



Friday Alert Message from the Alliance for Retired Americans Leaders

Supreme Court to Consider Case That Could Affect 46 Million Americans Who Vote by Mail; Mississippi Alliance Joins Veterans Organization to Defend Mail-in Voting



Robert Roach, Jr
 President, ARA

The U.S. Supreme Court **has agreed** to consider arguments in a key Mississippi voting rights lawsuit that threatens mail-in ballot rules

nationally. The case, filed by the Republican National Committee and the Libertarian Party of Mississippi, seeks to invalidate a longstanding state law that allows any ballots mailed on or before Election Day and received up to five business days after Election Day to be counted.

Last year, a federal district court concluded that throwing out Mississippi's statute is unnecessary because current federal law gives states the power to set ballot deadlines after Election Day. But a panel of judges on the U.S. 5th Circuit Court of Appeals disagreed, ruling in favor of the plaintiffs. The Mississippi Alliance joined Vet Voice Foundation and state lawyers in appealing the 5th Circuit Court's decision.

"Our legislature got it right when they said that no voter should have their ballot thrown out simply because of delays in the mail," said James Sims, President of the Mississippi Alliance.

The Supreme Court's ruling will **have implications** for 29 states that also allow officials to count ballots that are postmarked on or before Election Day. In 2024, 46.8 million voters cast their ballots by mail, and the U.S. Postal Service reports that 119,000 of those ballots took more than seven days to deliver.

"The right to vote is sacred, and the Alliance will always work to make sure all Americans' voices are heard," said **Robert Roach, Jr., President of the Alliance**. "Making it harder to vote by mail doesn't make elections more secure, it simply creates obstacles that make it harder for seniors to exercise their right to vote. This is tantamount to voter suppression."

Government Shutdown Ends After 43 Days

President **Donald Trump signed a bill** passed by Congress on Wednesday night, officially ending the longest federal government shutdown in history.

The legislation provides funding for most agencies until

January 30, although some parts of the government are funded through September 2026. It **also includes** provisions that extend telehealth services for Medicare beneficiaries through January 30 and lifts the so-called "PAYGO" rules from the Republican tax law that would have triggered automatic cuts to Medicare.

"It's good news that Congress has renewed the Medicare telehealth services that millions of seniors rely on for care," said **Richard Fiesta, Executive**

Director of the Alliance. "We're also heartened to hear that lawmakers prevented Medicare cuts triggered by the budget and tax plan passed by Republicans last summer."

KFF Health News: As Health Companies Get Bigger, So Do the Bills. It's Unclear if Trump's Team Will Intervene. By Elisabeth Rosenthal

A cancer patient might live in a town with four oncology groups, but only one accepts his insurance — the one owned by his insurer. A young couple could see huge bills after their child is born, because their insurer agreed to the health system's rates in exchange for a

contract with obstetricians across the country. A woman might have to pay a big sum she can't afford for basic lab tests at a hospital — inflated rates her insurer accepted so its customers have access to the system's children's hospital elsewhere in the state.

And even well-insured patients receive unaffordable bills in this era of high-deductible health plans, narrow insurance networks, and 20% cost sharing. Health systems, doctor groups, and insurers are merging and coalescing into ever-bigger giants. While these mergers are good for business, studies show the escalating consolidation in health care is driving up prices, harming patient outcomes, and decreasing choice for people who need care. A recent study found that six years after hospitals acquired other hospitals, they had raised prices by 12.9%, with hospitals that engaged in multiple acquisitions raising their prices by 16.3%.

These new deals are "mutually enforced monopolization," said Barak Richman, the Alexander Hamilton professor of business law at George Washington University. "It's not competition. It's more like collusion. They don't care about price."

Dramatic spike in premature deaths among adults under 65

A **new study** out of Brown University and Harvard University finds that between 2012 and 2022, premature deaths among adults under 65 spiked dramatically. Consequently, these people never benefited from their lifetime contributions to Medicare, a structural inequity in a program intended to be universal, says a study co-author, Jose Figueroa. The

researchers **argue** that equitable health care policy should ensure that people paying into Medicare get Medicare coverage when they need care, not simply when they reach 65.

Overall, premature deaths grew by 27 percent over the course of the last decade. Between 2012 and 2022, Black Americans died prematurely before turning 65 at



a disproportionately higher rate than white Americans, experiencing a 38 percent increase in premature deaths, from 309 per 100,000 to 427 per 100,000. White Americans saw a 28 percent increase, from 247 per 100,000 to 316 per 100,000.

The findings reveal that a disproportionately high number of Black Americans have not

been getting the Medicare benefits they funded all their working lives through payroll contributions.

In 2022, the premature death rate was highest in West Virginia and lowest in Massachusetts. Black Americans had higher rates of early death in every state except New Mexico, Rhode Island and Utah. ... **Read More**

What Would Happen If Social Security Could Sustain the Average Middle-Class Retiree's Lifestyle?

Imagine Social Security benefits that actually let middle-class **retirees** maintain their lifestyles without dipping into savings or working part-time jobs. It sounds like a dream ... and it might be just that, considering current political realities.

Currently, the average Social Security benefit is just under \$2,000 monthly, according to the Social Security Administration. That's nowhere near enough to sustain a middle-class lifestyle for most retirees. The median middle-class household income ranges from about \$56,600 to \$169,800 annually, according to Pew Research Center data.

To truly support middle-class retirees, Social Security would need to pay around \$5,000 monthly instead of the current \$2,000 average. Two financial experts with Social Security expertise analyzed what this dramatic change would mean for retirees, the economy and **the program's sustainability.**

What \$5K Monthly Benefits Would Mean for Retirees

The higher benefit amount would fundamentally change retirement for millions of Americans, said Aaron Cirksena, founder and CEO of **MDRN Capital.**

"If this were to happen, retirees would be looking at a benefit closer to \$5,000 a month,"

Cirksena explained. "That should cover housing, healthcare and living costs without forcing people to use their savings so fast. It would also reduce the need for part-time work in retirement."

The difference would be major. Instead of Social Security covering roughly 40% of pre-retirement income, it would cover close to 100% for many middle-class workers. This would eliminate the retirement income gap that forces many seniors to continue working or dramatically **reduce their living standards.**

Michael Santiago from **RetireGuide** shared insight into the scale of this change. "Social Security would have to be raised from its current payout to account for the average middle-class retiree's lifestyle, which would mean a hike that's three times higher than the current payout," he said.

The lifestyle improvements would be immediate and dramatic. Retirees could afford to stay in their homes instead of downsizing. Healthcare costs would become manageable without depleting savings. Travel, dining out and other discretionary spending would become possible on Social Security alone.

The Massive Funding



Challenge

Both experts agreed that sustainability would be the biggest obstacle to such generous benefits.

The current Social Security already faces serious financial challenges, with trust fund depletion projected for 2033, according to the latest trustees report.

