

November 26, 2023 E-Newsletter



Message from the Alliance for Retired Americans Leaders

Speaker Johnson Leads Battle Toward Medicare and Social Security Cuts



Robert Roach, Jr.
President, ARA

House Speaker Mike Johnson (R-LA) and senior U.S. senators are following through on their threat to create a so-called "**debt**

commission" that would come up with schemes to slash Social Security and Medicare benefits Americans have earned.

The effort faces steep opposition from President Joe Biden, who earlier this year **said**, "Look, I know that a lot of Republicans, their dream is to cut Social Security and Medicare. Well, let me say this: If that's your dream, I'm your nightmare."

Johnson reiterated his support for a commission during his first speech as Speaker, and the threat became more serious when Senators Mitt Romney (R-UT) and Joe Manchin (D-WV) introduced the bipartisan Fiscal Stability Act, **S. 3262**. That legislation would create a commission tasked with finding legislative solutions to "stabilize and decrease our national debt." Sen. Kyrsten Sinema (I-AZ) is also among the 9 co-sponsors of the bill.

Rep. Bill Huizenga (R-MI) has introduced a bipartisan Fiscal Commission legislative proposal in the U.S. House: **H.R. 5779**, the "Fiscal Commission Act of 2023," which has 20 co-sponsors, including 10 Democrats. The House Budget Committee is expected to hold a hearing to discuss a commission the week

after Thanksgiving.

"These commissions always start with the false premise that Social Security contributes to the national debt, and that Social Security and Medicare should be cut," said **Robert Roach, Jr., President of the Alliance**. "The idea of strengthening Social Security by making the wealthiest Americans pay their fair share and increasing benefits is never considered. To **quote** Rep. John Larson (D-CT) on the expansion of benefits, 'the last time the program was addressed in a significant manner, Tip O'Neill was Speaker and Ronald Reagan was President.'"

Alarming Stat: 1 in 3 U.S. Adults Is Unable to Afford Needed Medication



Rich Fiesta,
Executive
Director, ARA

Rising prescription drug prices continue to have a devastating financial impact on many Americans and their health, with 1 in 3 adults saying they cannot afford to take their prescriptions as prescribed, **according to the Center for American Progress**. A separate 2023 analysis **found** that the 25 drugs with the highest aggregate Medicare spending have more than tripled in price since their entrance into the market.

The Inflation Reduction Act (IRA) is helping seniors, who bear the brunt of higher drug prices, by providing free vaccines and capping insulin prices at \$35 per month, and in 2025 there will be an out of pocket cap of \$2,000 a year for Medicare Part D

beneficiaries.

In addition, corporations with ten of the highest priced drugs in the country are currently negotiating lower prescription drug prices with Medicare — new prices will go into effect in 2026, but the lower prices will only apply to Medicare, and younger Americans will still be subject to exorbitant prices.

Congressional leaders have introduced legislation like H.R. 4115/S. 1139, the Lower Drug Costs for Families Act of 2023, introduced by Rep. Ruben Gallego (AZ) and Sen. Catherine Cortez Masto (NV); and H.R. 4895, the Lowering Drug Costs for American Families Act of 2023, introduced by Rep. Frank Pallone (NJ). Each bill would help stop excessive price hikes. "Congress must address the rampant unaffordability of prescription drugs in this country by extending the cost-lowering benefits of President Biden's Inflation Reduction Act to all Americans," said **Richard Fiesta, Executive Director of the Alliance**.

Alliance Members Turn Out to Support Starbucks Employees Trying to Form a Union



Joseph Peters
ARA
Sec.-Trea.

Alliance members picketed in support of thousands of **Starbucks** employees nationwide who walked off the job Thursday, in the largest work stoppage in the five-decade history of the company. The workers are seeking better working conditions, higher pay,



Texas Alliance (TARA) activists Patricia Murphy, Charlotte Connelly and TARA President Gene Lantz are pictured

and increased staffing levels.

"Alliance members are coming out to support workers in large part because Starbucks is not bargaining in good faith and is doing everything it can to prevent workers from exercising their right to form a union," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "For example, at one Starbucks store in St. Louis that unionized in



lody Weinreich, Alliance Regional Board Member (second from right) with Starbucks employees and allies in Pennsylvania

August 2022, Texas Alliance (TARA) activists Patricia Murphy, Charlotte Connelly and TARA President Gene Lantz are pictured with a Starbucks United organizer in Dallas Thursday company representatives have only attended one bargaining session — and management left that meeting after just 15 minutes. This irresponsible practice has been repeated across the country."

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

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ALLIANCE FOR BETTER LONG TERM CARE

After my experience with the nursing home, Senator Whitehouse's office had the Rhode Island Alliance for Better Long-Term Care contact me to help.

WHAT IS THE RI STATE LONG TERM CARE OMBUDSMAN PROGRAM (RISLTCOP)?

Under the federal Older Americans Act (OAA) every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long-term care system.

WHAT DOES THE OFFICE OF THE RI STATE LONG TERM CARE OMBUDSMAN PROGRAM DO?

The RISLTCOP advocates for residents of nursing homes, assisted living facilities, and those receiving hospice or licensed home care who have been victims of abuse, neglect or financial exploitation. Ombudsmen work to resolve problems these individuals face and effect change at the local, state, and national levels to improve quality of care.

RESPONSIBILITIES OF THE OFFICE INCLUDE:

- ◆ Educating residents, their family, and facility staff about residents' rights and good care practices;
- ◆ Ensuring residents have regular and timely access to ombudsman services;
- ◆ Providing technical support for the development of resident and family councils;
- ◆ Advocating for changes to

improve residents' quality of life and care;

- ◆ Providing information to the public regarding long-term care facilities and services, residents' rights, and legislative and policy issues;
- ◆ Representing resident interests before governmental agencies; and
- ◆ Seeking legal, administrative and other remedies to protect residents

STATEMENT OF PHILOSOPHY

The Office of the State Long-Term Care Ombudsman believes that all older persons and people with disabilities who receive long-term care services should be provided with the highest level of care, have autonomy to direct their care and services, live in an environment of respect, be free from abuse, neglect, and mistreatment and enjoy a quality of life which meets their special individual needs and preferences.

PROGRAM PURPOSE

Advocate on behalf of residents and identify, investigate and resolve through mediation, negotiation, and administrative action, complaints filed by residents or individuals acting on their behalf;

Identify, investigate and resolve, through mediation, negotiation and administrative action, complaints filed by any individual organization or government agency that has reason to believe that a long term



care facility, organization or government agency (responsible for the regulation, inspection, visitation or supervision of facilities or which

provides services to residents of facilities) has engaged in activities, practices or omissions that constitute a violation of applicable statutes or regulations or that may have an adverse effect upon the health, safety, welfare, rights or the quality of life of residents of long term care facilities.

WHO CAN USE THE OMBUDSMAN SERVICE?

