Rhode Island Alliance for Retired Americans®

RI ARA

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"Advocating for the future of our members."
"NOW, more than ever!!!"

November 30, 2025 E-Newsletter

Publication 2025 Issue 33
Published in house by the RI ARA

Friday Alert Message from the Alliance *for* Retired Americans Leaders

Report: Social Security Provides a Significant Boost to State and Local Economies

Robert Roach, Jr
President, ARA

Social Security's economic impact continued to rise in 2023, **according to a new report** from the National Institute on Retirement Security (NIRS) entitled "Quantifying the Economic Impact of Social Security Benefit Spending."

The report determined that in 2023 alone, Social Security's impact on the U.S. economy was $2.6 trillion. More than 67 million Americans received $1.37 trillion in benefits, while approximately 12.2 million domestic jobs were supported by the program leading to $804.6 billion in income. This combined created tax revenues of $363 billion, while $1.6 trillion was added to the GDP.

The NIRS report includes state fact sheets that illustrate Social Security's economic impact on all 50 states and the District of Columbia. Overall, every dollar spent on Social Security translated to $2 in economic activity. For example, in **California alone**, a total of 6.37 million residents received benefits, while 730 thousand jobs were supported by Social Security.

California	Total OASDI Beneficiaries	Total Retirement Beneficiaries	Total Survivor Beneficiaries	Total Disability Beneficiaries
Number of Beneficiaries	6,376,029	5,272,831	515,206	587,992
Total Benefit Payments	$128.7 billion	$103.9 billion	$13.8 billion	$11 billion
Median Monthly Benefit Amount		$1,767		$1,434

Median benefit amounts for some beneficiaries are based upon data provided by the Social Security Administration (SSA). No such data is provided for other categories of beneficiaries.

"These findings affirm how important Social Security is to our entire country," said **Robert Roach, Jr., President of the Alliance**. "These earned benefits are spent and invested back into our local economies. More than ever, it's crucial to protect and strengthen this vital institution."

More data, including 51 fact sheets and a recorded webinar, can be found **here**.

Only One Week Left for Medicare Open Enrollment

Medicare beneficiaries have until December 7 to enroll in new plans or change their coverage. During this time, patients can assess changes in their current plans and other plans offered in their area. They can also choose different or new coverage based on their needs.

Research has shown that many seniors don't even compare plans – let alone change coverage – during open enrollment. But health care costs have risen in the last year and are expected to continue to grow next year.

Medicare Part B premiums **will increase** by 9.7 percent, further compounding expenses for seniors. Advocates say that's why it's even more urgent for beneficiaries to find coverage that fits their needs and budget.

Experts say that older Americans should pay special attention to how their current plans might change or how new coverage might differ from their current coverage. Many Medicare Advantage and Medicare Supplement plans are increasing the maximum amount that beneficiaries have to pay out-of-pocket for their care next year. Patients might lose access to their preferred providers and/or see fewer Part D and patient preferred organization (PPO) plan options.

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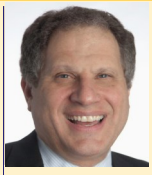
For seniors who are confused about how to navigate open enrollment, State Health Insurance Assistance Programs provide unbiased guidance. **Find your local SHIP office here.**

"Costs are going up and options are more limited this year, which makes it even more critical for seniors to check their coverage and make sure they are in the right plan for their health care needs," said **Richard Fiesta, Executive Director of the Alliance**. "Luckily, there are resources like star ratings, the 'Medicare & You 2026' handbook, and State Health Insurance Assistance Programs to make it easier for older Americans to evaluate their choices."



Rich Fiesta,
Executive
Director, ARA

Retirees Welcome Second Round of Lower-Priced Drugs Negotiated Under the Inflation Reduction Act

*The following statement was issued by **Richard Fiesta, Executive Director of the Alliance** for Retired Americans, regarding the **Administration's announcement** of lower, negotiated prices for people with Medicare*

"The requirement that Medicare negotiate lower prices for prescription drugs continues to pay dividends for older Americans and taxpayers. Today's announcement of lower drug prices for **15 high-priced drugs** is a win for the more than 5 million seniors who take these drugs to treat asthma, diabetes, lung disease, and other serious conditions, and will soon pay less for their medications.

"The 4.4 million members of the Alliance are pleased that the Trump Administration has followed the law, negotiated these prices, and defended this law in court.

"We call on the President to work with Congress to increase the number of drugs subject to price negotiation and use this common sense approach to deliver even more savings for the American people."

Ask Yourself These 6 Questions Before You Get Medicare

Medicare comes with deadlines, options and fine print that can confuse even the most organized retiree.

One wrong assumption about timing, coverage or cost can leave retirees paying more than expected. Before signing up, it's worth taking a moment to understand how the pieces fit together and what decisions can't be undone. Ask yourself the six questions below before you get Medicare.

Am I Enrolling On Time?

Timing matters more than most people realize. Missing your initial enrollment window can mean higher premiums that last for life and coverage gaps that are difficult to fix later.

"You will be penalized and locked out permanently if you miss your Initial Enrollment Period (IEP) and are ineligible for a Special Enrollment Period (SEP)," said Kiara DeWitt, head of clinical operations at Medical Director Co, a medical staffing platform.

DeWitt said premiums increase 10% for every 12-month period a person delays enrollment, even if the delay is only a month. Over time, that can add up to thousands of dollars and leave beneficiaries without access to care or prescriptions for weeks or months.

