



## May 5, 2024 E-Newsletter



### Message from Alliance **for** Retired Americans Leaders

#### Alliance Celebrates Workers Memorial Day this Sunday

Every April 28, the unions of the AFL-CIO observe Workers' Memorial Day to remember those who have been

injured, contracted an illness, or died as a result of doing their jobs over the past year. Each day, more than 340 workers are killed and more than 6,000 suffer injury and illness because of dangerous working conditions that are preventable.

This year marks the 54th anniversary of the enactment of the Federal Occupational Safety and Health Act (OSHA), which was enacted on April 28, 1970. The AFL-CIO has released its **2024 Death on the Jobs** report to coincide with the occasion.

"The Biden administration has improved transparency of information about loved ones lost on the job to honor them and to prevent future tragedies," said **Robert Roach, Jr., President of the Alliance**. "The administration has bolstered enforcement initiatives to hold employers accountable when they violate the law by endangering workers. It has also strengthened policies to protect vulnerable workers with the greatest risk of dying on the job and to prevent employer retaliation."

One of the Alliance chapters marking the date, the Missouri Alliance for Retired Americans, will hold its 2024 Workers **Memorial Day Interfaith**



**Robert Roach, Jr.**  
President, ARA



#### Prayer Service and Brunch this

Sunday. It will be the 44th annual Labor Mass in St. Louis, one of the longest running Workers Memorial Day events in the nation.

"The Missouri Alliance is honored to be able to help continue this tradition and coordinate the Labor Mass honoring workers lost and committing ourselves to the fight for a safer future," said Mike Louis, President of the Missouri Alliance for Retired Americans, retired IAM member, and retired president of the Missouri AFL-CIO.

#### Arizona Court Rejects Right-Wing Challenges to Drop Boxes and Signature Matching Rules

An Arizona judge has **rejected** a right-wing group's attempt to ban ballot drop boxes and force the state to adopt stricter rules for signature verification. As a result, ballot drop boxes and the current signature matching rules will remain in place. The decisions are wins for Arizona voters and the Arizona Alliance, which intervened in the cases to defend the state's mail-in voting rules.

The Thursday joint ruling resolved two cases brought by the right-wing group Arizona Free Enterprise Club and Restoring Integrity and Trust in Elections, which was established by former U.S. Attorney General Bill Barr, along with Mary Kay Ruwette, a retired HR specialist from Yavapai County who sued in her



capacity as a voter.

One of the lawsuits at issue in the order challenged the use of drop boxes and the other challenged signature matching policies included in the Arizona Election Procedures Manual. The joint ruling means that the Arizona Election Procedures Manual's (EPM) instruction to use previous ballot envelopes when checking a voter's registration record is still valid, and the EPM's description of "drop boxes" as not always staffed by an in-person election worker is still valid.

The plaintiffs unsuccessfully argued that drop boxes "lack crucial protections afforded to USPS mail collection boxes." A judge had **denied** an injunction against the use of drop boxes last year, and on Thursday the case was dismissed on summary judgment.

In Thursday's order the judge also held that because the Arizona Secretary of State has recently clarified that election officials can match signatures on early mail-in ballots with those on voters' mail-in ballots from prior elections, the Arizona Free Enterprise Club's legal challenge must be denied.

"This is a real victory for older Arizonans and a defeat for those who are working day and night to make it harder for older

Americans to cast a ballot," said **Richard Fiesta, Executive Director of the Alliance**. "Alliance members in Arizona and all states will continue to go to

court if we must to prevent voter suppression."

#### Rep. Gallego, Sen. Casey Introduce New Social Security Expansion Bill

Rep. Ruben Gallego (AZ) has introduced the "Boosting Benefits and COLAS for Seniors Act," which could mean higher benefits for seniors by changing Social Security's cost-of-living adjustment formula. The bill aims to make Social Security more reflective of the everyday costs incurred by seniors. Sen. Bob Casey (PA) introduced companion legislation, S. 3974, in the Senate.

The legislation would change the COLA formula by using the consumer-price index for Americans aged 62 or older (CPI-E), which was launched in 1983 and better reflects the actual things older adults spend their money on. For example, medical expenses are weighted more heavily in the CPI-E than they are with the consumer-price index for Urban Wage Earners (CPI-W) — the formula currently used. The CPI-W for 2024 was 3.2%, but the CPI-E was 4%.

"The Alliance thanks Rep. Gallego and Sen. Casey for their leadership in introducing this

legislation," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "We need a better formula to calculate COLAS, but we also need to expand Social

Security and increase benefits by requiring that high-income Americans pay their fair share of taxes into the system."



**Joseph Peters, Jr.**  
Secretary  
Treasurer ARA

ADD  
YOUR  
NAME

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

# Biden Administration Sets Higher Staffing Mandates. Most Nursing Homes Don't Meet Them.

The Biden administration finalized nursing home staffing rules Monday that will require thousands of them to hire more nurses and aides — while giving them years to do so.

The new rules from the Centers for Medicare & Medicaid Services are the most substantial changes to federal oversight of the nation's roughly 15,000 nursing homes in more than three decades. But they are less stringent than what patient advocates said was needed to provide high-quality care.

Spurred by disproportionate deaths from covid-19 in long-term care facilities, the rules aim to address perennially sparse staffing that can be a root cause of missed diagnoses, severe bedsores, and frequent falls.

"For residents, this will mean more staff, which means fewer ER visits potentially, more independence," Vice President Kamala Harris said while meeting with nursing home workers in La Crosse, Wisconsin. "For families, it's going to mean peace of mind in terms of your loved one being taken care of."

When the regulations are fully enacted, 4 in 5 homes will need to augment their payrolls, CMS estimated. But the new standards are likely to require slight if any improvements for many of the 1.2 million residents in facilities that are already quite close to or meet the minimum levels.

"Historically, this is a big deal, and we're glad we have now

established a floor," Blanca Castro, California's long-term care ombudsman, said in an interview. "From here we can go upward, recognizing there will be a lot of complaints about where we are going to get more people to fill these positions."

The rules primarily address staffing levels for three types of nursing home workers. Registered nurses, or RNs, are the most skilled and responsible for guiding overall care and setting treatment plans. Licensed practical nurses, sometimes called licensed vocational nurses, work under the direction of RNs and perform routine medical care such as taking vital signs. Certified nursing assistants are supposed to be the most plentiful and help residents with daily activities like going to the bathroom, getting dressed, and eating.

While the industry has increased wages by 27% since February 2020, homes say they are still struggling to compete against better-paying work for nurses at hospitals and at retail shops and restaurants for aides. On average, nursing home RNs earn \$40 an hour, licensed practical nurses make \$31 an hour, and nursing assistants are paid \$19 an hour, according to the most recent data from the Bureau of Labor Statistics.

CMS estimated the rules will ultimately cost \$6 billion annually, but the plan omits any



more payments from Medicare or Medicaid, the public insurers that cover most residents' stays — meaning additional wages would have to come out of owners' pockets or existing facility budgets.

