Rhode Island Alliance for Retired Americans®

RI ARA

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Publication 2024 Issue 19
Published in house by then RI ARA

May 19, 2024 E-Newsletter

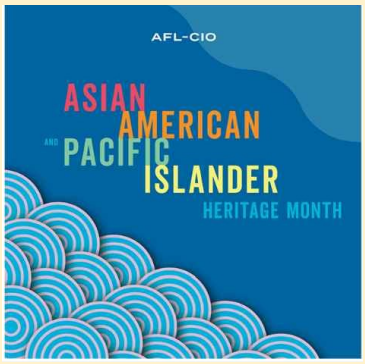
Message from Alliance *for* Retired Americans Leaders

Alliance Celebrates Asian American and Pacific Islander Heritage Month Throughout May

Robert Roach, Jr President, ARA

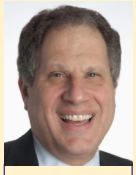
Throughout May, during Asian American, Native Hawaiian and Pacific Islander (AAPI) Heritage Month, the Alliance joins the AFL-CIO in celebrating the AAPI communities, workers and leaders who have made a lasting impact on the labor movement and our nation.

Nearly 800,000 AAPI Americans are union members who share a long history of fighting for workers' rights. In fact, one of the Hawaiian islands' earliest recorded strikes was in 1841, when Native Hawaiian laborers walked off their jobs at a



sugar cane plantation to protest inhumane working conditions.

"Just as the AAPI communities are a critical part of the labor movement, they are also a critical part of the fight for retirement security," said **Robert Roach, Jr., President of the Alliance**. "We are proud to work with the **Asian Pacific American Labor Alliance (APALA)** to achieve our shared goals, including racial and economic justice in the workplace, courts and legislatures across our nation."



Rich Fiesta, Executive Director, ARA

Trustees Reports Show Social Security Expansion Remains Affordable

On Monday the Trustees of the Social Security and Medicare Trust Funds **released** their 2024 reports. Below is **Alliance Executive Director Richard Fiesta's statement:**

"Today's reports show once again that Social Security's Old-Age and Survivors Insurance (OASI) Trust Fund is strong and solvent, with enough money to cover full benefits and expenses until 2033, the same as reported last year. If no changes are made, the Trust Fund can pay 79% of scheduled benefits.

"Further, the Medicare Part A Trust Fund for hospital care has sufficient funds to cover its obligations until 2036, 5 years later than reported last year.

"Current and future American retirees should feel confident about both Medicare and Social Security, which is stronger due to the robust economy under President Biden. But the future of these earned benefit programs depends on who is elected this fall -- both as president and to Congress.

"President Joe Biden's **latest budget** calls for strengthening the Social Security Trust Fund, including making the wealthiest Americans pay their fair share into the system and increasing benefits for those who need it the most.

"On the other hand, Republican presidential nominee Donald Trump recently **said** 'there is a lot you can do...in terms of cutting' Social Security and Medicare and is reportedly seeking to defund Social Security by cutting its dedicated revenue. That would be a recipe for disaster

"The Republican Study Committee (RSC), which includes around 80 percent of House Republicans, stands ready to make cuts as well. Their budget proposal includes **$1.5 trillion** in Social Security cuts, including raising the retirement age to 69.

"The 4.4 million members of the Alliance and all older Americans have worked too hard for too long to see their Social Security and Medicare taken from themselves and future generations."

Most Drugmakers in Medicare Negotiations Spent More on Shareholder Payments and Marketing than R&D in 2023

Researchers for Accountable.US recently **examined** the spending of eight drug corporations which manufacture the 10 drugs with prices being negotiated by the Centers for Medicare and Medicaid Services (CMS): Johnson & Johnson (J&J), Amgen, AstraZeneca, Bristol Myers Squibb, Eli Lilly, Merck, Novartis and Novo Nordisk. **Their analysis** found that most major drugmakers spent more on marketing costs and shareholder payments than on research and development (R&D) last year.

Collectively, the eight companies spent a total of $95.9 billion in 2023 on research and development expenses, compared to $162 billion on stock buybacks, dividends, and marketing and administrative costs and nearly $500 million on compensation for their boards and executives.

According to the report, four of the companies — J&J, Bristol Myers Squibb, Novartis and Novo Nordisk — spent more on combined shareholder payments than on research and development.

Five of the eight — J&J, Amgen, AstraZeneca, Novartis and Novo Nordisk — spent more on administrative and marketing costs than developing drugs.

"We can see from this report that the drug industry's claims that their high prices are necessary for research and development are false," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "Between their advertising budget, executives' outrageous bonuses and spending on lobbying, there is plenty of room to pass their massive profits onto seniors and other consumers through lower prices."

Joseph Peters, Jr. Secretary Treasurer ARA

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SIGN THE GPO/WEP PETITION!!!!!

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Medicare Program Suddenly Ending Leaves Seniors in Limbo

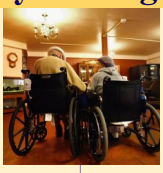
Newsweek

Some **hospice patients** on **Medicare Advantage** are now facing uncertainty after the government ended a pilot program.

Medicare Advantage is one of the top programs for seniors looking for health insurance, and more than 50 percent of those eligible now use the privatized Medicare Advantage option instead of just traditional Medicare.

In 2021, Medicare announced a pilot program to offer hospice coverage through Medicare Advantage. However, in March, Medicare announced they were ending the pilot program for end-of-life services, five years before it was previously scheduled to end in 2030.

Reasons cited for the change included a reportedly low amount of interest in the program and operational issues.



"Ending the pilot program will reintroduce challenges around fragmented care, limited provider choice, potential cost liabilities, and lack of quality oversight," Michael Ryan, a finance expert and the founder of michaelryanmoney.com, told *Newsweek.*

Those who are on Medicare Advantage will still have hospice coverage under traditional Medicare but the pilot program hoped to streamline the process through Medicare Advantage.

According to the Medicare Payment Advisory Commission, around half of 1.7 million Medicare Advantage recipients who died in 2022 were in hospice for end of life care.

When Medicare Advantage started offering coverage options for hospice, Ryan said the reaction from hospice and patients was largely negative. He said there were many issues, namely limited care coordination and financial liability for nonhospice services. Patients also found themselves with limited options for their choice of hospice care and very little oversight or quality monitoring.

"The decision to end the Medicare pilot program has major implications for hospices and patients. While resolving some hospice payment issues, it reintroduced challenges," Ryan said. "In essence, ending the hospice carve-in pilot means MA enrollees electing hospice will revert to the traditional Medicare hospice benefit model."

Newsweek reached out to the Centers for Medicare and Medicaid Services for comment via email.

As beneficiaries and health care providers look ahead to the future, many are still hoping Medicare Advantage will find a way to integrate its coverage options with hospice, which continues to be a sorely needed medical service.

"This is by no means the end of the story for end-of-life care providers and MA plans," Ethan McChesney, policy director at the National Partnership for Healthcare and Hospice Innovation, told Axios.

