



### Message from the Alliance for Retired Americans Leaders

#### House Passes One Big, Brutal Budget Bill — Seniors' Health and Security at Risk



Robert Roach, Jr.  
President, ARA

In the early hours of Thursday morning, House Republicans **narrowly passed** their budget proposal, the “One Big Beautiful Bill Act” (H.R. 1), by a vote of **215-214**. The legislation now moves to the Senate for consideration.

The vote was deeply divided. Only two Republicans — Representatives **Thomas Massie** (KY) and **Warren Davidson** (OH) — joined all Democrats in opposing the measure. Representatives **David Schweikert** (AZ) and **Andrew Garbarino** (NY) missed the vote but indicated they would have supported it.

The bill includes \$715 billion in cuts to Medicaid and \$300 billion to food assistance programs over the next decade. These cuts would be used to fund massive tax breaks for billionaires and large corporations. According to analysts, individuals earning \$1 million or more per year would receive nearly \$90,000 annually in tax breaks, while families earning under \$50,000 would get less than \$1 a day in relief.

The scale of the health care cuts is historic and is expected to cause at least 13 million Americans of all ages to lose coverage and jeopardize the operation of hospitals and nursing homes, particularly in rural communities.

Medicaid is particularly important to seniors, serving some of the most vulnerable Americans including 860,000 who rely on it to pay for nursing home care and another 5.6 million who receive home care

services and supports funded by Medicaid. 11.5 million Medicare beneficiaries also rely on Medicaid to help pay for prescription drugs, co-pays, and other medical services.

In the case of food assistance, **nearly 11 million people** could see at least some cut in Supplemental Nutrition Assistance Program (SNAP) benefits due to expansions to burdensome paperwork requirements included in the legislation and shifting costs to the states. 6.5 million seniors receive food assistance today. “This bill takes food and health care away from those who need it most, just to fund tax giveaways for the wealthiest,” said **Robert Roach, Jr., President of the Alliance for Retired Americans**. “It’s outrageous, and we cannot let it become law. We must raise our voices and demand the Senate put a stop to this insane cruelty.”

**ACTION NEEDED: [Click here to send a message to your senators demanding they vote against draconian cuts.](#)**

#### CBO Warns: New House Budget Proposal Could Slash Medicare by \$490 Billion

A **new report** from the nonpartisan Congressional Budget Office (CBO) has sounded the alarm: the budget recently passed by the U.S. House of Representatives could result in nearly \$500 billion in automatic Medicare cuts over the next ten years.

The bill would add **\$2 trillion to the federal deficit**, triggering automatic cuts under existing budget rules. Beginning in 2027, these cuts would slash Medicare payments by 4 percent each year — affecting hospitals, doctors, Medicare Advantage plans, and prescription drug plans.

“This bill is not just a broken



Rich Fiesta,  
Executive  
Director, ARA

promise — it’s a betrayal,” said **Richard Fiesta, Executive Director of the Alliance for Retired Americans**. “Older Americans worked a lifetime to earn their Medicare benefits, and this legislation puts those benefits at risk while handing out tax breaks to the wealthiest.”

#### Drug Industry Quietly Funds “Patient Advocacy” Groups to Fight Medicare Drug Price Negotiations

A **new investigation** by Patients for Affordable Drugs (P4AD) has uncovered a troubling tactic used by the pharmaceutical industry to protect profits and keep drug prices high: secretly funding so-called “patient advocacy” groups.

The report profiles six such groups all of which have deep financial ties to the drug industry.

These groups receive substantial funding from PhRMA, the powerful trade group representing drug manufacturers, as well as other wealthy pharmaceutical donors. Many are also staffed with former drug company executives and lobbyists. Despite their names, these organizations are not advocating for patients — they are working to protect corporate profits.

Their latest target? Medicare’s new power to negotiate lower drug prices, a long-overdue reform that could bring real relief to seniors. These front groups are spending thousands on misleading ads and social media campaigns designed to scare the public and weaken support for lower drug prices.

“Our voices are powerful - that’s why the drug corporations invest millions to create the illusion of



Joseph Peters, Jr.  
Secretary  
Treasurer ARA

public support,” said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. “We must keep the focus on the high prices Americans are paying for

prescription drugs and stand up to these powerful corporations.”

#### KFF Health News: Trump’s DOJ Accuses Medicare Advantage Insurers of Paying “Kickbacks” for Primo Customers By Julie Appleby

When people call large insurance brokerages seeking free assistance in choosing Medicare Advantage plans, they’re often offered assurances such as this one from eHealth: “Your benefit advisors will find plans that match your needs — no matter the carrier.”

About a third of enrollees do seek help in making complex decisions about whether to enroll in original Medicare or select among private-sector alternatives, called Medicare Advantage Now a blockbuster lawsuit filed May 1 by the federal Department of Justice alleges that insurers Aetna, Elevance Health (formerly Anthem), and Humana paid “hundreds of millions of dollars in kickbacks” to large insurance brokerages — eHealth, GoHealth, and SelectQuote. The payments, made from 2016 to at least 2021, were incentives to steer patients into the insurer’s Medicare Advantage plans, the lawsuit alleges, while also discouraging enrollment of potentially more costly disabled beneficiaries. ....[Read More](#)

## Republican Josh Hawley argues against Medicaid cuts

As Senator Josh Hawley of Missouri argues in a [New York Times](#) op-ed, Republicans in Congress are putting forward a reconciliation package that ignores working people and speaks “only for the C suite.” While Hawley calls out Republicans for corporate giveaways, he does not mention that Republicans could opt to eliminate waste and fraud in Medicare Advantage to achieve even more savings than they would get from Medicaid cuts. Targeting waste in Medicare Advantage would both protect health insurance for the working poor, older adults and kids as well as strengthen Medicare.

Medicaid ensures that nearly 80 million Americans with low incomes have access to health care. As Hawley notes, cutting Medicaid to the tune of \$715 billion, the Republican plan currently on the table, is both

morally wrong and political suicide.

Cutting Medicaid amounts to denying as many as 8.6 million Americans health insurance. What’s more, cutting Medicaid risks forcing rural hospitals to close their doors. Without health care coverage, families lose. Without local hospitals, whole communities lose.

Hawley speaks of the need to limit prescription drug costs, but does not talk about setting drug prices at the same level as other wealthy countries, as President Trump has proposed. Americans pay as much as four times more for our drugs than people in Japan, France and Canada.

Moreover, Hawley does not mention that, instead of cutting Medicaid benefits, Republicans should be directing their attention to eliminating waste and fraud in the Medicare Advantage

**DON'T  
BE  
MEAN**

program. According to the Congressional Budget Office, the federal government is overpaying insurers offering Medicare Advantage plans \$1 trillion because the big health insurers game the payment system. Ending this corporate profiteering in Medicare to achieve the savings Republicans seek would strengthen Medicare without doing harm to Medicaid.