- ◆ Individuals residing in nursing homes, assisted living facilities, those receiving licensed home care or hospice services
- ◆ Friends and relatives of individuals receiving long-term care services
- ◆ Long-term care staff members and administrators with resident-related concerns
- ◆ The community-at-large

WHO CAN MAKE A COMPLAINT?

- ◆ Any resident of a nursing home or assisted living residence
 - ◆ Any patient receiving licensed home care or hospice services
 - ◆ Individuals acting on their behalf
 - ◆ Organizations or government agencies
 - ◆ Concerned citizens
- The Rhode Island Office of the

Long Term Care Ombudsman is housed within the Alliance for Better Long Term Care. The Ombudsman office operates as an independent body whose sole purpose is to assist elders and individuals with disabilities that receive long term care services. Long term care services include nursing homes, assisted living facilities, home care, and hospice services, the Bristol Veterans Home, Eleanor Slater Hospital Regan Building in Cranston, and Zambiarano Hospital in Pascoag.

The office works with other federal and state entities in the further assistance of promoting residents' rights. The Ombudsman also raises long term care issues of concern to policymakers. This may include testifying for or against a bill being presented in the legislature.

NON-DISCRIMINATION POLICY

The Office of the State Long-Term Care Ombudsman does not discriminate on the basis of race, color, religion (creed), gender, sexual orientation, gender expression, age, disability, military status, or income in any of its activities or operations. These activities include provision of services to residents and the public, the hiring and terminating of staff and selection of Volunteers.

Visit <https://alliancebltc.org/>

Note: If you live outside of Rhode Island, check your states website to see if they offer this type of support.

5 Medicare Part D "Gotchas" to Avoid

Each year between October 15 and December 7, those on Medicare should take a fresh look at their Part D plan and insurer. This is the only time each year they can change their Part D provider if they find a better deal with another plan.

It's best to reshopper plans using [Medicare.gov](https://www.medicare.gov)'s "find plans" tool. It's an impressive database containing every drug, every dosage and every participating pharmacy. By zip code and county

In practice, the tool is relatively easy to use and

navigate, but it's also easy to have a slip of the finger — and your computer mouse — and get a result that puts the best of us in a panic. Here are five areas where you should be extra watchful when reshopping your Part D plans for your specific drugs to avoid a "gotcha."

1. A Tablet is not a Capsule. That's a \$2,580 Difference!
2. Last Year's Pharmacy May No Longer Be "Preferred-in-Network"
3. The Drug Name You Clicked



May Not Be Your Rx. Did you make a \$10,000 Mistake?

4. The Number of Pills You Take Needs to Match Your Search

5. You Don't Pay the Full Deductible if Your Drugs Don't Cost That Much

5 Tips for Re-Shopping Your Part D Plans This Year

1. You can avoid many of these "gotchas" by setting up your [myMedicare account](https://www.medicare.gov) on [Medicare.gov](https://www.medicare.gov).
2. Be careful with the other Medicare websites out

there. [Medicare.gov](https://www.medicare.gov) is the only website to use.

3. Don't hesitate to change your Part D plan each year.
4. Make sure you get your new Part D card if you change plans.
5. Contact your doctors, specialists, or other health providers who prescribe your drugs.

.....[Read more on each of these "gotchas"](https://www.medicare.gov)

UnitedHealth deprives members of critical rehabilitation care

A new investigation by Bob Herman and Casey Ross, reported in [Stat News](#), reveals that UnitedHealth, Humana and other insurers are using algorithms to deny critical rehabilitation care to people in Medicare Advantage plans, in violation of Medicare rules and endangering their members. (You can bet real money that people needing all kinds of costly care are facing wrongful denials.) The report explains that these insurers are using A.I. software to keep people in critical condition from getting the medically necessary rehab services that people with Medicare get in Traditional Medicare and that the government pays these insurers

to provide their enrollees.

UnitedHealth pushed its staff to adhere to the treating decisions of its NaviHealth software, without regard to the specific needs of rehab patients, endangering their health and well-being. Through these denials, UnitedHealth can keep more of the money that the government gives them to provide care. Not surprisingly, United's NaviHealth software severely restricts or withholds needed care.

NaviHealth staff were fired or quit when they could not tolerate the medical decisions UnitedHealth was pressuring them to make based virtually exclusively on its NaviHealth



software. UnitedHealth continues to claim that it is giving its members all the care they need. Senior former officials at Medicare designed the NaviHealth product, which boosts UnitedHealth's revenue by hundreds of millions of dollars a year. The Centers for Medicare and Medicaid Services, which oversees Medicare, is investigating, but it is clear that it lacks the resources and the power to hold the large insurers offering Medicare Advantage plans to account. It never has. President Biden needs to step in with an Executive Order. Advocates are pressuring members of Congress and the

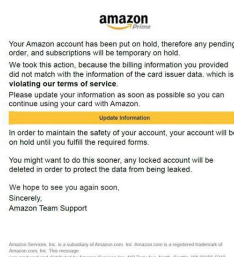
administration to stop these insurers from enrolling new members and, at the very least, to warn enrollees about the risks to their health if they are enrolled in Medicare Advantage plans offered by these insurers. To date, CMS has done little. In fact, the information it provides on Medicare options is extremely misleading, steering people to Medicare Advantage plans that could endanger their health. Several [members of Congress](#), including [Mark Pocan](#), Katie Porter, Pramila Jayapal, and Jan Schakowsky, have sent letters to CMS asking it to hold the insurers to account.

Amazon says Prime scams are on the rise as the holidays approach

Amazon.com is warning that scammers are just as eager as consumers to take advantage of holiday shopping deals, with bad actors trying to gain access to customers' Prime accounts through scam emails, calls and texts. The online retailer said it has seen a surge in [criminal activity](#) involving the ecommerce platform as shoppers use Amazon to make their holiday purchases.

Two types of scams are particularly on the rise, noted Amazon, whose annual pre-Black Friday promotion starts Nov. 17. Reports of so-called

email attachment schemes have doubled in the second half of 2023, according to Amazon. These scams involve criminals posing as Amazon customer service representatives and sending shoppers attachments suggesting that their accounts will be suspended if they don't take action. The emails include a link asking for members' login credentials or payment information, which the scammers



then steal. "The bad thing isn't opening the attachment," Scott Knapp, Amazon's director of worldwide buyer risk prevention, told CBS MoneyWatch. "It's clicking on the link in the attachment, which goes straight to their website, where they start collecting all kinds of information."

Amazon said scammers are posing as Amazon team members to try to steal customers' personal

information. / Credit: Courtesy of Amazon

The second type of scam, which targets members of Amazon's Prime shopping club, has quadrupled over the same time period, according to the company. Scammers are also calling, texting and emailing Prime members about a bogus membership fee or account issue. They ask customers to confirm or cancel the charge by providing payment details, giving criminals the opportunity to steal sensitive information.