While hospice is one area where Medicare Advantage has been lacking, seniors have had plenty of other complaints about the privatized version of Medicare. ...**Read More**

The 2024 Trustees Report shows that Social Security is benefiting from a strong economy

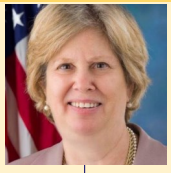
The **2024 Annual Report** of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds, released today, shows that our Social Security system remains fully affordable.

This year's report announces that, thanks to a strong and growing economy, Social Security can pay all benefits and associated administrative costs in full until 2035, one year later than projected in last year's report. After that, it can pay 83 percent percent of benefits, also an improvement over last year — even if Congress were to do the unimaginable, and take no action whatsoever.

Social Security has an accumulated surplus of $2.79 trillion. It is 90 percent funded for the next quarter century, 83 percent for the next half century, and 81 percent for the next three quarters of a century. At the end of the century, in 2100, Social Security is projected to cost just 6.1 percent of gross domestic product ("GDP").

The following is a statement on the report from Nancy Altman, President of Social Security Works:

"Today's report shows that our Social Security system is benefiting from the Biden economy. Due to robust job growth, low unemployment, and rising wages, more people than ever are contributing to Social Security and earning its needed protections. As a result, Social Security can pay all promised benefits until 2035, one year longer than projected in last year's report, and 83 percent of benefits thereafter, also an improvement over last year — even if Congress takes no action whatsoever.



That said, Congress should take action sooner rather than later to ensure that Social Security can pay full benefits for generations to come, along with expanding Social Security's modest benefits. That will restore one of the most important benefits Social Security is intended to provide to the American people — a sense of security.

Congressional Democrats have introduced **several plans** that would do just that. These plans are paid for by requiring millionaires and billionaires to contribute more of their fair share. That is particularly appropriate since, **according to Social Security's chief actuary,** rising inequality is the primary unanticipated reason that Social Security faces a funding shortfall in a decade. That inequality has cost Social Security **$1.4 trillion** over the last decade. Proposals to protect and expand Social Security are bipartisan in the only way that really matters — they have **strong support** from Republican and independent voters, as well as Democrats. In contrast, 92 percent of voters **oppose cutting benefits.**

President Biden is listening to the American people. As today's report shows, Biden's economic policies are already strengthening Social Security — and he understands that more is needed. His most recent budget calls for protecting and expanding Social Security by requiring the wealthiest to contribute their fair share.

In contrast, Republicans want to cut benefits despite overwhelming opposition from the American people. The most recent **budget** of the Republican Study Committee, which **consists** of about three quarters of House Republicans, contains over $1.5 trillion in cuts to Social Security in just the next ten years. These cuts include raising the retirement age and deeply slashing middle-class benefits, radically transforming Social Security towards a flat, poverty-level pittance instead of an earned benefit.

It's not just Congressional Republicans. Presumptive Republican nominee Donald Trump, despite his protestations to the contrary, also supports benefit cuts. He also **favors slashing** Social Security's dedicated revenue. In addition, Trump **plans to** sharply restrict immigration. This would **harm Social Security** by reducing the number of workers paying in.

Ultimately, the question of whether to expand or cut Social Security's modest benefits is a question of values and choice, not affordability. The United States is the wealthiest nation on Earth at the wealthiest moment in our history. We can use that wealth to protect and expand Social Security, or to provide yet more tax handouts to billionaires.

This report is a reminder that the next decade is a crucial one for Social Security's future. Americans should vote accordingly this November."

Hospitals delay care for older adults in ERs, causing them needless harm

Judith Graham reports for **KFF Health News** on the plight of older adults in hospital emergency rooms. Hospitals often keep older adults in their ERs for extended periods before getting them admitted to the hospital. Hospitals could benefit financially from these delays, but patients can suffer.

The evidence shows that older adults often can wait more than a day to be admitted to the hospital, although their doctors have recommended a hospital admission long before. In the ER, patients often are not getting their care needs met. They are prevented from moving much, and they are usually not well fed or hydrated.

The problem is only getting worse, according to ER physicians. And, older adults appear to be kept in ERs longer than most other people. But, there's little data to understand how common ER boarding is and which hospitals are the worse offenders. Hospitals do not need to report this data. It's also not clear which hospitals do not have adequate space for patients.

Why are some people spending so much time in ERs?

In some cases, hospitals are short-staffed. In other cases, people needing care that is highly profitable get preferential treatment and are moved out more quickly than those who need less profitable care. In still other cases, hospitals don't have enough beds because they are unable to discharge patients for home health care or to a nursing facility as quickly as they should be able to.

In an ER, older adults can quickly see their conditions worsen. They lose muscle from sitting or lying all day. They may not be taking their medicines. They may become delirious.

Unnecessary stays in the ER can mean longer hospital stays and more health issues for older adults. Patients generally don't get proper care in the ER, except to address an immediate crisis. They can fall, get hospital-acquired infections, bedsores and worse. They are **more likely to die in the hospital** if they spend the night in the ER needlessly.

What to do if you're admitted to the ER?

Don't go alone. Make sure you have a family member or friend or caregiver with you to speak out on your behalf, ensure you are fed properly, and otherwise well cared for. Bring a list of your medicines and bring a bag with the medicines you take, if possible.

Also, protect yourself against delirium. Bring your hearing aids and glasses to avoid being disoriented and some food and drink. If you can get up and move around, do so.

Medicare and Social Security go-broke dates are pushed back in a 'measure of good news'

AP WASHINGTON (AP) — The go-broke dates for **Medicare and Social Security** have been pushed back as an improving economy has contributed to changed projected depletion dates, according to the annual Social Security and Medicare trustees report Monday.

Still, officials warn that policy changes are needed lest the programs become unable to pay full benefits to retiring Americans

Medicare's go-broke date for its hospital insurance trust fund was pushed back five years to 2036 in the latest report, thanks in part to higher payroll tax income and lower-than-projected expenses from last year. Medicare is the federal government's health insurance program that covers people age 65 and older and those with severe disabilities or illnesses. It covered more than 66 million people last year, with most being 65 and older.

Once the fund's reserves become depleted, Medicare would be able to cover only 89% of costs for patients' hospital visits, hospice care and nursing home stays or home health care that follow hospital visits.

Meanwhile, Social Security's trust funds — which cover old age and disability recipients — will be unable to pay full benefits beginning in 2035, instead of last year's estimate of 2034. Social Security would only be able to pay 83% of benefits.

Social Security Administration Commissioner Martin O'Malley called the report "a measure of good news," but told The Associated Press that "Congress still needs to act in order to avoid what is now forecast to be, in absence of their action, a 17% cut to people's Social Security benefits." About 71 million people — including retirees, disabled people and children — receive Social Security benefits.

Sec. Martin O'Malley

President Joe Biden responded to the report by saying that "as long as I am president, I will keep strengthening Social Security and Medicare," adding that he wants high-income taxpayers "to pay their fair share" to bolster funding for the benefit programs.