President Trump insisted recently that “We are doing absolutely nothing to hurt Medicare, Medicaid or Social Security. Nothing at all.” These proposed Republican Medicaid cuts would cripple state health care systems and destroy Medicaid.

Poll after poll shows that Americans of both parties overwhelmingly support Medicare, Social Security and Medicaid. Understandably. These

programs are lifelines for tens of millions of Americans and their families. Working two jobs at minimum wage, let alone one job, is not enough to live a decent life.

As Hawley correctly states, Democrats and Republicans share responsibility for the low minimum wage and few social supports in this country. But, Republicans are poised to make a weak social safety net weaker in order to help pay for tax cuts to America’s wealthy. Rather, they could cut the \$1 trillion in waste in Medicare Advantage without hurting anyone and strengthening Medicare.

President Trump appears to have the Republicans in Congress at his beck and call. If he really wants tax cuts for the wealthy as well as to protect Medicaid, he should tell them to change course now! Cut Medicare Advantage waste.

## Housing, Nutrition in Peril as Trump Pulls Back Medicaid Social Services

During his first administration, President Donald Trump’s top health officials gave North Carolina permission to use [Medicaid money](#) for social services not traditionally covered by health insurance. It was a first-in-the-nation experiment to funnel health care money into housing, nutrition, and other social services.

Some poor and disabled Medicaid patients became [eligible for benefits](#), including security deposits and first month’s rent for housing, rides to medical appointments, wheelchair ramps, and even prescriptions for fresh fruits and vegetables.

Such experimental initiatives to improve the health of vulnerable Americans while saving taxpayers on costly medical procedures and expensive emergency room care are booming nationally. Without homes or healthy food, people risk getting sicker, becoming homeless, and experiencing even more trouble controlling chronic conditions such as diabetes and heart disease.

Former President Joe Biden [encouraged states to go big](#) on new benefits, and the availability of social services

exploded in states red and blue. Since North Carolina’s launch, [at least 24 other states](#) have followed by expanding social service benefits covered by Medicaid, the health care program for low-income and disabled Americans — a national shift that’s turning a system focused on sick care into one that prioritizes prevention. And though Trump was pivotal to the expansion, he’s now reversing course regardless of whether evidence shows it works.

In Trump’s second term, his administration is throwing participating states from California to Arkansas into disarray, arguing that social services should not be paid for by government health insurance. Officials at the Centers for Medicare & Medicaid Services, which grants states permission to experiment, have rescinded its previous [broad directive](#), arguing that the Biden administration went too far.

“This administration believes that the health-related social needs guidance distracted the Medicaid program from its core mission: providing excellent health outcomes for vulnerable Americans,” CMS spokesperson Catherine Howden said in a



statement. “This decision prevents the draining of resources from Medicaid for potentially

duplicative services that are already provided by other well-established federal programs, including those that have historically focused on food insecurity and affordable housing,” Howden added, referring to food stamps and low-income housing vouchers provided through other government agencies.

Trump, however, has also proposed axing funding for low-income housing and food programs administered by agencies including the departments of [Housing and Urban Development](#) and [Agriculture](#) — on top of Republican proposals for broader [Medicaid cuts](#).

The pullback has led to chaos and confusion in states that have expanded their Medicaid programs, with both liberal and conservative leaders worried that the shift will upend multibillion-dollar investments already underway. Social problems such as homelessness and food insecurity can cause — or worsen — physical and behavioral health

conditions, leading to sky-high health care spending. Medical care delivered in hospitals and clinics, for instance, accounts for only roughly 15% of a person’s overall health, while a staggering 85% is influenced by social factors such as access to healthy food and shelter for sleep, said Anthony Iton, a policy expert on [social determinants of health](#).

Health care experts warn the disinvestment will come at a price. “It will just lead to more death, more suffering, and higher health care costs,” said Margot Kushel, a primary care doctor in San Francisco and [a leading researcher](#) on homelessness and health care.

The Trump administration announced in a [March 4 memo](#) that it was rescinding Biden-era guidance dramatically expanding experimental benefits known as [health-related social needs](#). Federal waivers are required for states to use Medicaid funds for most nontraditional social services outside of hospitals and clinics....[Read More](#)

## DOGE's Fraud Tracker at Social Security Turns Into a Massive Self-Own

Procedures implemented by the Department of Government Efficiency uncovered just two out of 110,000 calls to the Social Security Administration this spring had a "high probability" of being fraudulent, *Federal Computer Week* reported.

That is a far cry from the 40 percent figure that was parroted by MAGA in recent months, including by DOGE's recently departed leader, Elon Musk, and Vice President JD Vance. The real figure is about .0018 percent.

The anti-fraud procedures were put in place by DOGE last month and have seemingly done

more harm than good, according to an internal memo viewed by *Federal Computer Week*. While it reassured DOGE staff that fraudsters are *not* phoning the SSA every second, it reportedly slowed processing times at the administration by 25 percent and may soon be removed from protocol.

Such delays were described in a memo as a "degradation of public service," which is the antithesis of DOGE's supposed goal within the federal government.

"No significant fraud has been detected from the flagged cases,"



the internal document said, according to the magazine. DOGE's anti-fraud protocol required a three-day hold to be placed on phone claims in order to check for fraud. This procedure "delays payments and benefits to customers, despite an extremely low risk of fraud," the memo said.

The 40 percent figure circulating in MAGA circles stems from a Fox News segment on March 27, where the DOGE engineer Aram Moghaddassi erroneously said 40 percent of calls made to the SSA to change direct deposit information are from fraudsters.

In reality, *Federal Computer Week* reports that 40 percent of direct deposit fraud at the agency is associated with phone calls—not that four out of every 10 calls to the agency are from fraudsters.

Likely based on the exaggerated fraud figures, the SSA announced in March that it would phase out allowing people to make account changes or claims over the phone. That policy was scrapped shortly after due to public backlash.

Musk, who has been notably quieter the last month, did not immediately address his department's face-palm on Thursday.

## What Are Medicare Savings Programs?

Here's what you should know about these often-overlooked programs that can help you afford Medicare insurance.

During the Great Recession, artist Jeannie Friedman was hit hard.

"I was always very self-sufficient financially," she says. "I lost my savings and my house and moved from upstate New York in Rhinebeck to the Bronx with virtually no savings and a very, very fixed income based on Social Security."

Friedman tried to figure out a way to save money again, including taking extra gigs like

dog sitting, but she knew she'd still need more help to pay for necessities, like Medicare health insurance.

"You wake up at four in the morning, and you're trying to figure out if you can make all the bills that month. I've had so many of those wake-up mornings, really. Everything feels urgent. It's awful because you feel alone," she says.

Friedman then found out about Medicare Savings Programs, which could help her pay her Medicare costs, enabling her to continue having health



insurance – if she qualified. Which she did. Although Medicare gives many people over 65 access to quality life insurance at a relatively inexpensive price, for people like Friedman, it's still not affordable enough.