AMA unhappy with Medicare payments

AMA unhappy with Medicare payments, silent on health insurer interference in the practice of medicine.

The AMA President, [Jesse Ehrenfeld, MD](#), says he is concerned about "government interference in the practice of medicine." He is also unhappy with Medicare payments. But, his complaints focus heavily on the behaviors of the health insurers and corporate interference in the practice of medicine. Why is he not calling out the health insurers?

The health insurers impose huge administrative challenges on physicians, in the form of paperwork and prior authorization requirements that

drive up costs and create obstacles to care, which Ehrenfeld decries.

In fact, Ehrenfeld claims progress for the AMA because it successfully advocated for some prior authorization fixes in Medicare Advantage, without criticizing the insurers offering Medicare Advantage plans and imposing all sorts of valueless prior authorization requirements. Why is Ehrenfeld withholding criticism of the Medicare Advantage plans when his members have said that the insurers offering these plans are denying, delaying and downgrading needed care to the detriment of their patients?



One in three AMA members have said that insurers' prior authorization rules have ["led to a serious adverse event for a patient in their care."](#) One in four physicians have said that prior authorization has led to an unnecessary hospitalization. And, almost one in five physicians have said prior authorization has led to "a life-threatening event or required intervention to prevent permanent impairment or damage." Nine percent of physicians report that "PA has led to a patient's disability/permanent bodily damage,"

Ehrenfeld says that physicians are facing a 26 percent revenue

cut in Medicare. To what extent are the Medicare Advantage plans to blame for their inadequate payments, as a result of low rates and inappropriate claim denials? We know that the [insurers deny payment to physicians inappropriately](#) and, sometimes, often.

The AMA has a new website called [Fix Medicare Now](#). It opposes proposed cuts to Medicare provider payments. But, it also talks about promoting "value-based" care. In my book, that's code for give the insurance industry the money to oversee care and coverage, to come between patients and their doctors. I hope that's not what the AMA is saying.

The challenges of caring for aging parents in the US

An article in **The New York Times** by Reed Abelson and Jordan Rau captures the plight of family members caring for aging parents in the US. The journalists profile several individuals who are managing care for parents and grandparents, with cancer, dementia and other complex conditions. One woman sums up the situation with these words: “The health care system for the elderly is neglected, broken and inadequate to meet any demands, even the basic needs.”

To be clear, if you are not eligible for **Medicaid**, your long-term care costs could be exorbitant. Medicare does not cover long-term care. For many people, long-term care costs are unaffordable. Even with Medicaid, it can be hard to get long-term care.

Medicaid should be picking up the costs of long-term care for people with low incomes. But, eligibility requirements are restrictive, and even when people meet them, there can be long waits to get needed care. There are not enough health aides, so agencies will hire anyone who is willing to take on this role. When aides don't show up, replacement aides are hard to come by.

To keep costs down, often children of aging parents bring their parents in to live with them. And, while that makes it easier to ensure they are getting needed care, it can keep them from working outside the home. In some cases, older adults cannot be left alone. To make ends meet, adult children are forced to institutionalize their parents so they can work outside the home.

Single adults, living alone and needing to care for aging parents, are in a particularly difficult bind. They lack a partner to share the work of caring for aging parents, while earning an income to sustain themselves. Unless they are wealthy, they have few options when their aging parents develop dementia or otherwise need ongoing help with activities of daily living and are in need of fulltime care.

A 60-year old actor from Topeka, Kansas explains that it cost \$8,000 a month to provide just eight hours a day of care for her mom. That cost is not sustainable for the vast majority of Americans with



limited savings. Then, her mom fell, broke her sacrum, got 100 days of Medicare rehab and was once again left without a viable care plan. Her daughter and her siblings cashed out her life insurance policies to pay \$65,000 for a year of nursing home care. Medicaid eventually picked up some of those costs after her mom spent down more of her assets. Now, her mom has died and the state is asking for almost \$20,000 back.

A California professor and his wife had a plan for his mom, one that would not destroy his own retirement savings. But, his mom lost some cognition after a stroke. The least expensive way to care for her was at an assisted living facility, costing \$4,500 a month. His mom only gets \$1,500 a month from Social Security and has no other funds to cover these costs. He negotiated with the assisted living facility and launched a GoFundMe campaign. But, in his 60's, he's figuring out what new work he can do to pay the balance of his mom's monthly bills.

A 60-year old retiree from Greenville, South Carolina explained that her mom, was getting terrible care in an independent living facility. No one was engaging with her. Before long, her mother got sick and needed a wheelchair to get around in her assisted living facility. The assisted living facility cost \$8,000 each month and was quickly depleting her \$120,000 in savings. She had no additional financial support beyond \$2,500 a month in retirement income. Her daughter and son-in-law were unable to get away until she died.

A 55-year old college professor from Vermont found a new home for her family so that she could move her mom in to live with them. Her mom had been in California, where she could not drive any longer or otherwise adequately care for herself. Her mom had dementia. Adult care was extremely costly. Moreover, her mom became violent. No nursing home would take her. She was sent back to live with her family, who had to give her drugs to calm her. She died soon after.

New Issue Brief Outlines Ways Medicare Should Support Family Caregivers

November is **National Family Caregivers Month**, and the Commonwealth Fund has released a timely issue brief that outlines ways Medicare could be improved to better support family caregivers. These short- and long-term policies fall into four categories: covering in-home services and supports, providing financial support, enabling better access to information, and promoting research on family caregiving.

Millions of people with Medicare need long-term services and supports (LTSS) to help with activities of daily living such as bathing and dressing, medical care, prescription management, housekeeping and other chores, transportation, and other supports to live safely and independently.

However, Medicare generally does not cover this care, forcing many beneficiaries to pay out of pocket, rely on family and unpaid

caregivers, or both. The program also lacks coverage for most caregiver supports, leaving many families scrambling to afford and supply the necessary care. People enrolled in Medicaid, including those who also have Medicare, typically have access to some financial and structural assistance, including pay for family caregivers. But this and other Medicaid LTSS coverage—in particular for Home and Community Based Services (HCBS)—can be limited and difficult to navigate.

And the stakes are high. Without community-based care, some Medicare-only beneficiaries may be forced to spend down to Medicaid to qualify for help. Even then, because Medicaid HCBS is woefully underfunded, they—as well as Medicare beneficiaries who can privately pay for institutional long-term



care—may have to leave their homes and communities to live in a nursing home.

Family caregivers play a crucial role in preventing those outcomes. **Previous analysis** explains that the vast majority (92%) of people with LTSS needs who live outside of institutions receive unpaid assistance from family and friends. This caregiving workforce—about **38 million** people—provides services with a staggering estimated economic value of over \$600 billion annually. This value is not created without cost. Nearly 80% of family **caregivers report spending** a quarter of their own income (on average) in providing these services; Black and Latinx families spend even more, with expenses totaling 34% and 47% of their income, respectively. Many also face employment

costs; six in ten have experienced at **least one negative impact or change** in their employment situation due to caregiving.

