fraud and abuse

More Democrats and Republicans in Congress are speaking out and raising alarms about Medicare Advantage. If Republicans need to find savings to pay for their tax cuts, they need look no further than the $1 trillion in Medicare Advantage overpayments.

A growing number of Republicans are speaking out against these massive government overpayments to Medicare Advantage insurers. At a recent Senate Finance Committee hearing, Senator Roger Marshall (KA-Rep) said: "Like Dr. Oz, I thought Medicare Advantage was a good thing when it came out. But, unfortunately, it's been manipulated. They found loopholes to manipulate and now we're spending probably $83 billion more a year on Medicare Advantage patients as opposed to if they had been on traditional Medicare…I hope that there's an opportunity to fix that very broken system that friends across the aisle who speak so boldly about Medicare Advantage that they will vote for reforming it as well whenever we have that opportunity."

Senator Chuck Grassley (Rep-IO) has expressed similar concerns about Medicare Advantage, as have Senators **Bill Cassidy** (Rep-LO) and **James Lankford** (Rep-OK), who recognizes **inappropriate denials** in Medicare Advantage, which are keeping some hospitals in his state from contracting with MA insurers.

Indeed, increasingly, hospital systems, including some of the best hospital systems in the country are **dropping Medicare Advantage contracts.**

Seventy-eight Democrats in the House of Representatives wrote HHS Secretary Kennedy and Acting CMS Administrator Carlton to express their **concerns about Medicare Advantage overpayments and more**."If Republicans were serious about combating waste, fraud and abuse, they would be focused on Medicare (dis)Advantage plans," says Representative Pramila Jayapal (CA-Dem) on **MSNBC**.

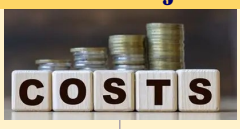
Eight Democrats in the Senate sent **a similar letter**.

Eileen Appelbaum**,** health economist at the Center for Economic and Policy Research, explains the Medicare Advantage rip-off **here**:

Poll: Costs remain a major barrier to care

When you're looking at people's opinions about health care, it's important to keep in mind that 85 percent of adults in the US say that their health is good or better than good. These people tend to be satisfied with their health insurance because they use it relatively little. Still, a lot of Americans remain concerned about high health care and prescription drug costs and medical bills, according to recent **Peterson-KFF** polling.

Forty-five percent of adults in the US are worried about their ability to pay medical bills.



Twenty-eight percent of adults said that they delayed or went without care because of the cost. Eleven percent struggled to pay medical bills. And, 11 percent said that they did not have a usual source of care.

Adults who were uninsured, in poorer health, Black adults, and Hispanic adults, were much more likely to forego or postpone care because of the cost than others. Thirty-six percent of Hispanic adults, 32 percent of Black adults and 25 percent of white adults said they delayed or went without care because of the cost, underscoring health care inequities. Of course, the uninsured generally face higher out-of-pocket costs than people with health insurance. And, people with lower incomes struggle more than people with higher incomes to cover insurance deductibles and copays.

Twenty one percent of adults said they went without dental care because of the cost. Sixteen percent said they went without mental health care, drugs or medical care because of the cost.

Likely because Medicare tends to provide better financial protection from health care costs than employer coverage and coverage on the state health insurance exchanges, fewer older adults delayed or went without care than adults under 65. One in five adults over 65 said they delayed or went without care because of the cost. Three in ten adults under 65 said they delayed or went without care because of the cost.

When will Medicare stop letting Part D insurers drive up drug costs?

The Centers for Medicare and Medicare Services, which oversees Medicare, now has authority to negotiate prescription drug prices for some Part D drugs each year. But, Christen Linke Young writes for **Brookings** on other Part D fixes needed to prevent insurers from driving up drug costs for their enrollees. The Trump administration just announced that it will not to make these fixes, at least for now.

Young explains that Medicare Part D is riddled with "market failures and inefficiencies." As a result, Medicare Part D plans promote high-priced drugs with higher copays rather than lower-cost drugs.