According to recent research, over one-third of Medicare beneficiaries (36%) delayed or went without care because of cost concerns, and 1 in 4 had an income of less than \$21,000 a year.

Enter Medicare Savings Programs

### Medicare Savings Programs

Medicare Savings Programs have four categories with distinct eligibility requirements and income limits to help people afford Medicare. If you don't qualify for one program, you might qualify for another.

"Medicare Savings Programs can help Medicare enrollees with low incomes by paying the Medicare cost-sharing, such as the premiums, copays and coinsurance, which can be \$2,000 a year or more," says Alan Weil, senior vice president for public policy at AARP....[Read More](#)

## Medicare Advantage costs likely to increase significantly

Andrew Witty just stepped down as CEO of UnitedHealth. UnitedHealth's stock price has dropped **40 percent** in the last few months. Now, Allison Bell reports for Think Advisor that financial professionals say that UnitedHealth likely is likely to raise premiums and other Medicare enrollee out-of-pocket costs in 2026.

UnitedHealth profits tremendously from its Medicare Advantage business. Through Medicare, it administers managed care benefits to nearly 10 million older adults and people with disabilities and profits handsomely. But, it had projected even greater profits from its Medicare book of business than it was able to achieve.

Shifting more costs on to

enrollees in Medicare Advantage will help increase UnitedHealth's Medicare Advantage profits. And, with UnitedHealth Chairman Stephen Helmsley back as the CEO of UnitedHealth, it appears the company is looking to do whatever it takes to generate more revenue.

The UnitedHealth party line is that more people are getting more health care services than expected, forcing it to raise prices. But, why? On a shareholder call, UnitedHealth did not try to explain why or by how much.

Moreover, how is it that UnitedHealth collects 22 percent more on average per enrollee



than traditional Medicare spends per enrollee and still needs to raise costs in Medicare

Advantage? It profited \$6.29 billion in the first quarter of 2025.

Given UnitedHealth's high costs for delivering care, it's time the government stopped the Medicare Advantage program altogether. The whole premise of Medicare Advantage, according to the insurers, was that it would deliver the same benefits as traditional Medicare at lower cost. Not only does it cost \$84 billion more than traditional Medicare on an apples to apples basis, this year alone, but people in Medicare Advantage are struggling to get needed care,

facing limited networks and inappropriate delays and denials of care.

Perhaps the craziest claim Hemsley made on the call is that UnitedHealth will get on top of costs by engaging with enrollees to make sure they are getting the right care. UnitedHealth enrollees would be better served if the company spoke with specialists and addressed roadblocks in their attempts to treat enrollees.

If UnitedHealth is unsatisfied with the billions in profits it's already generating from its 9.9 million Medicare Advantage enrollees, it should be a warning sign to Congress that the Medicare Advantage program is broken.

## Here Are Trump's Changes to Social Security

Individuals applying for retirement or survivor benefits from the Social Security Administration (SSA) must now use online or in-person methods. The change may require nearly 6 million seniors to travel up to 45 miles, raising concerns about access to vital services.

Advocates for seniors and individuals with disabilities worry that the new policy creates unnecessary barriers.

The revised policy affects all phone applications, including updates to direct deposit accounts. Telephone claims will now include anti-fraud checks for high-risk indicators. Despite the changes, the SSA maintains that

telephone services remain available for Medicare, disability, and supplemental income applications.

An SSA spokesperson stated, "Beginning on April 14, Social Security will perform an anti-fraud check on all claims filed over the telephone and flag claims that have fraud risk indicators."

The spokesperson added, "We will continue to conduct 100 percent ID proofing for all in-person claims. 4.5 million telephone claims a year and 70K may be flagged."

Advocates argued that the shift creates challenges,



especially for seniors in rural areas. Center on Budget and Policy Priorities Director of Social Security and

Disability Policy Kathleen Romig said, "There's no way to schedule an appointment online."

Romig added, "So you have to call the agency's 800 number. Right now, the wait for a call back from Social Security is two and a half hours. And that's if you get through to an agent at all. Most people don't."

Many seniors and individuals with disabilities also struggle with internet access or the skills needed to navigate online systems. Some fear the policy

disproportionately affects bereaved individuals applying for survivor benefits, as no online application system exists for these cases.

Romig said, "Not everyone drives, particularly seniors or people with disabilities. And not everyone is able to leave the house. Think about people who are homebound or hospitalized. So, this is incredibly burdensome for the older and disabled people that the SSA serves."

Callers to the SSA currently experience approximately two and a half hours of wait time, and securing an in-person appointment often takes over 28 days.

## Bonds instead of Social Security Tax Elimination: What the Republican party proposes

The Republican Party has introduced a new legislative proposal that aims to reshape the tax landscape in the United States. While the bill includes several tax exemptions promised by President Trump, such as the elimination of taxes on tips and overtime pay, it notably omits the elimination of income taxes on Social Security benefits for seniors.

President Trump had previously suggested that seniors should not pay income taxes on their Social Security benefits, a promise that resonated with many older Americans. However, the current legislation does not include this provision. Instead, the bill offers a new tax deduction for seniors, known as the "enhanced deduction for seniors," which provides an additional \$4,000 deduction for

taxpayers aged 65 and older.

This new deduction is available to both those who itemize their taxes and those who opt for the standard deduction. It aims to reduce the tax burden for approximately 56 million seniors in the United States. Despite this effort, many seniors may still feel disappointed, as around 40% of Social Security beneficiaries currently pay federal income taxes on their benefits.

The exclusion of the Social Security tax elimination from the bill is primarily due to legislative constraints. The process of reconciliation, which the Republicans are relying on to pass the bill, prohibits changes to the Social Security program. This process allows for a fast-track passage in the Senate, bypassing



the usual 60-vote threshold, but it must adhere to the Byrd Rule, which limits what can be included in reconciliation bills.

Maria Freese, a legislative representative for the National Committee to Preserve Social Security and Medicare, explained that attempting to modify the Social Security program through reconciliation would violate the Byrd Rule. This rule, named after the late Senator Robert Byrd, ensures that reconciliation bills focus on budgetary changes rather than policy alterations.

Without the elimination of Social Security taxes, the financial stability of the Social Security and Medicare trust funds remains a concern. The National Committee to Preserve Social Security and Medicare

warns that without this source of income, the Social Security trust fund could be depleted by 2032, a year earlier than previously projected. Similarly, the Medicare trust fund could run out by 2030, six years earlier than expected.

The potential depletion of these funds could lead to automatic benefit cuts for millions of beneficiaries, a scenario that worries many seniors and advocacy groups. The enhanced deduction for seniors is seen as a compromise to provide some relief while maintaining the financial health of these critical programs.

As the bill moves through the legislative process, it remains to be seen how it will be received by both the House and the Senate.

## Republicans Aim To Punish States That Insure Unauthorized Immigrants

President Donald Trump's signature budget legislation would punish 14 states that offer health coverage to people in the U.S. without authorization.