Commonwealth's issue brief highlights many changes that could be made to the Medicare program to enable families to better cope with in-home care needs. For example, the brief recommends eliminating the “homebound” requirement in the Medicare home health benefit and better ensuring that people with complex or chronic needs have access to home health. This is an important and needed change. The definition of “homebound” currently causes confusion for beneficiaries and providers alike because it does not mean the person is literally unable to leave their home; **eliminating it in home health would increase access to this vital care....Read More**

Why health insurers deny necessary care and get away with it

If you're wondering why insurance companies deny necessary care and get away with it, it's not only that the insurers are pulling all the strings and have become too big to fail. It's that different doctors often have different opinions about what is medically necessary. A new report from the Center for Improving Value in Health Care focuses on the health care that people get that the Center says is not medically necessary, driving up health care spending, reports Markian Hawryluk for **KFF Health News**.

The amount spent on unnecessary care or "low value" care in Colorado, as reported—\$134 million in 2022—seems relatively small. The Center says it is the tip of the iceberg. But who is to judge what is low-value care? The health insurance companies should not be the judge when they profit from denying care.

There is tremendous risk in

turning authority over treatment decisions from physicians to insurance companies, as Medicare has done through the Medicare Advantage program. Where is the value in handing buckets of money to health insurance corporations who can deny coverage for low, medium and high value care without justification, in secret, largely with impunity, in order to maximize profits?

And, we continue to hear horror stories of the health insurers denying needed care through AI algorithms and staff physicians who earn bonuses when they don't refer patients for costly specialty care. Why would we trust the insurance companies and their staff to get coverage decisions right when they have no understanding of particular patient conditions and an incentive to deny care? **Read this post on how UnitedHealth is using AI to deny rehab care to**



vulnerable older adults without regard to their particular conditions and weep.

Of course, there is no perfect payment system. The Center for Improving Value in Health Care appears to like the idea of giving insurers buckets of money to cover care. But, rather than giving insurers the discretion over these treatments, isn't the fix to have national policies, publicly vetted, about what is covered and not covered? If opiates, antipsychotics and screenings for Vitamin D deficiency are really unnecessary in most cases, why are insurers covering them?

A capitated payment system—one in which the insurers are handed money upfront to "manage" care—simply changes the incentives, disregarding physician opinions, working against patients, and rewarding insurance companies for giving less care or for denying care inappropriately. And, corporate

health insurers operate in a proprietary or secret system. Researchers can't even learn whether what insurers are doing when they deny care is endangering people's lives or helping them. How does that add value?

What's crystal clear is that if we are going to improve the health care system, we need to collect and review patient data. We need to know what is working and not working. We need to know in real-time what's happening to protect people from insurance companies that put their profits first. And, we need to be doing what other wealthy nations do: Dictating all the terms of coverage, removing discretion over coverage decisions from insurance companies, so that people can count on getting the care they need without delay and are not forced to gamble with their health.

Medicare Rights Joins Legal Fight in Defense of Drug Price Negotiation

Last week, the Medicare Rights Center joined with other advocacy organizations **to urge a federal court to reject claims by AstraZeneca**—a major pharmaceutical company—that the Medicare drug price negotiation is unconstitutional.

The Inflation Reduction Act (IRA) created a new program to allow the Department of Health and Human Services (HHS) to negotiate prices for some of the costliest drugs taken by people with Medicare. In early 2023, the nonpartisan **Congressional Budget Office (CBO)** **estimated** that negotiation will save billions of dollars for

beneficiaries, taxpayers, and Medicare while improving beneficiary health outcomes and program solvency.

In August, HHS announced **the 10 drugs that would be negotiated in the first wave**.

This list included the drug Farxiga, a diabetes medication distributed by AstraZeneca. In October, **HHS announced** that all of the manufacturers of the 10 drugs that were selected for **negotiation had agreed to participate in the negotiation program**.

But many of the selected pharmaceutical companies also



filed lawsuits citing various objections to the law, including constitutional claims.

All of these cases are in very early stages, but in one—**Dayton Area Chamber of Commerce v. Becerra**—a judge **has denied the plaintiff's request for a preliminary injunction and appeared unconvinced** that the constitutional claims had merit.

AstraZeneca's **lawsuit claims** that the negotiation program denies the company due process under the Fifth Amendment because it requires manufacturers to negotiate prices

and also flags the detrimental effects the program will have on innovation and access to cutting-edge medications.

Medicare Rights joined AARP, the AARP Foundation, the Center for Medicare Advocacy, and Justice in Aging in filing an **amicus brief** urging the court to deny AstraZeneca's claims. The term "amicus brief" reflects that none of our organizations are either plaintiffs or defendants in the lawsuit, but we are strongly supportive of the defendants and wished to ensure the court heard our information in support of the defendants' position....**Read More**

Extra Fees Drive Assisted Living Profits

Assisted living centers have become an appealing retirement option for hundreds of thousands of boomers who can no longer live independently, promising a cheerful alternative to the institutional feel of a nursing home.

But their cost is so crushingly high that most Americans can't afford them.

These highly profitable facilities often charge \$5,000 a

month or more and then layer on fees at every step. Residents' bills and price lists from a dozen facilities offer a glimpse of the charges: \$12 for a blood pressure check; \$50 per injection (more for insulin); \$93 a month to order medications from a pharmacy not used by the facility; \$315 a month for daily help with an inhaler.

The facilities charge extra to



help residents get to the shower, bathroom, or dining room; to deliver meals to their rooms; to have staff check-ins for daily "reassurance" or simply to remind residents when it's time to eat or take their medication. Some even charge for routine billing of a resident's insurance for care

"They say, 'Your mother forgot one time to take her medications,

and so now you've got to add this on, and we're billing you for it,'" said Lori Smetanka, executive director of the National Consumer Voice for Quality Long-Term Care, a nonprofit.

About 850,000 older Americans reside in assisted living facilities, which have become one of the most lucrative branches of the long-term care industry that caters to people 65 and older....**Read More**

Most Americans reject GOP plan to slash Social Security benefits, poll shows

Yes, Republicans have called for cuts to Social Security and Medicare

The poll, conducted by Data for Progress, a progressive think tank, showed that 82% of all likely voters somewhat or strongly oppose policies that would mean “Americans currently under 50 would receive fewer Social Security benefits when they retire than those who receive Social Security benefits today.”

The opposition was consistent across party lines: 84% of Democrats, 83% of Republicans, and 80% of Independents or third-party voters. The figures were also roughly the same regardless of age, gender, and education level.