The American Health Care Association, which represents the nursing home industry, called the regulation "an unreasonable standard" that "creates an impossible task for providers" amid a persistent worker shortage nationwide.

"This unfunded mandate doesn't magically solve the nursing crisis," the association's CEO, Mark Parkinson, said in a statement. Parkinson said the industry will keep pressing Congress to overturn the regulation.

Richard Mollot, executive director of the Long Term Care Community Coalition, a New York City-based advocacy nonprofit, said "it is hard to call this a win for nursing home residents and families" given that the minimum levels were below what studies have found to be ideal.

The plan was welcomed by labor unions that represent nurses — and whom President Joe Biden is counting on for support in his reelection campaign. Service Employees International Union President Mary Kay Henry called it a "long-overdue sea change." This political bond was underscored by the

administration's decision to have Harris announce the rule with SEIU members in Wisconsin, a swing state.

The new rules supplant the vague federal mandate that has been in place since the 1980s requiring nursing homes to have "sufficient" staffing to meet residents' needs. In practice, inspectors rarely categorized inadequate staffing as a serious infraction resulting in possible penalties, federal records show.

Starting in two years, most homes must provide an average of at least 3.48 hours of daily care per resident. About 6 in 10 nursing homes are already operating at that level, a KFF analysis found.

The rules give homes breathing room before they must comply with more specific requirements. Within three years, most nursing homes will need to provide daily RN care of at least 0.55 hours per resident and 2.45 hours from aides.

CMS also mandated that within two years an RN must be on duty at all times in case of a patient crisis on weekends or overnight. Currently, CMS requires at least eight consecutive hours of RN presence each day and a licensed nurse of any level on duty around the clock. An inspector general report found that nearly a thousand nursing homes didn't meet those basic requirements....[Read More](#)

## Nursing Homes Slam Staffing Rule

The Biden administration finalized nursing home staffing rules Monday that will require thousands of them to hire more nurses and aides — while giving them years to do so. The new rules from the Centers for Medicare & Medicaid Services are the most substantial changes to federal oversight of the nation's roughly 15,000 nursing homes in more than three decades. But they are less stringent than what patient advocates said was needed to provide high-quality care.

*Nursing Homes Slam Staffing Rule: 'How Can [We] Hire More RNs When They Do Not Exist?'*



**McKnight's Senior Living**

profession and those who are working typically choose to work in environments that are not long-term care," LeadingAge President and CEO Katie Smith Sloan said in a statement late Monday. "The final rule does not include additional funds to pay RNs comparable or higher wages to work in long-term care." She noted that this element alone will require an additional 3,267 additional nursing home RNs. "How can providers hire more RNs when they do not exist?"

*McKnight's Senior Living: Federal Nursing Home Staffing Mandate Will Siphon Workers From Senior Living, Groups*

Fear A federal nursing home staffing mandate will siphon workers from assisted living and other long-term care settings, in the long run limiting access to care and services, according to senior living experts reacting to Monday's issuance of the finalized rule. ... "A federal mandate to hire more workers will not create more workers," American Seniors Housing Association Vice President of Government Affairs Jeanne McGlynn Delgado told McKnight's Senior Living. "And without additional funding to subsidize this new requirement, it sets up the system for failure."

### 3 Social Security Changes Retirees Need to Know About in 2024

These days, a lot of people are on top of economic news, with topics like inflation and interest rates monopolizing much of the media. As such, news pertaining to Social Security tends to get pushed to the background to a large degree.

But it's important to know about changes to the program, whether you're currently receiving benefits or are years away from filing your claim. Here are three important **Social Security** updates for 2024 you should be aware of.

1. Benefits increased 3.2%, but next year's increase may be lower

Social Security benefits are eligible for an annual **cost-of-living adjustment**, or COLA. This doesn't mean benefits are guaranteed to rise every year. And we've had more than one \$0 COLA in the past.

But all told, COLAs are designed to help seniors maintain buying power in the face of inflation. Since inflation was pretty high in 2023, Social Security benefits rose 3.2% at the start of 2024.

Meanwhile, elevated inflation seems to want to stick around. Because of that, it's highly

unlikely that 2025 will be another \$0 COLA year.

Current estimates put next year's Social Security COLA at 2.6%. That's not as high as 2024's COLA, but it's also a sign of cooling inflation, so there's that silver lining.

It's also worth noting that Social Security COLAs are calculated based on third-quarter inflation data. So while that 2.6% projection comes from a fairly reliable source -- the nonpartisan Senior Citizens League -- it also has the potential to change substantially depending on how inflation trends in the coming months.

2. Seniors can earn more money without risking withheld benefits It's possible to collect Social Security while earning income from a job. Once you reach **full retirement age** (FRA), you can earn any amount of money without risking having some of your Social Security benefits withheld. But if you're working and receiving benefits prior to FRA, you'll be subject to **earnings-test limits**.

In 2024, the earnings-test limits



are higher than in 2023. You can earn up to \$22,320

without losing benefits, up from \$21,240 in 2023. From that point onward, you'll have \$1 withheld per \$2 of job-related earnings.

Now, if you're reaching FRA this year but haven't gotten there yet and are working, you'll enjoy a much higher earnings-test limit. In 2024, you can earn up to \$59,520 without losing benefits, up from \$56,520 in 2023. If you exceed that limit, Social Security will withhold \$1 per \$3 of job-related earnings.

However, do know that withheld benefits aren't forfeited (hence the word "withheld"). Once you reach FRA, you'll get that money added back into your benefits.

3. Higher earners are paying more into the program

Social Security gets the bulk of its revenue from payroll taxes. But workers don't necessarily pay those taxes on their entire salary.

Each year, a wage cap is established that limits the extent to which earnings are taxed for Social Security. And this year, that cap is \$168,600, up from

\$160,200 in 2023.

Of course, some might argue that it's silly to even have a wage cap, and that workers should pay Social Security tax on all of their income. Doing so might also help address the program's impending financial shortfall that has the potential to result in **benefit cuts**.

However, the wage cap serves Social Security as well. That's because there's a **maximum monthly benefit** the program will pay. So while earnings above the wage cap aren't taxed, they also don't count toward calculating future retirement benefits. That limits the extent to which Social Security has to pay higher earners down the line.

Stay in the know

Social Security doesn't make the news every day, but that doesn't mean changes to the program aren't brewing. It's in your best interest to keep tabs on the program, whether you're still working or have been collecting benefits for years. You might have to dig around to find updates, but it's important to have that information in case it ends up affecting you in some way.

### Excellent News for Millions of Retirees As Social Security Benefits Rise More Than Expected

Amid the fluctuating economic landscape, Social Security recipients can anticipate a higher-than-expected cost-of-living adjustment (COLA) next year, a response fueled by persistent inflationary pressures. Notable data from March indicates that the consumer price index has jumped significantly, recording a 0.4% increase from the previous month and an annual rise of 3.5%.