Do I Understand What Medicare Covers — and What It Doesn't?

Stephanie Jones, founder and CEO of iTAV, a software platform that helps simplify Medicare, said consumers should start by learning what each part of **Medicare covers** and what it leaves out.

"What are the different parts of Medicare (Parts A, B, C and D) and what do they cover?" Jones said. "Have I budgeted for premiums, deductibles and copayments over the next 30 years?"

After assessing their budget, Jones said consumers should ask whether they need additional coverage and whether they can afford to cover what Medicare doesn't.

What Were My Medical Expenses in 2025?

Before reviewing **Medicare options,** consumers should look back at their recent healthcare spending to see where their money actually went.

Whitney Stidom, vice president of consumer enablement at **eHealth**, said consumers can prepare for the **Medicare Annual Enrollment Period** by reviewing what they spent on monthly premiums and out-of-pocket costs over the past year.

They should decide whether those monthly payments are still affordable and how an increase might affect their budget.

"Understanding expenses like these is an important step when reviewing your coverage options for 2026," Stidom said.

Have I Compared My Medicare Options?

Choosing between Original Medicare, Medicare Advantage (MAPD) and Medigap coverage starts with understanding costs and fit.

Jack Glasker, health insurance broker and advisor at Affordable Healthcare Solutions, said consumers should calculate the cost of Part A and B and whether income-related surcharges (IRMAA) apply.

They should also evaluate whether to combine Original Medicare with a Medigap policy or switch to an Advantage plan, depending on current coverage and employment status.

Glasker said retirees should ask practical questions, such as: "What providers do I see, how often and what prescriptions do I take?"

Comparing premiums, cost-sharing and prescription expenses across plans can reveal which option truly meets long-term needs.

Do I Need Supplemental Coverage?

Even with Medicare, consumers are responsible for costs like coinsurance, deductibles and services such as dental, vision and hearing care.

Jeff Ganow, senior vice president of Medicare Supplemental Solutions at Mutual of Omaha said many people focus on premiums but overlook these expenses.

"Thinking about whether you prefer predictable costs and nationwide provider access or lower premiums with network restrictions, can help you choose between Medigap and Medicare Advantage," he added.

Timing also matters. Ganow said most states offer only one guaranteed chance to enroll in a Medigap plan without medical underwriting. Waiting could mean higher premiums or denial later.

Am I Thinking Long-Term?

DeWitt said that too many people rush through Medicare enrollment as if it were just paperwork.

"They treat it more like a sign-up form than a plan," she said. "'What plan looks good?' is not the right question. But 'What will my total healthcare spending be if I stay on this for 25 years?' That's a $200,000 decision. It also deserves more — homework than a ten-minute phone call with a stranger broker."

Taking time to research options, compare long-term costs and seek reliable guidance can turn a quick decision into a sustainable plan for the future.

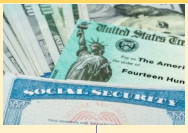
Social Security Plan Would Expand Benefits For Millions of Americans

A proposal has been introduced in Congress that would increase Social Security survivors benefits for widowed individuals and surviving divorced spouses.

Why It Matters

Survivor benefits are currently paid to around 5.8 million Americans nationwide, with nearly 4 million of those being widowed.

nder current law, certain survivors of Social Security claimants can get related benefits at any age providing they meet certain rules—however, these benefits are reduced if they are under the earliest possible retirement age of 62. Most former spouses, age 60 or older (or age 50 to 59 if they have a disability), can claim benefits after the death of a spouse or ex-spouse, if the marriage lasted at least 10 years.



What To Know

Proposed legislation introduced in Congress this week by several Democrats hopes to change that.

The Surviving Widow(er) Income Fair Treatment (SWIFT) Act would let widowed and surviving divorced spouses with disabilities receive their full survivor benefits at any age, rather than being restricted by current rules.

The bill would also expand child-in-care benefits for those raising children, providing extra financial support to families facing the pressures of caregiving.

The bill was introduced by Democratic Senators Kirsten Gillibrand of New York, Richard Blumenthal of Connecticut, Amy Klobuchar of Minnesota, Patty Murray of Washington, and Bernie Sanders, an independent, of Vermont.

Democrats have also recently introduced other proposals that **would boost Social Security benefits.**

One, the Social Security Emergency Inflation Relief Act, would provide a $200 monthly boost to benefits until July 2026. Another, Boosting Benefits, and COLAs for Seniors Act, would change the formula for how annual cost of living adjustments are calculated.

What People Are Saying

Democratic Senator Kirsten Gillibrand of New York said: "Our seniors have spent a lifetime working hard and paying into Social Security, and they deserve to receive adequate benefits and retire with dignity, not spend their golden years just trying to get by. But outdated rules and antiquated policies mean that too many seniors, especially widowed spouses, and women disproportionately, aren't receiving the benefits they've earned or being treated fairly. Our SWIFT Act will help modernize the program and strengthen benefits for our seniors."...**Read More**

Medicare Just Announced Its 2026 Premiums, and It's Bad News for Social Security's Dual Enrollees

No silver lining awaits Social Security beneficiaries enrolled in traditional Medicare in the new year.

Social Security income is foundational for most retirees. Since 2002, annual surveys by Gallup have shown that between 80% and 90% of retired-worker beneficiaries rely on their payout to cover some portion of their expenses.