Lawmakers have for years kicked Social Security and Medicare's troubling math to the next generation. Social Security benefits were last reformed roughly 40 years ago, when the federal government raised the eligibility age for the program from 65 to 67. The eligibility age has never changed for Medicare, with people eligible for the medical coverage when they turn 65.

Congressional Budget Office reporting has stated that the biggest drivers of debt rising in relation to GDP are increasing interest costs and spending for Medicare and Social Security. An aging population drives those numbers.

The new report projects that Medicare's income will be higher than last year's because the number of covered workers and average wages will be higher. The report also notes that expenses should drop. That's due mostly to a policy change regarding how Medicare Advantage rates are accounted for and lower-than-expected spending for inpatient hospital and home health agency services.

Medicare Advantage plans are a version of the federal program run by health insurers.

A March 2023 poll by The Associated Press-NORC Center for Public Affairs Research shows that most U.S. adults **are opposed to proposals that would cut into Medicare or Social Security benefits,** and a majority support raising taxes on the nation's highest earners to keep Medicare running as is.

The future of Social Security and Medicare has become a top political talking point as President Joe Biden and Republican former President Donald Trump both campaign for reelection this year.

Biden, a Democrat, has vowed to rebuff any Republican-led efforts to cut Medicare or Social Security benefits to brace for the shortfall. He's pitched raising taxes on people making $400,000 or more a year, **to shore up Medicare**. He has not offered up a plan for Social Security, however.

Trump, in an interview with CNBC in March, indicated he would be open to cuts to Social Security and Medicare. The former president said "there is a lot you can do in terms of entitlements, in terms of cutting."

Nancy Altman, president of Social Security Works, an advocacy group for the social insurance program, said Monday's report shows that "Congress should take action sooner rather than later to ensure that Social Security can pay full benefits for generations to come."

AARP CEO Jo Ann Jenkins said " the stakes are simply too high to do nothing."

Michael A. Peterson, CEO of the Peter G. Peterson Foundation, said "the longer Congress delays reform, the more challenging the options become, and these programs are too important to continue to let them drift toward insolvency. There are many solutions available to strengthen Social Security and Medicare, and it's critical that Congress provide greater certainty and stability for the future."

The Federal Reserve Just Indicated Social Security Could Get a Bigger 2025 Cost-of-Living Adjustment (COLA) Than Expected

The **Federal Reserve** may have just given retirees the biggest indication yet that their 2025 cost-of-living adjustment (COLA) may be quite substantial.

The Fed is tasked with a dual mandate: to maximize employment while maintaining stable prices. Over the past three years, it's been in a battle with ongoing inflation. Its biggest goal right now is to push inflation below 2%.

The **Federal Open Market Committee** (FOMC) recently met and released a statement on May 1. At the top of the statement, the FOMC said, "In recent months, there has been a lack of further progress toward the Committee's 2 percent inflation objective." In other words, inflation just isn't coming down as quickly as hoped.

So, what does all this have to do with retirees' **Social Security COLA**?

The way the Social Security Administration determines the COLA each year is by using the average inflation rate in the third quarter, as determined by the **consumer price index**. If, as the Fed indicates, there's a lack of meaningful progress toward the committee's 2%-inflation goal, retirees could be in store for a bigger cost-of-living adjustment than anticipated.

Will inflation start coming down?

The Consumer Price Index (CPI) reading for March came in at 3.5%. Core inflation, which removes the volatile costs of food and energy, climbed 3.8%. Importantly, those numbers are above the 3.2% cost-of-living adjustment retirees received at the start of this year.

Not only is inflation failing to progress toward the FOMC's goal, but it's also trending upward.

There are still two months before the CPI readings start to count toward the COLA. A lot could change this spring, but the FOMC isn't nearly as optimistic as it was last fall when it indicated it could lower rates up to three times this year as inflation eases. Now, there's no indication when interest rates will come down.

At a press conference following the release of the FOMC's statement, Chairman Jerome Powell said, "So far this year, the data have not given us that greater confidence" that inflation is falling. He added, "It is likely that gaining such greater confidence will take longer than previously expected."

The good news is he doesn't think things are getting worse. He doesn't expect the Fed's next move to be an interest-rate increase.

Still, we'll probably reach the third quarter with higher inflation rates than what many anticipated at the start of the year, and that means a higher COLA for retirees. The Senior Citizens League already raised its COLA forecast from 1.75% to 2.6% last month. It might have to make another adjustment in the near future.

Why a bigger COLA isn't necessarily best for retirees

While an increase to your monthly benefit might sound great, the truth is an extra-large pay bump is usually a bad thing for retirees. There are a couple of reasons why.

First of all, the COLA is calculated based on a specific CPI reading called the CPI-W, or the Consumer Price Index for Urban Wage Earners and Clerical Workers. But what a young professional spends money on is drastically different from what a retiree spends money on. The latter is better represented by a CPI reading known as the CPI-E, the Consumer Price Index for Americans 62 and older, which looks at the basket of goods the typical senior spends money on.

The result of the discrepancy between the COLA, based on CPI -W, and rising CPI-E generally means a **senior's expenses rise faster than the COLA**. And that's been true so far this year as CPI-E has increased more than the CPI-W in each of the first three months of the year.

The second thing retirees need to consider is taxes. While their Social Security income might increase, the income limits before that money becomes taxable do not. They **haven't changed since the 1990s** as no inflation adjustment was baked into the law. Since those thresholds remain low, a large number of retirees will pay more in taxes as a percentage of their income with a bigger benefit. As a result, the purchasing power of a retiree's Social Security checks is reduced even further, mitigating the upside of their COLA.

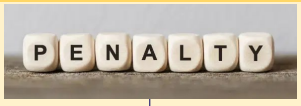
A lot can change over the next few months, but there's little indication that inflation is coming down soon. That may mean a bigger COLA, but it also probably means less purchasing power for retirees.

Improving the Part B Late Enrollment Penalty

While most older adults are automatically enrolled in Medicare Part B because they are receiving Social Security benefits at age 65, a growing number are not. **In 2016**, only 60% of Medicare-eligible 65-year-olds were taking Social Security, compared to 92% in 2002.

Several factors are responsible for this shift, including the decoupling of the Medicare and Social Security eligibility ages, changing demographics, and evolving employment patterns. For example, more older adults are working later in life and deferring Social Security, though they **may not realize** that doing so impacts their Medicare enrollment and coverage. Others may choose—**appropriately or not**—to delay Medicare in reliance on other coverage, such as an employer-based plan.

Unlike those who are automatically enrolled, when this cohort signs up for Part B they must actively navigate a thicket of complicated Medicare rules and stringent deadlines. Mistakes are common and carry serious consequences, like harsh late enrollment penalties.



