

November 21, 2021 E-Newsletter

Build Back Better Act Clears Procedural Vote in House, Awaits Next Steps

Following the passage of the bipartisan infrastructure bill last Friday night, Democrats in Congress passed a key procedural vote to set up eventual passage of the Build Back Better Act, H.R. 5376, as they worked toward securing commitments from a group of holdout members.

The group of six House members committed to voting for the transformative legislation once the Congressional Budget Office confirms that the bill is fully paid for, most likely before Thanksgiving. If passed by the House, the bill must then go to the Senate, where it will likely be amended, then sent back to the House.

The bill represents President **Biden's** plan to strengthen and invest in middle class families and contains numerous benefits for older Americans, including: Lower prescription drug prices for all Americans by allowing Medicare to negotiate lower prices for some medicines and through several other mechanisms;

- ◆ \$150 billion to expand home health care and services for seniors and people with disabilities, along with increased wages and benefits for caregiving workers. Hundreds of thousands more Americans would be able to receive the long-term care and services they need at

home, rather than in an institution;

- ◆ Guaranteed hearing benefits for all Medicare beneficiaries, including coverage for new hearing aids every five years;
 - ◆ Medicare coverage of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) -- such as shingles, which would be covered at no cost;
 - ◆ Extended Affordable Care Act subsidies, which would be especially helpful to older Americans who are not yet eligible for Medicare.
- The bipartisan infrastructure bill, which passed the House **228-206** last Friday night, will be

signed by President Biden at a White House event on Monday. It includes \$39 billion in public transit -- key for older Americans who travel by bus and train -- and \$65 billion to bring broadband to every American, including 22 million seniors who lack internet access at home.

"These bills are historic and will help older Americans," said **Richard Fiesta**, Executive Director of the Alliance. "To address prescription drug prices, home care, hearing and more all at once will truly make a major difference in seniors' lives."



Rich Fiesta,
Executive Director, ARA

Medicare Part B Costs Are Soaring. Here's What You'll Pay in 2022



Millions of Americans get health coverage through Medicare once they turn 65. But one common myth about Medicare is that coverage under it is free.

That's not true in the slightest. Though Part A, which covers hospital care, is generally free for enrollees, Part B, which covers different types of preventive and outpatient care, charges participants a monthly premium.

Those who are enrolled in Medicare but aren't yet collecting **Social Security** have to pay those premiums directly. Those who are receiving Social Security, meanwhile, have their Part B premiums deducted from their benefits.

This year, the standard monthly Medicare Part B premium costs seniors \$148.50 a

month. Next year, however, that standard premium is skyrocketing, leaving older Americans with yet another rising expense to grapple with.

What will Medicare Part B cost in 2022?

Next year, the standard Part B premium will be \$170.10 a month. That's an increase of \$29.60 from 2021. It's also a huge jump compared to recent increases.

For context, in 2020, the standard Part B premium was \$144.60, which represented an increase of \$9.10 a month from 2019. And, as mentioned, the standard premium in 2021 was \$148.50, an increase of just \$3.90 a month from 2020.

Not only is this year's Part B premium spike substantial, but it's also well more than what the Medicare trustees estimated in their annual report released in



August. Back then, they were pointing to a standard Part B premium of \$158.50 a month.

It's also worth noting that while the standard Part B premium is rising to \$170.10 a month in 2022, higher earners will pay a lot more. And by "higher earners," we're talking about individuals with a 2020 income above \$91,000 or joint tax filers with a 2020 income above \$182,000.

So much for that generous Social Security raise

In 2022, seniors on Social Security are in line for a 5.9% cost-of-living adjustment (COLA), their largest in decades. All told, the average benefit will rise from \$1,565 a month to \$1,657 a month, representing a **\$92 increase**.

But now, about one-third of that raise will be wiped out by the higher cost of Medicare Part B. And while it's easy to argue

that seniors will still come out ahead financially, let's also remember that the whole reason Social Security benefits are rising so much in 2022 is that inflation has driven the cost of living up substantially. And so while Medicare Part B hikes won't take seniors' *entire* Social Security raise, the remainder of that increase will no doubt be eaten up by higher gas, grocery, and utility costs.

For years, Medicare premiums costs have risen at a much faster rate than Social Security COLAs, leaving seniors struggling to keep up. In addition to higher monthly premiums, seniors on Medicare will face an annual Part B deductible of \$233 in 2022. That's a \$30 increase from 2021, and while it may not seem like a huge jump on its own, combined with premium increases, it certainly leaves many beneficiaries in a tough spot.

ADD
YOUR
NAME

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

Medicare's Open Enrollment Is Open Season for Scammers

Finding the best private Medicare drug or medical insurance plan among dozens of choices is tough enough without throwing misleading sales tactics into the mix.

Yet federal officials say complaints are rising from seniors tricked into buying policies — without their consent or lured by questionable information — that may not cover their drugs or include their doctors. In response, the Centers for Medicare & Medicaid Services has threatened to penalize private insurance companies selling Medicare Advantage and drug plans if they or agents working on their behalf mislead consumers.

The agency has also revised rules making it easier for

beneficiaries to escape plans they didn't sign up for or enrolled in only to discover promised benefits didn't exist or they couldn't see their providers.

The problems are especially prevalent during Medicare's open-enrollment period, which began Oct. 15 and runs through Dec. 7. A common trap begins with a phone call like the one Linda Heimer, an Iowa resident, received in October. She won't answer the phone unless her caller ID displays a number she recognizes, but this call showed the number of the hospital where her doctor works.

The person on the phone said she needed Heimer's Medicare number to make sure it was correct for the new card she



would receive. When Heimer hesitated, the woman said, "We're not asking for a Social Security number or bank numbers or anything like that. This is OK."

"I can't believe this, but I gave her my card number," said Heimer. Then the caller asked questions about her medical history and offered to send her a saliva test "absolutely free." That's when Heimer became suspicious and hung up. She contacted the 1-800-MEDICARE helpline to get a new Medicare number and called the AARP Fraud Watch Network Helpline and the Federal Trade Commission.

But later that morning the phone rang again and this time

the caller ID displayed a number matching the toll-free Medicare helpline. When she answered, she recognized the voice of the same woman.

"You're not from Medicare," Heimer told her.

"Yes, yes, yes, we are," the woman insisted. Heimer hung up again.

It's been only two weeks since Heimer disclosed her Medicare number to a stranger and, so far, nothing's gone wrong. But armed with that number, scammers could bill Medicare for services and medical supplies that beneficiaries never receive, and the scammers could sign seniors up for a Medicare Advantage or drug plan without their knowledge.... [Read More](#)

Researcher: Medicare Advantage Plans Costing Billions More Than They Should

Switching seniors to Medicare Advantage plans has cost taxpayers tens of billions of dollars more than keeping them in original Medicare, a cost that has exploded since 2018 and is likely to rise even higher, new research has found.