Here's the problem: Part D insurers earn more revenue when they negotiate big rebates from pharmaceutical companies offering higher-priced drugs. So, the insurers have a strong financial incentive to put drugs with the highest rebates on their formularies and keep lower-cost alternatives off their formularies. The insurers work with Pharmacy Benefit Managers, which, in the case of the largest insurers, are subsidiary companies.

The bigger the gap between the list price of a drug and the net price (the price after rebate), the more money the PBMs can collect in rebates. As a result, many Part D on-formulary drugs have a low net price and a high list price.

For reasons I cannot explain, Medicare pays PBMs based on a drug's list price, not its net price. Medicare does so even if there is another lower-priced drug to treat the condition. The government also allows Part D insurers to keep lower-priced drugs off their formularies.

Through this flawed insurance design, Part D plans can offer lower premiums and then charge high out-of-pocket costs to those enrollees needing drugs with high list prices. The $2,000 out-of-pocket cap on Part D drugs helps patients some, but not as much as it could. Part D insurers both can charge patients high copays if a drug has a high list price and can keep lower-cost alternative drugs off their formularies.

When drug manufacturers give PBMs rebates, they often require that the PBM either keep a lower-cost alternative of that drug or another drug off the insurer's formulary, a "rebate wall."

These legally permissible insurer shenanigans cause people with Part D coverage to pay **a lot more for their drugs than they need to**. Sometimes, it's less expensive to go to Costco or another low-cost pharmacy for your drugs. For example, the HHS Office of the Inspector General found that Part D plans tended to keep enrollees from buying biosimilar drugs, steering them to the higher-priced biologicals at a huge cost to the Medicare program.

Inexplicably, Congress has failed to fix these problems with Part D. CMS already has significant authority over formularies but has not exercised it to the extent needed. A Biden administration proposed rule that the Trump administration did not finalize would have required Part D plans to give enrollees "broad access to generics, biosimilars, and other lower cost drugs." This rule could have helped prevent "rebate walls."

RI ARA HealthLink Wellness News

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

HealthLink Wellness "Taking Control"

Few psychiatrists accept Medicare

If you and your spouse are not working, you likely need to enroll in Medicare at 65. But, as with many health insurance policies, it is extremely difficult to find psychiatrists who will accept Medicare coverage, reports Eugene Rubin, M.D. for **Psychiatry Today.**

A study by John Havlik et al., reported in **JAMA Network**, finds that just over 18,000 psychiatrists were willing to bill Medicare for their services, out of a total of more than 56,000 psychiatrists nationwide. The number willing to bill Medicare decreased by nearly 4,000 over eight years between 2014 to 2022. That's a 16.8 percent decrease in the number of shrinks willing to bill Medicare. Overall, only about one in three psychiatrists take Medicare.

The researchers could not study the number of psychiatrists who contract with Medicare Advantage plans. But, overall, fewer physicians agree to work with Medicare Advantage plans than traditional Medicare. And, Medicare Advantage plans do not tout their great mental health coverage. So, it's more than likely that it's even harder to see a shrink in Medicare Advantage than in traditional Medicare.

Other research has shown that people with Medicare can wait up to six months to see a therapist. But, **Medicare now covers mental health care** from marriage and family therapists, mental health counselors, and drug addiction specialists, as well as psychiatrists, psychologists, psychiatric nurses and licensed clinical social workers, increasing the pool of mental health providers available for people with Medicare.

People with employer coverage and in state health insurance plans also struggle to get insurance coverage for visits to the shrink. Fewer than three in five shrinks accept any health insurance.

To be clear, access to Medicare coverage for visits to the shrink differs depending on where you live. In Wyoming, for example, there are just 13.8 shrinks who take Medicare for every 100,000 people with Medicare, in Mississippi, 22.1 shrinks, and Montana, 27.4 shrinks. In Rhode Island, there are 174.7 shrinks for every 100,000 people with Medicare. In nine states, there are fewer than 40 shrinks for every 100,000 people with Medicare.

While Medicare Part B covers mental health services for people enrolled in Medicare Advantage and traditional Medicare, the federal mental health parity laws do not apply to Medicare. They should!

Blood Testing Could Catch Cancers Early, Projections Say

Blood tests could catch as many as half of cancers at an earlier, more treatable stage, a new study says.