This uptick in inflation has implications for the nearly 70 million Americans reliant on Social Security benefits.

Understanding COLA: A Closer Look

The Social Security Administration adjusts **benefits annually based on the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W)**. Observations from the current year's data have led experts from the Senior Citizens League, a nonpartisan advocate for older Americans, to forecast a COLA of about 3%.

Such an increase, though smaller than the 8.7% spike seen in 2023 and the 3.2% adjustment in 2024, remains substantial compared to the two-decade average of 2.6%.

Mary Johnson, a seasoned research analyst at the Senior Citizens League, highlighted the discrepancy between rising costs and benefit adjustments. "That means older consumers are losing buying power," Johnson remarked, underscoring the harsh reality faced by many retirees, who struggle to stretch their benefits to cover increasing living costs.

Comparing the Numbers: A Historical Context

The potential 3% adjustment translates to an estimated additional \$57.21 per month for the average retiree receiving a monthly benefit of \$1,907. This adjustment, while providing some relief, is viewed by many as insufficient in the face of escalating prices for basic



necessities like groceries and housing.

The broader economic burden is evident **across all U.S. households**, not just the elderly. Mark Zandi, Chief Economist at Moody's Analytics, shared with FOX Business that a typical household now spends approximately \$227 more monthly than a year ago to afford the same goods and services, due to ongoing high inflation.

**Social Security Benefits: What to Expect?**

The Social Security Administration is slated to announce the final COLA percentage in mid-October, offering a clearer picture of next year's financial outlook for millions of Americans.

As the nation grapples with enduring economic challenges, the anticipated adjustment is a **crucial focal point for discussions** on financial security and the well-being of its aging population.

**Economic Insights: The Bigger**

Picture

The issue of inflation touches not only those on fixed incomes but also reverberates through the entire economy, affecting purchasing power and quality of life. With no immediate resolution in sight for high inflation and interest rates, as cautioned by figures like Jamie Dimon, the debate continues how best to support those most vulnerable to economic shifts.

This ongoing situation requires careful monitoring and responsive policy adjustments to ensure that Social Security recipients can maintain a reasonable standard of living amidst the economic turbulence of our times.

As we move closer to the official announcement of the COLA rates, all eyes will be on how these changes will help Americans keep pace with the **cost of living in an unpredictable economic environment**.

## Social Security increase: Seniors could get more money under new plan

Social Security recipients could see an increase in monthly benefits under a new proposal that would change how the yearly Cost-of-Living-Adjustment, or COLA, is calculated.

Rep. Ruben Gallego, D-Arizona, has introduced the **Boosting Benefits and COLAs for Seniors** Act in the U.S. House. The bill requires the use of the Consumer Price Index for Americans 62 years of age and older to set the yearly COLA change. Currently, COLA benefits are adjusted

using the Consumer Price Index for Urban Wage Earners and Clerical Workers, or CPI-W.

COLA was first instituted in 1975 and is determined by data from the third quarter – July, August and September – of each year. This year's COLA was 3.2%, less than half the historic 8.2% boost recipients received the year before. The 3.2% COLA represented an increase of \$50 per month for the average recipient.



The CPI-W has long been targeted by senior advocacy groups that said it doesn't paint an accurate picture of yearly expenses.

"The current COLA formula doesn't accurately account for the inflation seniors face, especially in health care," Roman Ulman, president of AFSCME Arizona Retirees Chapter 97, said in a statement. "It's important that the COLA reflects how inflation impacts seniors so that we can pay our bills and our monthly

Social Security checks stay strong."

The CPI-E inflation gauge would more accurately reflect the costs incurred by older adults, especially related to health care food and housing, Ulman added.

Gallego's bill is endorsed by the American Federation of State, County and Municipal Employees as well as by the Alliance for Retired Americans and the AFL-CIO. Sen. Bob Casey, D-Penn., has introduced companion legislation in the Senate

## CMS finalizes 80/20 rule with six-year window, hardship exemption

The Centers for Medicare & Medicaid Services released the so-called 80/20 rule Monday afternoon with a six-year runway. The rule, which is contained in the **Medicaid Access Rule**, also provides states the option to establish a hardship exemption and a separate performance level for small providers. And the payment adequacy provision exempts the Indian Health Service and Tribal health programs from complying with its requirements.

CMS phases the rule in with other milestones. In three years, states must report on their readiness to collect data

regarding the percentage of Medicaid payments for homemaker, home health aide, personal care and habilitation services spent on compensation to the direct care workers furnishing these services. And in four years, states must report on the percentage of Medicaid payments for those specific services spent on compensation to the direct care workers furnishing these services, subject to certain exceptions, a fact sheet explained.

"[The Medicaid Access Rule] requires that, in six years, states generally ensure a minimum of 80% of Medicaid payments for



homemaker, home health aide and personal care services be spent on compensation for direct care workers furnishing these services, as opposed to administrative overhead or profit, subject to certain flexibilities and exceptions (referred to as the HCBS payment adequacy provision)," **CMS said in the fact sheet**.

The six-year runway period is a departure from CMS' initial proposal of four years. Still, the provisions included in the rule will likely bring financial hardships for Medicaid home care businesses, according to experts at the National

Association for Home Care & Hospice.

"I think that it's an extremely unfortunate day for home care," Damon Terzaghi, director of Medicaid and HCBS (home- and community-based services) at NAHC, said in an interview with *McKnight's Home Care Daily Pulse* earlier Monday. "We've tried to work in good faith with the administration to find workable solutions, and unfortunately, what they've come out with is counter to the desired goals of improving access and increasing the wages of workers.....[Read More](#)

## More than 1 in 4 US adults over age 50 say they expect to never retire: AARP study

WASHINGTON (AP) — More than one-quarter of U.S. adults over age 50 say they expect to never retire and 70% are concerned about prices rising faster than their income, an **AARP survey finds**.

About 1 in 4 have no retirement savings, according to research released Wednesday by the organization that shows how a graying America is worrying more and more about how to make ends meet even as economists and policymakers say the U.S. economy has all but achieved a soft landing after two years of record inflation.

Everyday expenses and housing costs, including rent and mortgage payments, are the biggest reasons why people are unable to save for retirement.

**Your Social Security check going up in 2025? What an**

### increase could mean

The data will matter this election year as Democratic President Joe Biden and Republican rival Donald Trump are trying to win support from older Americans, who traditionally turn out in high numbers, with their policy proposals.

The AARP's study, based on interviews completed with more than 8,000 people in coordination with the NORC Center for Public Affairs Research, finds that one-third of older adults carry a credit card balance of more than \$10,000 and 12% have a balance of \$20,000 or more. Additionally, 37% are worried about meeting basic living costs such as food and housing.

"Far too many people lack access to retirement savings



options and this, coupled with higher prices, is making it increasingly hard for people to choose when to retire," said Indira Venkateswaran,

AARP's senior vice president of research. "Everyday expenses continue to be the top barrier to saving more for retirement, and some older Americans say that they never expect to retire."