Richard Kronick, a former federal health policy researcher and a professor at the University of California-San Diego, said his analysis of newly released Medicare Advantage billing data estimates that Medicare overpaid the private health plans by more than \$106 billion from 2010 through 2019 because of the way the private plans charge for sicker patients.

Nearly \$34 billion of that new spending came during 2018 and 2019, the latest payment period available, according to Kronick. The Centers for Medicare & Medicaid Services made the 2019 billing data **public** for the first time in late September.

"They are paying [Medicare Advantage plans] way more than they should," said Kronick, who served as deputy assistant secretary for health policy in the Department of Health and Human Services during the Obama administration.

Medicare Advantage, a fast-growing alternative to original Medicare, is run primarily by

major insurance companies. The health plans have **enrolled** nearly 27 million members, or about 45% of people eligible for Medicare, according to AHIP, an industry trade group formerly known as America's Health Insurance Plans.

The industry argues that the plans generally offer extra benefits, such as eyeglasses and dental care, not available under original Medicare and that most seniors who join the health plans are happy they did so.

"Seniors and taxpayers alike have come to expect high-quality, high-value health coverage from MA [Medicare Advantage] plans," said AHIP spokesperson David Allen. Yet critics have argued for years that Medicare Advantage costs taxpayers too much. The industry also has been the target of multiple government **investigations** and Department of Justice **lawsuits** that allege widespread billing abuse by some plans.

The payment issue has been getting a closer look as some Democrats in Congress search for ways to finance the Biden administration's social spending agenda. Medicare Advantage plans also are scrambling to



attract new members by advertising widely during the fall open-enrollment period, which ends next month.

"It's hard to miss the big red flag that Medicare is grossly overpaying these plans when you see that beneficiaries have more than 30 plans available in their area and are being bombarded daily by TV, magazine and billboard ads," said Cristina Boccuti, director of health policy at West Health, a group that seeks to cut health care costs and has supported Kronick's research.

Kronick called the growth in Medicare Advantage costs a "systemic problem across the industry," which CMS has failed to rein in. He said some plans saw "eye-popping" revenue gains, while others had more modest increases. Giant insurer UnitedHealthcare, which in 2019 had about 6 million Medicare Advantage members, received excess payments of some \$6 billion, according to Kronick. The company had no comment.

"This is not small change," said **Joshua Gordon**, director of health policy for the Committee for a Responsible Federal Budget, a nonpartisan group. "The problem is just getting worse and worse."

Responding to written questions, a CMS spokesperson said the agency "is committed to ensuring that payments to Medicare Advantage plans are appropriate. It is CMS's responsibility to make sure that Medicare Advantage plans are living up to their role, and the agency will certainly hold the plans to the standards that they should meet."

Making any cuts to Medicare Advantage payments faces stiff opposition, however.

On Oct. 15, 13 U.S. senators, including Sen. Kyrsten Sinema (D-Ariz.) sent a **letter** to CMS opposing any payment reductions, which they said "could lead to higher costs and premiums, reduce vital benefits, and undermine advances made to improve health outcomes and health equity" for people enrolled in the plans.

Much of the debate centers on the complex method used to pay the health plans.

In original Medicare, medical providers bill for each service they provide. By contrast, Medicare Advantage plans are paid using a coding formula called a "risk score" that pays higher rates for sicker patients and less for those in good health.... [Read More](#)

Reps. Larson, Grijalva introduce bill to protect Social Security benefits from garnishment'

U.S. Reps. John Larson (D-CT) and Raúl Grijalva (D-AZ) introduced legislation to prevent the federal government from garnishing Social Security benefits to repay all non-tax federal debt, such as student loans.

The number of retirees and people with disabilities whose Social Security benefits were seized by the government to pay off student loans increased more than fivefold between 2002 and 2016, according to a 2016 report by the Government Accountability Office. Their bill, the Protection of Social Security Benefits Restoration Act, would end that practice.

While the Department of Education paused the collection of student loans due to the pandemic, it is prepared to resume payments at the end of

January, the lawmakers said.

"Social Security is an earned benefit Americans have paid for, and for most seniors provides their main source of income in retirement. Garnishing these already-modest benefits to recover long-ago student loan debt takes their retirement out from under them. I'm proud to introduce this bill today with Rep. Grijalva and Senator Wyden to ensure this doesn't happen to any American," said Larson, chair of the House Ways and Means Subcommittee on Social Security.

U.S. Sen. Ron Wyden (D-OR), chairman of the Senate Committee on Finance, introduced companion legislation in the Senate.

"Americans pay into Social



Security with every paycheck, with the expectation that this earned benefit will provide a secure retirement," Wyden said. "It's wrong that this promise is falling short for too many in challenging economic times. Too often, seniors are walking an economic tightrope – restoring these important protections is more important now than ever."

The Protection of Social Security Benefits Restoration Act is endorsed by Social Security Works, National Committee to Preserve Social Security and Medicare (NCPSSM), AFL-CIO, Justice in Aging, the American Federation of Government Employees (AFGE), the American Federation of Teachers (AFT), National Organization of Social Security Claimant

Representatives (NOSSCR), the National Association of Disability Representatives (NADR), The Strengthen Social Security Coalition and Alliance for Retired Americans.

"Seniors paid their entire lives into Social Security, and many live on modest, fixed incomes. They are being punished largely due to the skyrocketing cost of higher education – sometimes even paying their children's debt out of their meager benefits," Grijalva said. "For many, Social Security benefits are the only source of income they can depend on. Prior to 1996, we did not allow the Social Security benefit sanctity to be broken, and it's time we restore that certainty for seniors. As the student loan debt crisis hits record levels, it's critical that we act now to protect these benefits."

There's Some Bad News About 2022's Big Social Security Raise



If you receive Social Security benefits, you may have been pleased when you heard about the huge cost-of-living adjustment (COLA) coming in 2022. For the first time since 2008, retirees are getting a raise topping 5%. To be exact, benefit recipients will see a 5.9% boost in their monthly payout at the start of the year. That is the largest increase since 1981.

Before you get too excited, though, there are three big reasons why a big benefits bump might actually be bad news for retirees. Let us take a look at what they are.

1. The boost may not be enough to keep pace with inflation

Social Security's cost-of-living adjustment is meant to keep retirees' buying power stable as costs increase over time. Prices do not stay fixed, so if benefits did not rise as well, seniors would be able to purchase less and less using the funds they receive with each passing year.