The **Part B late enrollment penalty** (LEP) was **designed to encourage** individuals to enroll in Medicare when they are first eligible, rather than waiting until they are sick and more costly to insure, and ultimately to guarantee a balanced Medicare risk pool. But because Medicare enrollment rules are so complex, many people end up paying the LEP due to honest error. The impact on these beneficiaries is significant. For as long as they have Medicare, they must pay their monthly Part B premium plus an additional 10% for each year they delayed signing up. **In 2021**, an estimated 779,400 Medicare beneficiaries were paying the Part B LEP, with the average penalty increasing their monthly premium by nearly 30%.

A recent issue brief from the AARP Public Policy Institute (PPI) examines these delays, penalties, and opportunities for reform.

Who is Paying the Part B LEP?

AARP PPI found notable differences in the likelihood of paying a Part B penalty depending on demographic and geographic factors like age, race and ethnicity, and state of residence. In 2021, a higher proportion of older Medicare enrollees paid Part B LEPs compared with younger enrollees (3% of those 95 and older, 2% of enrollees aged 85 to 94, and less than 1% of 65- to 74-year-olds). The share of Part LEP-payers was higher among American Indian/Alaska Native (2.5%), Hispanic/Latino (2.1%), Asian/ Pacific Islander (1.8%) and Black (1.6%) enrollees than among White enrollees (1%).

Late-enrollment penalties affect people in every state, but at varying rates. In 2021, the portion of Part B enrollees paying a penalty ranged from 0.7% in Indiana to 3.1% in the District of Columbia. In Puerto Rico, the share of LEP enrollees jumped to nearly 5%, likely because “unlike Social Security recipients living in the 50 states and the District of Columbia, people living in Puerto Rico who already receive Social Security benefits do not get automatically enrolled in Part B at age 65.” ...**Read More**

Social Security Administration to expand access to certain benefits through several upcoming changes

The **Social Security Administration** is set to implement new rules to make it easier for beneficiaries to access certain benefits and increase the payments some may receive.

The new changes affect **Supplemental Security Income**, or SSI, which provides more than 7 million Americans with monthly benefit checks. Those benefits are for seniors ages 65 and up, or adults and children who are disabled or blind, and who have little or no income or resources.

"We already know that the benefit amounts that are available to people receiving SSI are incredibly low," said Lydia Brown, director of public policy at the National Disability Institute.

"They're not as high as perhaps they could be to fully account for the needs that people have," Brown said.

The maximum federal monthly SSI benefit is currently **$943 per eligible individual** and $1,415 for an eligible individual and eligible spouse.

The changes, which are slated to go into effect Sept. 30, are a "positive move in the right direction," Brown said.

Updates to definition of public-assistance household

The agency on Thursday announced a new rule to expand the definition of a public-assistance household. Now, households that receive Supplemental Nutrition Assistance Program, or SNAP, payments and those where not all members receive public assistance will be included.

With the change, more people may qualify for SSI, current beneficiaries may see higher payments and individuals who live in public-assistance households may have fewer reporting requirements, according to the Social Security Administration.

The previous policy required all household members to receive public assistance.

A public-assistance household will be defined as one with both an SSI applicant or beneficiary, as well as at least one other member who receives one or more forms of means-tested public income maintenance payments.

"By simplifying our policies and including an additional program geared towards low-income families, such as the SNAP, we are removing significant barriers to accessing SSI," Social Security Commissioner Martin O'Malley said in a statement. "These changes promote greater equity in our programs."

The definition of a public-assistance household has not been updated in a very long time, according to Darcy Milburn, director of Social Security and health-care policy at The Arc, a nonprofit organization serving people with developmental and intellectual disabilities.

"I would characterize this as just good policy and commonsense changes to update this definition," Milburn said.

What's more, there are many ways in which SSI is still operating under rules devised in the 1980s, said Brown of the National Disability Institute.

SNAP is the first public income maintenance benefit to be added to the public-assistance household definition since 1980, according to the Social Security Administration.

Other rule changes to help beneficiaries

The Social Security Administration is also working to address outdated practices through two other rules that are set to go into effect on Sept. 30.

One change will expand the **SSI rental subsidy policy** to make it less likely that renting at a discounted rate or other rental assistance will affect a beneficiary's SSI eligibility or monthly payment amount. That policy, which was already available in seven states, will apply nationally.

Another change will make it so the SSA no longer counts food assistance toward support beneficiaries receive from other parties that may reduce their SSI benefit amounts.

The Social Security Administration keeps track of the resources SSI beneficiaries receive outside of their federal benefits, formally known as in-kind support and maintenance, or ISM….**Read More**

Money Worries Top Seniors' List of Health-Related Concerns: Poll

Worries over health-related costs are plaguing the minds of older Americans of all backgrounds, a new poll suggests.

Five of the six health-related issues that most people found very concerning had to do with health care costs, according to results from the University of Michigan National Poll on Healthy Aging.

And the sixth issue – financial scams and fraud – also had to do with money, results show.

"In this election year, these findings offer a striking reminder of how much health care costs matter to older adults," **Dr. John Ayanian,** director of the University of Michigan Institute for Healthcare Policy and Innovation, where the poll is based, said in a news release. The poll is supported by AARP and Michigan Medicine, U-M's academic medical center.

Overall, 56% of people over 50 said they're concerned about the cost of medical care for older adults, poll results show.

Other top concerns included assisted living costs (56%), prescription medicine costs (54%), scams and fraud (53%), cost of health insurance or Medicare (52%), and the cost of dental care (45%), the poll found.

The same six topics rose to the top regardless of age, gender, race, ethnic group, region of the country, political ideology or income level, researchers said.

Other topics rounding out the top 10 health issues included access to quality assisted living (38%), overall quality of health care (35%), inaccurate or misleading health information (34%) and access to affordable healthy food (33%).

"This survey validates AARP research that shows affording health care is a kitchen table issue among older adults, their families, and their caregivers," AARP Senior Vice President of Research **Indira Venkat** said in a news release. "It is critical that we continue improving health care access and affordability for the millions of Americans struggling to pay for insurance premiums and copays, prescription drugs, and long-term care while putting food on the table and paying bills."

However, differences emerged between groups beyond issues related to health care costs, the poll found.

For example, women were more likely than men to say they're very concerned about access to quality home care, assisted living or nursing home care (44% versus 32%).

Women were also more likely to say they're concerned about social isolation and loneliness (34% versus 22%) and **aging in place** (33% versus 22%).

Half of Black older adults (50%) said they were concerned about racial or ethnic discrimination, compared with 26% of Hispanic older adults and 15% of whites.

Black seniors also were more likely to say they were more concerned about age-based discrimination, unequal access to health care and unequal access to mental health care.

"As our society strives to improve the health and well-being of people as they age, it's important to understand to what extent different health-related topics are of concern for older adults and how perspectives vary," poll director **Dr. Jeffrey Kullgren** said in a news release. "The high level of concern about cost-related issues across demographic groups points to a particularly important opportunity for action."

The poll was conducted online and via phone in February and March 2024 among 3,379 adults 50 and older.