The share of people older than 50 who say they do not expect to retire has steadily increased. It was 23% in January 2022 and 24% that July, according to the study, which is conducted twice a year.

"We are seeing an expansion of older workers staying in the workforce," said David John, senior strategic policy advisor at the AARP Public Policy Institute. He said this is in part because

older workers "don't have sufficient retirement savings. It's a problem and it's likely to continue as we go forward."

### **Are you still earning enough to be considered 'middle class' in Wisconsin? How to know:**

Based on the 2022 congressional elections, census data released Tuesday shows that voters 65 and older made up 30.4% of all voters, while Gen Z and millennials accounted for 11.7%.

Biden has tried to court older voters by regularly promoting a \$35 price cap on insulin for people on Medicare. He trumpets **Medicare's** powers to negotiate directly with drugmakers on the cost of prescription medications....[Read More](#)

# Social Security Benefits Could Be Dramatically Changed Under New Bill

A newly proposed bill introduced by Arizona Representative **Ruben Gallego**, a Democrat, could change how the yearly cost-of-living adjustment to Social Security benefits is calculated, potentially boosting checks for retirees and other recipients.

The proposed legislation called the Boosting Benefits and COLAs Act, is an attempt to amend Title II of the Social Security Act to require the Commissioner of Social Security to use the Consumer Price Index for Elderly Consumers (CPI-E) to calculate the yearly cost-of-living adjustment, better known as COLA, instead of the Consumer Price Index for Urban

Wage Earners and Clerical Workers (CPI-W). Should the CPI-W be higher than the CPI-E, the first should be used instead of the latter.

The annual COLA is currently based on the percentage increase in the CPI-W between the third quarter of the previous year and the third quarter of the current year. If there's no increase, there's no COLA. The idea is to adjust Social Security benefits so that they can keep pace with inflation: in 2024, the COLA was 3.2 percent, a much smaller boost than the previous year, when the adjustment had been 8.7 percent.



But Gallego argues that this formula doesn't consider the specific costs that retirees have to face, which are different from the rest of the American population. For example, medical expenses weigh more heavily on elders than younger people—a number which is reflected in the CPI-E, but not necessarily in the CPI-W.

"Rising costs mean Arizona seniors on Social Security see the real value of their benefits decrease," Gallego said in a written statement last week after introducing the legislation. "My new bill puts more dollars in the pockets of Social Security recipients to pay their bills, get

their medications, and pay for housing. It's only right—Arizona's seniors earned their Social Security benefits."

Newsweek contacted Gallego's office for comment by email on Wednesday morning.

According to Roman Ulman, President of AFSCME Arizona Retirees Chapter 97, the current way to calculate the annual COLA "does not account for the inflation seniors see in health care costs," he said in a written statement. "It's important that the COLA reflects how inflation impacts seniors so that we can pay our bills and our monthly Social Security checks stay strong."

## Home healthcare companies must spend 80% of Medicaid payments on workers' wages under new rule

The federal government will require home healthcare companies to pay workers more.

The "Ensuring Access to Medicaid Services" rule, finalized by the U.S. Department of Health and Human Services this week, requires at least 80% of Medicaid payments for home care services go to workers' wages, as opposed to administrative overhead or other costs.

According to the White House announcement on Monday, more than seven million seniors and people with disabilities rely on home and community-based services (HCBS), often funded by

Medicaid, to provide this type of long-term care in their own homes and communities. The White House cited a **study** showing higher wages will likely reduce turnover and lead to a higher quality of care for people receiving these services.

The requirement was finalized alongside another new rule creating a nationwide minimum staffing standard for skilled nursing facilities for the first time ever.

Vice President Kamala Harris discussed the rule at a roundtable discussion in Wisconsin earlier



this week, saying, "This is about dignity. And it's about the dignity that we as a society owe to those, in particular, who care for the least of these." She went on to call it "God's work... to care for people who often you've never met before, they're not related to you, and you care for them as though they're a member of your family."

In her remarks, Harris said Medicaid currently pays \$125 billion a year to home healthcare companies, which employ hundreds of thousands of workers.

"However, before this change in the system — which means forever — home care companies were not required to report how their federal dollars were being spent," she said.

Under the "Ensuring Access to Medicaid Services" rule, states will also be required to be more transparent in how much they pay for home care services and how they set those rates. Plus, they will have to create an advisory group made up of home healthcare beneficiaries and workers to consult on rates and compensation....[Read More](#)

## Dear Marci: What are Postal Service Health Benefits?

Dear Marci,  
My wife is a U.S. Postal Service employee, and we are both covered under her Federal Employee Health Benefits. She was told that our health benefits will change in 2025. What can we expect?

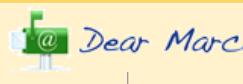
-Luca (Fish Creek, WI)

Dear Luca,

Yes! There are indeed some changes coming in 2025, and you might've received an eligibility letter about it earlier this year. A new program called the Postal Service Health Benefits (PSHB) program will be offering health insurance to eligible Postal Service employees, retirees, and their eligible family members. PSHB will replace your current

FEHB coverage beginning January 1, 2025. It'll be the only health benefits program available through the Postal Service to employees, retirees, and their eligible family members. Here's what you need to know:

- ◆ Some eligible members will have to enroll in Medicare to keep their PSHB:
  - Active employees that are under the age of 64 (as of 12/31/24) and are participating in FEHB as of 12/31/24
  - Covered family members of retirees when the primary PSHB enrollee is enrolled in Medicare Part B
- ◆ Note: Those who are enrolled in Medicare Part B as of



1/1/2025 must remain enrolled in order to continue participating in the PSHB program.

- ◆ Some eligible members do not have to enroll in Medicare:
  - Retirees who retired on or before 12/31/24 and who are participating in FEHB as of 12/31/24.
  - Covered family members of retirees who are participating in FEHB as of 12/31/24 (unless the primary PSHB enrollee is enrolled in Medicare Part B, see above list)
  - Active employees age 64 or older (as of 12/31/24) who are participating in FEHB as of

12/31/24

- ◆ Some retirees eligible for PSHB might still wish to enroll in Medicare as they transition from FEHB to PSHB.
  - Even though it isn't required, enrolling in Medicare Part B may reduce a retiree's overall health care costs.

You can learn more about the upcoming changes in the USPS's fact sheets for current Postal employees and their document for retirees.

Good luck deciding!

-Marci

## 3 Lesser-Known Social Security Rules You Should Be Aware Of

**Social Security** is a complex program that must serve the needs of 70 million Americans with a diverse range of circumstances. There's no way anyone could construct a program that big without a lot of detailed planning and intricate rules.

While many households rely on Social Security to make ends meet in old age and retirement, they may be missing out if they don't know some of its lesser-known rules. Among the details of the program, here are three things you might not be aware of -- rules that could completely change your Social Security strategy.