"The challenge would be sustainability, and to have that level of payout, payroll taxes would have to rise significantly or new revenue sources would be needed, otherwise [Social Security] would collapse almost immediately," Cirksena warned.

The math is sobering. Current Social Security is funded by a 12.4% payroll tax split between employers and employees, applied to wages up to \$176,100 in 2025. To fund benefits that are 2 1/2 times larger, Social Security would need dramatically more revenue.

Santiago highlighted the political and economic challenges this would create. "Americans would see higher payroll taxes and new funding sources in place; however, keep in mind that Social Security is on track to face insolvency in the 2030s," he shared.

Some **potential funding mechanisms** could include:

- ◆ Adding new taxes on investment income or wealth

- ◆ Eliminating the wage cap so high earners pay taxes on all income
- ◆ Raising the payroll tax rate from 12.4% to potentially 20% or higher
- ◆ Raising the retirement age significantly
- ◆ Means-testing benefits for high earners

How It Would Change Retirement Planning

Ironically, more generous Social Security might not improve retirement security as much as expected. Both experts noted that higher guaranteed benefits could reduce incentives for personal retirement saving.

"Even with higher benefits most retirees would still want more than the basics, which means private savings and investments would remain essential," Cirksena shared. "So, if Social Security were this generous, it would change how Americans approach retirement savings and it's not always for the better."

The psychological impact could be big. Workers might reduce 401(k) contributions or skip retirement planning entirely, assuming Social Security would handle everything. Although, the fact is, if Social Security was more robust, it could potentially take the stress off of **funding these types of accounts.**

SNAP at Risk: Impacts for Medicare Beneficiaries

On November 1, as the federal government shutdown entered its second month, the **nearly 42 million Americans** who rely on the Supplemental Nutrition Assistance Program (SNAP) did not receive their benefits for the month. This is the **first time in the program's 61-year history** that SNAP benefits have been fully halted.

This break in food assistance comes as a result of the Trump administration's **refusal to release the roughly \$5 billion in contingency funds** to sustain the program, a decision that **conflicts with prior law and practice.** Several states sued in response, and **two federal judges ruled on Friday** that the administration must use the contingency funds to cover SNAP

benefits during the shutdown. Still, **officials said Monday** that the funds will only around 50% of the need for the month and that payments may be further delayed due to variations among state eligibility systems.

SNAP Serves Older Adults and People With Disabilities Nearly 13 million older Americans—including one in five older adults in rural areas—experience food insecurity, meaning that they do not have consistent access to food. **Households that include an adult with disabilities** are more likely than those that do not to experience food insecurity, and the number rises sharply for households that include a member out of the labor force due to



disability. When food becomes unaffordable, older adults and people with disabilities are

forced to make **impossible choices between necessities,** skipping meals or doses of medication, for instance, in order to pay for rent or utilities.

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SNAP has for decades been the **most effective tool** to combat hunger in the country. It provides people with the means and autonomy to feed themselves and their families, and it stimulates widespread economic activity that supports grocery stores, farms, and food

transportation. **Without the spending that comes through SNAP,** stores may pass the costs on to shoppers by increasing prices for all and some may be forced to close, further worsening food and financial insecurity for millions of Americans.

Amid uncertainty at the federal level, much of the financial and logistical task of feeding its residents falls to the states, **further straining state budgets that already are worn thin** by HR 1's cuts to state Medicaid funding. **A number of states**—including New York—have announced they will release emergency funds to cover short-term food assistance.... **Read More**

Here's the Full List of Changes for Americans' Social Security in 2025

In January 2025, millions of Americans opened their Social Security statements to find a notable change: a 2.5% cost-of-living adjustment (COLA) boosting monthly payments. This increase, along with a series of other updates to Social Security and Supplemental Security Income (SSI), marks one of the most significant overhauls to the nation's retirement safety net in recent years. As the landscape of retirement shifts, beneficiaries, workers, and policymakers alike are watching closely to see how these changes will shape financial security for years to come.

The 2.5% COLA, effective January 2025, raises the average monthly Social Security retirement benefit from \$1,927 to \$1,976—an increase of about \$49. This adjustment affects approximately 72.5 million Americans, including retirees, disabled workers, and SSI recipients. For individuals relying on SSI, monthly payments rise to \$967, while couples see their benefit increase to \$1,450.

The COLA is calculated using the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), which tracks the cost of essentials like food, housing, and healthcare. While the adjustment is designed to keep pace with inflation, some experts caution that seniors often face higher inflation than the general population due to greater spending on healthcare and housing.

Another major change is the increase in the maximum taxable earnings cap, which rises from \$168,600 to \$176,100. This means higher-income workers will contribute more to Social Security, helping to shore up the

program's finances as the population ages. The maximum monthly benefit for those retiring at full retirement age also climbs, reaching \$4,018 in 2025.

Earnings Limits and Work Credits: More Flexibility for Workers

For Americans who continue working while collecting Social Security before reaching full retirement age, the annual earnings limit increases to \$23,400. This allows beneficiaries to earn more without seeing their benefits reduced. For those reaching full retirement age in 2025, the limit is even higher at \$62,160, reflecting the program's recognition that many older adults are staying in the workforce longer.

To qualify for Social Security, workers must earn 40 credits—typically about 10 years of work. In 2025, each credit requires \$1,810 in earnings, up from \$1,730. This change is especially relevant for gig workers and freelancers, whose irregular incomes still count toward eligibility.

Landmark Legislation: The Social Security Fairness Act

A historic shift arrived with the signing of the Social Security Fairness Act in January 2025. This law repeals the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO), which had reduced or eliminated benefits for about 3 million public sector retirees, including teachers, police officers, and firefighters. Most affected recipients received a one-time retroactive payment averaging \$6,710 by March 2025,



with increased monthly benefits beginning in April.

For many public sector retirees, this change corrects what they saw as a longstanding inequity.

Meanwhile, Medicare Part B premiums, often deducted from Social Security checks, rise to \$185 per month in 2025, with an annual deductible of \$257. This increase may offset some of the COLA for retirees enrolled in Medicare, underscoring the interconnectedness of these federal programs.

Disability and Medicare Updates

Social Security Disability Insurance (SSDI) recipients also benefit from the 2.5% COLA, with the average monthly benefit rising to about \$1,580. The substantial gainful activity (SGA) limit—the amount a disabled person can earn without losing benefits—increases to \$1,620 per month for non-blind workers and \$2,700 for blind workers.

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Global Context and Gender Equity

Compared to other developed nations, the U.S. Social Security system remains one of the largest, though its replacement rate—the percentage of pre-retirement income covered by benefits—differs from other countries' pension systems. However, the 2025 changes aim to strengthen

the program's reliability, particularly for women, who often face lower lifetime earnings and longer retirements. Social Security is especially vital for women, who are more likely to outlive their savings. Compared to other developed nations, the U.S. Social Security system remains one of the largest, though its replacement rate—the percentage of pre-retirement income covered by benefits—differs from other countries' pension systems. However, the 2025 changes aim to strengthen the program's reliability, particularly for women, who often face lower lifetime earnings and longer retirements. Social Security is especially vital for women, who are more likely to outlive their savings.