If conducted every year or every other year, the multi-cancer early detection (MCED) blood test could help more people survive cancer, researchers reported May 8 in ***BMJ Open***.

"Both annual and biennial MCED screening intervals have the potential to avert deaths associated with late-stage cancers when used in addition to current guideline-based cancer screening," concluded a research team led by **Peter Sasieni**, a professor of cancer epidemiology with Queen Mary University of London.

The blood test looks for many different cancer-specific signals, including DNA fragments shed by tumors, researchers said. Only a few screenings today can reliably detect cancer among those at high risk, including tests for **breast**, colon, cervical and lung cancers, researchers said.

Blood testing offers an opportunity to detect dozens of different cancer types by looking for cancer markers in people's bloodstream.

To estimate the usefulness of blood testing in regular cancer screening, researchers analyzed data from an earlier clinical trial that used the blood test to help diagnose cancer.

The analysis showed that blood testing improved early diagnosis for a wide variety of cancers….**Read More**

Warning: Poor sleep can increase risk of dementia

Judy George reports for **MedPage Today** on new findings published in **Neurology** showing that women in their 80's with poor sleep patterns are at increased risk for dementia. In fact, older women, who had no cognitive issues but whose sleep changed over five years and became increasingly sleepy, doubled their odds of dementia.

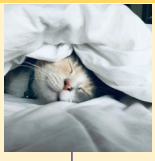
The good news: The study found no link between older women who slept less at night and dementia.

The bad news: The study found a link between changing sleep patterns of older women and dementia, as compared with women who had steady sleep patterns.

The researchers found that for women in their 80's, sleep patterns can change dramatically over the course of just five years. They looked at nighttime sleep, as well as circadian rhythms and napping.

Pay attention to your sleep patterns. The researchers say that "Initiatives focusing on improving sleep efficiency, encouraging lifestyle changes, and implementing cognitive interventions may be essential in mitigating dementia risk in the aging population."

When older people's sleep is disturbed, it can seriously affect their risk of dementia. The more sleepy older women become, the more at-risk they are. We need good sleep for our mental health.



What can you do to improve your sleep?

- **Develop a sleep routine.** Set a daily bedtime and wake-up time and stick to it. If you have an iphone or ipad, the clock app has a helpful bedtime setting. In addition to tracking your sleep, it turns off all the sounds on the device during bedtime hours.

Exercise daily. Even 20 to 30 minutes a day of **exercise** can help you sleep soundly.

Avoid **alcohol**, **cigarettes** and caffeine, especially directly before you go to sleep.

- **Relax before bedtime.** Do something quiet and calming– take a bath, listen to classical music, read a book.
- **Let the sun wake you up.** Bright sunlight has been shown to reset your biological clock.
- **Only go to sleep when you're ready to fall asleep.** It can be anxiety-producing and cause insomnia to lay in bed awake trying to sleep if you don't feel tired.

See a doctor if you continue to struggle to fall asleep or stay asleep at night. You might have **sleep apnea**, which can interrupt your sleep throughout the night. There are effective cures. Here are **five proven interventions for sleeplessness or insomnia**.

Curious? Healthy Brain Aging Might Depend On It

Curiosity might have killed the cat, but maintaining such inquisitiveness could be key to preserving brain health as we grow older, a new study says. Some forms of curiosity increase well into old age, and seniors who keep wanting to learn new things might be able to offset or even prevent **Alzheimer's disease**, researchers reported in the journal ***PLOS One*.**

As they age, people do experience a decline in what's known as "trait curiosity," an aspect of their fundamental personality that prompts them to seek out new information, researchers found.

But researchers also found that people's "state curiosity" — the momentary feeling of curiosity everyone experiences when they're asked about specific topics – tends to increase sharply after middle age and well into old age.

"Our findings fit with some of my work on selectivity theory, which is that as we get older, we don't want to stop learning, we're just more selective about what we want to learn," senior researcher **Alan Castel**, a psychologist at UCLA, said in a news release.

"You see this in the context of lifelong learning: A lot of older adults will go back to take classes or pick up hobbies or engage in bird watching," he said. "I think it shows that this level of curiosity, if maintained, can really keep us sharp as we age."