### 1. You can undo your Social Security claim

If it's been less than 12 months since your benefits were approved, you have an opportunity to withdraw your application. This can be incredibly useful for anyone who ends up going back to work within a year of their initial claim or learns they made an error in their claiming strategy.

There is a catch, though. You have to repay the money you and your family received, including any amount withheld to pay for **Medicare** premiums and

taxes, if applicable.

That may be a tall order, especially for anyone who needed Social Security income to get by before finding work again. But if you can manage to get the money together in time, you can roll back the clock as if you never claimed Social Security in the first place. That way, your benefit will continue to grow (up to age 70), and you can reevaluate the optimal timing of your claim.

### 2. There's another option to delay your benefits

If it's been longer than 12 months since your benefits were approved or you can't pay back the money you've received, there's yet another option. You can suspend your benefits once you've reached **full retirement age**.

You won't have to pay back any of the benefits you've received, and you'll start earning delayed retirement credits from the month your benefits are suspended (again up to age 70). Delayed retirement credits add two-thirds of a percentage point to your monthly benefits check for every month you delay, so they can add up to quite a bit over time. So, if you suspend



your benefits right at age 67 and wait until they max out at 70, you'll add 24% to your monthly benefits check. At age 70, your benefits will automatically start up again.

Suspending your benefit can be a great option for anyone who goes back to work or finds their retirement savings have grown to a point where they can afford not to supplement their income with Social Security for a few years. The resulting delayed retirement credits can make a big difference in your 70s and 80s.

### 3. The government will automatically delay your benefits if you earn too much

If you work while collecting Social Security, your benefit may be subject to a little-known rule called the **retirement earnings test**.

The retirement earnings test applies to anyone collecting Social Security before their full retirement age who also has earned income from wages or self-employment. If you earn above a set threshold (adjusted for inflation every year), the Social Security Administration will reduce your monthly benefit. For 2024, the threshold is \$22,320 per year, and for every

\$2 you earn above that threshold, the Social Security Administration reduces your monthly benefit by \$1.

If you reach full retirement age this year, the threshold rises to \$59,520, and you only lose \$1 of benefits for every \$3 earned above that number.

While this might sound like a penalty, it can actually work in your favor if you aim to delay benefits upon returning to work. That's because the program will recalculate your monthly benefit at full retirement age based on how much it withheld due to the earnings test. Each month's worth of benefits withheld is treated as if you delayed claiming Social Security for one month longer than you actually did.

For example, let's say your Social Security benefit would have been \$1,000 per month, but the program withheld \$1,000 in total benefits this year due to the earnings test. As a result, the Social Security Administration will treat this withholding as if you delayed taking benefits for one month, and it will increase your benefit to account for the one-month delay once you reach full retirement age....[Read More](#)

## Raising Medicare eligibility age could lead to thousands of additional deaths

A new study, published in the Proceedings of the National Academy of Sciences, by Alison Galvani et al. at Yale, finds that raising the Medicare eligibility to 67, as many Republicans are proposing, could lead to thousands of additional deaths each year.

The House Republican Study Committee recommended raising the Medicare eligibility age to 67 as a way to reduce Medicare spending. But Galvani found that raising the age would significantly increase the number of older adults who are uninsured. People who are uninsured often skip necessary treatments and forgo filling prescription medicines.

When people don't get the care they need, they often end up in the emergency room and some die needlessly. In addition, says Galvani, if they have a

contagious disease, they can threaten the public health. It "can cause a condition to become both more serious and ultimately more costly. In the case of infectious diseases, forgoing health care can lead to transmission to other people that may have been prevented."

Galvani and her team looked at how the two-year increase in the age of Medicare eligibility would contribute to the number of older adults who are uninsured. They then considered how being uninsured increases people's likelihood of dying. They concluded that around 10,000 people would die needlessly every year if Congress increased the Medicare eligibility age two years.

To protect themselves politically, the Republicans would increase the Medicare



eligibility age slowly—likely by two or three months each year until the age of 67. During that time, Galvani's team projects that 17,244 older adults would die if Congress raised the eligibility age by two months a year and by 25,847, if it raised the eligibility age by three months a year.

Galvani's team also looked at the effects of raising the Medicare eligibility age on people with diabetes. They found that more than 325,000 people with diabetes could be unable to get health care if the Medicare eligibility age were raised to 67. Many of them would also struggle to get insulin.

State governments would also feel the effects of an increase in the Medicare eligibility age. Their spending would likely increase. More people would

look to their states for health care coverage and other supports.

There are far smarter ways to reduce Medicare spending. Galvani's team has looked at the effects of a guaranteed universal health care model and found that it could save a lot more money than raising the Medicare eligibility age to 67, while also saving lives. In an [earlier study](#), they projected a single-payer system would save \$450 billion each year. Raising the Medicare eligibility age would save at most \$25.5 billion over five years. A single-payer system would also save nearly 70,000 lives.

"If policymakers want to save lives and costs, our analyses have shown single-payer universal health care is the solution," says Galvani.

## What You Should Know About the RSV Vaccines

The virus can be serious in older adults and infants.

When it comes to seasonal viruses, you're probably concerned about the flu and COVID. On the other hand, the respiratory syncytial virus, or RSV for short, may not be on your radar. But it should be.

Here's what you need to know about RSV and the vaccines.

### What Is RSV?

RSV is a **common respiratory virus** that typically causes mild, cold-like symptoms, such as a runny nose, coughing, sneezing and sometimes a fever. However, it can be dangerous in some people, particularly babies, older adults and those with chronic medical conditions, such as **heart** or lung disease.

In fact, it's estimated that each year 60,000 to 160,000 older adults in the U.S. are hospitalized and 6,000 to 10,000 die as a result of RSV infection, according to the Centers for Disease Control and Prevention.

"For a long time, it was thought

to be a **pediatric virus** – it's the leading cause of hospitalizations among infants in the U.S.," says Dr. William Schaffner, a professor of infectious diseases at the Vanderbilt University Medical Center in Nashville. "Over the last 20 years, it's become apparent with improved diagnostic studies that RSV can cause as much serious respiratory illness in older adults as flu. Older adults are at increased risk for complications, such as hospitalization, **pneumonia** and ending up in the (intensive care unit)." As with the flu and COVID, you can get repeated infections of RSV throughout your life.

"For older adults with other medical problems, this can be a very dangerous virus. Unlike with influenza, we don't have antiviral drugs to treat it," says Dr. Gregory Poland, a professor of medicine and infectious diseases and director of the Mayo Vaccine Research Group at the Mayo



Clinic in Rochester, Minnesota. "It's something to take seriously."

Fortunately, RSV vaccines are now available for those who are at highest risk of getting severely sick.