For aged beneficiaries, there are few announcements more anticipated than the annual cost-of-living adjustment (COLA). While this reveal typically occurs between the 10th and 15th of October, it was delayed this year due to the record-long federal government shutdown.

But Social Security's COLA isn't the only important reveal some retired recipients have been awaiting. For dual enrollees -- Social Security beneficiaries who are enrolled in traditional **Medicare** -- the Medicare announcement outlining premiums for the upcoming year holds a high degree of importance.

The bad news for dual enrollees is that **no silver lining awaits them in 2026**.

Social Security's 2026 COLA is doing something we haven't observed this century

The fabled COLA you're always hearing and reading about is the Social Security Administration's tool that helps beneficiaries avoid a loss of buying power over time. For example, if the collective cost of a large basket of goods and services rises by 2% from one year to the next, **Social Security benefits** would have to increase by the same percentage. If they didn't, beneficiaries wouldn't be able to buy the same amount of goods and services. Social Security's COLA is effectively the "raise" passed along on a near-annual basis that attempts to mirror the effects of **inflation** (rising prices).

The final puzzle piece (the September inflation report) needed to calculate the 2026 cost-of-living adjustment was released on Oct. 24, which **revealed a 2.8% raise would be headed the way of beneficiaries next year.**

On a nominal basis, a 2.8% COLA is modest compared to the **5.9%, 8.7%, and 3.2% payout jumps** Social Security beneficiaries enjoyed from 2022 through 2024. But on a relative basis, a 2.8% increase is higher than the 2.3% average COLA since 2010.

Social Security's 2026 COLA also **represents a first-of-this-century moment for the program**. Including the aforementioned raises from 2022 through 2024, as well as the 2.5% COLA beneficiaries received this year, it'll mark the first time in 29 years that COLAs have come in at 2.5% or above for five straight years. The last time this was observed was from 1988 to 1997, when COLAs ranged between 2.6% and 5.4% annually.

While Social Security's 2026 COLA continues a string of above-average increases since 2010, Medicare's latest announcement has likely knocked the wind out of the sails of most dual enrollees.

Medicare's Part B premium snatches away any hope of a silver lining for dual enrollees...Read More

Social Security Issues Update on 2025 Changes

The Social Security Administration (SSA) has outlined a series of upgrades to its services in a letter to Congress, reporting faster payments, shorter wait times and a reduction in its disability claims backlog during Fiscal Year 2025.

Backpayments Sent Early

In his update, Social Security Commissioner Frank Bisignano touted the agency's progress on distributing benefits tied to recent legislation. Lawmakers passed a bipartisan bill—**the Social Security Fairness Act**—in January under the Joe Biden administration, which repealed two provisions that limited retirement benefits for certain workers, including teachers, firefighters, and police officers, some federal employees, and their spouses.

"In July, we announced that we completed sending over 3.1 million payments, totaling over $17 billion, to beneficiaries eligible under the Social Security Fairness Act (SSFA), 5 months ahead of schedule."

24/7 Online Access and Increased Use

Bisignano also pointed to improvements to the SSA's online portal. He said he discovered shortly after taking office that the website was routinely offline for more than a full day each week, leaving beneficiaries without immediate access to their information.

He said that prior to his tenure as commissioner, which began in May, the SSA's online portal, *my* Social Security, had a "scheduled downtime of 29 hours a week, leaving Americans without instant access to their benefit information."

"As a result of the quick actions taken by my leadership team this past summer, Americans now have 24/7 access to their Social Security information online," Bisignano wrote.

Shorter Waits by Phone and in Office

The commissioner said the agency also made gains in customer service, including faster response times and increased use of automated tools.

"Through the use of technology and proper allocation of resources, we have been able to reduce the year-over-year average speed of answer from 28 minutes in Fiscal Year 2024 to 15 minutes in Fiscal Year 2025, while serving 65 percent more callers than the previous year. In addition, nearly 90 percent of calls are now resolved via self-service or convenient callbacks, methods Americans frequently use when contacting organizations in both the public and private sector."

Office visits saw similar improvements, he said.

"In-office wait times are down almost 27 percent to 22 minutes from 30 minutes at the end of last year. Visitors who had a scheduled appointment only waited around 6 minutes on average to receive assistance. This has been made possible with changes to the field office phone systems now allowing for nearly 30% of calls to be handled instantaneously through technology, which gives our teams more time to focus on customers needing help in-person."

Earlier this year, the SSA's acting inspector general launched a review into call center wait times and the agency's broader capacity to deliver services.

The inquiry followed a **request from Democratic Senator Elizabeth Warren** of Massachusetts, who raised concerns about the agency's performance after a Department of Government Efficiency-led (DOGE) reorganization earlier this year. Warren also questioned whether the public is receiving reliable information, noting that Social Security this year removed several performance indicator trackers from its website.

Disability Backlog Reduction

The update also addressed one of the SSA's most pressing problems: the disability claims backlog. The number of pending cases had reached a record high in mid-2024 but has since dropped significantly.

"The disability claims backlog was at an all-time high in June of 2024 with over 1.26 million pending claims," Bisignano wrote. "I am proud to share that we have reduced the backlog this year by over 25 percent to 865,000, a level that hasn't been seen since 2022. We also decreased the initial claim average processing time by 13 percent to 209 days, down from 240 days in January 2025, and maintained historic lows of disability hearings pending, with average wait times reduced by nearly 60 days since the last fiscal year."