Looking Ahead: Security and Planning for the Future

As Social Security adapts to demographic and economic shifts, beneficiaries are encouraged to review their statements, understand their work credits, and plan their claiming strategies carefully. The program's updates apply nationwide, ensuring consistency from coast to coast.

With these changes, Social Security continues to serve as a cornerstone of retirement security for millions. As the nation debates the program's long-term future, the 2025 reforms offer both immediate relief and a reminder of the system's enduring importance. For Americans planning their next steps, staying informed and proactive remains the best way to secure tomorrow's financial foundation.

Great Living and Healthy Aging: Articles for Seniors, Loved Ones, and Caregivers

Everyone deserves a life full of joy, comfort, and overall well-being—including you. That's why, as a senior, articles about topics like housing, care options, and healthy living may be especially relevant to you. After all, good information can empower you in ways that you may not expect. With more knowledge about the issues that most affect you, you can start enhancing your vitality and

creating a life of greater satisfaction.

Don't hesitate to explore the following articles. Whether it's for you or somebody you care about, your increased knowledge may have a greater and more positive impact than you realize.

- ◆ [55+ Communities](#)
- ◆ [Assisted Living](#)
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- ◆ [Dating](#)
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UnitedHealthcare won't cover remote monitoring of people with chronic conditions

Traditional Medicare covers remote monitoring of people with chronic conditions when necessary to ensure their conditions remain stable. UnitedHealthcare is supposed to cover the same benefits as Medicare for people enrolled in their Medicare Advantage plans. But, UnitedHealth is planning to stop covering remote monitoring for most people, beginning in 2026, reports Emma Beavins for **FierceHealthcare**; it's another clear indicator that people in Medicare Advantage plans don't get the same benefits as people in Traditional Medicare, the government-administered program.

To be clear, Medicare Advantage insurers are legally required to cover all the benefits that Traditional Medicare covers, when medically necessary. But, the Centers for Medicare and Medicaid Services (CMS), which oversees Medicare Advantage, has yet to challenge UnitedHealth's new coverage policy. If the policy takes effect, UnitedHealth stands to profit significantly, while arguably endangering the health and well-being of its enrollees

with hypertension and other chronic conditions.

UnitedHealth claims that remote monitoring for most people with hypertension and type 2 diabetes is not medically necessary, overruling substantial evidence to the contrary. UnitedHealth often overrules the medically necessity determinations of treating physicians. But, it typically does not do so in an across-the-board fashion through a coverage policy at odds with Medicare coverage policy.

Health Secretary Robert F. Kennedy Jr. has spoken out about the value of preventing and treating chronic conditions. Indeed, RFK Jr. expanded Medicare coverage of remote monitoring of people with chronic conditions. But, RFK Jr. has not yet stepped in to prevent UnitedHealth from denying remote monitoring coverage to people for whom it is medically beneficial.

Even though the government pays UnitedHealthcare to cover all the services people in Traditional Medicare receive, UnitedHealth plans to stop



covering remote monitoring for people with hypertension and people with type 2 diabetes, two conditions for which remote monitoring is typically used. UnitedHealth is only willing to cover remote monitoring for pregnant women with hypertension and people with heart failure.

Again, UnitedHealth receives taxpayer dollars from CMS to provide the full range of Medicare benefits, including remote monitoring services. The amount UnitedHealth receives is based on the amount spent in Traditional Medicare because Medicare Advantage insurers are supposed to cover the same benefits as Traditional Medicare. So, if Traditional Medicare spends \$500 million a year on remote monitoring, that amount will be factored into the amount Medicare pays UnitedHealthcare for its Medicare Advantage enrollees.

When people enrolled in a Medicare Advantage plan develop a costly condition, odds are high that they will not get the benefits they would in

Traditional Medicare and will face inappropriate delays and denials of medically necessary care. Among other things, the data show that people with Medicare Advantage get less nursing care, less rehabilitation care, and less cancer care. Corporate insurers in Medicare Advantage overrule treating physicians all the time and maximize profits in the process. People who appeal denials tend to win on appeal and to get the care their physicians say they need. But, it's too often after a long delay which can compromise their health.

AARP should be advocating vociferously on behalf of their members in Medicare Advantage. But, the non-profit recently cut a \$9 billion deal with UnitedHealth. AARP is steering its members into Medicare Advantage and remaining silent about the gamble their members take with their lives when they enroll. They are not speaking out to fix these egregious issues with Medicare Advantage...**Read More**

90% of Americans Plan To Skip This Social Security Advice — and It Could Cost Them

Nearly every working American knows the golden rule of Social Security: Wait longer, get more **money**. But when it comes to actually following that advice? Well, that's another story.

Research from Schroders' **2025 U.S. Retirement Survey** showed that 9 out of 10 workers intend to start taking Social Security before they turn 70. That's despite the fact that holding out until 70 means **substantially bigger checks every month**.

Earning passive income doesn't need to be difficult. **You can start this week.**

The Price of Claiming Early

While full retirement age is 66 or 67, depending on when you were born, at 62, you become eligible for Social Security benefits. The catch? Your monthly payment takes a permanent hit, typically dropping about 30% below what you'd get by waiting until the full retirement age of 67. Push your

claim all the way to 70, and you're looking at payments roughly 24% higher than the full retirement age amount.

For early claimers, that adds up to a **potential lifetime loss** exceeding \$180,000.

Despite these numbers, early claiming remains the plan for most people. Just 10% of surveyed workers said they'd hold out until 70, while 44% expect to file before hitting full retirement age. The reason? Most people said they simply can't afford to wait, even though they understand what they're giving up.

Why People Claim Early

Many Americans need Social Security the moment they stop working. Rising costs of living, sparse retirement savings and health problems often force older workers to **claim benefits right away**.

Some people also worry about Social Security's future. Nearly



half of respondents fear the program might run out of money, which pushes them to grab benefits earlier "just in case."

The Break-Even Math

At 62, you'd pull in about \$1,400 a month (using today's \$2,000 average as a baseline) and rack up eight additional years of payments before a 70-year-old even starts.

Hold out until 70, and your monthly check jumps to about \$2,480. But it takes roughly 10 years of those bigger payments to make up for all the checks you missed. The break-even point hits around age 80.

For retirees dealing with health issues, that math often **tips the scale toward claiming early**.

What's Actually at Stake for Social Security

By 2033, Social Security's trust funds will likely be depleted, potentially triggering a 23% benefit reduction if Washington fails to intervene.

The program won't collapse entirely, though — payments would continue at a lower rate.

Policy changes like lifting the income threshold for Social Security taxes (which currently caps at \$176,100) could shore up the system's finances.

The Bigger Financial Picture

Americans who haven't retired yet estimate they'll require around \$5,000 each month for a comfortable retirement. The disconnect between expectations and reality highlights just how precarious retirement security has become for many households.