The states, most of them Democratic-led, provide insurance to some low-income immigrants — often children — regardless of their legal status. Advocates argue the policy is both humane and ultimately cost-saving.

But the federal legislation, which Republicans have titled the "One Big Beautiful Bill,"

would slash federal Medicaid reimbursements to those states by billions of dollars a year in total unless they roll back the benefits.

The bill narrowly passed the House on Thursday and next moves to the Senate. While enacting much of Trump's domestic agenda, including big tax cuts largely benefiting wealthier Americans, the legislation also makes substantial spending cuts to Medicaid that



congressional budget scorekeepers say will leave millions of low-income people without health insurance.

The cuts, if approved by the Senate, would pose a tricky political and economic hurdle for the states and Washington, D.C., which use their own funds to provide health insurance to some people in the U.S. without authorization.

Those states would see their federal reimbursement for people covered under the Affordable

Care Act's Medicaid expansion cut by 10 percentage points. The cuts would cost California, the state with the most to lose, as much as \$3 billion a year, according to [an analysis by KFF](#), a health information nonprofit that includes KFF Health News.

Together, the 15 affected places cover about 1.9 million immigrants without legal status, according to KFF. The penalty might also apply to other states that cover lawfully residing immigrants, KFF says. ...[Read More](#)

## Will new Trump executive order lower drug prices?

Yesterday, President Trump announced that he would sign an executive order lowering prescription drug prices by more than half, with the goal of ensuring Americans pay the same prices for their drugs as people in other wealthy countries. Today, he **signed an executive order asking pharmaceutical companies to voluntarily lower their drug prices**, a far cry from ensuring Americans are not paying more than people in western Europe for our drugs. But, his stated long-term goal remains lowering drug prices in the US.

**What happened between today and yesterday?** Did President Trump have a change of heart and decide that we should be paying three or four times more than people in other countries for our prescription drugs? Or, was he persuaded that he could better achieve a goal of lower drug prices if he asked Republicans in Congress to pass a law mandating lower drug prices?

President Trump might have been persuaded that an executive order mandating lower drug prices would fail. Without doubt, the prescription drug industry would have challenged a sweeping executive order in court. Last time the

pharmaceutical industry challenged a Trump executive order attempting to lower drug prices in court, the industry prevailed.

Today's executive order gives the Secretary of Health and Human Services 30 days to set goals for reducing drug prices. The Department of Commerce also has 30 days to let pharmaceutical companies know the drug price goals. The executive order calls for further federal action if the drug companies do not make real progress toward meeting the goals in the next six months.

HHS Secretary RFK Jr. will need to meet with pharmaceutical industry executives. If he is unsuccessful in his efforts, Trump directs him to enforce a "most favored nation" provision for drug prices. Were that to happen, Americans would pay no more for our drugs than people in other wealthy nations.

President Trump is not restricting lower drug prices to federal programs that pay for drugs, such as Medicare, Medicaid and the VA. He calls for all Americans to see lower drug prices. And, he wants lower prices for all drugs. Capping prescription drug costs would



lower federal spending significantly.

It's not clear whether President Trump is asking Republicans in Congress to include lower drug prices in their reconciliation bill; if he has, they have yet to hear him. They have not considered lowering drug prices in their reconciliation bill package, to date. If they do, they could save the government boatloads of money without needing to slash Medicaid spending.

According to Rand, we pay as much as 10 times more than people in other wealthy countries for our prescription medicines. Moreover, nearly 75 percent of pharmaceutical company profits come from sales of drugs in the US, even though Americans represent just five percent of the world's population.

Here's language from the **Executive Order**, if efforts to get the pharmaceutical industry to lower prices voluntarily do not succeed:

- ◆ The Secretary of Health and Human Services will establish a mechanism through which American patients can buy their drugs directly from manufacturers who sell to Americans at a "Most-Favored-Nation" price, bypassing middlemen.

- ◆ If drug manufacturers fail to offer most-favored-nation pricing, the Order directs the Secretary of Health and Human Services to: (1) propose rules that impose most-favored-nation pricing; and (2) take other aggressive measures to significantly reduce the cost of prescription drugs to the American consumer and end anticompetitive practices.

If President Trump succeeds in his quest to lower drug prices, it would be a huge blow to the pharmaceutical industry as well as to Pharmacy Benefit Managers and corporate health insurers, as well as some doctors and hospitals, all of whom benefit handsomely from high drug costs. It would also be a huge win for the president, as lowering high prescription drug costs has always been a top policy priority for Americans.

Although a Trump spokesperson says that "The president is dead serious about lower drug prices," it's not at all clear that Trump will succeed in cutting drug costs. As a back-up plan, he has asked the Food and Drug Administration to allow far more drugs to be imported from abroad.

## Donald Trump tells Walmart to 'eat the tariffs,' not raise prices

US **President Donald Trump** blasted Walmart and saying "eat the tariffs" instead of passing the cost on to American consumers. Trump took to social media on Saturday, accusing Walmart of blaming his administration's import duties for price hikes. He asked the company to absorb costs itself.

"Walmart should STOP trying to blame Tariffs as the reason for raising prices throughout the chain," Trump wrote on Truth Social. "Walmart made **BILLIONS OF DOLLARS** last year, far more than expected. Between Walmart and China they should, as is said, 'EAT THE TARIFFS,' and not charge valued customers ANYTHING. I'll be watching, and so will your customers!!!"

**Trump spoke** after Walmart announced on Thursday that

prices on many items like groceries and children's car seats might increase soon. Walmart's warning came in defiance of the government's move to lower tariffs temporarily for Chinese imports.

Walmart CEO Doug McMillon said during the company's earnings call, "We can control what we can control. Even at the reduced levels, the higher tariffs will result in higher prices."

### **WALMART SAYS IT'S DOING ITS BEST TO KEEP PRICES LOW**

A Walmart spokesperson responded to Trump's criticism, telling CBS News that the company is committed to keeping costs down for shoppers. "We'll keep prices as low as we can for as long as we can given the reality of small retail margins,"



the spokesperson said. "We won't stop." Walmart's Chief Financial Officer, John David Rainey, described

how despite price control efforts, certain products are becoming more costly to manufacture. He indicated that a \$350 car seat produced in China could soon be an additional \$100 higher because of tariffs.

"We're wired to keep prices low, but there's a limit to what we can bear, or any retailer for that matter," Rainey told The Associated Press.

Walmart is not alone in dealing with tariff headwinds. Other large companies, like Amazon and Apple, have also been hit by supply chain issues and rising costs. Numerous companies have lowered their annual estimates due to consumers reducing

spending in reaction to higher prices.

### **TARIFFS STILL A KEY PART OF TRUMP'S TRADE PLANS**

Earlier this year, Trump's administration lowered tariffs on Chinese imports to 30% from 145% for 90 days. But he still maintains that tariffs are a central component of his strategy to make America great again. He thinks tariffs will generate additional manufacturing jobs in the United States.