Prior research has shown that, in general, curiosity declines as people grow older, researchers noted.

"The psychology literature shows that oftentimes what's known as trait curiosity, or a person's general level of curiosity, tends to decline with age," Castel said.

"But we thought that … went against some of the things we saw in some of the older adult participants in our experiments, who would often be very engaged and interested in learning about memory, specifically, but even other forms of trivia," he continued.

Researchers wondered if the prior findings might be explained by the different types of curiosity, trait versus state.

For example, while some people might not be very inquisitive by nature and are content to accept things at face value — placing them low in trait curiosity — they still have a passionate thirst for knowledge regarding specific topics or hobbies, which involves state curiosity, researchers said.

To tease this apart, researchers recruited more than 1,400 participants between 20 and 84, asking them to complete an online assessment of their curiosity.

Participants had to guess the answers to hard trivia questions that most people were unlikely to know, such as "What was the first country to give women the right to vote?"

After they guessed the answer, participants then were asked whether they wanted to know the correct one.

(If you're curious yourself, the correct answer is New Zealand.)

Results showed that people who had more state curiosity also had more trait curiosity, and vice versa.

In general, trait curiosity did decline throughout the adult lifespan, researchers found.

But state curiosity declined in early adulthood, then increased sharply after middle age and continued its upward trajectory into old age.

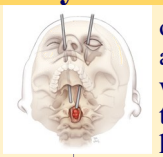
Until middle age, people tend to focus on acquiring the knowledge and skills they need to succeed at school and their jobs, which will help them raise families and become financially successful, researchers said.

This spurs on their early curiosity, but also can stress them out and cost them happiness, researchers said. Thus, as people acquire the information they need to thrive, they tend to allocate fewer resources to trait curiosity.

But after their children leave home and they reach retirement age, these same folks begin indulging their personal interests – resulting in a boost to their state curiosity, researchers said.

"As we get older, maybe we want to be focused on the things that are important, and we forget the things that are less relevant," Castel said. "Anecdotally, a lot of older adults I speak to say that it's important to stay curious. That fits with some of the research that shows that people who have early stages of dementia might show disinterest in things that they once enjoyed."

First-Of-Its-Kind Surgery Uses Eye Socket To Remove Spinal Cancer



A first-of-its-kind **surgery** has gone through a young woman's eye socket to remove a cancerous tumor wrapped around her spine.

Surgeons threaded a thin lighted tube called an endoscope down through the 19-year-old woman's eye socket to remove a rare, slow-growing bone tumor known as a chordoma, doctors said after the successful procedure.

"The tumor was wrapped around the patient's spine and spinal cord and had invaded the vertebrae in her neck, just below the base of the skull," **Dr. Mohamed Labib**, an assistant professor of neurosurgery at University of Maryland Medical Center, said in a news release.

"By going through the bottom of the eye socket, we were able to remove a tumor that otherwise would have been very difficult and very risky to address," he said.

Trying to reach the tumor from the back would have risked damaging the spinal cord, Labib said.

"We also avoided disturbing or damaging key structures such as the eustachian tube, major blood vessels such as the jugular vein and internal carotid artery, and nerves that control swallowing and speech," Labib said.

"We created a huge surgical corridor that enabled us to get in front of the spinal cord," he added. "It was a straight shot."

The patient, Karla Flores, had started experiencing double vision at age 18, and spent months searching for the cause.

"For a while, I didn't know what was happening to my health," Flores, 20, of Rosedale, Md., said in a news release. "It felt like no one understood or even believed that there was a physical reason for my symptoms."

Flores finally saw an ophthalmologist who agreed something was wrong and referred Flores to Labib, who diagnosed her chordoma. Only about 300 chordomas are diagnosed in the U.S. each year, doctors said.

"They listened and took me seriously," Flores said. "Learning about the spinal and brain tumors was terrifying, but I am so grateful that the doctors were able to remove them. I'm slowly recovering and with any problem I have, they help me."

Along with the spinal tumor, Flores also had a very large chordoma wrapped around her brain stem.

In all, Flores had three separate surgeries, with two focused on taking out her brain stem tumor. Surgeons removed part of the brain stem tumor by opening her skull, and then took out the rest using an endoscope slipped through her nose.