The reason recipients are getting a big raise in 2022 is because inflation has been high

this year. The problem is that, even with a 5.9% COLA, it may not actually be enough to maintain the buying power recipients had with their benefits in the past.

Food, housing, heating, and prescription drugs are all expected to see **substantial price increases** in 2022. And while it would be nice to think the raise seniors are getting will cover these added expenses, the reality is that the consumer pricing index used to determine each year's COLA is not based on the spending habits of seniors. Instead, it is based on the spending habits of urban wage earners and clerical workers. The result is that it often underestimates how high a percentage of income seniors spend on goods and services, especially in areas that are expected to see some of the sharpest price increases.

So, despite the fact that recipients will get more money in their checks, it will likely end up buying less.

2. The boost will not reverse decades of declining buying power

The same issues that will cause Social Security recipients'



COLA to be too low to keep pace with inflation in 2022 have been persisting for a long time.

For decades, retirees especially have received raises that are simply too small to allow their checks to continue affording them the same standard of living. In fact, an analysis by the Senior Citizens League revealed there's been a **30% decline** in the buying power of **Social Security** benefits since 2000.

A large raise this year will not reverse that trend, so recipients will keep falling more and more behind and will need to rely on their savings or cost-cutting to balance things out.

3. The inflation causing this COLA boost could also affect retiree's savings

Remember, recipients are *only* getting the 5.9% raise because government data tracking price changes shows rampant inflation. The problem is, while COLAs are applied to Social Security checks, retirees often cannot live on their retirement benefits alone. They need to supplement their Social Security income with savings.

It is important to remember too that Social Security was

never meant to be the sole source of income for retirees. It was meant as a supplement or backstop for recipients and only designed to make up for a portion of wages in retirement.

Most seniors tend to invest their retirement accounts conservatively to not take on too much risk and jeopardize their funds. As a result, their investment accounts may not produce large enough returns to **offset the impact of the elevated inflation** that's occurring.

As retirees find their Social Security does not go far enough, they may need to increase the amount they withdraw from savings just to afford the basics. This could increase the risk of their nest eggs diminishing quicker than planned.

What to do?

Retirees need to be realistic about the fact that their big raise is actually an indication of bad news. They should make sure to adjust their budgets to account for this and consider looking for cost-cutting opportunities and/or income-generating possibilities so high inflation does not leave them facing serious financial insecurity down the road.

At what age is Social Security no longer taxed in the US?

Prior to 1984, Social Security **benefits were not taxed**. However, to keep the Trust Fund that supports the program solvent, bipartisan legislation was passed to tax a portion of payments to seniors citizens, surviving spouses and the disabled if they had income above certain thresholds.

At the onset, less than one in ten beneficiaries paid income tax on their benefits. But that percentage has risen over time since unlike benefits the thresholds were not indexed to inflation and in the intervening four decades **no inflation adjustments** have been made. This meant that as benefits rose, more recipients crossed over the thresholds. Now 56 percent of beneficiaries pay income tax on a portion of their benefits, sometimes as much as 85% if their total income

exceeds upper thresholds.

However, once you are at full retirement age (between 65 and 67 years old, depending on your year of birth) you will no longer be taxed on Social Security payments. The size of your annual Social Security entitlement continues to grow until you reach the age of 70, so you may want to consider delaying your claim for a few years if you intend to continue working past the normal retirement age.

- ◆ **Seniors report financial hardships as inflation reaches thirty-year peak**
- ◆ **Parents could receive bumper Child Tax Credit next month**
- ◆ **A guide for adjusted income tax rates in 2022**
- ◆ **Can a fourth stimulus check payment happen**



before December 2021?

How are Social Security payments taxed?

The tax rate for Social Security benefits varies based on a number of factors aside from just age; and the household income of recipients is the main deciding factor in taxation. Those thresholds are also dependent on the **filing status** of Social Security recipients.

Individuals with a **total gross income**, including Social Security, of more than \$25,000 will be taxed on up to 50% of their Social Security income. Couples who file jointly will begin being taxed when their total income exceeds \$32,000.

Individuals earning more than \$34,000, or couples with a combined gross income of at least \$44,000, will be taxed on up to 85% of their Social

Security benefits.

Typically it is only retirees, who have very little household income aside from their Social Security entitlement, who could be exempt from taxation on the payments.

How is the Social Security tax rate calculated?

The rate of taxation levied on Social Security payments is similar to that of other forms of income. Filers must submit their **adjusted gross income**, which combines their salary, Social Security benefits and all other sources of taxable income.

If that total exceed the minimum threshold then at least 50% of your Social Security benefits will be considered taxable income and will be treated as such. The proportion of your total Social Security entitlement that is based on several factors, as mentioned above.

Medicare vs. Medicaid: What Is the Difference?

They sound similar, but each serves different populations – though there can be some overlap.

Although they were born on the same day, Medicare and Medicaid are not identical twins. And even though they've been around for 55 years, many people still confuse these two government-backed health care programs.

On July 30, 1965, President Lyndon Johnson signed the laws

that created Medicare and Medicaid as part of his Great Society programs to address poverty, inequality, hunger and education issues. Both Medicare and Medicaid offer health care support, but they do so in very different ways and mostly to different constituencies.

According to the Medicare Rights Center:

- ◆ Medicare is a federal



program that provides health coverage to those age 65 and older, or to those under 65 who have a disability, with no regard to personal income.

- ◆ Medicaid is a combined state and federal program that provides health coverage to those who have a very low income, regardless of age.

Some people may be eligible for both Medicare and Medicaid, known as dually eligible, and can qualify for both programs. The two programs work together to provide health coverage and lower costs, the MRC says. And although Medicare and Medicaid are both health insurance programs administered by the government, there are differences in the services they cover and in the ways costs are shared....**Read More**

Legislation Would Reform Social Security's Windfall Elimination Provision

Representative Kevin Brady (R-TX) introduced last week legislation — the “Equal Treatment of Public Servants Act of 2021” — that would permanently replace the Windfall Elimination Provision (WEP) for those affected with a new formula for calculating Social Security benefits.

Currently, the **WEP reduces or eliminates Social Security benefits** for those who are covered by a government (federal, state or local)-sponsored guaranteed pension plan, such as federal employees who are covered by the Civil Service

Retirement System (CSRS).

Our teachers, police and firefighters shouldn't have their Social Security checks docked each month simply due to an outdated, unfair formula from the 1980's,” Brady said. “I'm proud to join with colleagues on both sides of the aisle from nine different states to repeal the WEP and make it fairer for public servants who have worked and paid into Social Security.