### What RSV Vaccines Are Available?

To protect those who are at high risk for severe illness or complications from RSV, various immunizations are now available. Here's a look at the guidelines for each population:

#### Older adults

Two RSV vaccines – Pfizer Abrysvo and GSK Arexvy – were approved in 2023 by the Food and Drug Administration for adults ages 60 and older. However, this doesn't mean all adults in this age group should get it as a matter of routine: It falls under the heading of "shared clinical decision-making," meaning it's an issue doctors and patients should discuss together based on a patient's individual

health status, Poland explains.

Your doctor is likely to recommend it if you have any of the following health conditions:

- Lung disease.
- Heart disease.
- Kidney or liver disorder.
- ◆ **Diabetes.**
- Obesity.

A weakened immune system from an illness, like leukemia, or you're taking immune-suppressing medications.

In a [2023 study](#) published in The New England Journal of Medicine, researchers gave nearly 25,000 adults ages 60 and older either the RSV vaccine or a placebo. Over the course of seven months, they found that the vaccine was 83% effective at preventing RSV infection and 94% effective against severe RSV infection among older adults. Schaffner says the two vaccines are equally effective....[Read More](#)

## Trying 'Magic Mushroom' Drug to Ease Depression? It Has Side Effects

Many people with tough-to-treat depression may be trying psilocybin, the active ingredient in magic mushrooms, as an alternative to antidepressants.

Thinking that it's a "natural" drug, folks might assume it comes without side effects.

That assumption would be wrong.

People in a new study who took psilocybin often experienced headache, nausea, anxiety, dizziness and elevated blood pressure -- side effects similar to those seen with regular antidepressants, according to a team from the University of Georgia in Athens (UGA).

The good news: Such side effects were only temporary. It's less clear if longer-term side effects might emerge with time, the researchers noted.

The short-term side effects "are what we may expect from your traditional antidepressants because those medications work in a similar fashion to psilocybin. They both target serotonin receptors," explained senior

study author Dr. Joshua Caballero, an associate professor in UGA's College of Pharmacy.

"It's very encouraging," he added in a university news release, "because the studies we examined consist of just one or two doses per patient, and we're finding that the beneficial effects of psilocybin may stay for months when treating depression."

Psilocybin was shunned by the medical community for decades because, at higher doses, it can have hallucinatory properties. But used under the guidance and supervision of a therapist, the drug is having a comeback as a new form of antidepressant.

But what about any side effects?

To answer that question, Caballero's group looked at data from six different studies on the supervised use of single doses of psilocybin against depression. The studies included a total of 528 people.

They found a number of side



effects, among which nausea, dizziness and elevated blood pressure were most common.

These effects appeared to dissipate within 48 hours.

Importantly, "psilocybin use was not associated with risk of paranoia and transient thought disorder," the researchers said.

The findings were published recently in the journal JAMA Network Open.

"At some point, I do think that psilocybin will become a treatment option, and when it does, we need to know what the side effects and potential long-term complications are," Caballero said.

Always use the drug under the supervision of a trusted therapist, he said. One recent study found this was key to successful treatment.

"I would urge caution for people that are thinking this is a magic cure and then go out and take excess mushrooms," Caballero said. "Without proper monitoring, you won't know the

concentration of psilocybin in those mushrooms and you could have a bad trip or other negative outcome."

The researchers added that the longer-term effects, if any, of psilocybin therapy are unknown.

"There is still a lot we don't know about the potential long-term side effects and more serious rare side effects of psilocybin use," Caballero said. He noted that standard antidepressants already carry a boxed warning from the U.S. Food and Drug Administration regarding the potential for an increased risk of suicidal thoughts and suicide in young adults.

Could psilocybin use have a similar risk? It's just not clear yet, Caballero and colleagues said.

Still, the overall news is good for folks battling tough depression.

"If we can safely use this drug in a controlled environment, I think it could be groundbreaking for a lot of patients that need it," Caballero said.

# New Rules Mean 3.6 Million Americans Could Get Wegovy Via Medicare, Costing Billions

A budget-busting 3.6 million Medicare recipients could now be eligible for coverage of the weight-loss drug Wegovy, a new KFF analysis says.

That's because the U.S. Food and Drug Administration has approved the use of Wegovy (semaglutide) to reduce the risk of **heart attacks** and **stroke** in certain patients, the study says.

The FDA's ruling potentially allows Wegovy prescription coverage for more than a quarter of 13.7 million Medicare patients who've been diagnosed with obesity or excess weight, KFF says.

Those 3.6 million people -- about 7% of all beneficiaries --

have established heart disease as well as excess weight, and thus could be eligible for coverage of Wegovy.

However, KFF notes that among this group, 1.9 million also have diabetes and therefore are already eligible for coverage of weight-loss drugs like **Wegovy** or **Zephound**.

"Although Wegovy already had FDA approval as an anti-obesity medication, Medicare is prohibited by law from covering drugs when prescribed for obesity," KFF said in a news release.

How the FDA's change affects Medicare spending will depend in



part on how many Part D plans add coverage for Wegovy, and the extent to which plans will restrict coverage, researchers said.

Assuming just 10% of eligible Medicare patients use Wegovy in a given year, and assuming a 50% rebate on the list price, the program would still incur nearly \$3 billion in additional prescription spending each year for the one drug alone, researchers said.

Further, beneficiaries who take Wegovy could face monthly out-of-pocket costs of \$325 to \$430 if they have to pay a percentage of the drug's \$1,300 list price for a

month's supply.

New Part D caps on out-of-pocket spending would limit beneficiaries' costs to \$3,300 in 2024 and \$2,000 in 2025, but KFF noted those are significant bites for people living on modest fixed incomes.

It's possible Medicare could select semaglutide for drug price negotiation as early as 2025, given that the drug was first approved by the FDA in late 2017 for treatment of type 2 **diabetes**, KFF says.

If that happens, a lower negotiated price could be available as early as 2027, helping to lower Medicare spending on the drug.

## Science Reveals How Aspirin Prevents Colon Cancer

Long-term daily use of aspirin has been known to prevent **colon cancer**, but up to now it's been unclear why that is.

Now, researchers think they understand how aspirin acts against colon cancer, a new study says.

Aspirin appears to boost aspects of the body's immune response against cancer cells, according to findings published April 22 in the journal **Cancer**.

"Our study shows a complementary mechanism of cancer prevention or therapy with

aspirin besides its classical drug mechanism involving inhibition of inflammation," said lead researcher **Dr. Marco Scarpa**, a general surgeon with the University of Padova in Italy.

For the study, researchers obtained tissue samples from 238 patients who underwent surgery for colon cancer between 2015 and 2019. Of those, about 12% were aspirin users.

Tissue samples from aspirin users showed less cancer spread to the lymph nodes, and more



aggressive activity of immune cells against tumors, the researchers said.

In the lab, they discovered that exposing colon cancer cells to aspirin enhanced the ability of immune cells to alert each other to the presence of tumors.

Specifically, immune cells started expressing more of a protein called CD80. In patients with rectal cancer, aspirin users had higher CD80 expression in healthy tissue, suggesting that aspirin enhances the ability of the

immune system to seek out and destroy cancer cells, researchers said.