UnitedHealth drops one million from Medicare Advantage

UnitedHealth is preparing to shed roughly one million people from its Medicare Advantage business, a shift that will ripple through seniors' coverage choices and the broader private Medicare market. The company is not simply trimming at the margins, it is actively pulling back from markets and products that no longer fit its financial strategy, even as enrollment in Medicare Advantage keeps growing nationally. For older Americans who have come to rely on these plans for extra benefits and predictable costs, the change raises urgent questions about what coverage will look like in 2026 and beyond

At the heart of this retrenchment is a deliberate decision to prioritize profitability over raw membership growth, a pivot that will test how far a dominant insurer can push before regulators and consumers push back. I see this as a stress test of the entire Medicare Advantage model: if one of the largest players decides that a million members are not worth keeping, it signals deeper tensions between government payment formulas, rising medical costs, and the rich benefit packages that have made these plans so popular.

The one-million member pullback, explained

UnitedHealth has been clear that it expects its Medicare Advantage enrollment to shrink by about one million people as it resets its portfolio for 2026. The company signaled this shift when it said it anticipates a significant decline in Medicare Advantage membership, even as its overall financial outlook improves, tying the drop directly to higher prices and reduced benefits that are designed to restore margins in its core business. In reporting from Eden Prairie, the company's home base, UnitedHealth described how its Medicare Advantage enrollment outlook for 2026 is being cut at the same time it raises its profit expectations, a juxtaposition that underscores how aggressively it is willing to trade scale for earnings in **Medicare Advantage**.

The company's own turnaround blueprint makes that tradeoff explicit. In a three-year plan described as **Shedding Low, Return Lives To Rebuild Profitability**, UnitedHealth lays out how it will intentionally lose about one million Medicare Advantage members who are considered "low-return lives." The logic is straightforward: by exiting unprofitable segments and tightening benefits, the company expects to rebuild margins and "restore swagger" over a three-year horizon, even if that means a smaller Medicare Advantage footprint in the near term. For investors, that may sound like discipline. For the people whose coverage is being redesigned or discontinued, it feels like a forced march into a new and less generous landscape.

What this means for seniors choosing coverage

For the people actually enrolled in these plans, the corporate strategy translates into a scramble to avoid coverage gaps. When a Medicare Advantage plan exits a county or a company pulls out of a market, affected members are typically given a special enrollment window to choose a new plan or return to traditional Medicare. But the choices available in that window may look very different from what they are losing, especially if the departing plan offered richer supplemental benefits like dental, vision, or gym memberships. Industry data showing that more than 1.8 m members are in plans that will not be offered in 2025 illustrates how many seniors are already being forced to navigate this churn, and UnitedHealth's one-million member pullback will add another wave of disruption in 2026.

UnitedHealth has tried to frame some of these changes as routine adjustments. A consumer-facing explainer on **Important Changes** to UnitedHealthcare Medicare Advantage Plans for 2025, dated Nov 10, 2024, describes how the company "periodically" updates its offerings and encourages members to review "What" is "Changing" so they can decide whether to stay put or enroll in another Medicare Advantage option. That language may be technically accurate, but from a member's perspective, the stakes are far from routine. Losing a familiar plan can mean losing access to a trusted doctor, facing new prior authorization rules, or seeing out-of-pocket costs spike, especially for expensive drugs or complex conditions. I see the coming year as a critical test of how well seniors can navigate these shifts with the information and support they are given….**Read the full article**

How Much Do Nursing Homes Cost?

Nursing home costs can be expensive and vary greatly depending on location, services and other factors. Get the national median costs for private and semi-private rooms, a breakdown of what's included and essential information on Medicare, Medicaid and other payment options.

It's no secret that **nursing home care** is the most expensive type of **senior living option**. You're paying for intensive medical care, including 24/7 support and specialized services by skilled medical professionals, as well as meals and facility upkeep.

Here, we break down the **costs of nursing home care** around the country, including where nursing homes are the most and least expensive and what you're getting for your money.

Nursing Home Costs

According to **Genworth and CareScout's 2024 Cost of Care Survey**, the median cost of a nursing home room is:

- $9,277 per month for a semi-private room
- $10,646 per month for a private room

That's the national median. Often the "median" number is used in surveys such as this because the numbers are more accurate of what you'll pay. Averages tend to produce numbers that look skewed because of the math involved in using extreme numbers. For instance, according to Genworth and CareScout's survey, it's far more expensive to pay for a nursing room in Alaska (a private room in a nursing home will typically cost $998) than in Texas (typically $233 a day).

Still, if you're wondering, "What is the average monthly cost of a nursing home?," according to **SeniorLiving.org**, the national average is $10,965. Whatever number your monthly total lands on, there are a wide range of factors that go into the price you end up paying:

Level of care needed. Generally, the more services and support someone needs, the higher the cost. For this reason, **skilled nursing care** is typically the most expensive of the options.

Type of facility. Some nursing homes, such as **memory care**, specialize in supporting individuals with certain conditions, such as **Alzheimer's disease** and other forms of **dementia**. These facilities may be more expensive because staff need extra training and skills to render those services.

Geographic location. Nursing home costs vary by area. For example, in cities with a higher cost of living, such as Boston and San Francisco, the median cost of a nursing home is significantly higher than in cities with a lower cost of living, such as St. Louis and San Antonio.