Senior Living Experiences: U. S. News 2024 Survey Report

U.S. News surveyed older Americans and their families in 2024 on how they approached researching and deciding on a senior living community, as well as their experiences since moving in.

Senior living communities can take a range of forms, from **independent living** to **assisted living** and **memory care**, all of which are designed to meet the changing needs of older adults.

In the U.S., the baby boomer population – those born between 1946 and 1964 – is approaching a life stage that may dictate a move to one of these **senior living options**. By 2030, all baby boomers will have reached 65 years old, the threshold for retirement. Additionally, the U.S. Census Bureau has predicted that between 2023 and 2030, the population of those over 65 will grow by 18%. And those over age 75 will grow by 30%, notes LCS, a senior living management company. In short, demand for senior living options will only continue to grow.

To get a better understanding of the experiences of current residents in these senior living communities, U.S. News surveyed 754 U.S. adults who had moved into a senior living community within the year prior to the survey or had a parent or spouse living in such a community who'd moved there within the past year.

We asked how these individuals and their families navigated the process of researching and choosing a senior living community and what they thought of the community they moved into. Their key insights based on our survey follow….**Read More on the 2024 Survey Report**.

Dear Marci: Why should I put my future health care wishes in writing?

Dear Marci,

Some of my friends were chatting about health care directives and future health care wishes. Is this really important to do right now? I'm in good health.

-Rafael (Garden City, UT)

Dear Rafael,

It's understandable to feel that you don't need to think about this topic when you're in good health! You should know, however, that putting your future health care wishes in writing can be very helpful to your family members, if you were to suddenly find yourself in a position where you can't make health care decisions for yourself due to being incapacitated by injury or illness.

Every state has different rules about who makes decisions about your treatment if you are physically unable to do so. In many cases, the decision-making is left in the hands of your health care providers, unless you've assigned someone as your legal representative in advance.

If medical decisions are casually left up to your family, it can be difficult and time-consuming for them to agree on different treatment options. It can also be costly for them to get the legal right to make medical decisions for you, and they may also disagree on who should make these decisions for you. Having a plan with your wishes written out ahead of time can help to avoid confusion and disagreements, and it ensures your wishes are honored if you're unable to speak for yourself!

Start by talking to your family about your wishes. When you're ready, completing an advance directive is one of the most important things you can do for yourself and your family to ensure your healthcare wishes are met.

Good luck!

-Marci

Medicare Advantage: Hospice care is a juggle

Insurers clearly have not figured out how to profit from the Medicare hospice benefit, which offers comfort care for people who are terminally ill. Caitlin Owens reports for **Axios** that a government trial to include the Medicare hospice benefit in Medicare Advantage is ending six years sooner than planned because insurers and hospice agencies alike cannot make the benefit work to their liking. The Centers for Medicare and Medicaid Services, CMS, which oversees Medicare, claims the pilot was not a failure. What would you call it?

Right now, if you are enrolled in a Medicare Advantage plan and elect the Medicare hospice benefit–choose to forgo curative treatments for your condition in favor of palliative care–traditional Medicare covers the hospice services, even though you are still enrolled in a Medicare Advantage plan. [N.B. Unfortunately, the hospice benefit is only **truly available to people who have someone to take care of them at home and ensure their safety** when the hospice aides are not there. The hospice benefit does not provide 24 hour care.]

Juggling between traditional Medicare for your hospice care and Medicare Advantage for all unrelated health care services can be a bear. And, it can be a big bear for the more than 800,000 people enrolled in Medicare Advantage who elected hospice in 2022–about half the Medicare Advantage enrollees who died in 2022 ...**Read More**

Better news for Social Security and Medicare doesn't mean their problems have gone away

Monday's report by the Trustees for Social Security and Medicare will allow politicians to do what they so often excel at: Dodge an important problem.

The Trustees—led by Treasury Secretary Janet Yellen—reported that the Social Security Trust Fund will become insolvent in 2035, after which tens of millions of Americans—many of whom are heavily, if not wholly reliant on the program for income—will be looking at a 17% cut in their monthly benefit. As for Medicare, the report pushed back the estimated date when its reserves will run out by five years to 2036. After that, Medicare would pay out 89% of projected benefits.

So this is better news across the board, in terms of both projected exhaustion dates and benefit cuts. Which means that Congress, which essentially has ignored these looming crises for years—will continue to do so.

Behind the improvement? A much better-than-expected U.S. economy, which "**is booming**," as JPMorgan Chase Chairman and Chief Executive Jamie Dimon told the Economic Club of New York recently. It's worth noting that it was the first time that Dimon, arguably one of the most important figures in American finance, has ever said that in some two decades on the job.

The Trustees, more muted than the high-profile banker, merely say that this stronger growth has boosted tax revenue and thus both programs. Medicare's better status is also a result, in part, of the Biden administration's efforts to lower drug prices, which are beginning to work..

But this hardly means that the underlying problems that Social Security and Medicare face have gone away. **The Trustees acknowledge this,** saying the future of both programs depend on a slew of factors that are beyond anyone's control: "Future birthrates, death rates, immigration, marriage and divorce rates, retirement patterns, disability incidence and termination rates, employment rates, productivity gains, wage increases, inflation, interest rates, and many other demographic, economic, and program-specific factors."….**Read More**

Humana threatens to close some Medicare Advantage plans and reduce extra benefits in others

Suzanne Blake reports for **Newsweek** on the consequences of Humana closing some of its Medicare Advantage plans in 2025 and claiming it will reduce benefits in other Medicare Advantage plans in order to increase profits. Warning: Enrolling in Medicare Advantage will always mean never being able to rely on getting care and coverage from the physicians and hospitals you want to use and having out-of-pocket costs as high as $8,850 this year for in-network care and more if you go out of network.

Today, Humana covers six million Medicare enrollees through its Medicare Advantage plans. Humana offers Medicare Advantage plans in all 50 states. Its greatest penetration is in the Southeast. Florida has nearly three quarters of a million Humana Medicare Advantage enrollees. North Carolina has more than 450,000. Georgia has 336,000, Texas has 289,000 and Illinois has 250,000.

Some people believe that many enrollees in Medicare Advantage won't get **dental**, vision, or hearing benefits any longer. Truth is that though insurers tend to offer these benefits, most Medicare Advantage plan enrollees do not appear to use them. The benefits are usually quite limited, offering little coverage, difficult to access because in-network providers are few and far between, and require high out-of-pocket costs.

Humana is claiming that Medicare is not paying it enough to deliver Medicare Advantage. Truth is that Medicare is spending **$83 billion** more on enrollees in Medicare Advantage than it does on enrollees in Traditional Medicare. Those payments are unsustainable.

The government is giving insurers a $16 billion raise next year on top of the overpayments. Humana simply must wants to squeeze even more money out of Medicare Advantage.

UnitedHealth also is looking to see more profits from Medicare Advantage. It can do so by denying and delaying care, but it can only do so much of that. Traditional Medicare, government -administered benefits, is far more cost-effective and also makes it much easier than Medicare Advantage to get care, anywhere in the US. But, traditional Medicare lacks an out-of-pocket limit, meaning that to protect themselves financially, people need supplemental coverage, either Medicaid or Medigap, that fills gaps in traditional Medicare.