The poll also found that 72% of respondents—including 76% of Democrats, 66% of Republicans, and 72% of Independents or third-party voters—are “less likely to vote for a candidate who supported cutting future Social Security benefits for Americans currently under 50.”

“Voters would rather see taxes on wealthy Americans to ensure Social Security remains a guarantee for all,” said Sean McElwee, co-founder and executive director of Data for Progress.

The poll results echo a similar survey by AARP, which found that 85% of Americans age 50

and older oppose cutting Social Security or Medicare benefits to reduce the federal deficit.

The AARP survey also found that 87% of Americans age 50 and older view the federal deficit as a big problem, but they prefer other solutions than cutting vital programs.

“Older Americans overwhelmingly oppose cutting Social Security and Medicare to reduce the deficit. Proposals like the TRUST Act would give a handful of lawmakers the power to propose cuts behind closed doors with fast-track legislative consideration with minimum transparency and oversight from voters,” said Nancy LeMond, AARP Executive Vice President and Chief Advocacy & Engagement Officer.

The TRUST Act is a bill that would create a 12-member committee that could fast-track cuts targeting Social Security and Medicare. AARP and other advocacy groups have urged Americans to make their voices heard in support of Social Security and Medicare and oppose the TRUST Act.

Social Security and Medicare are especially important for millions of older Americans who rely on them for income and health care coverage. According to AARP research, nearly half (49%) of all Social Security



recipients over age 65 rely on the program’s benefits for at least half their income. And about a quarter of Social Security

beneficiaries over age 65 live in families that rely on Social Security for at least 90% of their income.

“Social Security and Medicare were particularly important during the coronavirus pandemic, with the former being a stable source of income for more than 34 million older households and the latter providing critical health care coverage to more than 62 million enrollees,” according to AARP research.

The Republican push to cut Social Security benefits is not new. Back in January 2020, then-President Donald Trump—who is currently the front-runner for the GOP’s 2024 nomination, despite his various legal issues and the argument that he is constitutionally disqualified from holding office again—said that programs like Social Security are “the easiest of all things” to cut.

Three of Trump’s Republican 2024 opponents—Florida Gov. Ron DeSantis, ex-Vice President Mike Pence, and former South Carolina Gov. Nikki Haley—are now publicly pushing for changes to the program that would affect younger people. Republicans in the U.S. House of Representatives have also set

their sights on the program and are currently fighting for funding cuts to the Social Security Administration that would “devastate the agency’s ability to serve the American public.”

Meanwhile, some Democrats have also shown signs of wavering on protecting Social Security benefits. “Meanwhile, the president’s support appears to have tempered opposition to Social Security cuts within the Democratic Caucus. A work-in-progress whip count from Social Security Works so far counts a dozen Democrats in the Senate and 46 in the House whose statements suggest they would oppose any deal including chained CPI,” according to USA Politics NEWS.

Chained CPI is a measure of inflation that would result in lower annual cost-of-living adjustments for Social Security beneficiaries.

The Data for Progress poll was conducted among 1,016 likely voters from July 30 to July 31. It has a margin of error of plus or minus 3.1 percentage points. The AARP survey was conducted among 1,016 adults ages 50 and older from April 22 through April 26. It has a margin of error of plus or minus 4.33 percentage points.

How Much Bigger Will Your Social Security Checks Be In 2024?

Social Security retirees will get bigger benefit checks next year. That's thanks to the cost-of-living adjustment (COLA) that will be applied. COLAs raise the amount of Social Security benefits to help ensure retirees don't lose ground due to inflation when a consumer price index shows costs of goods and services are going up.

But just how much will your monthly payment increase? Here's what you need to know.

This is how much your benefits will increase in 2024

In 2024, **Social Security** recipients will get a 3.2% cost of living adjustment. This means benefits will increase by 3.2%.

You can't necessarily just multiply your current benefit by

3.2%, though. That's because Social Security applies the COLA to something called your *primary insurance amount* (PIA). Your PIA is the benefit you're entitled to, based on average wages, if you retire at a designated age called your full retirement age (FRA). FRA is based on your birth year.

If you retired right *at* your FRA, you can determine the value of your COLA by doing simple multiplication, since your monthly benefit will be equal to your PIA. If you were receiving a benefit of \$1,500, multiply that by the 3.2% COLA to see that your COLA would be worth \$48 per month.

But if you started Social Security early or late, you'd have



to apply the COLA to your primary benefit and *then* calculate the effect of either early filing penalties or delayed retirement credits that applied based on your claiming age.

For example, let's say you claimed benefits two years ahead of your full retirement age. Because of early filing penalties, your PIA would have been reduced by 13.3%. Assuming you had a PIA of \$1,500, here's how the calculation would look:

- ◆ You would currently be receiving a benefit of \$1,300
 - ◆ Your COLA would be applied to your PIA of \$1,500, so it would be worth about \$48
- However, early filing penalties

of 13.3% would then apply, so the COLA would be worth around \$41 (Social Security truncates benefits to the next lower dime).

You'd end up with a new monthly payment of \$1,341. That's pretty much the amount you'd end up with if you just multiplied \$1,300 times 3.2%. So most people *can* just multiply 3.2 times their current benefit to get a pretty accurate estimate of what their COLA will add up to in 2024. Still, it's worth noting that this calculation method may be a few dollars off due to the specific formula used.

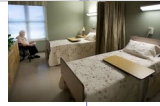
Don't forget about Medicare premium increases...[Read More](#)

CMS Announces Additional Ownership Disclosure Requirements for SNF/NF

The Biden-Harris Administration is taking additional action to empower nursing home residents and their families to make informed decisions about care and to hold nursing homes accountable for the service they provide by requiring nursing homes to disclose additional ownership and management information to CMS and states and making this information public.

It has become increasingly important to scrutinize ownership arrangements as recent studies — including [research](#) released today by the Department of Health and Human Services (HHS) Office of the Assistant

Secretary for Planning and Evaluation — show that private equity ownership is associated with poorer staffing conditions and resulting decreases in quality of care. Today's final rule includes definitions of private equity and real estate investment trusts, setting the stage for identifying whether a nursing home belongs to one of these types of owners. These actions continue to build on the Biden-Harris Administration's unwavering commitment to [improving the safety and quality of care in the nation's nursing homes and President Biden's historic Executive Order on Promoting](#)



[Competition in the American Economy](#). Earlier this year, CMS and HHS also [proposed a rule](#) in September to establish national minimum staffing standards for nursing homes to enhance the quality and safety of care.

"HHS continues to take action to improve the safety, quality, and accountability of nursing homes," said HHS Secretary Xavier Becerra. "The Biden-Harris Administration believes that residents living in nursing homes should receive the dignity, care, and respect they deserve. Taking steps to help consumers to learn more about the owners of a

nursing home will allow them to make the choice that best meets their needs."