“Many of our public servants have worked extra jobs or an extra career, paying into a Social Security system that treats them



differently, said Brady. “We want equal treatment, and believe it's time for Congress to act. Every month the WEP continues, it costs retirees and their dependents in smaller Social Security benefits.”

NARFE Supports Legislation

The National Association of Active and Retired Federal Employees (NARFE) applauded the introduction of the bill.

“Since its inception, NARFE has opposed the WEP as unfairly punishing hardworking public servants through reduced Social Security benefits,” NARFE

National President Ken Thomas said. “Amid growing support in Congress for its repeal or reform, NARFE urges lawmakers to coalesce around a workable solution to this four-decade drain on those who dedicated their careers to serving the public good. The latest attempt to repair the damage caused by WEP came last week when Brady introduced his bill, which would provide rebates for those affected now by WEP and create a fairer formula moving forward.”

The Brady Bill does not go far enough. We need the complete repeal of the WEP/GPO.

Workers' Share of Annual Premium for Employer Health Plans Nears \$6,000

Health insurance has gotten slightly more expensive during the pandemic: A new survey shows that annual family premiums for employer-sponsored health insurance rose 4%, to an average of \$22,221 this year.

Of that amount, employees paid an average of nearly \$6,000 toward the cost of coverage, while employers paid the remainder of the premium.

But there was some good news: The Kaiser Family Foundation (KFF) [survey](#) of nearly 1,700 small and large companies also showed that there was an increase in workplace health benefits such as mental health services and telemedicine during the COVID-19 pandemic.

"In a year when the pandemic continued to cause health and economic disruption, there were only modest changes in the cost of employer-provided health

benefits," said Gary Claxton, KFF senior vice president and director of the Health Care Marketplace Project.

"Some employers adapted their plans to address mental health and other challenges facing their workers due to COVID-19," Claxton added in a KFF news release.

The 4% premium increase is close to the increase in workers' wages (5%) and inflation (1.9%) this year, but average family premiums have jumped 47% since 2011, outpacing increases in wages (31%) and inflation (19%), the survey found.

Meanwhile, the average single deductible is \$1,669 for workers who have one, which isn't much more than in 2020 (\$1,644) or 2019 (\$1,655), but significantly higher than in 2011 (\$991).

In 2021, 85% of covered workers had a deductible in their plan, compared with 74% a



decade ago.

Overall, the burden of deductibles has increased by 92%

among all covered workers over the past decade.

The journal *Health Affairs* is publishing an article with select survey findings online and in its December issue.

The brightest spot in the findings involved mental health coverage.

Among firms with at least 50 workers that offer health benefits, 39% said they made changes to their mental health and substance abuse benefits during the pandemic.

For example, 31% gave workers more ways to access mental health services -- such as through telemedicine -- and 16% offered new mental health resources, such as an employee assistance program.

Other changes included expansion of in-network mental

health and substance abuse providers (6%), waiving or reducing cost-sharing for related services (4%), or increasing coverage for out-of-network services (3%).

Overall, 12% of employers with at least 50 workers that offer health benefits said there was an increase in their enrollees' use of mental-health services. Among the largest employers (1,000 or more workers), 38% reported such an increase.

"The expansions of telemedicine and mental health benefits were important in meeting the needs of employees and their families in difficult times," Claxton and colleagues said. "These types of changes made sense not because employers want to spend more, but because employers want their employees to see their health benefit programs as 'benefits' and to value them as such."

Why is the Medicare Part B Premium Increasing So Much?

As you no doubt know by now, the \$21.60 increase in the Medicare Part B premium is the largest annual dollar-amount rate hike ever for Part B coverage, while the 14.5% increase is the third-largest percentage increase since 2007.

Why is that happening?

According to a report by *Bloomberg News*, half of that increase is because of "... the need to build contingency reserves if Medicare decides to cover the costly Alzheimer's drug, Aduhelm, manufactured by Biogen Inc. The CMS [Center



for Medicare and Medicaid Services] is making a determination on whether and how it will cover Aduhelm and other drugs to treat Alzheimer's. If Medicare decides not to cover the controversial new drug, the rate hike can be lowered,

officials said."

So, this is a double-edged sword for seniors. Medicare coverage of this new drug could be life-altering for many seniors in the future if they develop Alzheimer's. But right now, the large increase in the premium hurts a great deal.

Most say police shouldn't be primary responders for mental health crises: NAMI poll

The poll, conducted by Ipsos on behalf of the National Alliance on Mental Illness (NAMI), found broad support for police, with 72 percent of respondents having a favorable view of law enforcement. Still, nearly 80 percent of respondents said mental health professionals, not police, should respond to mental health and suicide situations.

With millions of mental health crises reported through 911 annually, the responsibility to respond often falls to police.

[The Washington Post](#) reported that a quarter of people shot and killed by law enforcement between 2015 and 2020 had a mental illness. Of those with mental illness shot and killed, a third were people of color.

More than 60 percent of participants in the NAMI poll said they'd be afraid law enforcement would hurt a loved one when responding to a mental health crisis. Nearly half said they would not feel safe calling 911 for a loved one experiencing a mental health crisis.

People of color and those diagnosed with a mental health condition were more likely to report being afraid or not feeling safe with law enforcement responding to a loved one's crisis.

NAMI CEO Daniel Gillison Jr. said "lives will be saved" if the country shifts to prioritize professional response to these crises.



"This survey shows that we have an opportunity — and broad desire — to provide better mental health crisis care and reduce our dependence on law enforcement to respond to mental health crises," he said in a statement.

The poll results come as the July deadline approaches for phone service providers to direct calls to 988 to the National Suicide Prevention Lifeline. The Federal Communications Commission voted to establish the three-digit crisis line last year. Americans seeking help before July 16 should call 1-800-273-TALK.

Hannah Wesolowski, NAMI's interim director of government

relations, told *The Hill* that the development of the 988 crisis line presents an "unprecedented opportunity" to improve access to mental health services in emergencies.

"It's really on all of us, the public policy makers, to act to make sure that when somebody calls for help, there's actually care available on the other end of the line, and we're not just providing an easier number to access a law enforcement response," she said.