Location is perhaps the biggest factor in dictating cost. Kelsey Simasko, an elder law attorney with Simasko Law in Mount Clemens, Michigan, notes that in her state, "the average cost of one month in a nursing home is between $10,000 and $12,000."

"But prices are going up. "One nursing home around my area just increased their prices to approximately $15,000 a month for a room," Simasko says. Earlier in the year, it had been $12,000….**Read More**

SNAP Benefits To Change From December: What to Know

Millions of Americans who rely on food assistance will see major changes to their SNAP benefits starting in December, as new federal rules tighten work requirements and narrow who is exempt from these requirements.

Why It Matters

The Department of Agriculture (USDA) has instructed states to carry out updates tied to the One Big Beautiful Bill Act (OBBBA), which **reshapes long-standing requirements** for adults receiving food assistance.

SNAP (Supplemental Nutrition Assistance Program) currently supports about 42 million low- and no-income people nationwide.

What To Know

The changes, which come from the federal government and apply to all states and territories, are to the Able-Bodied Adults Without Dependents (ABAWD) rule. Under existing law, adults who do not have disabilities or dependents must work, participate in training, or look for work for 80 hours a month to keep their benefits.

Beginning in December, that expectation will apply to more people.

Most adults between the ages of 18 and 64 who do not live with a child under 14 will now have to complete at least 80 hours of qualifying activity each month. Those hours can come from paid or unpaid work, volunteering, community service, participation in SNAP Employment & Training programs, or a combination of these. The law also removes other exemptions for homeless individuals, veterans and young adults who aged out of foster care at age 24 or younger.

Several groups will still be exempt. People younger than 18 or older than 64, anyone living with a child under 14, people who are pregnant, and those certified as unable to work because of physical or mental limitations are among those who do not have to meet the 80-hour rule. Some Native Americans, caregivers for an incapacitated person, and people regularly attending drug or alcohol treatment programs may also qualify for exemptions, along with other specific cases noted in the guidance.

Agriculture Secretary Brooke Rollins has defended the changes.

Earlier this year, she said the OBBBA "strengthens work requirements" and "tackles the fraud and waste that has run rampant" in the program.

What People Are Saying

Cindy Long, former deputy undersecretary for Food Nutrition and Consumer Services at the USDA and national adviser at professional services firm Manatt, told *Newsweek*: "There will be significant impacts for many who are working or seeking work but cannot find it. First, many who are actually working will be at significant risk of being cut off SNAP. Many SNAP participants work in unstable, low-paid jobs that have unpredictable hours and no benefits such as paid sick leave. The volatility of these jobs means that workers are more frequently underemployed and may struggle to consistently document 20 hours per week of work, increasing the risk that they are cut off SNAP by the three-month time limit."

House Speaker Mike Johnson said in May, prior to the passage of the OBBBA: "If you are able to work and you refuse to do so, you are defrauding the system. You're cheating the system. And no one in the country believes that that's right. So there's a moral component to what we're doing. And when you make young men work, it's good for them, it's good for their dignity, it's good for their self-worth, and it's good for the community that they live in."

What Happens Next

The USDA also plans to require **all SNAP recipients to reapply for benefits,** even though regular recertification is already part of how the program operates.

A department spokesperson told *Newsweek*: "Secretary Rollins wants to ensure the fraud, waste, and incessant abuse of SNAP ends. Rates of fraud were only previously assumed, and President Trump is doing something about it. Using standard recertification processes for households is a part of that work."

Is It Time for Congress To Change the Social Security COLA?

For millions of Americans relying on Social Security, small changes to the formula that calculates annual benefit increases can have an outsized impact. Social Security checks are a cornerstone of retirement income for over 50 million Americans, and Congress is now considering legislation that could reshape how those benefits adjust for inflation.

It comes as Americans of all ages continue to navigate rising costs. In October, the Social Security Administration (SSA) announced that **benefits would grow by 2.8 percent** in 2026 through the annual cost-of-living adjustment (COLA). Yet for many retirees, even modest increases barely keep pace with the real cost of living.

Two bills introduced in Congress in recent weeks aim to address this. The Boosting Benefits and COLAs for Seniors Act would overhaul the way annual adjustments are calculated, while the Social Security Emergency Inflation Relief Act would temporarily add $200 per month to Social Security payments until July 2026. Democratic Senators Elizabeth Warren of Massachusetts, New York's Kirsten Gillibrand, Ron Wyden from Oregon, and Minority Leader Chuck Schumer of New York, among others, co-sponsored the proposals.

Why the Formula Matters

Currently, Social Security benefits are adjusted based on the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). This measure reflects the spending habits of younger, urban workers rather than those of retirees, whose costs often look very different.

The new legislation proposes switching to the Consumer Price Index for the Elderly (CPI-E), which tracks expenses like health care, prescription drugs, and housing—areas that tend to hit older Americans hardest. Advocates argue that using CPI-E would more accurately reflect seniors' financial realities, potentially resulting in higher annual benefit increases.

"The addition of these items are rooted in reality and are a higher inflationary factor when added to the calculation for an annual Social Security COLA," Chris Orestis, president of Retirement Genius, told *Newsweek*. He said that a CPI-E-based COLA could produce a "much more significant and long-lasting financial impact" than temporary cash boosts.