This financial squeeze, layered with doubts about whether Social Security will survive intact, drives most people toward early claiming, even when letting those benefits grow would clearly pay off in the long run.

'Meager' Social Security bump for 2026 sparks fury among recipients, experts seniors next year

They may call it COLA, but many seniors say there's nothing sweet about the Social Security Administration's (SSA) cost-of-living adjustment for 2026.

The SSA's 2.8% cost-of-living adjustment (COLA) increase, announced on October 24, falls short of the current rate of inflation — which is what it's supposed to help offset for those collecting Social Security and Supplemental Security Income (SSI).

While the 2.8% increase is technically up from this year's 2.5% jump, the September Consumer Price Index (CPI) released the same day showed that overall inflation hit 3% for the previous 12 months — with key items like food (3.1%), energy (2.8%), shelter (3.6%) and medical care services (3.9%) all rising over the last year.

Shannon Benton, the executive director of the non-partisan advocate group The Senior Citizens League (TSCl), slammed the "meager" COLA increase that works out to about only \$56 extra a month. (1)

"The 2026 COLA is going to hurt for seniors," Benton added, noting that her group's research shows that more than 10% of

older Americans already live in poverty. "It's about time our elected representatives show up for seniors, or else seniors won't show up for them at the voting booth."

Meanwhile, an AARP survey found that an average of 77% of Americans over age 50 say that even a 3% COLA wouldn't help "keep up with rising prices," while 64% of respondents in the Motley Fool's annual COLA survey said the cost-of-living increase should be at least 6%. A third of those surveyed said it should be 10% or higher.

The reality, however, is that not only did the 2026 COLA come in under the rate of inflation, but there's another potential financial hit in store for Social Security recipients next year that could end up wiping out much of the benefit anyway.

Why older Americans are struggling to keep their heads above water

Stats from the Social Security Administration show that almost 58 million Americans over age 65 received Social Security, Supplemental Security Income (SSI) or both in August of this year. (5) Now, in addition to the



"meager" COLA increase, experts are sounding the alarm about an expected 2026 rise in Medicare Part B premiums to \$206.50 a month, up from the current rate of \$185 per month.

It's an increase that Nancy Altman, president of the political advocacy group Social Security Works, warns "will consume almost half" of the COLA income for many recipients, and the whole COLA for others, "even as the costs of other necessities balloon due to the Trump tariffs." She also said that even the COLA bump itself "is inadequate to fully cover rising costs, especially health care costs."

It's an added financial blow considering TSCl research found that Social Security makes up the entire income of around 39% of seniors, or nearly 22 million Americans, while the monthly budget for the median senior comes in at under \$2,000.

Meanwhile, a Census Bureau report from earlier this year showed that Americans aged 65 and older were the only age group to see poverty within their cohort rise in 2024, going from 9.7% to 9.9%. Despite that, the

report emphasized the importance of Social Security, noting that "approximately 70 percent of the people pulled out of poverty by Social Security (20.1 million individuals) fell into that age group."

This all underscores why TSCl members want to change how the COLA is calculated in the first place. The group is pushing to ensure that the increase is based on the Consumer Price Index for the Elderly (CPI-E), which they say "is specifically designed to represent older Americans' spending habits," rather than the Consumer Price Index for Urban Wage Earners (CPI-W). TSCl added that the CPI-E "tends to come in higher than the CPI-W about 69% of the time, resulting in thousands of dollars in lost benefits for seniors."

They're also calling for a minimum COLA increase of at least 3% going forward. Over the last decade the COLA averaged an annual 3.1% increase and a 50-year average (from inception in 1975 to this year) of 3.8%...[Read More](#)

2 Required Minimum Distribution (RMD) Rule Changes Retirees Must Know Before 2026

Traditional IRAs and 401(k) plans let you invest pre-tax dollars and deduct contributions from taxable income in the present. In exchange, you will pay income tax on the contributions and any investment gains in the future.

That tax bill cannot be delayed indefinitely. Tax-deferred retirement accounts are subject to required minimum distribution (RMDs), meaning account holders after reaching a certain age must withdraw a sufficient amount of money each year.

RMDs can be complicated, especially because the rules change periodically. For instance, the Secure 2.0 Act passed in 2022 raised the age at which RMDs begin and reduced the penalty for noncompliance. Read on to learn more about those two modifications.

1. The Secure 2.0 Act raised the age at which RMDs begin

The age at which **required**

minimum distributions (RMDs) begin depends on when you were born, but the thresholds have gradually increased

over time. The Secure 1.0 Act raised the starting age from 70 1/2 to 72 for individuals born on or after July 1, 1949. The Secure 2.0 Act raised the starting age from 72 to 73 for individuals born on or after Jan. 1, 1951. RMDs on **traditional 401(k) plans** and **traditional IRAs** (including **SEP IRAs** and **SIMPLE IRAs**) are mandatory once you reach the age listed in the chart regardless of employment status. In most cases, RMDs must be completed by Dec. 31; the only exception is the first distribution, which can be delayed until April 1 of the following year.

Here is an example: Tim turned 73 years old in 2025, which means he is now required to take



RMDs. He may choose to delay the first mandatory distribution until April 1, 2026, but the second distribution must still be completed

by Dec. 31, 2026. Additionally, every subsequent distribution must be completed by Dec. 31. It's worth mentioning that the Secure 2.0 Act eliminated RMDs on **Roth 401(k) plans** or **Roth 401(b) plans**. Prior to the legislation, there was a discrepancy in that Roth 401(k) and Roth 403(b) account holders had to make annual withdrawals, but **Roth IRA** account holders did not.

Importantly, **beneficiaries of Roth accounts** are still subject RMD rules.

2. The Secure 2.0 Act reduced the penalty for RMDs not completed on time

RMD amounts are calculated by dividing the relevant account balance from Dec. 31 (in the prior

year) by a life expectancy factor found in one of three tables published by the IRS. The circumstances that determine which table you should use are detailed below:

Failure to take your RMD before the deadline results in an excise tax penalty equal to 25% of the amount not withdrawn. Prior to the Secure 2.0 Act, the IRS could charge as much as 50%. However, if the error is corrected within two years (i.e., the withdrawal is completed), the penalty is reduced to 10%.

If you miss your RMD deadline, you must submit a **Form 5329** along with your tax return. If you correct the problem immediately and can show the shortfall was due to a reasonable error, you can request that the IRS waive the penalty entirely by attaching a letter of explanation to the Form 5329.

An Aggressive Social Security Garnishment Is Underway for Over 1,000,000 Beneficiaries -- but Some May Be Able to Legally Avoid It

For more than 85 years, **Social Security** has acted as a financial bedrock for aging workers who could no longer provide for themselves, as well as the survivors of deceased workers. Along the way, the program added long-term disability benefits to its umbrella of coverage for America's labor force.

For many of today's Social Security beneficiaries, the income they receive is a necessity to cover at least some portion of their expenses. Nearly a quarter century of annual surveys of retirees by national pollster Gallup show that 80% to 90% lean on their payout as a "major" or "minor" income source.