"This isn't law enforcement's fault," she added. "It's not the position that they signed up for, and we should not be putting our law enforcement professionals in the position of having to respond to a person in crisis." ...[Read More](#)

Legislation is Introduced in U. S. House to Reduce Barriers for Older Workers

U.S. Representatives Marie Newman (IL), Don Beyer (VA), Suzanne Bonamici (OR) and Sylvia Garcia (TX) recently introduced the Supporting Older Workers Act, H.R. 5531, a bill designed to improve and advance the employment, economic success and well-being of America's older workers. The legislation would reduce barriers for older workers by improving

career counseling and training opportunities; creating a grant program to support older worker coordinators; and establishing a new Older Workers Bureau at the Department of Labor (DOL). Specifically, it would address workforce disparities by allowing communities to use federal funding to focus on older workers' employment options and training needs and to create

specialized centers for older workers at local American Jobs Centers. The special coordinators will partner with labor organizations, Area Agencies on Aging, community colleges, nonprofits and others to increase resources and add support for older workers. The Older Workers Bureau will encompass policy development, research and reporting, and

technical assistance. "We must continue to fight employment discrimination against older workers," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "This legislation addresses the unique barriers that older workers face, particularly with the coronavirus putting them at greater risk."



Joseph Peters, Jr.

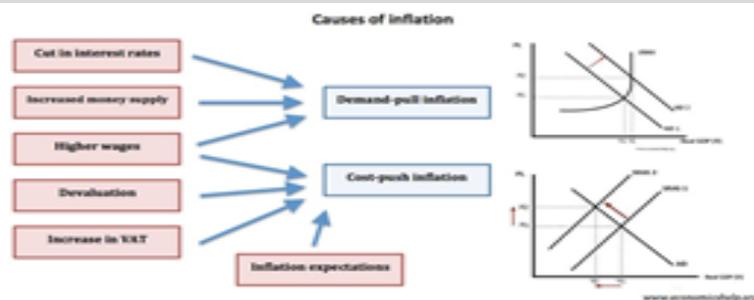
Causes of Inflation

Inflation means there is a sustained increase in the price level. The main causes of inflation are either excess aggregate demand (AD) (economic growth too fast) or cost-push factors (supply-side factors).

Summary of the main causes of inflation

- ◆ **Demand-pull inflation** – aggregate demand growing faster than aggregate supply (growth too rapid)

- ◆ **Cost-push inflation** – For example, higher oil prices feeding through into higher costs.
- ◆ **Devaluation** – increasing cost of imported goods, and also the boost to domestic demand.
- ◆ **Rising wages** – higher wages increase firms costs and increase consumers' disposable income to spend more.



- ◆ **Expectations of inflation** – High inflation expectations causes workers to demand

wage increases and firms to push up prices. [...Read More](#)

More Than 2 Million COVID Home Test Kits Recalled Due to False Positive Results

(HealthDay News) -- A recall of Ellume at-home COVID-19 test kits has been expanded to include roughly 2 million of the 3.5 million tests that had been shipped to the United States by last month, the U.S. Food and Drug Administration said Tuesday.

The original recall, involving 427,000 kits, was first announced in early October due to a "higher than acceptable" rate of false positives. It's a Class I recall — the most serious type — because use of these tests may cause serious adverse health consequences or death, according to the FDA.

The recalled kits were made by the Australian company between Feb. 24 and Aug. 11, 2021, and distributed in the United States between April 13 and Aug. 26.

The FDA first approved emergency use of the test in December 2020 and revised its emergency use last February. The Ellume test is available without a prescription to people with or without symptoms.

There have been 35 reports of

false positive results sent to the FDA, but no deaths have been reported, according to the agency.

"Ellume has investigated the issue, identified the root cause, implemented additional controls, and we are already producing and shipping new product to the U.S.," a company representative said, *The New York Times* reported. "Importantly, not all of the positive results of the affected tests were false positives, and negative results were not affected by this issue."

A false positive test result shows that a person has the virus when they do not have it, which could pose a number of risks, including:

- ◆ Delayed diagnosis or treatment for the actual cause of the person's illness, which could be another life-threatening disease that is not COVID-19.
- ◆ Further spread of the coronavirus when people who are believed to be



positive are housed together based on false test results.

- ◆ Unnecessary COVID-19 treatment — such as antiviral treatment, convalescent plasma, or monoclonal antibody treatment — which can cause side effects.
- ◆ Ignoring recommended precautions against COVID-19, including vaccination.
- ◆ Isolation, including monitoring household or close contacts for symptoms, limiting contact with family or friends, and missing school or work.

There is no problem with the reliability of the kits' negative test results, the FDA noted.

Customers with Ellume COVID-19 home test kits should compare the product lot number on the sticker on the side of the carton with the **recalled lot numbers**. Ellume will inform customers who used an affected test and received a positive result.

The FDA said you should contact your health care provider, urgent care facility or other COVID-19 testing site if you received a positive test result using one of the recalled lots of the Ellume COVID-19 Home Test more than two weeks ago, and if you did not receive a positive result from a different COVID-19 test at the time of the original Ellume positive test result.

A health care provider can help you decide what next steps you should take, the FDA advised.

The agency also said that if you used a test kit from the recalled lots you should not assume that you had COVID-19 or have immunity to COVID-19, and should continue to take recommended precautions, including vaccination.

Here's where to find [Ellume's recall notice](#).

Knowing Your A-Fib Triggers Could Help You Avoid It

People suffering from dangerous abnormal heart rhythms can take matters into their own hands and figure out what is triggering their episodes, researchers report.

Folks with atrial fibrillation (a-fib) were able to reduce their episodes of the irregular heartbeat by 40% by identifying and then avoiding the substances or activities that caused their heart to go herky-jerky, according to findings presented Sunday at the online annual meeting American Heart Association (AHA).

Overall, it turned out alcohol was the only trigger that was consistently associated with a-fib, although individual patients might be affected by less common triggers like dehydration or exercise.

Coffee didn't appear to have any significant relationship with a-fib, said lead researcher Dr. Gregory Marcus, a professor of medicine at the University of California, San Francisco's School of Medicine and

associate chief of cardiology for research at UCSF Health.

"Although caffeine was the most common trigger selected for testing, only alcohol consistently demonstrated evidence of a near-term effect on self-reported a-fib episodes," Marcus said.

For this study, Marcus and his colleagues engaged a-fib patients to help design a clinical trial intended to determine whether people could effectively figure out triggers on their own.

Nearly 450 people were provided with a simple smartphone-linked device that provided them an EKG readout when they thought they were experiencing an a-fib episode. The device works by placing the pointer and middle fingers of both hands on a sensor pad.

Atrial fibrillation is an irregular or quivering heartbeat in the upper chambers of the heart that affects at least 2.7 million Americans, the AHA says. Blood can pool and clot in



those chambers during an episode, potentially leading to a stroke or heart attack.

Left untreated, a-fib doubles the risk of heart-related death and increases stroke risk fivefold, according to the AHA.

Participants in the trial were randomly assigned either to track their a-fib episodes during a six-week period or to test whether suspected triggers might be causing their irregular heartbeat.