"CMS is committed to leveraging our tools to improve safety and quality of care in nursing homes," CMS Administrator Chiquita Brooks-LaSure said. "By strengthening our ability to examine nursing home ownership, including private equity and real estate investment trusts, we can improve transparency for the people we serve and their loved ones, researchers, and regulators, and enable better informed decisions about nursing home care..."[Read More](#)

Compensation Is Key to Fixing Primary Care Shortage

Money talks.

The United States faces a serious shortage of primary care physicians for many reasons, but one, in particular, is inescapable: compensation.

Substantial disparities between what primary care physicians earn relative to specialists like orthopedists and cardiologists can weigh into medical students' decisions about which field to choose. Plus, the system that Medicare and other health plans use to pay doctors generally places more value on doing procedures like replacing a knee or inserting a stent than on delivering the whole-person, long-term health care management that primary care physicians provide.

As a result of those pay disparities, and the punishing workload typically faced by primary care physicians, more new doctors are becoming specialists, often leaving patients with fewer choices for primary care.

"There is a public out there that is dissatisfied with the lack of access to a routine source of care," said Christopher Koller, president of the Milbank Memorial Fund, a foundation that focuses on improving population health and health equity. "That's not going to be addressed until we pay for it."

Primary care is the foundation of our health care system, the only area in which providing



more services — such as childhood vaccines and regular blood pressure screenings — is linked to better population health and more equitable outcomes, according to the National Academies of Sciences, Engineering, and Medicine, in a [recently published report](#) on how to rebuild primary care. Without it, the national academies wrote, "minor health problems can spiral into chronic disease," with poor disease management, emergency room overuse, and unsustainable costs. Yet for decades, the United States has underinvested in primary care. It accounted for less than 5% of health care spending in 2020 — significantly

less than the average spending by countries that are members of the Organization for Economic Cooperation and Development, according to the report.

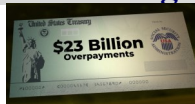
A [\\$26 billion piece of bipartisan legislation](#) proposed last month by Sen. Bernie Sanders (I-Vt.), chair of the Senate Health, Education, Labor, and Pensions Committee, and Sen. Roger Marshall (R-Kan.) would bolster primary care by increasing training opportunities for doctors and nurses and expanding access to community health centers. Policy experts say the bill would provide important support, but it's not enough. It doesn't touch compensation....[Read More](#)

New Social Security Report Shows Growing Overpayment Problem Tops \$23B

A new financial report released by the Social Security Administration this week shows that the scope of the agency's overpayment problem has continued to grow. As of Oct. 1, the SSA had an uncollected balance of \$23 billion in overpayments — money the agency had determined it mistakenly paid to beneficiaries across the country but had not been able to claw back, despite repeated attempts to do so. In September, [a series of investigative reports](#) by KFF Health News and Cox Media Group television stations [first revealed the magnitude of the problem](#) and shared the

experiences of dozens of people who've received letters from the federal agency demanding repayment, sometimes in the tens of thousands of dollars. At the beginning of fiscal year 2023, the agency's uncollected balance of overpayments was \$21.6 billion.

Its latest ["Agency Financial Report"](#) also revealed that the SSA made approximately \$11.1 billion in new overpayments to beneficiaries during federal fiscal year 2022, the most recent year of data available. That figure represents more than a 65% increase from overpayments made the previous year. For the past several years, the agency



routinely distributed between \$6 billion and \$7 billion in new overpayments each year.

The report shows the majority of the 2022 overpayments occurred within the Old-Age, Survivors, and Disability Insurance (OASDI) programs, an estimated \$6.5 billion. Those programs provide retirement and survivors' benefits to qualified workers and their families, or support workers who become disabled and their families.

In prior years, most of the overpayments occurred within the Supplemental Security Income program, which provides financial support to aged, blind,

and disabled adults and children who have limited income and resources. In 2022, overpayments within the SSI program topped \$4.6 billion, which is similar to previous years.

The SSA had not yet responded to a request for an explanation of the significant increase in overpayments within OASDI.

The report said \$1.6 billion of the OASDI overpayments and \$287 million of the SSI overpayments were within the agency's control, meaning they weren't the beneficiaries' fault....[Read More](#)

Best exercise for older adults? The squat

Michelle Crouch writes for **AARP Magazine** that the best exercise for older adults is the squat. Why? Because more than anything else, as you get older, you want to be able to get up from a chair and sit back down in a chair or a car or a toilet, with facility.

It's not to say that you shouldn't be working all your muscles up and down your body. You should be **walking every day** for at least 20 minutes, if you can. Planks and pushups are great for strengthening your core. Crunches are good for tightening your abs.

But, if you can only do one exercise, the squat is most

critical. If you can't squat, you will face a series of challenges throughout the day.

Squats make your calves, your quads, your hamstrings and glutes stronger. They also strengthen your lower back and core. These muscles all help with activities of daily living, such as dressing, bathing, and toileting.

Squats have other benefits. They can help protect your knees and hips. They can help with balance. They can keep you from falling.

The strong leg muscles squats help you develop also help you live longer. One study found that people with strong quadriceps



had a smaller risk of dying over six years than people with weak quadriceps.

If you've never practiced a squat routine, here's what to do: Hold on to the kitchen counter or another comparable surface. That will help ensure you are stable. Your feet should be about as wide apart as your shoulders or a little wider, if that's more comfortable. Point your toes outward a bit.

From the standing position, while keeping your back straight and feet solidly on the ground, move your hips back in the same fashion as you would move your hips back to sit on a chair. Your

weight should be on both feet, with more weight on your heels. Your knees should not be over your toes.

Repeat this exercise eight or ten times twice, at a relatively fast clip. Two seconds to go down and two seconds to go up. Do this routine three times a week. And, be sure not to hunch over.

As you get stronger, you can remove your hands from the counter and cross them on your chest or keep them by your side. You should be able to do 15 squats twice without tiring. You can then try holding some weights as you squat.

Heart Valve Surgery? A-fib Afterwards Could Mean Danger

The irregular heartbeat known as atrial fibrillation ("a-fib") is common after many heart surgeries, and doctors have tended to view it as transient and harmless.

That may not be the case when it comes to surgeries to repair the heart's valves, however.

New research suggests folks who develop post-op a-fib in these cases have poorer outcomes and survival.

"Our results suggest that postoperative atrial fibrillation is more harmful than people once thought," first author **Dr.**

Whitney Fu said in a University of Michigan news release. She's a general surgery resident at University of Michigan Health in Ann Arbor.

The new study was published recently in the ***Journal of Thoracic and Cardiovascular Surgery***.

In their research, Fu and colleagues tracked patient outcomes for nearly five months among more than 900 people who underwent mitral valve surgeries between 2011 and



2022.

The mitral valve helps control "inflow" to the left side of the heart. None of the patients had any history of heart arrhythmias prior to their surgeries, but 39% went on to develop a-fib after their operation, the team said. About a quarter of those patients developed the irregular heartbeat within a month of their surgery.