Endoscopes are thin and flexible, with a camera mounted at the end. Doctors run surgical tools through the tube to remove cancerous tissue.

To take out the spinal tumor, Labib worked with **Dr. Kalpesh Vakharia,** chief of facial plastic and reconstructive surgery at the University of Maryland Medical Center.

Vakharia carefully cut through the conjunctiva, the transparent membrane protecting the eye, inside the lower eyelid without disturbing the eye. He then removed the bottom of the eye socket and a portion of cheek bone to make a large enough pathway for Labib's team to insert their endoscope and reach the spine.

From there, Labib drilled through bone in the vertebrae to access the rumor and remove it.

any remaining cancer cells….**Read More**

The dangers of vitamin A and E supplements

Americans spend billions and billions of dollars on vitamin supplements each year. But **too many supplements can deliver more harms than benefits,** including liver injury, joint, muscle and vision problems, and hair loss. Beware. Vitamin supplements are not magic pills.

Walter Willett, a professor of nutrition at the T.H. Chan School of Public Health advises against taking vitamin supplements; it's almost never a good idea. Other experts say that you should only take vitamin supplements when you are not able to absorb vitamins appropriately through your diet.

Part of the proper with supplements is that the FDA does not regulate them the same way it does prescription medicines. Consequently, **ingredients in supplements might be harmful to you**. One analysis of 57 supplements found that 80 percent of supplements do not contain the amount of ingredients they claimed to contain and 40 percent did not contain any of the ingredients they claimed to contain. Twelve percent of these supplements did not list some ingredients, as required by the FDA.

Daryl Austin writes for **National Geographic** that vitamin A and E supplements can cause bodily harms because our bodies absorb them differently than other vitamins; they are fat soluble rather than water soluble.

Vitamin C and several **B vitamins** are water soluble; they dissolve easily and our bodies metabolize them quickly. If we have too much of them, we excrete them.

We are best off getting **vitamin A** from eating sweet potatoes, spinach and carrots, among other vegetables. Vitamin A helps with our health immunities, reproduction and vision. But, it's important not to have too much vitamin A. Too much vitamin A can actually kill you, in the worst cases, and harm pregnant moms and their fetuses, causing birth defects.

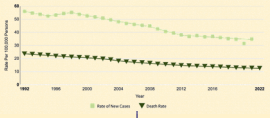
We are best off getting vitamin E from eating fish, avocados, peanuts, hazelnuts and almonds. Vitamin E is an effective anti-oxidant that contributes to skin and vision health. But, excessive and even moderate amounts of vitamin E can cause serious harm, including increased risk of lung and prostate cancer, hemorrhaging and, according to some experts, death.

Vitamin E supplements have also been found to interact poorly with other treatments, including chemotherapy and prescription drugs.

Colorectal cancer: How to minimize your risk

Fewer American's over 65 have been getting colorectal cancer in the last 30 years. Older adults are getting screened and are more aware of the need to take care of themselves. But, colorectal cancer is rising among younger Americans at a rapid pace, writes Dr. Alessandro Fichera at **healthmatters.nyp.org**

Some people have a genetic predisposition to colorectal cancer. If you have a family history of a mother, father or sibling with polyps, you are at an increased risk of colorectal cancer. Get screened early, at least ten years sooner than your relative was diagnosed.



Diet plays a significant role in whether you get colorectal cancer. Your diet can inflame your gut and your bowels. This inflammation can cause colorectal cancer. To some extent, you can minimize your risk of colorectal cancer by eating healthy.

Here's what to eat for a healthier colon:

- Foods with fiber, such as plant-based foods, including fruits and vegetables such as kale, leafy greens, spinach
- Whole grains
- Seafood
- Nuts and berries
- **Here's what not to eat for a healthier colon.**
- Avoid ultraprocessed foods
- Avoid foods high in fat, particularly animal fat
- Avoid red meat and processed meat, particularly hot dogs, salami, cold cuts and bacon
- Avoid sugary drinks, particularly foods with high fructose corn syrup
- **Avoid alcohol**
- Avoid smoking

About four percent of men and women in the US will be diagnosed with colorectal cancer, according to the **National Cancer Institute** at the National Institutes of Health. Overall, the rate of people being newly diagnosed with colorectal cancer is declining (36.5 per 100,000,) as is the death rate (12.9 per 100,000) from colorectal cancer. There were nearly 153,000 Americans newly diagnosed with colorectal cancer in 2024, representing 7.6 percent of all new cancer cases.