But **for more than an estimated 1 million Social Security beneficiaries**, this necessary payment is anything but guaranteed at the moment.

President Donald Trump and his administration have made numerous changes to Social Security

Since taking office on Jan. 20 for his nonconsecutive second term, President Donald Trump and his administration have enacted multiple direct and indirect changes to Social Security.

For instance, the creation of the Department of Government Efficiency (better known as DOGE, and not an actual federal



agency), encouraged the Social Security Administration (SSA) to trim its operating expenses and reduce its staff by 7,000 employees to 50,000. This change also resulted in the closure of some Social Security offices. Social Security's administrative expenses make up a very small fraction (usually in the neighborhood of 0.5%) of its annual outlays.

In March, President Trump signed an executive order (EO) to eliminate the use of paper checks as a form of federal payment by Sept. 30. Though more than 99% of beneficiaries were already receiving electronic fund transfers (e.g., direct deposit) when this EO

was signed, it nevertheless meant hundreds of thousands of beneficiaries receiving paper Social Security checks likely had to set up an account with a financial institution to continue receiving their funds.

Furthermore, the SSA tightened standards on personal identity verification under the Trump administration to reduce instances of fraudulent activity. For example, direct deposit information can now only be changed with an in-office visit, or online via a "my Social Security" account that offers two-factor authentication.

Social Security Bill May Increase Benefits by \$200 Per Month

Democratic Senators have introduced a bill that would see Social Security payments rise by \$200 per month.

Why It Matters

Social Security checks are paid to more than 50 million Americans during retirement, creating a bedrock of steady income later in life. The proposed bill comes as Americans voice growing concerns over **inflation and affordability**. In October, the Social Security Administration (SSA) announced that benefits **would rise by 2.8 percent next year** because of the annual cost-of-living adjustment (COLA).

What To Know

Last week, the Social Security Emergency Inflation Relief Act and the Boosting Benefits and COLAs for Seniors Act were in Congress.

The first legislation would provide a \$200 monthly boost to Social Security benefits until July 2026. If enacted, the bill would raise Social Security and veterans benefits. Co-signers of the bill include Democratic Senators Elizabeth Warren of Massachusetts, Kirsten Gillibrand of New York, Ron Wyden of Oregon and Chuck Schumer of New York.

"This would provide relief to seniors, veterans, and Americans with disabilities who live on a fixed income that would not be

able to keep up with Trump inflation," a bill summary said.

In a statement to *Newsweek*, the White House said, "President Trump will always protect and strengthen Social Security, which is why he signed historic legislation **removing taxes on Social Security benefits** for nearly all beneficiaries."

The U.S. annual inflation rate increased to 3 percent in September, up from 2.9 percent in August—the highest level since January.

The second bill would change the formula for how annual COLA adjustments are determined.

Currently, the SSA calculates the annual adjustment using the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), which measures inflation based on the spending habits of younger, urban workers rather than retirees.

The bill proposes changing the inflation measure on which the COLA is produced to the CPI-E, which tracks the expenses and spending habits of Americans aged 62 and older.

The Senior View on Social Security

Benefits are available to workers aged 62 and over as well as to those in other circumstances, such as surviving



family members of deceased workers and disabled Americans.

But several studies have found that a substantial portion of Americans don't believe **Social Security stretches far enough**. The average retirement benefit in August 2025, the latest month for which data is available, came in at \$2,008.

The Senior Citizens League, an advocacy group focused on issues affecting older Americans, found in a **study** published earlier this year that only 10 percent of seniors were happy with the amount they received from their monthly Social Security checks, and that 73 percent of seniors depended on Social Security for more than half their income.

The nonprofit has long been an advocate of changing the COLA formula to the CPI-E, saying it could result in higher payments for seniors.

What People Are Saying
Senator Kirsten Gillibrand of New York said in a news

release: "Americans deserve to retire with dignity, not spend their golden years just trying to get by. Our seniors have spent a lifetime of hard work paying into Social Security, but the payouts simply aren't keeping up with rising costs, and this year's annual cost-of-living adjustment is not enough to keep seniors afloat.

"These two bills would help make sure that older Americans don't have to choose between paying for medication and buying groceries, providing both short-term relief and long-term solutions. As the top Democrat on the Senate Aging Committee, I'm determined to pass these critical bills to make sure our seniors can age comfortably."

Senator Elizabeth Warren of Massachusetts said in a news

release: "While Donald Trump **sends \$40 billion to Argentina**, I'm proposing sending American seniors on Social Security an extra \$200 a month to offset higher prices. The cost of everything from coffee to beef to health care is up, in large part due Trump's chaotic tariffs, and Democrats are fighting to deliver some financial relief and lower costs for Americans. This new legislation to expand Social Security is an emergency lifeline for seniors struggling to afford Trump's tariffs and rising inflation."

Shannon Benton, the executive director of the Senior Citizens League, said in a news

release: "Seniors, and The Senior Citizens League, call on Congress to take immediate action to strengthen COLAs to ensure Americans can retire with dignity, such as instituting a minimum COLA of 3 percent and changing

More Americans, Especially Black Adults, Dying Before They Qualify For Medicare

People pay into Medicare throughout their lifetime — a cut taken from every paycheck with the expectation that it will lead to affordable health care in their old age.

But a growing number of people — especially Black Americans — are dying before they turn 65 and become eligible for Medicare, according to a new study.

Premature deaths among adults younger than 64 increased by 27% between 2012 and 2022, meaning these people paid into a system they never got to use, researchers reported Nov. 7 in [*JAMA Health Forum*](#).

It's even worse for Black adults, who saw a 38% increase in these premature deaths compared to a 28% rise among white Americans, researchers found.

"These are people who contribute to Medicare their

entire lives yet never live long enough to use it,"

said lead

researcher [**Irene**](#)

[**Papanicolas**](#), a professor of health services, policy and practice at the Brown University School of Public Health in Providence, Rhode Island.

"When you look through the lens of race, it's clear that one group is increasingly dying before they ever see the benefits of the system they helped fund," she said in a news release.

Today, about 69 million Americans are enrolled in Medicare, which is primarily funded through payroll taxes, researchers said in background notes.

For the new study, researchers analyzed Medicare enrollment files and death records collected by the U.S. Centers for Disease Control and Prevention (CDC). The team tracked deaths among



adults 18 to 64, subtracting those already on Medicare due to disability or other

reasons.

Nationally, premature deaths rose from 243 per 100,000 adults in 2012 to 309 in 2022, the study showed.

Researchers found that Black Americans consistently had higher rates of early death than whites:

In 2012, the premature death rate was 309 per 100,000 for Black adults, compared to 247 for white adults.

By 2022, the numbers had risen to 427 per 100,000 for Black adults and 316 for their white counterparts.

Nearly every state showed higher rates of early deaths among Black Americans, researchers found. Only New Mexico, Rhode Island and Utah had no statistically meaningful

racial difference.