People with post-op a-fib had more than triple the risk of developing permanent atrial fibrillation, compared to people

without this post-surgical complication, the team noted.

In turn, people who developed permanent a-fib after their valve surgery faced a nearly fourfold risk of a "neurological event" such as stroke, the Michigan researchers reported.

Overall, the risk of dying during the study period for those who developed post-op a-fib was nearly double that of those whose heart rhythms remained healthy, Fu's group found....**Read More**

Many Women With Breast Cancer Struggle With Sexual Health

For many women with breast cancer, struggles with sexual issues becomes a hidden burden, new research shows.

Because most patients don't feel comfortable talking over these issues with a doctor, many turn to online patient-support forums for advice.

The new study found that three-quarters of breast cancer patients admitted to some form of sexual dysfunction, most often vaginal dryness or pain upon penetration.

However, instead of going to physicians for advice, "women with breast cancer are taking the initiative to fill the gap in their care for sexual symptoms by seeking, innovating and sharing

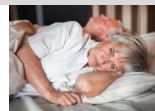
solutions amongst themselves," concluded a team led by **Christiana von Hippel**.

She's a graduate researcher at Dana-Farber Cancer Institute and Harvard T.H. Chan School of Public Health, in Boston.

In the study, von Hippel's group conducted a survey of 501 adult members of the popular Breastcancer.org online forum community.

Seventy percent said they had remained sexually active at the time they completed the survey. About two-thirds identified as heterosexual, and about two-thirds were partnered.

Forty-seven percent said they'd



been very or extremely satisfied with their sex lives prior to cancer treatment, but 44 percent also said

they'd experienced a significant worsening of their sex life post-diagnosis.

Vaginal dryness and/or pain upon penetration were the most common issues cited, and 57% of respondents said they'd never discussed the sexual side effects of cancer treatment with a physician.

Instead, many (35%) said they talked over these issues with peers or looked independently for answers.

Common solutions to "pain reduction" included using

coconut oil as a lubricant during sex or simply trying other positions, von Hippel's group said.

Masturbation and viewing erotica were common suggestions to help enhance sexual arousal, the survey showed, as was a change in "mindset" when it came to sex, part of what the researchers dubbed "emotional coping."

Not everyone was helped by these approaches, however, and the Boston team said in a university news release that physicians need to do more to initiate conversations with patients over matters of sexual health.

As Suicide Rates Climb, Older Men Are Most Vulnerable

As U.S. suicide rates continue to rise, new government data shows older men have become the most susceptible.

In a **report** published Wednesday, researchers from the U.S. Centers for Disease Control and Prevention found there were about 30 suicide deaths for every 100,000 men aged 55 and older in 2021. That number is more than double the overall rate of just over 14 suicide deaths for every 100,000 people that year.

The older a man, the greater his risk for suicide: Those 85 and older saw 56 suicide deaths for

every 100,000 people, a statistic that surpassed any other age group.

Suicide is complex, **Dr. Yeates Conwell**, a psychiatry professor at the University of Rochester, told *CNN*.

Five factors can fuel suicide risk -- depression, disease, disability, disconnection and deadly means -- and these risk factors can be "relatively more salient for older adults," he said.

"Imagine a Venn diagram with these five circles, each representing one of those 'Ds'



that overlap. The more of the intersecting circles one is in, the greater the risk," said Conwell, who also leads a geriatric psychiatry program and co-directs the university's Center for the Study and Prevention of Suicide.

A combination of more physical illness and disability, along with more social isolation and more loss, leaves older adults more vulnerable to suicide, he explained.

Even so, older women seem less susceptible to suicide than their male peers.

While the suicide rate among older women has increased over the past two decades, it still falls far below the rate among older men. There were about 6 suicide deaths for every 100,000 women 55 and older in 2021, according to the new report.

Firearms may be fueling this gender difference, experts say.

More than half of suicides involve guns, but firearms are an even more common method among older men, used in at least three-quarters of suicides among men 65 and older in 2021, the report found....[Read More](#)

Available Now: More Free Federal Government COVID Tests

A new round of four free COVID-19 tests is available for order from the federal government, the **U.S. Postal Service** announced Monday.

The free additional tests are being made available as health officials prepare for an expected resurgence in the virus due to holiday gatherings and the ongoing cold and flu season.

Tests will start shipping for free starting the week of Nov. 27, the USPS says on its ordering website.

Tests also can be ordered online at [COVID.gov](https://www.covid.gov), same as the last round of free tests offered in September.

Households that didn't order in September will be able to place two orders at the same time, for a total of eight free COVID tests.

About 56 million tests have been delivered so far this season,

according to the U.S. Department of Health and Human Services (HHS). That means about 14 million American households have requested tests.

HHS supplies the tests out of a stockpile of previously purchased kits.

Some kits might show expired dates, but the U.S. Food and Drug Administration (FDA) has extended the expirations of many home COVID tests.

The [COVID.gov](https://www.covid.gov) and USPS web sites urge people to check the expiration date of COVID tests they have on hand against dates posted at the FDA website, to avoid tossing out still-good tests that bear an now-inaccurate past-due expiration date.

Health officials are urging Americans to use COVID tests whenever sick, to reduce the risk



of spreading the disease. People who test positive are urged to isolate, even if they aren't symptomatic.

COVID-19 testing also can help people detect their illness early enough to seek out a course of Paxlovid, the antiviral medication approved to prevent severe illness.

Health officials have been closely tracking COVID data, and expect cases to increase this winter.

ER visits and hospitalizations associated with COVID infections have started to rise slightly nationwide, according to the U.S. Centers for Disease Control and Prevention.

COVID still makes up the largest share of ER visits for viral respiratory illnesses in the U.S., despite flu and RSV trends

accelerating in recent weeks, CBS News says.

Officials also are asking people to take other steps to protect their health and prevent the spread of COVID.

"I hope you're still wearing masks when you need to. I hope you're getting that updated vaccine," HHS Secretary **Xavier Becerra** told a group of public health organizations last week, according to CBS News.

Becerra said he recently got back from a cross-country flight with his 90-year-old mother.

"There weren't many people masked, but we were, thank God. Actually, she's the one that brought out the mask first and reminded me, because the last thing I need is for her going into Thanksgiving to have contracted COVID," Becerra said.

Several Alzheimer's vaccines enter clinical trials amid breakthrough treatments' success

Breakthrough **Alzheimer's treatments** that remove toxic proteins from the brain have revived interest in vaccines to treat the memory-robbing disease, potentially offering a cheaper, easy-to-administer option for millions of people, according to interviews with 10 scientists and company executives.

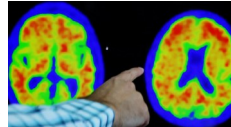
Clinical trials are underway or completed for at least seven Alzheimer's vaccines designed to harness the immune system to rid the brain of the disease-related proteins beta amyloid or tau, a review of the U.S. government's

ClinicalTrials.gov database found. More are on the way.