Medicare Advantage to Be Radically Changed Under New Plan

Medicare Advantage plans could look dramatically different if a new law passes in the **Senate**.

For years, seniors have complained about **prior authorization requirements** under some Medicare Advantage plans. The privatized version of Medicare often provides lower out-of-pocket costs but forces patients to choose between pre-approved healthcare providers.

And in many cases, seniors on Medicare Advantage have to get prior authorization approval to access the treatments they need.

All that would change if Democratic Rhode Island Senator Sheldon Whitehouse's plan gets passed

Whitehouse argues that insurers with prior authorization requirements on doctors in accountable care organizations should need their own prior approval from the Centers for Medicare and Medicaid Services. "There is no logic to prior authorization," Whitehouse, who serves as the chairman of the Senate Budget Committee, said at a committee hearing this week. "So I propose the companies in Medicare get prior authorization from CMS before they're allowed to impose prior authorization on doctors who are practicing in successful accountable care organizations that have a proven track record of providing efficient patient care. No prior authorization without prior authorization."

Whitehouse also said that billing and insurance-related costs total nearly $200 billion yearly, and the lack of standardization has healthcare costs piling up.

"The lack of standardization has been one major pain point," Whitehouse said. "Different insurers apply different processes and rules to different providers, creating a web of confusion, driving up costs, and making doctors sometimes spend more time on administration than on providing actual care."

If passed, seniors who have been complaining about the prior authorization process for years might have a bit of relief if more Medicare Advantage insurers opt out of this process.

If there were fewer prior authorizations, healthcare workers would likely benefit as well. Many sought out streamlined paperwork and more simplified billing forms in an HHS Surgeon General 2022 Health Worker Burnout report.

"Prior authorization is nothing new when it comes to taking advantage of benefits, but it can often feel like just another loophole for the older and often more vulnerable group utilizing them," Alex Beene, financial literacy instructor at the University of Tennessee at Martin, told *Newsweek*. "The argument for prior authorization is for verification purposes and to make the process easier on the front end for the provider and for the senior."

Michael Ryan, a finance expert and the founder of michaelryanmoney.com, said he's witnessed many clients express frustration over getting approval for their doctor's recommended treatments. Many even have procedures denied despite being medically necessary.

"These proposed rules from the Biden administration to streamline prior auth under MA plans could be a game-changer for the 28 million seniors enrolled in these private insurance alternatives to traditional Medicare," Ryan told *Newsweek.. '..***Read More**

How Long Can You Live Outside the US Before Losing Social Security?

Many Americans nowadays plan to retire overseas; some do it to live peacefully, while some do it to save on costs, ranging from housing to food costs. However, one question that crosses the mind of many people planning to retire abroad is whether they will receive Social Security or not, or how long they can live overseas without losing their Social Security. This article will try to answer all such questions, including how long you can live outside the U.S. before losing Social Security.

You can retire abroad and collect benefits

It is no secret that people from all around the world come to the U.S. hoping to make more money. On the other hand, when it comes to retirement, many Americans now consider settling overseas, and there are many reasons for that, such as seeking a lower cost of living, new adventure or less expensive health care.

In fact, according to 2022 data from the U.S. Department of State, the SSA (Social Security Administration) sent about $6.1 billion in benefits to some 760,000 beneficiaries outside the U.S.

If you are also planning to retire abroad but are hesitant due to concerns over Social Security or have doubts about how long you can live outside the U.S. before **losing Social Security**, then be assured that your benefits are safe even if you retire abroad. Barring a few exceptions, you will continue to receive Social Security checks even if you retire abroad….**Read More**

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HealthLink Wellness "Taking Control"

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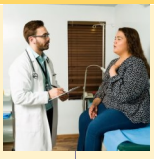
About 90% of U.S. Adults Are On the Way to Heart Disease

Nine of 10 American adults are in the early, middle or late stages of a syndrome that leads to heart disease, a new report finds, and almost 10% have the disease already.

"Poor cardiovascular, kidney, and metabolic health is widespread among the U.S. population," concludes a team led by **Dr. Muthiah Vaduganathan** of Brigham and Women's Hospital and Harvard Medical School in Boston.

Researchers looked specifically at rates of what the American Heart Association has dubbed cardiovascular, kidney and metabolic (CKM) syndrome -- interrelated factors that progress with time and, if left unchecked, lead to heart disease.

CKM syndrome is divided into four stages:



- Stage 1: Excess fat buildup in the body (a risk factor for poor health)
- Stage 2: Emergence of other metabolic risk factors (for example, high blood pressure, high cholesterol, **diabetes**)
- Stage 3: Emergence of high-risk kidney disease and/or a high predicted risk of heart disease being diagnosed within the next 10 years
- Stage 4: A diagnosis of full-blown heart disease, with or without kidney disease

To find out how many Americans might fall into one of these four categories, the Boston team tracked U.S. federal health survey data for 2011 through 2020.

Among adults age 20 or older, only 10.6% did not have some level of CKM syndrome, the researchers reported May 8 in the ***Journal of the American Medical Association***.

About 26% fell into the early stage 1 category, meaning they were gaining dangerous levels of body fat. Nearly half (49%) of adults fell into stage 2 CVM syndrome, and 5.4% were stage 3.

According to the study, 9.2% of adults were in stage 4, with full-blown heart disease and, in some cases, failed kidneys.

All of these numbers were roughly unchanged throughout the nine-year study period.

Not surprisingly, the severity of CKM syndrome rose with age: 55.3% of people 65 or older were in an advanced stage of CKM syndrome, compared to 10.7% of those aged 45 through 64, and 2.1% of those aged 20 through 44, the study found.

The young were at risk, too. Most Americans ages 20 through 44 (81.8%) were already affected by these heart and kidney risk factors, Vaduganathan's team noted.

Race also mattered, with Black Americans 38% more likely to be burdened with CKM syndrome compared to whites.

The bottom line: "Almost 90% of US adults met criteria for CKM syndrome (stage 1 or higher) and 15% met criteria for advanced stages, neither of which improved between 2011 and 2020," according to the Boston researchers.

Police Seizures of Pills With Fentanyl Have Skyrocketed

Police seizures of illicit **fentanyl** pills have soared in recent years, a new study has found.

The number of pills containing fentanyl seized by law enforcement was 2,300 times greater in 2023 than in 2017 – more than 115 million pills, compared to just under 50,000.

What's more, pills represented 49% of illicit fentanyl seizures in 2023, compared to 10% in 2017.

Researchers also found a significant increase in the number and weight of powder seizures containing fentanyl during the same period.

"Fentanyl has continued to infiltrate the drug supply in communities across the United States and it is a very dangerous time to use drugs, even just occasionally," said Dr. Nora Volkow, director of the National Institute on Drug Abuse.