People testing for triggers could select from a menu of potential a-fib causes such as alcohol, caffeine, exercise, lack of sleep, dehydration, large meals, and lying on their left side. They could also write in their own suspected trigger -- stress or anxiety was the most common one suggested by the participants.

"They were assigned in one-week blocks to go ahead and test your trigger this week," Marcus explained. The smartphone app used in the study "would remind

them you told us that two glasses of wine triggered your a-fib, this is your week to exposure yourself to that trigger."

On other randomized weeks, they would receive instructions to avoid their particular trigger, to see whether or not they continued to have a-fib episodes.

At the end of the six weeks, patients were shown the results of their self-testing and given the opportunity to change their behavior if avoiding the trigger did indeed reduce their risk of a-fib. For the next four weeks, they were monitored to see if what they learned would influence the number of a-fib episodes they had.

Those who had gone through trigger testing reported 40% fewer events during those four weeks than those who only self-monitored their a-fib episodes. Alcohol, dehydration and exercise were each associated with a-fib during the four-week lifestyle change period... [Read More](#)

50 Years On, Real Progress in War Against Cancer

Since 1971, when the U.S. government made defeating cancer a goal and put major funding behind it, death rates for many cancers have plummeted, but some are increasing, according to a new American Cancer Society report.

Death rates for all cancers combined have declined since passage of the National Cancer Act of 1971, according to the report. For example, in 2019, deaths from lung cancer were down 44% from the 1993 peak. But death rates were higher than in 1971 for cancers of the pancreas, esophagus and brain.

"We are making progress because of increased investment in cancer prevention, in early detection and also improved treatments, but there are still gaps in reducing [death rates]," said senior author Dr. Ahmedin Jemal, a senior vice president at the American Cancer Society.

In addition to differences by types of cancer, deaths also differed by geographic region. Notably, cancer deaths in the southern United States were higher than in other parts of the country.

Explaining the disparity, Jemal noted that many people in the South are poor and lack access to quality care. They also may have trouble finding doctors who take Medicaid, he added.

One factor contributing to the declining death rates overall is smoking cessation, according to the report. In 1965, 42% of Americans smoked, compared to 14% in 2018.

Declines in deaths from breast, cervical, colon and prostate cancers owe in part to screening and early detection

In particular, the report noted that colon cancer screening accounted for 50% of the decline in deaths from that cancer



between 1975 and 2002. The report dovetails with the 50th anniversary of the

National Cancer Act. With the funding it provides, the National Cancer Institute's budget increased 25-fold over the period, from \$227 million in 1971 to \$6 billion in 2019.

Dr. Anthony D'Amico, a professor of radiation oncology at Harvard Medical School in Boston, noted that the biggest strides have been made in cancers that doctors screen for, but advances in cancer treatment also play a role.

"I think the advances in stomach, leukemia and ovarian cancer are more related to treatment advances, and not all of a decline in lung, breast, prostate and colorectal is just screening, some of it is treatment advances," D'Amico said.

Improvements in surgery, radiotherapy, chemotherapy,

precision medicine and combination therapies have helped improve survival, according to the report.

"The doctors have done their jobs in terms of coming up with better treatments," D'Amico said. "But that's not enough. You still have to make sure that you get screened, whether it's for lung cancer, breast cancer, prostate cancer, colorectal cancer or cervix cancer." He hopes that before long, screening for some other cancers — such as pancreatic cancer — will be available, which might help reduce cancer deaths even more.

"The next 10 years, we'll have advances in the other cancers as well, maybe through liquid biopsies, which will diagnose things earlier, which is the key to success," D'Amico said.... [Read More](#)

Biden Announces New Lung Health Program for U.S. Veterans

(HealthDay News) -- A new program to help U.S. veterans with lung problems caused by inhaling toxins while deployed was announced on Veterans Day by President Joe Biden.

It will also assess the potential connection between cancers and time spent overseas breathing poor air, according to the White House.

"We're discovering there is a whole host of lung conditions related to deployment," Dr. Richard Meehan told the *Associated Press*. He's an

immunologist and rheumatologist, and co-director of the National Jewish Health Center of Excellence on Deployment-Related Lung Disease in Denver.

Meehan is a retired U.S. Naval Reserve officer who served in the Mideast during the 1990s and again in 2008. He and his colleagues are examining the effect of inhalation exposures among U.S. military members who were deployed in Southwest Asia.

The new program will begin



with a focus on lung and breathing problems but will expand as science identifies potential new connections, the *AP* reported.

Biden's son Beau was an Iraq war veteran who died of brain cancer in 2015 at age 46. The president believes there may be a link between his son's cancer and exposure to toxins in the air while in Iraq, particularly from huge pits where the military burned waste.

However, there's no scientific evidence of such a link,

the *AP* reported.

The White House also plans to make it easier for veterans to make medical claims based on symptoms such as asthma and sinus problems, and more time to make claims. The government will also collect more data from those with problems.

More information

Visit the U.S. Department of Veterans Affairs for more on the potential health effects of [hazardous air exposures among soldiers](#).

Mouse Study Points to Possible Breakthrough Against Spinal Cord Injury

Severe spinal cord injuries are incurable today in humans, but a new injectable therapy that restored motion in laboratory mice could pave the way for healing paralyzed people.

The therapy — liquid nanofibers that gel around the damaged spinal cord like a soothing blanket — produces chemical signals that promote healing and reduce scarring, researchers report.

The treatment produced astonishing results in lab mice paralyzed by spinal cord injuries, according to senior researcher Samuel Stupp, founding director of the Simpson Querrey Institute for

BioNanotechnology at Northwestern University in Evanston, Ill.

"We found that in about four weeks effectively, somewhere between three and four weeks after injection of the therapy, the paralysis was completely reversed and the mice are able to walk almost normally," he said.

The researchers plan to take their findings to the U.S. Food and Drug Administration next year and apply for human clinical trials, Stupp said.

If effective in humans, the nanofiber therapy could solve a persistent medical challenge — restoring movement to a person



paralyzed by a spinal cord injury.

Damage is tough to reverse

Nearly 300,000 Americans live with a spinal cord injury today, the researchers said in background notes. Less than 3% with complete injury ever recover basic physical functions.

Surgeons do their best to stabilize the spine and repair damage around the spinal cord caused by a car crash, sports accident, gunshot wound, explosion or some other traumatic event, said Dr. Jeremy Steinberger, director of minimally invasive spine surgery for the Mount Sinai

Health System in New York City.

But there's nothing doctors can do right now to directly promote healing of the spinal cord.