"Because premature mortality disproportionately affects Black Americans, the current design of the Medicare program effectively bakes structural inequity into a system that was meant to be universal," senior researcher [**Dr. Jose Figueroa**](#), an associate professor of health policy at Harvard University in Boston, said in a news release. "What's most troubling is that these inequities aren't shrinking — they're deepening across nearly every state."

U.S. life expectancy has been falling for much of the past decade, and there has been a rise in preventable deaths among the middle-aged, Papanicolas said.

"What we're increasingly seeing is that Americans have increased health needs during midlife," Papanicolas said.

...[Read More](#)

You Have Less Than 2 Months to Prepare for These Social Security Changes

If you're retired, there's a very good chance Social Security is an important income source of yours.

It may be that you have savings -- even a decent amount. But at the end of the day, your [**IRA**](#) or 401(k) could run out on you over time.

[**Social Security**](#), on the other hand, is set up to pay you a monthly benefit for life. So it's important to keep up to date on changes to the program.

However, it's not only retirees who can be impacted by changes to Social Security. It's just as important to keep tabs on Social Security changes if you're still working and are decades away from being old enough to file for benefits.

Meanwhile, Social Security is set to undergo some major changes at the very start of 2026. And it's important to prepare for any change that could have a direct impact on your financial situation. Here are a few specific changes to read up on before the end of the year.

1. A 2.8% COLA

Social Security benefits are eligible for a [**cost-of-living adjustment**](#), or COLA, each year. The purpose of COLAs is

to help ensure that benefits are able to keep up with inflation.

Earlier this year, Social Security benefits rose 2.5%. Because inflation persisted in 2025, seniors are getting a larger raise in 2026 -- a 2.8% COLA. Keep in mind, though, that if you're on Medicare, any increase in your Part B costs will eat into your COLA, leaving you with a smaller raise all in.

2. A higher earnings-test limit

One big myth about Social Security is that you can't work while collecting [**benefits**](#). But that's not true at all.

That said, if you're working while on Social Security and you have not reached [**your full retirement age**](#), you'll be subject to an earnings test. Exceeding its limits could mean having some Social Security withheld.

Of course, another big myth is that withheld Social Security benefits due to the earnings test are forfeited. That's not what happens. The money all gets paid back to you down the line in the form of larger monthly benefits once full retirement age arrives.



In 2026, the earnings-test limit is rising from \$23,400 to \$24,480.

Beyond that level of income, \$1 in Social Security is withheld per \$2 of earnings.

However, the rules are different if you'll be reaching full retirement age in 2026. In that case, the earnings-test limit is rising from \$62,160 to \$65,160. From there, you'll have \$1 in Social Security withheld per \$3 of earnings.

3. An increased wage cap

Social Security needs money to be able to pay benefits to recipients. And most of that money comes in the form of payroll taxes.

However, it's not a given that you'll pay Social Security taxes on your entire salary. Each year, the Social Security Administration sets a limit for taxing wages.

In 2026, the wage cap is rising from \$176,100 to \$184,500. So if you earn an average paycheck, this change won't have an impact on you, and you may not even notice it.

However, if you're a higher earner, you may end up owing taxes on more of your income

next year. That's something to plan for. The good news, though, is that there are strategies you can use to lower your taxable income, like making contributions to a traditional IRA or [**401\(k\) plan**](#).

4. A higher income requirement for work credits

You might think that once you reach a certain age, you'll be eligible for Social Security automatically. But that's not true.

To qualify for retirement benefits from Social Security, you need to earn 40 work credits. And you earn those credits by making money and paying taxes on your wages.

In 2026, the value of a work credit is rising from \$1,810 in wages to \$1,890. If you work full-time, this change is probably pretty insignificant to you. Rather, it's more likely to affect people who work part-time and don't have their full 40 Social Security work credits.

As you can see, changes to Social Security have the potential to impact you whether you're working or retired. It's important to prepare for these changes so you don't encounter any unwanted financial surprises once 2026 rolls around.



RI ARA HealthLink Wellness News

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

The New Blood Pressure Level Experts Recommend to Prevent Dementia

Our team of professional journalists has more than 100 years of combined experience writing articles like this. Help us continue producing award-winning content by clicking the **follow** button above.

More aggressive treatment of high blood pressure may be necessary for those hoping to lower their risk of both mild cognitive decline and dementia, according to new expert recommendations.

The American Heart Association and the American College of Cardiology recently issued new guidelines intended to help health care providers both prevent and manage high blood pressure.

This is the first time since 2017 that the guidelines have been updated.

What is high blood pressure?

High blood pressure is when the pressure in the body's arteries stays elevated over a long period. It typically does not cause symptoms but instead quietly and seriously damages a person's health over time.

Nearly half of all adults in the United States have high blood pressure, which is a reading higher than 130/80 mm Hg. The American Heart Association says the condition is the No. 1

preventable risk factor for several diseases, including:

- ◆ Cardiovascular disease, including heart attack, stroke and heart failure
- ◆ Kidney disease
- ◆ Cognitive decline and dementia

Despite the new guidelines, the AHA's definitions of both normal and high blood pressure have not changed. They are:

- ◆ Normal blood pressure: Less than 120/80
- ◆ Elevated blood pressure: 120-129 systolic and more than 80 diastolic
- ◆ Stage 1 hypertension: 130-139 systolic or 80-89 diastolic
- ◆ Stage 2 hypertension: 140+ systolic or 90+ diastolic

Systolic blood pressure is the first number in a reading, such as the "120" in "120/80." Diastolic blood pressure is the second number, such as the "80" in that example.

About the updated guidelines Under the new **guidelines**, health care providers are urged to use the AHA's **PREVENT** risk calculator to estimate a person's risk of cardiovascular disease.

The calculator estimates a person's risk of developing heart



disease in the next 10 years and in the next 30 years. It is intended for patients aged 30 to 79 who don't currently have heart disease.

The guidelines also advise health care providers to consider prescribing medications that mimic the hormone GLP-1 — such as Ozempic and Wegovy — to patients who are both hypertensive and overweight or obese.

The AHA and American College of Cardiology also recommend that providers offer more detailed recommendations for managing blood pressure before, during and after pregnancy. Doing so can reduce the risk of both short-term and long-term health complications, including preeclampsia.

Finally, the new guidelines reaffirm the importance of healthy lifestyle behaviors — such as those on the **AHA's Life's Essential 8** list — in preventing and managing blood pressure. They include improving diet, quitting tobacco, and managing blood sugar and cholesterol.

High blood pressure and dementia risk

One of the most notable things about the new guidelines is how

they differ from the 2017 guidelines **in regard to** dementia.

The **2017 guidelines** simply stated that "BP lowering is reasonable to prevent cognitive decline and dementia."

The updated guidelines recommend that people keep their systolic blood pressure under a specific number — 130 — to prevent cognitive decline and dementia. (Again, systolic blood pressure is the first number in a reading, such as the "120" in "120/80.")