Inflation Struggles

Social Security benefits have struggled to keep pace with inflation for years. In the 1990s and 2000s, 60 percent of COLAs outpaced inflation. In the 2010s, that dropped to 40 percent, and in the early 2020s, only one out of five COLAs beats inflation—the 8.7 percent increase in 2023, which owes to skyrocketing inflation during the coronavirus pandemic and its aftermath.

Meanwhile, research by The Senior Citizens League (TSCL) shows that Social Security benefits have lost roughly 20 percent of their value since 2010, despite ongoing COLA rises each year. On average, retired workers would need an extra $370 per month, or $4,440 annually, to restore lost purchasing power.

Seniors are acutely aware of these shortfalls. TSCL surveys indicate that 73 percent rely on Social Security for more than half of their income, and only 10 percent are satisfied with their current benefits, with annual increases in health care premiums eating away at any boost given by the COLA.

"Medicare Part B premiums consistently overtaking Social Security COLAs degrades American seniors' quality of life over time," says Shannon Benton, executive director of TSCL….**Read More**

Social Security beneficiaries will soon receive 2026 benefit notices. Here are the changes to watch for next year

About 75 million Americans will see a **2.8% cost-of-living adjustment** to their Social Security and Supplemental Security Income benefits in 2026. **The increase** is expected to add **$56 per month** on average to Social Security retirement benefits, according to the Social Security Administration. But other changes — particularly a **new tax deduction** for seniors and **rates for Medicare Part B** premiums — will affect the final amount retirees see in their monthly checks starting in January.

The Social Security Administration **will send beneficiaries** a one-page statement starting in early December with "exact dates and dollar amounts" of new monthly benefits for 2026, as well as any deductions, according to the agency.

The cost-of-living adjustment notice was available online for beneficiaries who have a My Social Security account starting Nov. 12, with all notices scheduled to be available online by Dec. 12, according to an SSA spokesperson. Paper statements will be sent in the mail starting Dec. 1, with all beneficiaries slated to receive their statements by the end of December, the spokesperson said.

To make the most of the inflation adjustment, beneficiaries need to consider how changes may influence their 2026 monthly checks.

New senior 'bonus' aims to curb taxes on benefits

Social Security benefits are still subject to federal taxes, depending on income.

But legislation passed in July provides a **senior "bonus"** of up to $6,000 for qualifying individuals aged 65 and over to help curb those taxes.

Most retirees won't notice the change until tax filing season, because the $6,000 is provided through a deduction. Those eligible won't necessarily see that $6,000 in their refunds.

"It won't be a dollar-for-dollar savings like a credit would be," said Andrew Herzog, a certified financial planner and enrolled agent at The Watchman Group in Plano, Texas. "It'll just be on a case-by-case basis, how much it's actually going to save you."

Notably, not everyone will be eligible for the new senior deduction. It begins to phase out for individuals with $75,000 in income and married couples with $150,000. Singles with $175,000 in income and couples with $250,000 will see no benefit from the change, according to the **Urban-Brookings Tax Policy Center**.

Those who benefit the most will be seniors who earn between $80,000 and $130,000, who would see an average tax cut of about $1,100, the Urban-Brookings Tax Policy Center estimated….**Read More**

Congressman Pocan introduces package of bills to strengthen Traditional Medicare

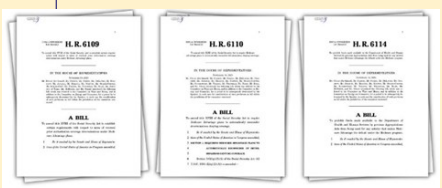
Representative Mark Pocan (D-WI) **introduced eight bills** aimed at strengthening traditional Medicare and reining in some of the worst practices in the privately-run Medicare Advantage business. For years, lawmakers have danced around the mounting evidence that private Medicare Advantage plans overbill taxpayers between **$80** and **$140 billion** annually and quietly impose barriers to seniors' care to boost profits.

Traditional Medicare remains one of the most successful public programs in American history. It was built around a simple promise: If your doctor says you need care, you get it. But as Medicare Advantage has grown, that promise has eroded for millions of people. MA plans are largely run by big insurance conglomerates – like UnitedHealthcare, Elevance and CVS/Aetna – and those insurers decide what care is covered, which doctors you can see and how long you can stay in a hospital. Each cent they have to shell out for your care is a cent they can't keep in their pockets or split with their shareholders. Wall Street's relentless demand for more and more of that money incentivizes them to deny or delay care that mean life-and-death for millions of American seniors. And it's not just health care policy nerds like me that have been focused on this issue – even the U.S. Department of Justice (DOJ) has taken aim at Medicare Advantage. In February, news broke that the DOJ had **launched a civil fraud investigation into UnitedHealth Group**, the largest MA insurer, for the company's alleged use of diagnoses that trigger higher Medicare Advantage payments. And in July, the company confirmed it is the subject of a DOJ *criminal* investigation. The DOJ reportedly **questioned former UnitedHealth Group employees** about the company's business practices.

You can see the entire package of bills on **Pocan's website**. They include the **Denials Don't Pay Act,** which would force Medicare Advantage plans to face real consequences if too many of their prior-authorization denials are overturned; The **Right to Appeal Patient Insurance Denials (RAPID) Act**, which would ensure every denial is automatically appealed, sparing sick and elderly patients from navigating a process many never even know exists; and the **Protect Medicare Choice Act** which would stop insurers and brokers from pushing seniors into Medicare Advantage by defaultSee the full package of bills **here**.