"A lot of the time the damage is done and, sometimes, despite a great surgery and a scan that looks good, the patient doesn't have any improvement," said Steinberger, who reviewed the findings. "It's a very frustrating thing as a surgeon to see that we do everything we can but we still have patients who can be vent-dependent, paralyzed, loss of bladder and bowel."...[Read More](#)

Weight-Loss Surgery Slashes Risk of Severe Liver Disease in the Obese: Study

(HealthDay News) -- Weight-loss surgery sliced the risk of severe liver disease or liver cancer in obese people with fatty liver disease, a new study finds.

It included more than 1,100 patients with an aggressive type of fatty liver disease. Patients who had weight-loss (bariatric) surgery had a nearly 90% lower risk of advanced liver disease, liver cancer or related death over the next decade, *The New York Times* reported.

Those outcomes were seen in only five of the 650 who had bariatric surgery, compared with 40 of 508 patients who did not have the surgery, according to the study published Nov. 11 in the *Journal of the American Medical Association*.

Consistent with previous

research, the study also found that patients who had weight-loss surgery were also 70% less likely to have a cardiac event, stroke, heart failure or death from heart disease.

"Obesity is the main driver of the fatty liver -- it all starts with obesity," study author Dr. Ali Aminian, director of the Cleveland Clinic's Bariatric and Metabolic Institute, told the *Times*. "When we have excess fat that accumulates in the liver, it causes fatty liver; then inflammation comes and gets worse, and then scar tissue forms and leads to cirrhosis."

"When a patient loses weight, fat goes away from everywhere, including the liver;

Weight Loss Surgery



inflammation subsides, and some of the scar tissue can reverse and get better," Aminian explained. "Weight

loss is the main factor here." The findings are remarkable, according to senior study author Dr. Steven Nissen, chief academic officer of the Heart and Vascular Institute at the Cleveland Clinic in Ohio.

The liver risk after bariatric surgery "was the lowest I've seen in 30 years of doing studies, an 88% reduction in progression to advanced liver disease," he told the *Times*.

This was an observational study in which the researchers reviewed cases at the Cleveland Clinic over 12 years, so it doesn't prove that weight-loss

surgery directly lowers the risks of severe liver or heart disease.

However, it does add to growing evidence that bariatric surgery may provide additional health benefits beyond weight loss, according to the *Times*. But the surgery was not without risk: Sixty-two of the 650 weight-loss surgery patients in the study group developed serious complications after the operation, and four of them died within a year of having the operation.

About 250,000 bariatric surgeries are performed each year in the United States, which has about 100 million adults who are dangerously obese.

Many People May Be Eating Their Way to Dementia

Eating lots of fruits, veggies, beans and other foods with inflammation-cooling properties may lower your odds of developing dementia as you age.

But, if your diet is loaded with pro-inflammatory foods, you may be up to three times more likely to experience memory loss and issues with language, problem-solving and other thinking skills as you age, new research suggests.

"A less inflammatory diet relates to less risk for developing dementia," said study author Dr. Nikolaos Scarmeas, an associate professor of neurology at National and Kapodistrian University of Athens in Greece.

Exactly how, or even if, diet can help stave off dementia and preserve brain health isn't fully understood yet. "Diet may affect brain health via many

mechanisms, and according to our findings, inflammation may be one of them," Scarmeas said.

For the study, more than 1,000 people in Greece (average age: 73) completed a questionnaire to determine the inflammatory potential or score of their diet. No one had dementia when the study began. Six percent developed dementia during a follow-up of just over three years.

Dietary inflammation scores range from -8.87 to 7.98, with higher scores pointing to a more inflammatory diet. Folks with the lowest scores were less likely to develop dementia than folks with higher ones, the study showed.

Each 1-point increase in dietary inflammatory score was



associated with a 21% increase in dementia risk.

Those with the lowest scores consumed about 20 servings of fruit, 19 of vegetables, 4 of beans or other legumes, and 11 of coffee or tea each week. In contrast, people with the highest scores ate about 9 servings of fruit, 10 of vegetables, 2 of legumes, and 9 of coffee or tea per week.

It's not the whole food per se, but all the nutrients it contains that contributes to its inflammatory potential, Scarmeas explained. Each food has both pro- and anti-inflammatory ingredients.

"In general, a diet with more fruits, vegetables, beans, tea or coffee is a more anti-inflammatory one," he said.

The study does not prove that eating an anti-inflammatory diet

prevents brain aging and dementia, only that there's a link between them.

Longer follow-up is needed to draw any firm conclusions on how inflammatory diet score affects brain health, Scarmeas cautioned.

The findings were published Nov. 10 in the journal *Neurology*.

Dr. Thomas Holland, a physician-scientist at Rush University Medical Center in Chicago, reviewed the findings.

"This study is lending further weight to the mechanism inflammation -- specifically neuro-inflammation -- that much of us understand as being one of the main players in causing cognitive decline and Alzheimer's dementia," he said.

Alzheimer's disease is the most common form of dementia....[Read More](#)

Vibration Therapy May Help Body, Mind in People With MS

Multiple sclerosis patients might be able to think more clearly and move more easily if they regularly undergo whole-body vibration training, a new pilot study reports.

A small group of MS patients who experienced vibration training showed improvements in decision making, information processing, attention and memory, according to **findings recently published in the *International Journal of MS Care***.

They were also able to walk faster and reported improved

quality of life both physically and mentally after the therapy.

Vibration training involves standing on a rapidly shaking platform. The fast-paced vibrations force your muscles to contract and relax dozens of times each second, even though it seems you're passively standing there.

"The mechanical stimulation is very tiny. You can barely feel it because the movement is very small, 1 to 2 millimeters, but it moves very fast," said lead researcher Feng Yang. He is an



associate professor of kinesiology and health at Georgia State University, in Atlanta.

It's being examined as a potentially useful physical therapy for MS patients, stroke victims and people with spinal cord injuries or other movement disorders, said Yang and Kathy Zackowski, associate vice president of research with the National MS Society.

"This idea of using a vibrating platform for therapy has been around for at least 10 years, but the evidence behind it has been

really slowly coming," said Zackowski, who was not involved with the study.

Studies have shown that vibration therapy can improve strength, balance and flexibility in people with MS, Yang said.

But in those physical studies, the researchers thought they saw some improvement in the patients' mental abilities as well.

To test that possibility, Yang and his colleagues drafted 18 adults with MS and randomly assigned half to take vibration training three times a week for six weeks....[Read More](#)

Are You at Risk for Pancreatic Cysts?

Pancreatic cysts can progress into cancer over time, an expert says, so it's important to identify and monitor patients with these growths.

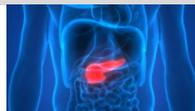
Located between the stomach and the spine, the pancreas produces enzymes that help digest food and secretes hormones -- such as insulin -- that help regulate metabolism.