GLP-1 Weight Loss Drugs Cut Alcohol Cravings By Two-Thirds

Cutting-edge weight-loss drugs like **Ozempic/Wegovy** can cut alcohol intake dramatically in a short amount of time, a new study says.

People taking semaglutide or liraglutide reduced their alcohol consumption by two-thirds within four months, according to results recently published in the journal ***Diabetes, Obesity and Metabolism***.

These glucagon-like peptide-1 (GLP-1) drugs mimic the GLP-1 hormone, which helps control insulin and blood sugar levels, decreases appetite and slows digestion of food.

GLP-1 drugs achieve some of these effects by directly affecting the brain's cravings for food, and that might also extend to cravings for alcohol, said senior researcher **Dr. Carel le Roux**, chair of experimental pathology at University College Dublin in Ireland.

"Thus, patients report the effects are 'effortless'," allowing them to cut drinking with little conscious effort, Le Roux said in a news release.

Drinking accounts for nearly 5% of deaths worldwide, researchers noted. Treatments for problem drinking can be very successful in the short-term but about 70% of patients relapse within a year.

Early animal studies have indicated that GLP-1 drugs can help cut alcohol cravings, but studies involving humans are only starting to emerge, researchers said.

For this study, researchers tracked the health of 262 people who were clinically overweight or obese and being treated for excess weight at a Dublin clinic. All the patients had been prescribed either semaglutide or liraglutide for weight loss.

About 12% never drank; 20% drank rarely; and 68% drank regularly, researchers said.

Among regular drinkers, alcohol intake decreased by 68% within four months of starting GLP-1 drugs, results show. Researchers said that's comparable to results from nalmefene, a drug used to treat alcoholism in Europe.

"GLP-1 analogues have been shown treat obesity and reduce the risk of multiple obesity-related complications," Le Roux said. "Now, the beneficial effects beyond obesity, such as on alcohol intake, are being actively studied, with some promising results."

However, researchers noted that the study involved a small number of patients and did not compare them against a control group not taking GLP-1 drugs.

Along with earlier publication of the findings, researchers presented them Friday at a meeting of the European Association for the Study of Obesity in Malaga, Spain.

Hearing Aids Effective In Combating Loneliness Among Seniors

Could loneliness occur for some older folks because they can't hear well enough to maintain essential social connections?

Hearing aids appear to be an effective method of countering an epidemic of loneliness among U.S. seniors, a new study says.

Seniors given hearing aids retained more friends than others who weren't provided the devices, researchers reported May 12 in ***JAMA Internal Medicine***.

Folks with hearing aids retained an average of one additional person in their social network over three years, compared to a group only provided tips on healthy aging, researchers report.

"These results support efforts to incorporate hearing aid coverage into Medicare as a means of addressing the nation's social isolation epidemic, which is especially risky for the elderly," said co-principal investigator **Dr. Josef Coresh,** a professor of population health at NYU Langone Health in New York City.

"Making sure Americans can continue engaging with their family and friends as they age is a critical part of maintaining their quality of life," Coresh added in a news release.

More than a quarter of seniors say they have little to no contact with others, and a third report feeling lonely, researchers said in background notes.

In 2023, then-U.S. Surgeon General **Dr. Vivek Murthy** issued a **report** warning of an epidemic of loneliness and isolation in America that has contributed to health problems like tobacco use, obesity and addiction, researchers said.

Loneliness and hearing loss also have been linked to depression, heart disease, cognitive decline and early death, researchers said.

Two-thirds of seniors 70 and older suffer from hearing loss, researchers noted. Hearing plays a vital role in communication and social connection, and people who are hard of hearing might struggle to maintain relationships.

For the clinical trial, researchers tracked nearly 1,000 men and women with hearing loss in Maryland, North Carolina, Minnesota and Mississippi.