Besides China, Trump has also levied tariffs on Canada and Mexico for illegal immigration and drug smuggling. These actions have put a strain on two of America's largest partners in trade. **Read More**

## Secretary Kennedy Defends, Denies Staffing and Program Cuts

The Secretary defended **sweeping staffing cuts that have eliminated the staff of many programs**, claiming that the staffing cuts would not interfere with the programs. He also defended the administration's "skinny budget," which showed even more drastic cuts including **complete elimination of some health programs**.

Some of Kennedy's messages were mixed. At the House Committee on Appropriations, Kennedy claimed that **"many of the programs that the Democrats are now saying were cut (at) the CDC were not cut at all."** But at the Senate Committee on Health, Education, Labor and Pensions hearing, Kennedy did not rebut assertions and questions from Sen. Tammy

Baldwin (D-WI) about cuts to the CDC's Lead Poisoning Prevention program, and the impact it has had on remediation efforts in her state. Baldwin explained that the city of Milwaukee requested expert assistance from the CDC to help it address a growing problem of older elementary school students with lead poisoning but that the request was denied due to a lack of staff.

"You cannot tell us that you want to 'Make America Healthy Again' when you're willfully destroying programs that keep children safe and healthy from lead poisoning."

*Sen. Tammy Baldwin (D-WI)*  
"You cannot tell us that you want to 'Make America Healthy



Again' when you're willfully destroying programs that keep children safe and healthy from lead poisoning," she said.

### Secretary Kennedy Refuses Blame for Misleading Vaccine Messaging

A devastating measles outbreak has raised concerns about a resurgence of that disease. Despite claiming during his confirmation hearing that he supported vaccines, **Kennedy first endorsed the measles vaccine then raised concerns about its safety**. In front of the Appropriations Committee, he "noted that health agencies were handling the U.S. measles outbreak better than other nations have handled theirs," but refused **"to answer whether people should get shots for various**

**vaccine-preventable diseases."** During the hearings, Kennedy denied any harm from his vaccine messaging, arguing that people **should not take medical advice from him**.

During the hearings, Kennedy denied any harm from his vaccine messaging, arguing that people should not take medical advice from him.

Importantly, Kennedy's past vaccine comments include claims that vaccines cause autism. The **Centers for Disease Control (CDC) has announced they are going to study the link, despite the initial claim of a connection being based on a known fraud** and no reputable science finding any connection in the many decades since the initial fraudulent paper and its subsequent retraction.

## Medicaid and Food Stamps, Reducing Coverage for Millions

On Tuesday, three House committees moved forward with agendas that would make it harder for older adults, people with disabilities, children, and working families to meet their basic needs like food and health care. Taken together, these **agendas would cut benefits for low-income families while cutting taxes for those with higher incomes**. In total, as many as **14 million people could have their coverage terminated**, with nearly 4 million losing food

**Cuts to Medicaid**  
The House Energy and Commerce Committee, the

committee with jurisdiction over Medicaid, has approved massive cuts to Medicaid that the **Congressional Budget Office (CBO) projects will lead to 10.3 million people losing Medicaid coverage and 7.6 to 8.6 million people going uninsured**. Among those losing coverage would be **millions of people dually eligible for Medicare** who rely on Medicaid for benefits and help paying Medicare costs.

The Medicaid changes include adding burdensome work reporting requirements on some populations and requiring them



to demonstrate they are working before they can access any care. We know from **past**

**research and experimentation** that if the goal is to help people find employment, work reporting requirements do not work. They merely terminate coverage for people who need it.

... if the goal is to help people find employment, work reporting requirements do not work. They merely terminate coverage for people who need it. These new requirements would be in addition to adding new costs for care; cutting access to

retroactive coverage that is a lifeline for people who fall through the cracks because they do not know they are eligible or are unable to apply for help; and getting rid of a pair of regulations that made it easier for people to get and stay enrolled in **Medicaid and Medicare Savings Programs**—increasing Medicaid **churn** through administrative burdens and paperwork.

The text also finalized a **proposed rule** that would harm access, affordability, and coverage of Marketplace plans....**Read More**

## Dear Maeci: What do I do if I'm having trouble getting my medication?

**Dear Marci,**

I'm having trouble getting my prescribed medication paid for when I go to the pharmacy. What can I do?

– Bernadette (Salisbury, NC)  
Dear Bernadette,

Not being able to access your medication can be very stressful. There are a few steps you can take to identify the issue and to ensure you have uninterrupted access to your medication going forward:

### Know your coverage:

- ◆ Call your plan and check if there are any applicable **coverage**

### restrictions.

These are rules you must follow before your plan covers your drug.

- ◆ Call Medicare to learn about which part of Medicare should **cover your drug**.
- ◆ Check to make sure your Part D drugs are on your plan's formulary, or list of covered drugs.

### Make sure your pharmacist submits claims properly:

- ◆ Your pharmacist could be billing your prescription to the wrong part of Medicare



Dear Marci

or without required documentation. This could explain a drug coverage denial or why your pharmacist is having trouble with your plan.

- ◆ If your provider doesn't know how to submit these claims, they can reach out to your plan or to Medicare for help.

### Make sure your provider or pharmacist has the documentation they need:

- ◆ This is helpful for drugs that are covered differently depending on the situation.

- ◆ For example: If Part B should cover your insulin because you use an infusion pump to take it, you may need to show proof that you have a pump.

**Know your right to appeal:**  
You have the right to appeal Medicare's or your **plan's denial**

Ask your doctor to help prove your drug is medically necessary and that you meet the coverage criteria.

Hope this helps!  
– Marci



## 2025: Access to mental health care worsens

It's not unusual for health insurance to cover \$11 on a \$125 mental health visit, reports O. Rose Broderick for [StatNews](#). It doesn't matter that the patient suffers from deep depression, addiction or bipolar disorder. What's worse, the Trump administration appears poised to rescind regulations that were intended to improve mental health coverage.

Congress passed the Mental Health Parity and Addiction Equity Act (MHPAEA) 17 years ago to stop health insurers from treating mental health differently than physical health care. Under the law, insurers must charge copays and apply prior authorization for mental health services in the same way as they do for physical services. While

MHPAEA did not require insurer coverage of mental health and substance abuse services, the Affordable Care Act did.

**Medicare** does not always cover the **mental health and substance abuse services** people need. Medicare Part A covers inpatient care for people needing mental health treatment in a hospital or a psychiatric hospital. In a psychiatric hospital though, coverage is limited to 190 days in a lifetime.

Medicare Part B pays for one depression screening each year. It also covers a welcome to Medicare visit, when people first join Medicare. During that visit, physicians should review patients' risk factors for



depression. And, Medicare pays for an annual "wellness" visit, which should include talking to your doctor about your mental health status.

In addition, Medicare Part B pays for individual and group psychotherapy when the principal goal is to aid with psychiatric evaluation, medication management, and treatment. For people who would otherwise need inpatient mental health care, Medicare pays for partial outpatient hospitalization through a hospital outpatient department or community mental health center.