Recent research has found that high blood pressure damages small blood vessels in the brain, which can result in memory problems and cognitive decline. Thus, early treatment of high blood pressure is likely to reduce the risk of cognitive decline and dementia.

The AHA notes that some of the best ways to lower blood pressure include:

- ◆ Eating a heart-healthy diet, including lowering salt intake
- ◆ Remaining physically active
- ◆ Maintaining a healthy weight
- ◆ Lowering stress
- ◆ Taking blood pressure medication if necessary

Doctors Say Lung Cancer Is Still the Deadliest Cancer, But Hope Is Growing

Lung cancer remains the leading cause of cancer death in the U.S., responsible for about 1 in 4, but major advances in **screening**, surgery and personalized treatment are helping more patients live longer.

"Lung cancer screening is the most powerful tool to reduce deaths from lung cancer to happen in my lifetime," **Dr. Daniel Boffa** of Yale School of Medicine and the American College of Surgeons (ACS) said in a news release.

Low-dose CT scans can detect **lung cancer** early and cut the risk of death by up to 20%, according to the **National Cancer Institute**.

Current guidelines recommend yearly screening for adults 50 and older who smoke or used to smoke.

Still, only 18% of eligible people were screened in 2022, according to the **American Lung Association**.

While smoking is the biggest risk factor, up to 20% of lung cancer cases happen in people who never smoked. Other causes may include exposure to radon, asbestos, wildfire smoke or a family history of lung cancer, Boffa explained.

"It's important to know the risks and symptoms of lung cancer. Look out for a persistent cough, one associated with chest



pain or coughing up blood," Boffa added. For early-stage lung cancer, surgery remains the best chance for a cure. Today, most procedures use minimally invasive or robotic techniques, which require only small incisions.

"This approach results in less pain after surgery, shorter hospital stays, and a faster return to normal life for our patients," UC-Davis' physician-in-chief **Dr. David Tom Cooke** said in a news release.

Further, doctors can now test tumors for specific gene changes and match patients to specific drugs or immunotherapy.

"We are no longer treating all

lung cancers the same way. With specific biomarker testing and targeted therapy, we're seeing survival extend to years, even for late-stage cancers," **Dr. Ian Bostock** of Baptist Health Miami Cancer Institute said in a news release.

Stopping smoking is the biggest step anyone can take to lower lung cancer risk, researchers said, and it also helps people who have already been diagnosed.

"Quitting smoking is hard work, but the health benefits are worth it," Boffa added. "There have never been better tools and support to help people quit."

New Survey Shows What People Fear Most About Aging

The U.S. population is getting older fast and many Americans are unsure what aging will look like for them, a new national survey shows.

The share of U.S. adults ages 65 and older has jumped from 12.4% in 2004 to 18% in 2024, according to the [U.S. Census Bureau](#).

That rise is driven in part by longer life expectancy, fewer births and the aging of the Baby Boomer generation.

Against that backdrop, researchers at [Pew Research](#) surveyed 8,750 U.S. adults in early September to learn how people feel about growing older and what they think they can do to improve their health, finances and quality of life as they age.

Nearly half of adults 65+ (49%) say they are aging extremely or very well. In contrast, only 30% of adults under 65 believe they will age that well themselves.

Money plays a major role in how positive people feel about aging:

About 61% of older adults in the highest income group say they are aging very well compared with 51% in the middle-income group and 39% of those with lower incomes.

Further, older adults with higher incomes were also more likely to report excellent physical and mental health, stay socially active and take part in hobbies or civic groups.

Among adults under 65 who



think about their later years, 67% say they feel worried, while 51% say they feel excited.

Top concerns include future health problems, not having enough money and becoming a burden to their family.

More than 4 in 10 adults under 65 (45%) say they are not confident they will have enough savings to retire.

Some think they may never be able to retire at all, researchers found.

Most Americans say people have at least some control over:

- ◆ Physical health (67%)

- ◆ Mobility (60%)

But fewer believe they can control:

- ◆ Mental sharpness (47%)

- ◆ How old they look (38%)

When asked how long they want to live, 76% of Americans said at least age 80, and 29% said they hope to reach 100.

On average, adults said they would like to live to age 91.

Less than half of U.S. adults say they have done or would consider doing something to look younger, such as:

- ◆ Taking anti-aging supplements (56%)

- ◆ Coloring their hair to cover gray (52%)

What's more, women were much more likely than men to say they would consider cosmetic procedures, such as [Botox](#) (33% versus 13%) or plastic surgery (26% versus 10%).

Dementia Tests: What to Know and How They Work

Learn about the different dementia tests used to assess cognitive function and screen for dementia or mild cognitive impairment.

Carole Rainey, whose name has been changed to protect her privacy, started to notice something wasn't quite right with her husband, Bill, when he began to ramble in a way that was unlike him. He had just had his 80th birthday party, where some of the people closest to him also noticed a change in his behavior. Soon after, Carole took him to a teaching hospital to see a [neurologist](#) for an evaluation.

At that appointment, Bill was referred for a complete physical exam, blood testing, an [MRI](#)

[scan](#) to rule out obvious causes for decline, such as a stroke or brain tumor, and many cognitive tests to assess his neurological function.

The cognitive tests showed abnormalities, but his daily functions were still relatively normal. His condition at that time, known as mild cognitive impairment (MCI), can sometimes progress to further cognitive decline.

Additional tests were conducted as part of his evaluation that showed the most likely cause for his MCI was the presence of abnormal proteins in the brain, signaling [Alzheimer's disease](#).



Bill's condition progressed over the years, as is common with Alzheimer's disease, and today the mild cognitive impairment has

advanced to a stage of [dementia](#) in which cognitive impairment is severe enough to interfere with independent functioning. He sees a neurologist closer to home so that management recommendations can be adjusted as his [disease progresses](#). With time, he's become increasingly ill and difficult to manage.

"While he was still able, at the start of this journey, Bill and I sat down together to discuss how we wanted to handle our affairs so that when the time came that he

was no longer able, Bill's wishes and our finances would be in order," Rainey says.

What Is Dementia?

Dementia is a general term that describes a condition that can be observed in an individual. It is also a clinical symptom. It consists of the slow loss of a range of mental abilities, including memory recall, reasoning, thinking skills, language and problem-solving skills. It's a change from a person's typical level of cognitive functioning that is progressive and interferes with daily life. Like in Bill's case, there can be years of milder [symptoms](#) before progression to dementia....[Read More](#)

Vaccination in Nursing Homes

Every fall and winter, the United States sees an uptick in the number of people who fall ill to [influenza](#) and other seasonal infections. This flu season typically stretches from October to May, with December through February as peak months.

Some years are worse than others, and the 2024 to 2025 season was especially bad, classified by the CDC as a "high severity" flu season based on the number of hospitalizations due to influenza. Plus, the "quad-demic" of COVID-19, influenza, [respiratory syncytial](#)

[virus](#) (RSV) and [norovirus](#) converged to make more people sick than in a typical flu season. It's hard to know how bad any particular flu season will be, but getting vaccinated is a surefire way to make reduce your chances of severe illness.