About 15% of Americans are believed to have pancreatic cysts, which are small fluid-filled pockets that typically cause no symptoms, according to

Dr. Russell Langan, a surgical oncologist at Rutgers Cancer Institute of New Jersey and assistant professor at Rutgers Robert Wood Johnson Medical School in New Brunswick, N.J.

"The great majority of pancreatic cysts are found incidentally on imaging studies which are ordered for other reasons," Langan said in a cancer institute news release.

"Once identified, we encourage patients and doctors to refer to pancreatic care teams where the



characteristics of the cyst, pancreas, family history and other risk factors can all be

assessed by a pancreas multidisciplinary team."

Saint Barnabas Medical Center, where Langan is chief of surgical oncology, has created an online platform to identify, track and monitor patients with pancreatic cysts.

There is no sure way to prevent pancreatic cancer, but doctors can help guide people who are at increased risk or

detect it early when it can be operated on, according to Langan.

"Many pancreas cancers are unfortunately diagnosed late and have either already spread or are not technically able to be removed," he said. "We believe it is exceedingly important to have heightened awareness of pancreas cancer to attempt to identify cancers at earlier stages or even in the pre-cancerous stage."

More information on [pancreatic cysts](#).

Exercise Helps Ease Arm, Shoulder Pain After Breast Cancer Surgery

(HealthDay News) -- Arm and shoulder pain are common for women after breast cancer surgery, and beginning a supervised exercise program soon afterwards can go a long way to easing the discomfort, new research suggests.

As the team of British investigators explained, restricted shoulder movement and chronic pain or swelling in the armpit area can really impact a patient's recovery and quality of life.

However, "we found robust evidence that early, structured, progressive exercise is safe and clinically effective for women at higher risk of developing shoulder and upper limb problems after non-reconstructive breast surgery,"

said the team led by Julie Bruce. She's a professor in the Warwick Clinical Trials Unit at the University of Warwick, in England.

In the new study, Bruce's group tracked outcomes for almost 400 British women, average age 58, who underwent non-reconstructive breast cancer surgery.

Half of them received usual care — simply being handed information pamphlets — while the other half received usual care along with a structured exercise program that was led by physiotherapists. The exercises included stretching, strengthening, physical activity and behavioral changes.

The program began seven to 10 days after surgery, with two



additional appointments one and three months later, the researchers said. One year after surgery, the women in the exercise group said they had lower pain intensity, less arm disability and better health-related quality of life than those in the usual care group.

There were no differences in nerve pain, wound-related complications, surgical site infections, swelling or other complications, according to the study published online Nov. 11 in the *BMJ*.

One expert in the United States wasn't surprised by the findings.

"Exercise is a valid rehabilitative measure, as well as a safe and effective tool to empower cancer patients to

thrive in their recovery," said Dr. Paul Baron, chief of breast surgery at Lenox Hill Hospital in New York City.

The exercise program was also cost-effective, the researchers noted in a journal news release. The exercise regimen ended up costing an average of \$173 (US dollars) per patient, but that was more than offset by an average savings of \$518 (US dollars) per patient in the exercise group when the researchers considered all health care and personal social service costs.

Bruce's team also suggested that their exercise program "is suitable for wider implementation in clinical practice."

Alzheimer's Diagnosis May Come With Big Cost to Social Life

(HealthDay News) -- Alzheimer's is a devastating disease, slowly robbing patients of their memories and even their sense of selves.

Now, new research shows it also robs sufferers of a healthy social life.

"Social relationships are an essential feature of our quality of life and can buffer against cognitive decline," said study co-author Addam Reynolds, a doctoral candidate at the Rutgers School of Social Work in New Brunswick, N.J.

"Given the lack of a cure of these diseases, we must focus on ways people can maintain or improve their quality of life after receiving a diagnosis of Alzheimer's disease and related

dementias," Reynolds said in a Rutgers news release.

The researchers analyzed 2012, 2014 and 2016 data from the Health and Retirement Study -- a national study that surveys U.S. adults and their spouses aged 51 and older -- and compared participants who received an Alzheimer's diagnosis in 2014 to those who did not.

The results showed that two years after an Alzheimer's diagnosis, patients spent less time talking on the phone, had less face-to-face contact with others and went to fewer social and sporting events. The study was published recently in the journal *Dementia and Geriatric Cognitive Disorders*.



The researchers also found that social support didn't increase after diagnosis.

Health care providers and policymakers need to be aware of the negative social impacts of Alzheimer's diagnosis, and identify ways to reduce them and to mobilize support networks after a diagnosis, the researchers said.

It may be especially important to promote informal face-to-face and telephone contact, which is more accessible than formal socializing, they suggested.

"Alzheimer's disease and related dementias are a public health priority that has a significant impact on people with these diseases, their

families and society," said lead study author Takashi Amano, an assistant professor at Rutgers' Department of Social Work.

"In recent years, health professionals have wanted to diagnose people earlier because of benefits like better long-term care planning and less anxiety," he said in the release. "While there are benefits to receiving an earlier diagnosis, negative consequences may include an increased risk of suicide or requesting physician-assisted suicide."

More than 6 million people in the United States were diagnosed with Alzheimer's disease and related types of dementia in 2020.

The value of psychedelics

More people have been turning to psychedelics to treat post traumatic stress disorder, depression and addiction. Mattha Busby reports for [The Guardian](#) on the value of psychedelics, including magic mushrooms and MDMA.

Under the supervision of a psychiatrist, psychedelics have been found to help people cope with nightmarish memories. Psychedelics sometimes can lead to behavioral adaptations. One trial showed that people who

took MDMA under the care of a psychiatrist were more than twice as likely to treat their PTSD as people who took a placebo.

Today, there is no medicinal treatment for PTSD that works, so the value of MDMA could be huge. The FDA might approve it to treat PTSD in 2023 or sooner. It might also approve psilocybin, which is in magic mushrooms. One tiny study found psilocybin to work four times better than



standard antidepressants. There was a time when lawmakers dismissed psychedelic drugs as having no medical benefits, even though there was no evidence behind their thinking. In their view, psychedelics were dangerous, so they kept research on these drugs to a minimum.

Even former Texas governor Rick Perry now believes that psychedelics can help veterans who suffer from PTSD.

Recently, Texas passed a state law to research the value of psychedelics. Oregon lawmakers have already approved legalization of the possession of drugs for personal use. Oregon has also licensed psilocybin therapy. Now, the state is licensing magic-mushroom companies. In Colorado, emergency first responders are being trained in psychedelic harm reduction.... [Read More](#)