But, for mental health services, Medicare rates are generally quite low, so it can be hard to find providers willing to accept

them. Moreover, Medicare is not subject to MHPAEA. As a result, the one in four Americans with Medicare with mental health conditions and the 1.7 million of them with a diagnosed substance use disorder are often not covered for their care.

Notwithstanding MHPAEA, insurance companies still refuse to pay fair rates for mental health care outside of Medicare, using legal loopholes to justify their behavior. It therefore remains challenging for people with mental health issues to find a mental health provider who will see them. One in four cannot afford to pay out of pocket for this care....[Read More](#)

## Want To Live Longer? Stay Sociable, Study Says

Seniors who stay socially engaged are much more likely to have longer lives, a new study says.

Social engagement among seniors is associated with a lower risk of death, when compared to seniors who are loners, according to findings published May 21 in the [Journal of the American Geriatrics Society](#).

Such social engagement includes interacting with others, participating in sports or hobby groups or doing charity work, researchers said.

"Staying socially active is more than a lifestyle choice. It is closely linked to healthier aging and longevity," lead researcher [Dr. Ashraf](#)

[Abugroun](#), an assistant professor at the University of California - San Francisco, said in a news release.

For the study, researchers tracked nearly 2,300 Americans 60 and older taking part in an ongoing study of health and retirement. The participants all came from the 2016 wave of the



study. As part of the project, participants filled out questionnaires tracking their lifestyles, including their social activities.

Researchers broke the seniors into three groups based on whether they had high, moderate or low social engagement, then analyzed whether their sociability had any bearing on their health or longevity.

The results showed that high and moderate social engagement both lowered the risk of death, by

42% and 47%, compared to low sociability.

Specific types of social engagement predicted a reduced risk of dying, including:

- ◆ 51% lower risk for volunteer or charity work.
- ◆ 28% lower risk with participating in social or sports clubs.
- ◆ 18% lower risk if seniors played with their grandkids....[Read More](#)

## Medicare Low-Income Drug Benefit Saves Lives, Study Says

Low-income Medicare beneficiaries are more likely to die if they lose access to crucial medication coverage, a new study says.

More than 14 million poor Medicare beneficiaries receive the Medicare Part D Low-Income Subsidy (LIS), which further reduces their drug costs, researchers said in background notes.

People who lose LIS eligibility are 4% more likely to die than those who keep it, researchers reported May 14 in the [New England Journal of Medicine](#). Risk of death is even greater

among people who rely on more expensive medicines or more complex treatments, researchers noted.

For example, the death rate was 22% higher among people who rely on antiretroviral drugs to quell their HIV infection, results show. People with heart and lung conditions also had a higher risk of death if they lost the drug benefit.

"These findings show that helping low-income Medicare beneficiaries who are eligible for Medicaid stay enrolled and retain the LIS can save lives since it



preserves access to essential medications," senior researcher [Dr. José Figueroa](#), an associate

professor of health policy and management at the Harvard T.H. Chan School of Public Health, said in a news release.

Most people eligible for the LIS program — 12.5 million out of 14.2 million — are enrolled in both Medicare and Medicaid, researchers noted. The LIS program lowers their drug costs by about \$6,200 a year.

People in both Medicare and Medicaid automatically qualify for the LIS. However, if a person

loses Medicaid coverage, they face being cut from the low-cost drug program.

"When Medicare beneficiaries lose Medicaid, which happens to more than 900,000 people each year, they also risk losing the LIS and therefore, being able to afford the medicines they need," lead researcher [Eric Roberts](#), an associate professor of general internal medicine at the University of Pennsylvania Perelman School of Medicine, said in a news release....[Read More](#)

## A low-cost path to a longer life

What's a low-cost path to a longer life? Mohana Ravindranath reports for the [New York Times](#) reports on what the experts advise, and the answer is clear: Skip the expensive memberships and other "fancy" solutions. You don't need to spend any money for the best results. Simply, exercise daily, eat a healthy diet, and get a bunch of sleep. Some experts in social and behavioral science add that optimism helps.

While genes matter, there's nothing you can do about them. So, living longer means leading a lifestyle, including:

**Exercise: At least 150 minutes of aerobic exercise and strength training a week.** You need to get your heart rate up and you also need to build muscle. These workouts reduce your risk of heart disease. Walking is good, but some higher intensity

exercise, such as running, is also good.

**Healthy diet:** As always, experts say that the Mediterranean diet is the way to go. [Lots of whole grains, nuts and vegetables.](#) [Avoid ultra-processed foods, particularly cured meats.](#) Also, avoid fatty foods like red meat. In short: Eat lots of unprocessed foods. To lower your costs, it is OK to eat frozen vegetables and fruits. They can be equally healthy as long as they don't have added stuff. Of course, [avoid alcohol and smoking.](#)

Limiting calorie intake and supplements are not good substitutes. Though some studies show that mice live longer on a lower calorie diet.

**Sleep: At least seven hours a night.**

Sleep masks and white noise machines could help if you are



struggling to sleep. You likely don't need a sleep tracker or a private sleep clinic to sleep. They can raise your anxiety and worsen your sleep. Rather, you need a steady exercise and sleep routine. And, avoid smoking and alcohol.

Why seven hours? In seven hours, your body can regulate hormones and blood sugar levels. Your brain can eliminate toxins.

**Optimism:** This is a bit trickier for those who tend not to see the glass as half full, which is relatively easy to do these days. Here, Laura Kubzansky, a professor of social and behavioral health at Harvard recommends journaling—writing idle thoughts, whatever makes you happy—and talk therapy, as [ways to be more positive.](#) You can also spend time with the people you love or talk to strangers on the street to pick

up your spirits.

People with depression or who are socially isolated have a higher risk of dying prematurely. To address depression, make an effort to spend time with people you enjoy, people who are supportive and kind. If that doesn't work, some experts advise [ketamine therapy](#) or [psilocybin.](#)

**How do you know if these measures are working?** Ask yourself: How am I faring? Do I feel healthy? Is my mind sharp?

**What not to do? [Avoid taking supplements,](#)** getting oxygen treatments or stem cell therapies in place of exercise, eating healthy and a good night's sleep. That's what the evidence shows. Maybe the other stuff could help, but the jury's out and they all pose risks.

## White House Report Blames Toxins, Food and Screens for Poor Health

The report criticizes the rise in ultra-processed foods and promotes whole food diets.

Nutrition expert [Marion Nestle](#) praised this part of the report, calling it "a devastating portrait of what American society has done to children."

Kennedy, meanwhile, has long blamed pesticides, *The Post* noted, for the rise in chronic illness.

While some parts of the report question the safety of chemicals like [glyphosate](#) and [atrazine](#) on human health, the report defends American farmers. Many viewed

the expected attack on pesticide use as a threat to their livelihood.

Said EPA Administrator [Lee Zeldin](#): "American farmers are critical partners in the success of the Make America Healthy Again agenda."