Safe, effective vaccines can dramatically lower your risk of contracting one of these illnesses or blunt their impact if you are infected. These [vaccines are also critical for older adults](#) who live in [nursing homes](#). Here's



everything you need to know about vaccination in these [long-term care facilities](#).

Why Nursing Home Residents Are At Risk

For nursing home residents, who tend to live in close quarters and require higher levels of care, the threat of [flu, COVID-19, RSV](#) and pneumonia is especially pronounced.

"When we talk about the population of older adults who live in a nursing home, they are by definition [frail](#). They are not healthy," explains Dr. Preeti

Malani, professor of medicine in the division of infectious diseases at the University of Michigan and a special advisor to the university president.

The [immune system tends to weaken with age](#), and older adults are less able to fight off infections naturally. The chances that they'll become very sick and need to be hospitalized from illnesses like the flu thus increases significantly.

"Flu can be life-threatening," Malani emphasizes.[Read More](#)

Tailored Doses of Vitamin D Halve Heart Attack Risk

Vitamin D might help people with heart disease avoid a **heart attack**, if it's provided in a dose tailored to you by a doctor, a new study says.

Folks provided vitamin D reduced their risk by more than half, researchers reported Sunday at the American Heart Association's annual meeting in New Orleans.

But there's a catch — people weren't downing supplements on their own, but taking custom doses designed to optimize the vitamin D levels in their blood, researchers said.

"We encourage people with heart disease to discuss vitamin D blood testing and targeted dosing with their health care professionals to meet their individual needs," lead researcher **Heidi May**, an

epidemiologist at Intermountain Health in Salt Lake City, said in a news release.

For the study, researchers recruited 630 adults with heart disease who were treated at Intermountain Medical Center between April 2017 and May 2023.

More than 85% of participants began the study with vitamin D levels below 40ng/mL, a level many experts consider too low for best health, researchers said. Participants were around 63 years old on average and 48% had a previous heart attack.

One group was assigned to take tailored doses of vitamin D to bring their blood levels up, and the rest received care as normal.

"Previous clinical trial research on vitamin D tested the potential



impact of the same vitamin D dose for all participants without checking their blood levels first," May said. "We took a different approach. We checked each participant's vitamin D levels at enrollment and throughout the study, and we adjusted their dose as needed to bring and maintain them in a range of 40-80 ng/mL."

In all, 107 major heart health problems occurred during the study period, including heart attack, heart failure, stroke or death. More than 18% occurred in the control group, versus under 16% in the vitamin D group.

People who got personalized vitamin D doses had a 52% lower heart attack risk than those in the control group, results showed.

About half of the participants in

the vitamin D group required more than 5,000 IU each day to reach the target blood level — a dose more than six times the daily intake of 800 IU recommended by the U.S. Food and Drug Administration (FDA), researchers noted.

However, the benefit appeared restricted solely to heart attack. The vitamin D didn't lower patients' risk of death, heart failure or stroke.

More clinical trials are needed to verify the benefits of targeted vitamin D therapy, both for people who've had a heart attack and those who've never had one, researchers said.

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

Scientists Create Foldable Stem Cell Patch to Heal Heart Damage

A Mayo Clinic team has developed a new way to repair damaged hearts without open-heart surgery, and early results suggest it could one day help people with severe heart failure.

The team created a thin patch of lab-grown heart tissue using reprogrammed adult stem cells. The patch can be folded and placed on the heart through a small incision, instead of opening the chest.

In preclinical tests, the patch helped the heart pump better and reduced scarring, researchers said.

"For patients with severe heart failure, there are very few options beyond mechanical pumps or transplants. We hope this

approach will offer a new way to repair their own hearts," senior study author **Dr. Wuqiang Zhu** in a news release. He's a cardiovascular researcher at Mayo Clinic in Phoenix.

Researchers recently published their findings in the journal ***Acta Biomaterialia***.

Heart attack damage normally can't be reversed, because the heart cannot regrow healthy muscle on its own.

Zhu's team reprograms ordinary adult cells such as blood or skin into induced pluripotent stem cells, enabling them to create new heart muscle and blood vessel cells.

They then layer those cells onto



a paper-thin patch made of tiny fibers. The patch is then loaded into a small tube and guided to the heart, where it unfolds on its own and is held in place with a medical adhesive instead of stitches.

In tests of preclinical models, the patch:

- ◆ Improved heart function
- ◆ Reduced scar tissue
- ◆ Increased vascular growth
- ◆ Lowered inflammation

"Our results show that these engineered tissues not only survive but actually help the heart heal itself," Zhu said. "That's the ultimate goal: to replace what's lost and restore function."

The team hopes the treatment

could one day help patients who are too sick for open-heart surgery or who are waiting for a transplant.

"Our vision," Zhu added, "is that patients could one day receive engineered heart tissue made from their own reprogrammed cells, delivered through a minimally invasive procedure — no donor organ, no long recovery, just a repaired heart."

Human trials are still some years away, Zhu noted.

"Heart failure remains a devastating condition," he said. "If we can make stem cell treatment accessible to more patients, especially those too

Coffee Might Reduce Heart Rhythm Risk

A cup of coffee might actually benefit some people with a common **heart rhythm disorder**, a new study says.

Adults with atrial fibrillation who drank a daily cup of coffee were 39% less likely to have an episode of irregular heart rhythm, compared to those who avoided caffeine, researchers reported Nov. 9 in the ***Journal of the American Medical Association***.

"Our study results suggest that caffeinated coffee may not be responsible for raising the risk of A-Fib and may even reduce it," senior researcher **Dr. Gregory**

Marcus, a professor of medicine at the University of California-San Francisco, said in a news release.

Caffeine has traditionally been thought to contribute to heart rhythm problems, and doctors often advise A-Fib patients to cut back on coffee, researchers said in background notes.

A-Fib occurs when the heart's upper chambers — the atria — start to quiver and beat irregularly. The condition increases a patient's risk of stroke and heart failure, if left untreated.



More than 6 million people in the U.S. have A-Fib, according to the American Heart Association (AHA) news

release. For the new study, researchers enrolled 200 people with A-Fib whose heart rhythm was so off-kilter that they needed drugs or an electrical shock to set it right.

All of the participants were coffee drinkers, sipping an average one cup of caffeinated coffee per day, researchers said.

Half were told to keep drinking at least one cup of coffee daily, and

the other half were asked to avoid all caffeine.

"We conducted this study to assess whether caffeinated coffee increased or decreased the risk of A-Fib. Participants were randomly assigned to continue drinking at least one cup of caffeinated coffee daily or to avoid any caffeine for six months," lead researcher **Dr. Christopher Wong**, a professor of cardiology at the University of Adelaide in Australia, said in a news release... **[Read More](#)**