Half of the participants ages 70 through 84 were provided hearing aids, as well as counseling sessions and personalized instruction from an audiologist. When necessary, they also were provided tools like adaptors that connect hearing aids to televisions.

The other half were given advice on healthy aging such as exercise tips and strategies for communicating with health care providers, but no hearing aids or hearing assistance, the study says.

Researchers measured the participants' social isolation by tracking how regularly they spent time with others and assessing the size and variety of their social networks.

Before the study, participants in both groups reported feeling equally lonely, researchers said.

Three years later, loneliness scores had improved slightly among those who'd received hearing aids, but slightly worsened among those who hadn't, results show.

"Our findings add to evidence that helping aging patients hear better can also enrich their social lives and boost their mental and physical well-being," lead researcher **Nicholas Reed**, an audiologist with the NYU Grossman School of Medicine's Optimal Aging Institute, said in a news release.

Hearing aids and audiology appointments cost an average $4,700, which is usually paid out of pocket, Coresh noted.

Researchers plan to continue following the participants for another three years, and to repeat the clinical trial in a more diverse group of patients, Coresh said.

Coresh noted that participants received hearing care that was more responsive to patients' needs than is typically offered to the public. For example, damaged hearing aids were replaced within days rather than weeks.

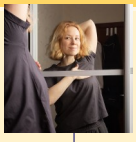
FDA Approves At-Home Cervical Cancer Test for Women Ages 25 to 65

Women now have a new way to check their risk for cervical cancer — from the comfort of their own home.

The U.S. Food and Drug Administration (FDA) has approved the **Teal Wand**, an at-home test that screens for human papillomavirus (**HPV**), the virus that causes nearly all cervical cancers, *CBS News* reported May 9.

The test is made by Teal Health and is meant for women between the ages of 25 and 65 with an average risk for cervical cancer.

Teal Health says its test is just as accurate as a regular Pap smear done in a doctor's office. The company ran a study showing that self-collected samples at home worked just as well as those collected by a health care provider.



Many women find in-office cervical cancer screenings uncomfortable. The standard method involves inserting a speculum to help collect a sample from the cervix. That, *CBS News* reported, can make some patients avoid getting tested altogether.

In Teal Health's study, 86% of participants said they'd be more likely to stay up to date with screening if they could do it at home. About 94% said they would choose self-collection if they knew it was just as accurate.

Kara Egan, CEO and co-founder of Teal Health, said the goal is to make care easier.

"That's why this FDA approval means so much; it's not just about an innovative new product, it's about finally giving women an option that actually makes sense for their lives — something that can be done quickly and comfortably at home," she said in a news release.

The Teal Wand had already been approved for doctors' use. Now, with the at-home green light, the company will begin shipping kits in June, starting in California and expanding across the U.S.

Teal Health says it is working with major insurance providers to offer flexible payment options, too.

Getting vaccinated against HPV during adolescence is another key way to reduce the risk of cervical cancer.

Improvements In Prostate Cancer Tracking Help Men Stay In Active Surveillance

Men in "watchful waiting" mode for their low-risk **prostate cancer** are staying healthier longer thanks to advanced imaging and treatments designed to keep their tumor at bay, a new study says.

Advanced MRI imaging and MRI-guided biopsies are providing a much clearer view of the prostate, allowing doctors to more easily track cancer changes over time, researchers wrote in ***The Journal of Urology***.

Meanwhile, focal therapies are curbing the progress of prostate cancer by using heat, cold and electricity to kill tumor cells on the prostate, researchers said.

This combination is allowing men to remain in active surveillance longer without surgery or radiation therapy, which can cause long-lasting side effects like impotence and incontinence, researchers said.

"This represents a major advancement in the management of prostate cancer," senior researcher **Dr. Leonard Marks**, chair of urology at the David Geffen School of Medicine at UCLA, said in a news release.

"By combining MRI-guided diagnosis with selective focal therapy, we can offer men a more personalized approach," Marks said. "This strategy not only helps avoid unnecessary procedures, but also gives us a better way to predict who will benefit from extended surveillance, potentially improving quality of life and reducing side effects without compromising safety." .....**More**