**Medication**  
The report also questions the long-term use of antidepressants, weight-loss medications and other drugs in children, warning they may have lasting effects on growth and even mental health.

But critics say the report



ignores studies showing these medications can be helpful when used correctly.

Obesity expert [Dr. Melanie Jay](#) of NYU Langone Health in New York City said not treating obesity early in life can be more harmful than using approved medications, *The Post* reported.

**Vaccines**  
The report also expresses concern about the number of vaccines given to children and whether they may be linked to chronic disease. Health secretary

Kennedy is a long-time vaccine skeptic.

[Jason Schwartz](#), a vaccine expert at Yale University, said there is no strong biological evidence that vaccines could be overwhelming the immune system.

**Screen time**  
The report blames use of screens — from TVs and computers to cell phones, tablets and video games — for rising mental health issues in kids, *The Post* said....[Read More](#)

## Biden's Prostate Cancer Likely Grew Undetected for Years, Experts Say

Former President Joe Biden's [prostate cancer](#) diagnosis has drawn attention to screening guidelines for older men.

When Biden, 82, was diagnosed last week, his cancer had already spread to his bones. His last prostate screening was more than a decade ago.

"President Biden's last known PSA was in 2014," a spokesperson for the former president said this week. "Prior to Friday, President Biden had never been diagnosed with prostate cancer."

PSA is an abbreviation for

prostate-specific antigen test, which looks for a protein made by the prostate. High levels can be a sign of cancer, but the test can also give false positives, *NBC News* reported.

That means it may suggest cancer is present when it is not. Because of this, and because older men often die of other causes, the U.S. Preventive Services Task Force does not recommend PSA testing for men 70 and older.

Biden's late-stage diagnosis has led to questions about whether his cancer developed



quickly, *NBC News* said, or went unnoticed during his presidency.

Experts say advanced prostate cancer can sometimes grow quietly for years before being detected.

[Dr. Ezekiel Emanuel](#), an oncologist who advised Biden's COVID-19 transition team, said on *MSNBC* that the cancer had likely been "growing there and spreading" for a long time.

[Dr. William Dahut](#), chief scientific officer for the American Cancer Society, told *NBC News*, "We definitely would anticipate that he has had

prostate cancer for many, many years."

While most prostate cancers grow slowly, some rare types can become aggressive quickly.

In Biden's case, doctors say **the cancer** is serious but still treatable, though not curable.

President [Donald Trump](#), 78, had a PSA test earlier this year, according to medical records that have been made public — meaning some doctors are still choosing to screen older patients for prostate cancer.

## FDA Gives Full OK to Novavax COVID Shot for High-Risk Groups

The U.S. Food and Drug Administration (FDA) has granted full approval to Novavax's COVID-19 vaccine, but only for certain people.

The vaccine is now approved for adults ages 65 and older, or for people ages 12 to 64 who have at least one health condition that puts them at higher risk of serious illness from **COVID-19**, the *Associated Press* reported.

Novavax's shot is the only protein-based COVID vaccine available in the U.S. Until now, it had only been allowed for emergency use in people 12 and up.

Unlike the mRNA vaccines from Pfizer and Moderna, which

are approved for anyone 12 and older and authorized for kids as young as 6 months, Novavax will be limited to specific groups.

The FDA did not explain why it added these restrictions to Friday's approval, according to the *AP*.

However, the move aligns with the views of **U.S. Health Secretary Robert F. Kennedy Jr.** and others in the Trump administration, who have expressed skepticism toward vaccination in the past.

In a statement, Novavax CEO **John Jacobs** said "Market research and U.S. CDC statistics



indicate that older individuals and those with underlying conditions are the populations most likely to seek out COVID-19 vaccination seasonally. This significant milestone demonstrates our commitment to these populations and is a significant step towards availability of our protein-based vaccine option."

Novavax had expected full approval for broader use by April 1, after the FDA reviewed data from a 30,000-person clinical trial showing the vaccine was safe and effective. But instead of a broad approval, the FDA **asked the company to**

**conduct more research.**

That includes a study on whether the vaccine is linked to any heart-related conditions, and another on whether healthy people aged 50 to 64 benefit from taking a COVID vaccine.

Advisers to the U.S. Centers for Disease Control and Prevention (CDC) are set to vote on who should be encouraged to get yearly COVID shots, the *AP* said. The Novavax decision may signal that federal officials have already decided what course of action they plan to take.

## FDA Halts Sale of Off-Brand Ozempic and Other GLP-1 Drugs

A federal deadline ending the sale of off-brand weight-loss and **diabetes** medications is now in effect, cutting off access to drugs many patients count on.

The U.S. Food and Drug Administration (FDA) already declared that shortages of popular GLP-1 medications have ended, *CNN* reported. Those medications include **semaglutide** (Ozempic and Wegovy) and **tirzepatide** (Mounjaro and Zepbound).

That means compounded versions of these drugs made by smaller pharmacies and sold without FDA approval can no longer be legally produced or sold.

The deadline for stopping production and distribution of compounded tirzepatide passed in March. Thursday was the final day for compounded semaglutide.

For thousands of people, these

compounded medications were more affordable than brand-name versions. **Olympia Pharmaceuticals** alone supplied more than 70,000 people each week, according to its chief financial officer, **Josh Fritzer**.

"We had to be transparent. ... 'OK, we're going to prioritize the shortage need for the next three months to make sure that we can meet as many patients as possible before this transition is over. Because a lot of them are scared that they're going to run out,'" Fritzer told *CNN*.

Michelle Pierce, 25, from Texas, said compounded semaglutide helped her lower her blood sugar and avoid back surgery. But with the end of availability, she told *CNN*, "I don't really have any other options. I absolutely cannot afford to completely pay out of pocket."



Some doctors, however, worry about the safety of compounded versions. "You just don't have that security of [compounded versions] being FDA-regulated. I don't know what's in this compound. I don't know about purity, I don't know about safety. I don't know about dosing. I don't know about drug interactions," said **Dr. Jody Dushay**, an endocrinologist at Beth Israel Deaconess Medical Center in Boston. "I really wouldn't want to be responsible for that."

While she doesn't support use of compounded GLP-1s, Dushay predicted that the new restrictions may strain the supply of approved drugs, especially at initial dosages.

The FDA said that drugmakers now have enough manufacturing capacity to meet current and expected demand, *CNN* reported.

Novo Nordisk said it is confident in its supply of semaglutide, *CNN* said. Meanwhile, Eli Lilly, maker of tirzepatide, warned that unapproved knockoffs could be dangerous.

"Anyone continuing to sell mass-compounded tirzepatide, including by referring to it as 'personalized,' 'tailored' or something similar, is breaking the law and putting patients at risk," a statement from the company said.