The next step will be to find a way to get aspirin deeper into the gut, to enhance its anti-cancer effects, Scarpa said.

"Aspirin is absorbed in the colon by passive diffusion to a significant degree," Scarpa said, so "if we want to take advantage of its effects against colorectal cancer, we should think of how to guarantee that aspirin reaches the colorectal tract in adequate doses to be effective."

## Cancer Takes Tough Toll on Family Finances

About six out of 10 working-age adults hit with a **cancer diagnosis** say it put real pressure on their financial survival, a new report finds.

"Today's findings reiterate the critical role access to affordable, quality care and paid family medical leave plays in reducing the financial toll of cancer on those diagnosed -- particularly while they are of working age," **Lisa Lacasse**, president of the American Cancer Society's Cancer Action Network (ACS CAN), said in a cancer society news release.

The study was based on U.S. data from the National Health Interview Survey (NHIS) for the years 2019 through 2021, comprising more than 90,000 Americans in about 35,000 homes.

A team led by **Dr. Robin**

**Yabroff** looked at numbers on employment, access to health insurance, socioeconomic status and experience with receiving health care. The investigators then used all that information to create a "composite patient case" that highlighted the financial effects of dealing with a new cancer diagnosis.

"A majority of cancer patients and survivors [74%] report being forced to miss work due to their illness, most of whom report missing more than four weeks of work, according to an ACS CAN study," Lacasse noted.

Nearly 60% of working-age cancer survivors said they suffered through some form of financial hardship, such as dealing with medical bills they could not pay, anxiety and



delaying or skipping needed care because of cost.

These folks certainly aren't alone, according to Yabroff, who is scientific vice president of health services research at the American Cancer Society.

"With nearly half of cancer survivors of working age and not yet age-eligible for Medicare coverage, understanding the potential effects of cancer diagnosis and treatment on employment, income and access to employer-based health insurance coverage is essential," she said.

A lack of good health insurance, high deductibles and co-pays even when workplace insurance is available and a lack of unpaid sick leave from employers are all contributing to

these issues, the ACS said.

"No one should be forced to choose between their treatment and their employment," Lacasse said. "To truly protect patients from the high costs of cancer, Congress must enact paid family and medical leave as well as provide tangible options for affordable health coverage outside of employer-sponsored plans, by making permanent the enhanced Marketplace subsidies that allow millions who otherwise have no affordable coverage option to enroll in Marketplace plans."

Employers need to do their part, too, offering adequate paid and unpaid sick leave and high-quality health insurance plans to workers, the experts said.

The findings were published April 23 in **CA: A Cancer Journal for Clinicians**.

## Stick to Heimlich Maneuver Not 'Anti-Choking' Devices, FDA Says

People should rely on the well-established Heimlich maneuver to save a choking victim, rather than newfangled "anti-choking" devices, the U.S. Food and Drug Administration says.

"The safety and effectiveness of over-the-counter anti-choking devices have not been established; they are not FDA approved or cleared," the agency said in a **safety communication** issued Monday.

The FDA admitted that it is "not aware of any serious injuries reported with the use of these devices, and no deaths have been associated with the use of anti-choking devices."

However, the agency is concerned that fumbling with these one-use-only devices could cost precious time in an emergency.

"Consumers should be aware that using anti-choking devices

first could delay action, as consumers usually have to take them out of packaging, assemble them and follow device instructions, which may delay the use of established rescue protocols," the agency said.

Lack of oxygen to the brain for more than four minutes can cause brain damage and death, according to Johns Hopkins Medicine.

The Heimlich maneuver works by applying abdominal thrusts to a choking victim. These thrusts force air out of the lungs and up through the throat, dislodging the object that's obstructing the airway.

By comparison, anti-choking devices are designed to suck out an object that's obstructing a person's airways, using vacuum pressure.



The leading device, the \$70 LifeVac, comes with a mask that fits over a person's nose or mouth and attaches to a plunger-like bellows. Pushing the bellows down and then quickly up creates a vacuum to clear the airway.

The LifeVac [website](#) contains a "Hall of Saves" presenting thousands of cases in which the device has saved a child or adult from choking, as well as a page devoted to medical journal articles about the gadget.

The company informs consumers that the LifeVac is "FDA registered as a Class II medical device."

"It is exempt from pre-market clearance. The FDA does not require a pre-market review of the LifeVac device," the website says. "Currently, in the United States, all portable suction

devices are required to be registered with the FDA, not approved."

Still, the FDA says people should not rely on these devices because established choking rescue protocols, which rely on the Heimlich, "have a high rate of success and can be carried out immediately without devices, saving valuable time."

These protocols are designed to save the lives of adults, children and even babies who are choking. People also can perform a Heimlich on themselves, using the back of a chair or the edge of a counter.

"If you choose to use an anti-choking device, only use it after established choking rescue protocols have failed," the FDA added. "The safety and effectiveness of over-the-counter anti-choking devices have not been established."

## FDA Approves New Antibiotic Against UTIs

As many patients already know, urinary tract infections (UTIs) can recur despite the use of antibiotics.

So, it's welcome news that the U.S. Food and Drug Administration on Wednesday approved Pivya (pivmecillinam) to fight bacterial **UTIs**.

"UTIs are a very common condition impacting women and one of the most frequent reasons for antibiotic use," **Dr. Peter Kim**, who directs the Division of Anti-Infectives in the FDA's Center for Drug Evaluation and Research, said in an [agency statement](#).

"The FDA is committed to

fostering new antibiotic availability when they prove to be safe and effective, and Pivya will provide an additional treatment option for uncomplicated UTIs," he added.

Pivmecillinam has been [used in Europe](#) for more than 40 years, where it is typically a first-line therapy for women with uncomplicated UTIs.

Every woman will experience at least one UTI in her lifetime, the FDA noted. Uncomplicated UTIs occur in the bladders of females with no structural abnormalities of their urinary tract.



Pivya's approval was based on three clinical trials involving women 18 years of age or older with uncomplicated UTIs.

Effectiveness of the new drug over 8 to 14 days of use was compared to that of another antibacterial pill, ibuprofen and a placebo.

Researchers looked at a combination of results: Whether bacteria counts in women's urine declined, and whether UTI symptoms resolved.

The trials found that Pivya achieved both those results 62% of the time, compared to placebo, and it fared about equally well

when compared to the other antibacterial drug (72% and 76% success rates, respectively). Pivya bested ibuprofen by a wide margin -- 66% versus 22%, the FDA said.

According to the *New York Times*, this is the first time in two decades that the FDA has approved a new antibiotic against UTIs.

The emergence of drug-resistant strains of UTIs (and other infections) has long worried infectious disease experts, and UTI cases comprise a big percentage of antibiotic use in the United States....[Read More](#)

## Want to live longer? See a doctor who's female

A new study finds that women live longer when they see female doctors. This study adds to a body of research that finds women and minorities who see female doctors have better health than their counterparts, reports Liz Szabo of [NBC News](#).