"Illicit pills are made to look identical to real prescription pills, but can actually contain fentanyl," Volkow said in a news release. "It is urgently important that people know that any pills given to someone by a friend, purchased on social media, or received from any source other than a pharmacy could be potentially deadly – even after a single ingestion."

For this study, researchers analyzed data collected through a grant program aimed at countering the illicit drug market.

Although seizures don't reflect overall use of illicit drugs, they are an indicator of their availability, researchers said.

The Western U.S. now accounts for most law enforcement seizures of fentanyl overall, as well as total weight of fentanyl seized, researchers said....**Read More**

Almost All Counterfeit Oxycontin Pills Contain Fentanyl

Lab tests of counterfeit oxycodone (Oxycontin) pills seized by police in Rhode Island in 2022 found 99.3% also contained dangerous fentanyl.

It was typically mixed with another potentially deadly drug, xylazine.

Both drugs make overdose more likely and more fatal, experts note.

As too many American families have tragically come to know, "counterfeit prescription pills have been associated with adverse outcomes, including fatal overdose," said a team of researchers led by **Dr. Rachel Wightman**. She's associate professor of epidemiology and emergency medicine at Brown University in Providence, RI.

Wightman's team published its findings May 6 in the ***Journal of the American Medical Association.***

For years, the makers of illicit fake prescription opioids, amphetamines and tranquilizers have adulterated their pills with fentanyl and, more recently, the animal tranquilizer xylazine.

Fentanyl is 100 times more powerful than morphine and 50% more powerful than heroin, and is increasingly to blame for overdose and death among people who are addicted to opioids or who take counterfeit meds recreationally.

Deaths linked to illicit pills containing **xylazine,a** horse tranquilizer, are also soaring. According **to a study** released last summer, the number of xylazine-involved OD deaths nationwide rose from 102 in 2018 to 3,468 in 2021.

In their report, Wightman's group obtained state forensic drug chemistry lab test results for 1,176 counterfeit pills seized by law enforcement in Rhode Island between early 2017 and the end of 2022.

"The number of pills obtained during seizure incidents range from a single pill to thousands," the researchers noted. "Any pill that yielded a result other than the expected active ingredients as marked was considered counterfeit."

The bulk of the counterfeit pills fell into three classes: Oxycodone (686 pills); alprazolam (brand name Xanax, 312 pills); and amphetamines (174 pills)….**Read More**

Gene Discovery Points to a New Form of Alzheimer's

People who carry two copies of the gene mutation most strongly implicated in Alzheimer's disease are almost certain to develop brain changes related to the degenerative disorder, a new study says.

A single mutated APOE4 gene has been found to pose the strongest genetics-driven risk factor for late-onset **Alzheimer's**, researchers said.

Virtually everyone with two copies of the APOE4 gene mutation wound up with higher levels of Alzheimer's-related brain by age 55, compared to people with another version of APOE, researchers reported May 6 in the journal ***Nature Medicine***.

By age 65, more than 95% of people with two APOE4 genes showed abnormal levels of amyloid protein in their cerebrospinal fluid and 75% had positive amyloid scans, researchers said. Amyloid beta plaques are one of the hallmark symptoms of Alzheimer's.

These findings suggest that having two copies of the APOE4 gene could represent a new genetic form of Alzheimer's disease, said **Dr. Juan Fortea**, director of the Memory Unit at the Sant Pau Research Institute's Neurology Service in Barcelona, Spain.

"This gene has been known for over 30 years and it was known to be associated with a higher risk of developing Alzheimer's disease. But now we know that virtually all individuals with this duplicated gene develop Alzheimer's biology," Fortea said in a news release.

"This is important because they represent between 2 and 3% of the population," he added.

For the study, Fortea and colleagues analyzed data from nearly 3,300 brain donors, including samples from 273 people with two copies of the APOE4 gene.

The team also evaluated clinical data from more than 10,000 people with evidence of Alzheimer's disease, including 519 people with two copies of APOE4.

"The data clearly show that having two copies of the APOE4 gene not only increases the risk, but also anticipates the onset of Alzheimer's, reinforcing the need for specific preventive strategies," researcher **Dr. Alberto Lleó**, director of the Sant Pau Research Institute's Neurology Service, said in a news release.

Because people who test positive for two copies of APOE4 are almost certain to develop Alzheimer's, they could be the focus of clinical trials aimed at testing targeted prevention and treatment methods, the researchers said.

One in 8 U.S. Adults Have Now Used Blockbuster Meds Like Ozempic

About 1 in 8 U.S. adults (12%) have tried a weight-loss drug like Wegovy, Ozempic, Zepbound or Mounjaro, a new KFF Health Tracking Poll says.

About 6% are taking one right now, the poll found.

Most patients say they use the drugs (61%) to treat a chronic condition like diabetes or heart disease, which can make it easier to obtain a prescription, the report says.

More than 2 in 5 using the drugs are diabetics (43%), KFF found.

This makes sense, given that the class of medications -- GLP-1 agonists -- was first developed as a treatment for type 2 diabetes.

Further, about 1 in 4 people using the drugs (26%) have heart disease. In March, Wegovy became the first weight loss medication to receive approval from the U.S. Food and Drug Administration (FDA) as a means of reducing risk of heart attack and stroke.

Only about 22% are taking the drugs because a doctor diagnosed them as overweight or obese, but nearly 38% take the drugs solely to lose weight, the findings show.

These drugs can be costly, with list prices topping $1,000 for a month's supply before insurance coverage, rebates and discount coupons, KFF said.

Insurance coverage for the drugs seems to make little difference in how patients perceive their affordability.

About half of people (54%) who report having ever taken the drugs say it was "difficult" to afford them, including 1 in 5 (22%) who said it was "very difficult."

Similar percentages of people with insurance said it's "difficult" (53%) or "very difficult" (23%) to afford the drugs.

About 6 in 10 adults (61%) say Medicare should cover these drugs for people who are overweight or obese. That response was consistent across age groups and political leanings, researchers said.

However, only about 9% seniors said they had ever taken the drugs, and only 1% said they took them for weight loss.

GLP-1 agonists work by mimicking a hormone that helps control blood sugar levels and appetite….**Read More**

How to keep your teeth strong

Our teeth need our attention, and the mainstream media is letting us know! Knvul Sheikh and Lindsey Bever report for the **New York Times** and the **Washington Post**, respectively, on how to brush your teeth and how to strength them. In short, avoid snacking multiple times a day, use toothpaste with fluoride, and don't rinse after brushing.

Experts urge you brush your teeth a minimum of two times each day. And, to prevent cavities, use toothpaste with fluoride. If you don't rinse after brushing, the fluoride remains on your teeth, further protecting them.

If you can, wait at least 30 minutes after eating to brush your teeth. That allows the saliva in your mouth to remove the acid buildup on your teeth that comes from eating. After brushing, if you must rinse, use as little water as possible and wait as long as possible to do so. You might also consider using a mouthwash with fluoride.