To improve access, both companies have launched online platforms and have started offering single-dose vials. Still, many patients face steep costs and limited insurance coverage.... **Read More**

## How long can you stand on one leg with your eyes closed?

Rae Witte reports for **National Geographic** on the importance of being able to stand on one leg with your eyes closed for at least 10 seconds as you age. Put differently, you might have a health condition in need of addressing if you can't stand on one leg for at least 10 seconds.

Being able to stand on one leg for at least 10 seconds with your eyes closed is a sign of healthy aging. It is a greater indicator of healthy aging than your strength

or gait. It speaks to your neuromuscular health. If you can't do it, it also could indicate other health conditions.

Your inability to balance on one leg is a potential sign of other diseases. People who are inactive are less likely to have good balance. People with brain issues also could have poor balance.

In fact, people with diabetes, Parkinson's, arthritis and many



other chronic conditions are likely to have poor balance, worsening as you age. For stability, you need good cognitive function. And, a life without activity after age 40 is likely to make it harder to balance with your eyes closed.

**What you need to know:** Without good stability, you are more likely to fall and really hurt yourself as you get older. In one year, about 40,000

Americans over 65 fall and die. But, you can train yourself to reduce your likelihood of falling. All it takes is moving and engaging your brain.

Use your core for stability. Don't rely on your back or your legs. And work on your "reactive balance," for example, what you need to do to catch a ball without falling. Try walking barefoot to improve your foot mobility. Move!!!!

## GLP-1 Drugs Appear To Lower Cancer Risk

Cutting-edge GLP-1 weight-loss drugs appear to help lower cancer risk even beyond the benefits from dropping excess pounds, a new study says. First-generation GLP-1 drugs like **liraglutide** (Saxenda) and **exenatide** (Byetta) were associated with a 41% lower risk of obesity-related cancers, compared with weight-loss surgery, researchers report in the journal *eClinicalMedicine*.

"We do not yet fully understand how GLP-1s work, but this study adds to the growing evidence showing that weight loss alone cannot completely account for the metabolic, anti-cancer, and many other benefits that these medications provide," lead researcher **Dr. Yael Wolff Sagy** from Clalit Health Services in Tel-Aviv, Israel, said in a

news release.

Newer generation, highly potent GLP-1 drugs like **Ozempic** and **Zepbound** might even convey a greater advantage in reducing cancer risk, but they weren't studied in this report, researchers said.

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.

For the new study, researchers tracked electronic health record data for more than 6,300 people 24 and older. All had obesity and type 2 diabetes and were treated with first-generation GLP-1 drugs or underwent weight-loss surgery between 2010 and 2018.

Obesity and diabetes are both associated with an increased risk



for many types of cancer, including breast, colon, uterus, liver, pancreatic, thyroid, stomach and ovarian cancers, researchers said in background notes.

Patients were followed until December 2023 to see if any developed cancer. During an average follow-up of 7.5 years, nearly 300 developed obesity-related cancer.

The most common cancers were breast (26%); colon (16%); and uterus (15%).

Even though weight-loss surgeries cause greater weight loss and are known to reduce cancer risk, roughly as many cases of cancer developed among people taking GLP-1 drugs, results show.

Further analysis showed that GLP-1 drugs had a direct effect on reducing cancer risk, with a

41% lower risk compared to surgery.

"The protective effects of GLP-1 (drugs) against obesity-related cancers likely arise from multiple mechanisms, including reducing inflammation," said co-lead researcher **Dr. Dror Dicker**. He heads the obesity clinic at Hasharon Hospital-Rabin Medical Center at Petah Tikva, Israel.

"New generation, highly potent GLP-1 [drugs] with higher efficacy in weight reduction may convey an even greater advantage in reducing the risk of obesity-related cancers, but future research is needed to make sure that these drugs do not increase the risk for non-obesity-related cancers," he added in a news release.

## Couch Potatoes Have Greater Risk Of Brain Decline, Even If They Exercise

Couch potatoes are more likely to develop **Alzheimer's disease**, even if they set aside time to work out each day, a new study says.

People who spent more time sitting around were more likely to experience cognitive decline and brain degeneration, no matter how much they exercised, researchers reported May 13 in the journal *Alzheimer's & Dementia*.

"Reducing your risk for Alzheimer's disease is not just

about working out once a day," lead researcher **Marissa Gogniat**, an assistant professor of neurology at the University of Pittsburgh, said in a news release.

"Minimizing the time spent sitting, even if you do exercise daily, reduces the likelihood of developing Alzheimer's disease," she added.

For the study, her team tracked activity levels for more than 400 adults 50 and older, using



watches that measured their movement continuously for a week. The team then followed people for an average seven-year follow-up period.

More sedentary time was linked to brain shrinkage and worse performance on memory and information processing tests, researchers found.

This increased risk occurred even though 87% of the people met the weekly physical activity recommendations set forth by

the U.S. government, results show.

This shows that sitting around could be an independent Alzheimer's risk factor, and that exercise will not mitigate all the harmful effects of sedentary behavior, researchers said.

The link between sedentary time and cognitive decline was stronger in people who carried the APOE-e4 genetic risk factor for Alzheimer's, researchers added....**Read More**

## FDA Approves Nucala for Chronic Obstructive Pulmonary Disease

The U.S. Food and Drug Administration has approved Nucala (mepolizumab) as an add-on maintenance treatment for adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD).

Nucala stands out as the only approved biologic that has been specifically evaluated in patients whose eosinophilic phenotype is defined by a blood eosinophil count (BEC) threshold as low as  $\geq 150$  cells/ $\mu$ L. As many as 70 percent of COPD patients in the United States whose disease is not adequately controlled with inhaled triple therapy and who continue to experience

exacerbations have a BEC  $\geq 150$  cells/ $\mu$ L.

Approval of Nucala was based on the results of two phase 3, randomized (1:1), double-blind, parallel-group trials, **MATINEE** and **METREX**, both of which examined Nucala 100 mg administered subcutaneously every four weeks in addition to optimal inhaled triple therapy.

In the **MATINEE** trial, which was presented at the American Thoracic Society 2025 International Congress, 804 patients with COPD with a BEC of  $\geq 300$  cells/ $\mu$ L saw a



statistically significant reduction in moderate or severe exacerbations when Nucala (versus placebo) was added to triple inhaled therapy (0.80 versus 1.01 events per year; rate ratio, 0.79).

In a predefined secondary end point, the rate of COPD exacerbations requiring emergency department visits or hospitalization decreased (rate ratio, 0.65).

In the **METREX** trial, results were similar, with patients taking Nucala (versus placebo) seeing a significant decrease in moderate or severe exacerbations (1.40

versus 1.71 events per year; rate ratio, 0.82).

Adverse events reported were similar for the Nucala and placebo groups.

"COPD isn't just a disease, it's a relentless cycle," Jean Wright, M.D., chief executive officer of the COPD Foundation, said in a statement. "For individuals living with COPD, managing exacerbations is an ongoing challenge, even with inhaled maintenance therapy. Biologics like mepolizumab are providing renewed optimism for those affected by COPD."

Approval of Nucala was granted to GSK.