The study published in the [Annals of Internal Medicine](#) found that women who are hospitalized are more likely not to face a hospital readmission and not to die if they are being treated by a female doctor.

The study looked at almost 800,000 hospitalized people with

Medicare who were over 65. A statistically significant higher percentage of them died within 30 days if they were treated by a male doctor than if they were treated by a female doctor, 8.38 percent v. 8.15 percent. That difference amounts to 5,000 lives that could be saved.

Interestingly, the gender of the doctor did not affect the lives of men who were hospitalized or their readmission to the hospital.

It's not exactly clear why women fare better when they are



treated by female doctors. But, it could be that women are better able to communicate with female doctors. There is less likelihood of misunderstanding and bias and of having pain and other symptoms overlooked.

Another study found that women and people of color who see male doctors have between a 20 percent and **30 percent greater likelihood of misdiagnosis** than white men. This [Just Care post](#) reports on several studies showing that

people who have a female doctor appear to have better health outcomes. The research suggests that female doctors might be better listeners and hew more closely to the clinical guidelines. A 2016 [Harvard study](#) looked at 1.5 million Medicare patients who were in hospital. They found that the male and female patients who had female doctors had a reduced risk of death as well as a reduced likelihood of being rehospitalized after discharge than patients treated by male doctors.

## CDC Launches Online 'Heat Forecaster' Tool as Another Summer Looms

Last summer was a **record-breaker** for heat emergencies, so the U.S. Centers for Disease Control and Prevention on Monday launched a new online heat forecaster to help folks better prepare as summer nears.

The **HeatRisk Forecast Tool** is a joint effort between the CDC and the National Oceanic and Atmospheric Administration's National Weather Service to give Americans a week-long heads-up that broiling temperatures are headed their way.

It's all close at hand at the **HeatRisk Dashboard** online - just plug in your zip code for the latest forecast and updates.

"Heat can impact our health, but heat-related illness and death are preventable," CDC

Director **Dr. Mandy Cohen** said in a statement. "We are releasing new heat and health tools and guidance to help people take simple steps to stay safe in the heat."

Climate change is making for more and longer periods of hot, humid weather. ER visits for heat-related illness peaked in many regions of the country last summer, and working-age folk who were forced to labor outside faced higher risks.

But extreme heat experienced without the help of air conditioning can also be hazardous to people with underlying health issues, the CDC added.

The new HeatRisk tool



"identifies health and temperature data to deliver a seven-day outlook for hot weather," the CDC explained. "The tool uses a five-level scale to indicate how risky the heat level is in a specific area."

The tool is calibrated to assess the unique risks from heat to health that might come in specific areas of the United States.

"Pulling in data from the HeatRisk Forecast Tool, in the Dashboard people can enter their zip code and get personalized heat forecast information for their location alongside protective actions to take," the CDC said.

There's also info on your local area's air quality, sourced from the U.S. Environmental Protection

Agency's AIR NOW Air Quality Index.

Once you know your risk from heat, humidity and unhealthy air, you can head to the CDC's **Heat and Your Health page** to get advice on how to lower your risk.

"Even though heat can impact anyone's physical and mental health, children with asthma, pregnant women and people with cardiovascular disease, among other groups, may be more sensitive," the CDC said. "That is why CDC's clinical guidance focuses on some of the people who may be more sensitive to heat and poor air quality. CDC experts in asthma, cardiovascular disease and pregnancy worked together to create the guidance."

## States address prior authorization denials, while Congress fears to tread

People across the country are facing increasing numbers of treatment denials from insurers, even after their insurers have approved these treatments for extended periods. Shalina Chatlani reports for **Medical Express** on how some states are addressing these prior authorization denials that are undermining patients' continuity of care and causing them serious hardship. Meanwhile, Congress has been unwilling to act in meaningful ways.

One patient suffering from chronic pain had been getting monthly infusions for pain relief. Then, Medicaid refused to cover these infusions. After many months, the corporate insurer administering Medicaid benefits decided to overrule the patient's

treating physician and deem the treatment medically unnecessary.

Prior authorization denials keep health care spending down. They also enrich the insurers that contract to deliver Medicare and Medicaid services as well as to cover working people. They are generally paid a fix rate upfront. What they don't spend, they are largely able to keep for themselves, so they have an incentive to deny care or delay care. It helps to maximize their profits.

Insurers leave patients without needed treatments, often to the detriment of their health and sometimes their lives. States have been stepping in to reduce the number of prior authorization denials and denials. **Nine states**



**have laws** in place now to protect patients.

New Jersey addresses insurer delays of care by requiring insurers to make determinations as to whether care is covered within 72 hours of a request. In Texas, doctors whose requests to provide care are approved 90 percent of the time receive a "gold card" that eliminates their need to seek prior authorization. But, to date, only three percent of doctors in Texas have gold cards.

Washington has a law that ensures insurers make swift prior authorization determinations. Michigan ensures that insurers use only prior authorization processes that are peer-reviewed and approved. Arizona is considering a law that would

require insurers to honor their own, or another insurer's prior authorization determination if someone switched insurers, within 90 days of the determination. But, it would not apply to Medicaid patients.

What's insane is that our federal government effectively trusts insurers to implement prior authorization rules that are evidence-based and appropriate, with little oversight to ensure that is the case and mountains of evidence that it is not. Moreover, the Centers for Medicare and Medicaid Services (CMS), which oversees Medicare and Medicaid, has little ability to hold insurers accountable when they violate prior authorization regulations....[Read More](#)

## Loneliness Can Shorten Lives of Cancer Survivors

Cancer survivors in the throes of loneliness are more likely to die compared to those with companionship, a new study finds.

Further, people who are the most lonely are the most likely to die, results show.

"Loneliness, the feeling of being isolated, is a prevalent concern among cancer survivors," said lead researcher **Jingxuan Zhao**, a senior associate scientist in health services research at the American Cancer Society.

**Cancer diagnosis and treatment**

tends to isolate people as they engage in a personal struggle with the dreaded disease, straining their social relationships, Zhao explained.

"There are more than 18 million cancer survivors in the U.S. and that number is expected to increase to 22 million by 2030," Zhao said. "We need to address this critical issue now."

For the study, researchers tracked more than 3,400 cancer survivors aged 50 and older who responded to a federally funded



study on retirement and health between 2008 and 2018.

About 28% of the survivors reported severe loneliness, and another 24% reported moderate loneliness.

Those reporting the highest level of loneliness were 67% more likely to die than the least lonely, researchers found.

The new study was published April 25 in the ***Journal of the National Comprehensive Cancer Network***.

"What's needed is the implementation of programs to screen for loneliness among cancer survivors and to provide social support to those in need," Zhao said in a journal news release.

"This action can prompt interventions such as mental health counseling, community support, social network involvement and the integration of these programs in cancer treatment and cancer survivorship care," Zhao added....[Read More](#)