The renewed interest in Alzheimer's vaccines follows a promising first attempt more than 20 years ago that was abandoned after 6% of study volunteers developed life-threatening brain inflammation known as meningoencephalitis.

THE 8 BIGGEST ALZHEIMER'S DISEASE MYTHS — AND THE TRUTHS BEHIND THEM

Researchers then pivoted to a safer route, infusing highly targeted man-made antibodies



into patients that sidestep the body's immune machinery.

Eisai and Biogen's newly launched Leqembi and Eli Lilly's donanemab, now under U.S. regulatory review, are two such treatments that cemented the view that removing amyloid is key to fighting Alzheimer's in people with early-stage disease. That success followed years of failures that left many experts questioning the amyloid theory.

Scientists, including those at Vaxxinity, AC Immune and Prothena, believe they now understand what went wrong

with the first vaccine and are testing shots they hope will provoke an immune response without causing excess inflammation. The U.S. Food and Drug Administration has given the first two fast-track status, which should speed review of those vaccines.

Dr. Reisa Sperling, an Alzheimer's researcher at Mass General Brigham **in Boston**, said she believes vaccines will play an important role as researchers look to prevent Alzheimer's. "I'm very keen that that's where we need to go."...[Read More](#)

Failing Health Leaves Older Americans Vulnerable to Scams, Poll Finds

Scams are nothing new and older folks are known to be vulnerable to them, but a new **poll** adds another sad fact to the familiar story.

Among people aged 50 to 80, those who reported being in fair or poor physical or mental health, those with disabilities and those who rated their memory as fair or poor were more likely than their healthier peers to say they'd been the victim of fraud.

The study "adds important new data to ongoing efforts to reduce the devastating toll of scams on older adults' finances and well-being," poll director **Dr. Jeffrey Kullgren** said in a news release. "We also found that no matter

what their health status, older adults feel strongly that government and businesses should do more to educate and protect against scams."

Overall, three of every four older adults said they have experienced a fraud attempt by phone, text, email, mail or online in the past two years, while 39% said they've been victims of at least one scam.

But the poll uncovered an especially strong link between poor health and their vulnerability to scams – both being able to spot one and becoming the victim of one.

Even if they'd hadn't been



scammed, older adults with health issues were more likely to lack confidence in their ability

to spot one.

The results, from the University of Michigan National Poll on Healthy Aging, also suggest vulnerability among older adults who live alone or have lower incomes.

When the poll team looked at health status among those who had experienced a scam attempt, they found stark differences.

About 50% of older adults who had been targeted by a scam and who said they have a health problem or disability that limits daily activities reported

experiencing fraud, compared with 35% to 38% of those in better health or with no limits on their daily activities.

There was also a gap in scam experiences by income, with 46% of those with annual household incomes under \$60,000 more likely to report that they'd experienced fraud from a scam, compared with 36% of those with higher incomes.

Even when they hadn't fallen prey to a scam, more than half (57%) of older adults overall expressed uncertainty about their ability to see a scam coming....[Read More](#)

Heart Trouble & Traveling Over the Holidays? Experts Offer Tips

It's not simple traveling if you have heart disease, but a chronic condition needn't keep someone from seeing friends and family during the holidays, the American Heart Association (AHA) says.

Most people only need to toss a few clothes and essentials into a bag before they hit the road or catch their flight, but not folks who have heart problems, said **Dr. Gladys Velarde**, a professor of medicine at the University of Florida in Jacksonville.

"It's not always that simple for people who have chronic health conditions that require multiple medications or special medical equipment," Velarde said in an AHA news release. "There are

also considerations for how to maintain your health and not put yourself at increased risk."

But with a little pre-travel prep, people with heart problems can overcome the special challenges they might face while traveling, the AHA says.

"Anticipating a big trip can be stressful for many – and stress is not good for your health," Velarde said. "Every individual's condition is unique, and you'll want to tailor your travel plans to your specific needs. By taking a little time now to plan and prepare, you can enjoy your holiday."

AHA tips include:



◆ Talk to your doctor or heart specialist about your travel plans and ask them for tips on managing your specific health problems while on the road

◆ Carry a copy of your key medical records, contact info for your doctors and a list of all your prescriptions

◆ Make sure you have enough meds to last your entire trip, and clearly label them

◆ Keep time zones in mind and adjust your medication schedules accordingly

◆ Plan for transporting medications that need to be refrigerated

◆ Pack any special medical equipment you might need, like a blood pressure cuff or glucose monitor.

"Depending on where you're traveling, you'll also want to do some research and planning specific to the location," Velarde added.

"The local climate and elevation may impact how you feel -- extreme heat or cold can affect circulation and put extra strain on your heart," she said. "In high altitudes there is less oxygen in the air, and that means less oxygen will be carried in your blood."...[Read More](#)

'Tis the Season to Be Stressed, New Poll Finds

The song says 'tis the season to be jolly, but many Americans find it to be more the season of stress and worry, a new survey reports.

The strain of inflation and world affairs this year are adding to the other holiday-time stressors to create a toxic mental health cocktail, according to findings from Ohio State University's Wexner Medical Center and College of Medicine.

Survey results show that:

◆ 81% of Americans are stressing out over national issues and world affairs

◆ 75% are stressed about rising prices and holiday spending

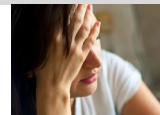
◆ 53% are stressed from

increasing cases of flu, COVID and other respiratory illnesses

◆ 44% are stressed from memories of last year's holiday travel meltdown

These findings run counter to the notion that holidays are supposed to be a time for families and friends to connect, recharge and enter the new year with a fresh outlook, said researcher Nicole Hollingshead, a psychologist in the Department of Psychiatry and Behavioral Health at the Wexner Medical Center.

"The holidays kind of bring on this feeling of sadness and struggle when we really want it to be more of a joyous time,"



Hollingshead said in a university news release. "I encourage people to reflect on what the holidays meant for you growing up. And most of the time I don't hear people reflect on, 'I loved having all the presents, or I remember every single thing that someone gave me.' Instead, it's more of the feeling of the holidays."

People can resist holiday stress by stepping back and taking charge of what they can control, rather than focusing on things they can't, Hollingshead said.

For example, people can:

◆ Plan your holiday budget and take steps to reduce spending in response to anxiety over high

prices.

◆ Limit the time spent watching TV news and doom scrolling online news and social media, to manage stress over national and world affairs.

◆ Catch up on recommended vaccinations and protect against infection by wearing a mask when out, washing your hands and social distancing, to manage stress over the cold and flu season.

◆ Keep an eye out for flight delays or traffic jams, and always have a plan B in case things go wrong, to control stress over unreliable travel plans....[Read More](#)