Pocan and his co-sponsors understand that Medicare Advantage's prior authorization hurdles and widespread denials are just Wall Street-directed obstacles that second-guess physicians and delay care. Patients pay the price. Doctors pay the price. And taxpayers pay the price.

A package like this was long overdue**...Click on picture below**



Social Security payments won't happen as usual this December: Here's why

Some payments from the U.S. Social Security Administration will arrive a little bit differently this December.

No one will miss a check, but beneficiaries should expect their payments in their mailboxes (or bank accounts) on a different day than normal.

The Administration provides Supplemental Security Income (SSI) benefits for adults and children with limited income, who are blind or have some other qualifying disability

SSI benefits are paid on the 1st of the month, but holidays and weekends can alter the normal payment schedule. While the Dec. 1 SSI payment will go out as expected, another check will go out Dec. 31.

The second payment is actually January's benefit, paid early because Jan. 1 is a holiday. Beneficiaries will receive a second payment – February's – on Jan. 30, because Feb. 1 falls on a Sunday.

As for traditional Social Security benefits, when you get paid depends on when you were born. Recipients born between the 1st and 10th of the month receive their payment on the second Wednesday of the month. Those born between the 11th and the 20th will be paid on the third Wednesday, with the final group, those born between the 21st and the 31st getting their checks on the fourth Wednesday.

In January, the nearly 71 million Social Security recipients will see the annual cost-of-living adjustment kick in, raising payments by 2.8%, or $56 per month on average.

For the roughly 7.5 million Supplemental Security recipients, that increase will begin Dec. 31.

Meantime, many beneficiaries are bracing for **an increase** to Medicare Part B premiums estimated to be nearly $18, along with a $26 jump in the annual deductible.

SSA changes rules this 2026 – here's how the new rules for workingand collecting Social Security at the same time will work next year

Changes are coming to Social Security and they will affect millions of retirees in our country, since the SSA (the Social Security Administration) has announced that it will adjust the income limits, but this time they promise to do it better.

And it is not a bad idea that they take a look at it because everything is more expensive each day, food, rent, medicines… sometimes it feels like breathing costs money! Now they want to fight that inflation by increasing retirees' checks.

How it works (currently)

The rules in 2025 have been the same as always. If you have not reached your full retirement age (67 years old) and you want to keep working, part of your check is taken away if:

- you earn more than 23,400 dollars per year. In this case they deduct 1 dollar for every 2 you exceed.
- you reach your retirement age that same year, the limit goes up to 62,160 dollars and they deduct 1 dollar for every 3 you exceed.

When you reach full retirement age, you can earn as much as you want without your benefits being touched, but of course… many people did not know this and ended up receiving less without understanding why.

What changes in 2026?

The limits will increase a lot. The SSA wants retirees to be able to work without constantly doing math. They have not been published yet, but according to official sources they want to adjust the benefits to the reality of retirees who still work.

Why is the government changing the rules?

Because Social Security is under pressure. People live much longer, retire later and the famous baby boomers are leaving the labor market in large numbers, and Social Security cannot cover everyone.

If more retirees continue working and earning, they also continue paying payroll taxes, helping prevent the Social Security fund from collapsing too quickly.

And let's be honest, very few retirees can live with dignity on their pension alone. It is estimated that more than 25% cannot.

Alert for pre-retirees!

You need to plan your retirement, nobody wants surprises and the reality is that many people do not know what options they have.

So here are some key points so you can prepare if you are almost at the starting line:

- Social Security does not forbid you to work, it only limits your earnings before penalizing you.
- What they deduct is recalculated later, so it is not "money lost forever."
- If you keep working, your highest-earning years can increase the amount of your future pension.
- And let's not forget: working also helps mentally. Retirement is not flipping a switch.

Much more flexible retirements

With this adjustment, the U.S. allows people to mix work and pension with fewer problems, just like many countries in Europe are doing.

To sum up

Starting in 2026, millions of retirees will be able to work more, earn more and breathe a little easier without fear of Social Security cutting their check. No more saying no to your grandkids' treats at Walmart.

Still, understanding the new rules will be key. Remember that financial advisors exist to help you make the most of your retirement!

Honoring America's Family Caregivers, the Unseen Workforce Behind Our Health System

The end of the year is in sight, and the holiday season is in full swing. For many, now is the time for family vacations or reunions and taking a break from everyday work and routine. But for the **63 million Americans** whose everyday work and routine is their family, this month carries an extra meaning. November is **National Family Caregivers Month,** an observance dedicated to honoring and advocating for the people who dedicate their time to caring for family members with a disability or complex medical condition.

One in four American adults were **family caregivers in 2025.** The majority provide care for older adults, many of them a parent or spouse of the caregiver. They assist with many activities of daily living, routine tasks like bathing, dressing, and feeding oneself, that help the care recipient maintain their health and personal independence.

One in four American adults were family caregivers in 2025.

In addition to these responsibilities, nearly all caregivers also assist with **instrumental activities of daily living**—tasks like financial management, housekeeping, and transportation—which help the care recipient remain a part of their community and live independently. They are also **essential advocates** in the care coordination of their family member, ensuring they are getting adequate care and assisting them with medical decisions and appointments.