Why avoid rinsing? You want the fluoride to strengthen your tooth enamel. Minimizing the rinse after brushing has been found to lower the risk of tooth decay. When you rinse, you wash away a lot of the fluoride. Not rinsing is ideal, particularly for people who eat a lot of sugar or who have a lot of cavities. If there's little sugar in your diet, rinsing does less harm.

Why brush your teeth? The reason to brush is to remove dental plaque that contains bacteria that is acidic. When fluoride coats your teeth, it adds minerals to the teeth enamel. But, use fluoride in moderation. Too much fluoride could lead to fluoride toxicity. Especially in children when teeth are growing, too much fluoride can cause white spots.

How else to protect your teeth? To keep your teeth from weakening and ensure strong teeth, do what you can to protect the enamel on the outside of your teeth. Drinking a lot of water after you eat is helpful, not only in washing away some of the acid buildup but in stimulating the production of saliva in your mouth. Saliva helps keep your teeth strong.

Why are some people more at risk of tooth decay than others? Some people have genetic predispositions to poor tooth enamel. Others eat foods that eat away at their tooth enamel. Sugary drinks and vinegary foods, as well as fruit juices erode tooth enamel. So, does sparkling water.

Tip: If you eat sweets, do so in one fell swoop to better protect your teeth. All at once, your teeth have a single exposure to acid. In small bits over time, your teeth have multiple exposures to acid. For the sake of your teeth, it's best not to snack throughout the day.

Eat less intermittently, live longer?

Experiments with lab mice show that if you reduce their caloric intake by 30 to 40 percent, the mice typically live 30 percent longer. The goal is to reduce caloric intake enough to cause biological changes without malnourishing the mice. Experiments with worms and monkeys show similar results, reports Dana G. Smith for **The New York Times**. If we eat less, will we live longer?

The jury's out on the value of eating less for humans, but it's fascinating to learn about the consequences of eating less for mice and monkeys. Beyond often living longer, it appears that limiting calories in lab mice and other animals also reduced their risk of developing cancer and other serious health conditions that tend to appear as we grow old.

What is not known? It's not clear the principal cause of longer life expectancy from animals consuming fewer calories. Is it the number of calories consumed or when the calories are consumed that is most important? And, there's no meaningful data to indicate that eating less helps human beings live longer.

Why would eating less extend an animal's or a person's life? It's not well understood. Some believe that consuming fewer calories enables animals to be more resilient to outside stressors. Researchers have found that lab mice that consume fewer calories are better able to resist toxins and heal more quickly after being hurt.

Some believe that people who consume fewer calories have slower metabolisms. Perhaps requiring your body to metabolize less allows it to live longer. "You know, just slow the wheels down and the tires will last longer," said Dr. Kim Huffman, an associate professor of medicine at Duke University School of Medicine who has studied calorie restriction in people.

Also, if you take in fewer calories, your body will need to rely on sources of energy other than glucose. It could eat up cells that are not functioning as a source of energy. As a result, cells work better, reducing the likelihood of age-related disease and potentially extending life.

Of note, the research finding eating less leads mice to live longer is not dispositive. A few researchers found that mice and monkeys sometimes lived shorter lives when they ate less. Other researchers dismiss these findings because of the abundance of evidence to the contrary.

Some believe that intermittent fasting could play a principal role in longevity. In a monkey trial in which the monkeys only received one calorie-restricted meal every sixteen hours, the monkeys lived longer. In another monkey trial in which the monkeys received two calorie-restricted meals a day and could eat them whenever they pleased, the monkeys lived less long.

Intermittent fasting and a low-calorie diet led mice to live 35 percent longer. Mice that had a low-calorie diet but could eat at any time of the day lived 10 percent longer than those with a full-calorie diet.

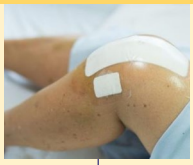
The Pros & Cons of Robotic Knee Replacement Surgery

Robot-assisted total knee replacements tend to have better outcomes on average, a new study reports.

Unfortunately, there's a downside – having a surgical robot assist a human surgeon can make the procedure much more costly.

Patients who had a robot-assisted knee replacement stayed in the hospital nearly a half-day less, and were significantly less likely to develop complications like infections, excessive blood loss, and fractures, dislocations or mechanical complications of their prosthetic, researchers report.

However, robotic knee replacements cost an average $2,400 more than the conventional procedure, researchers found.



Researchers said they hope **the study** will help doctors and patients make educated decisions regarding the best option for knee surgery.

"As the population continues to age, there will be a greater demand for safe and effective total knee replacement surgery, also known as total knee arthroscopy (TKA)," lead researcher Dr. Senthil Sambandam, an assistant professor of orthopedic surgery at UT Southwestern Medical Center in Dallas, said in a news release. In knee replacement procedures, surgeons cut away bone damaged by arthritis and replace it with metal and plastic parts.

Surgeons perform most knee replacements by hand, judging how much bone to remove based on training and expertise.

However, a growing number of these procedures are performed using surgical robots that rely on imaging scans or anatomical landmarks to determine where to cut.

Using a robot theoretically improves accuracy and safety, but some studies have suggested these improvements are minimal or non-existent.

To compare the two approaches, researchers compared medical records for more than 540,000 people who underwent a traditional knee replacement with more than 17,000 who had a robot-assisted procedure. The operations all took place between 2016 and 2019.

In this analysis, the cost of robotic knee replacement was as much as $15,000 higher than in earlier comparison studies, researchers noted….**Read More**

Wegovy Can Help Heart Failure Patients Reduce Meds: Study

People with heart failure are often prescribed what are known as loop diuretic medications to help reduce the fluid buildup that's a hallmark of the disease.

Now, research suggests that taking the blockbuster weight loss drug Wegovy (**semaglutide**) can help patients reduce their need for diuretics.

After a year taking Wegovy, "there was evidence of a significant reduction in average loop diuretic dose, a lower likelihood of diuretic treatment escalation, and a greater likelihood of diuretic treatment de-escalation with semaglutide versus placebo," said study lead author **Dr. Kavita Sharma**, associate professor of medicine at Johns Hopkins University School of Medicine in Baltimore.

Her team described its findings Monday in Lisbon, Portugal, at Heart Failure 2024, a meeting of the European Society of Cardiology.

The type of **heart failure** the Hopkins' study focused on was "heart failure with preserved ejection fraction" (HFePF). In this common form of the disease, the "heart pumps normally but is too stiff to fill properly, rendering the heart unable to support the body's need for oxygen-rich blood," according to a meeting news release.

A total of 1,145 patients with HFePF were enrolled in the international trial. Patients were obese (body mass index, BMI, at or above 30) and averaged 70 years of age; half were men and half were women.

At the start, 220 patients were not receiving diuretics, 223 were receiving non-loop diuretics only, and 702 were receiving loop diuretics.

All participants received either a "dummy" placebo injection or a Wegovy shot once a week for 52 weeks.

Patients taking Wegovy typically lost a significant amount of weight over that time. ...**Read More**