Caregiving Often Is Invisible and Unpaid Labor

The labor of caregivers is often unseen and unpaid. They are the **"linchpin in the health care of older adults,"** according to a team of public health researchers at the Johns Hopkins Bloomberg School, accompanying care recipients to their appointments and managing their medications and treatment plans around the clock. But their labor is seldom proportionately recognized or supported by the health care system, whether by engagement from medical providers who direct their family members' care or through financial compensation.

Most caregivers are not paid for their labor: **A 2021 AARP study** valued the unpaid contributions of family caregivers at $600 million annually. Since the number of family caregivers is now over 150% of the number in this study, the value is likely much higher today.

The labor of caregivers is seldom proportionately recognized or supported by the health care system.

Across the 32 states that reported data in AARP's **Caregiving in the U.S. 2025: Caring Across States** report, the portion of family caregivers who were paid was under 25% in nearly every state, with some states reporting numbers as low as 10%. Those who are paid mostly receive compensation through state-level Medicaid waiver self-directed programs, a system that has wide variations in eligibility and budgets across states and one that is **made precarious by HR 1's cuts to Medicaid.**

Though the labor of caregiving is tantamount to a full-time job, **most caregivers must hold additional jobs** as they are often not paid for their caregiving work; **nearly one in four caregivers provide 40+ hours** of care a week. Unsurprisingly, caregivers report **lower levels of health and less time to rest**, with a significant number across states reporting consistently low levels of mental and physical health.

The "Sandwich" Generation of Caregivers

With an average age of 51 and a majority being women, many family caregivers in the U.S. are part of the "sandwich generation," caring both for older adults of their parents' generation and raising children. This accounts **for nearly one in three caregivers**, a generation pulled in both directions and stretched thin. \This generational responsibility also can restructure a family in significant and **emotionally involving ways**. Caregivers have to navigate shifting family roles as an older adult becomes a care recipient, and in the families of **the 4 million children who act as supporting caregivers**, the primary caregiver and parent often takes on an additional educational role….**Read More**

After Weeks of 'Final' Deadlines, the Government Is Now Quietly Walking Back Its Plan to End All Social Security Paper Checks

The U.S. government has been preparing for a major change in how Social Security and other federal benefits are delivered, transitioning from paper checks to electronic payments. For months, officials presented this shift as a strict deadline.

However, they have since softened their stance, easing the urgency and offering relief to many older Americans and others who still depend on traditional paper checks. Here's what you need to know.

Why the Government Wants to Go Digital

The main reason behind this move is simple: electronic payments are faster, safer, and cheaper. The government says sending money directly to bank accounts or through the Direct Express® debit card helps reduce fraud, saves on postage, and makes the whole system more efficient. In fact, 99.4% of people already receive their payments electronically.

Paper checks, on the other hand, are costly and risky. They can get lost, stolen, or delayed. According to the Treasury Department, paper checks are 16 times more likely to go missing or be tampered with than direct deposits.

The Original Plan to Stop Paper Checks

In August 2025, the Treasury Department said that starting September 30, 2025, paper checks for federal benefits would mostly stop. This was part of a broader push under a new law called "Modernizing Payments to and From America's Bank Accounts." The Social Security Administration (SSA) supported this plan and encouraged people to move to electronic payments.

The government promoted two digital options:

- **Direct deposit** into a regular bank account.
- **Direct Express® Card**, a prepaid debit card for those without bank accounts.

A Change in Tone: Paper Checks Still Allowed in Some Cases

Even though the official message was clear earlier, by late September, the SSA softened its tone. In a blog post, they confirmed that people who *can't* get electronic payments will still be allowed to receive paper checks.

This includes:

- Senior citizens who struggle with technology.
- Rural residents with poor internet or no nearby banks.
- People who don't have bank accounts or smartphones.

Government insiders said that while digital payments are the goal, no one will lose their benefits just because they can't go digital. Instead of a strict cutoff, the transition will be gradual and flexible.

Why This Update Matters

For many older Americans, paper checks feel safe and familiar. A sudden stop in paper payments could have caused panic or missed payments—especially for those in remote areas or unfamiliar with online banking. The new message from the SSA is reassuring: if you truly can't go digital, the system will still support you.

This shows the government is listening. They understand that not everyone can keep up with technology and that important changes like this need time and care.

What Should You Do If You Still Receive Paper Checks?

If you still get a paper check, here's what you should do:

- **Switch to direct deposit**: If you have a bank account, this is the easiest and safest method.
- **Apply for a Direct Express® Card**: This card works like a debit card and can be used at ATMs and stores.

Request a waiver: If you can't make the switch, contact the U.S. Treasury's payment center and explain your situation. You may qualify to continue receiving paper checks….**Read More**

Dementia Home Care: Safety, Daily Tips & Caregiver Self-Care

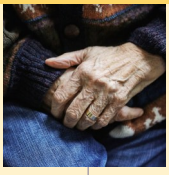
If you're providing at-home dementia care for a parent or a loved one, learn how to maximize home safety, handle communication and behavioral changes, keep loved ones engaged and prioritize self-care to prevent burnout to make this difficult role easier.

For most older adults, the idea of **aging in place** and staying at home for as long as possible is an attractive one.

However, for seniors who've been diagnosed with **Alzheimer's disease** or another form of **dementia**, finding the balance between safety and support at home can be a challenging prospect. And it often falls to an adult child, spouse or other family member to provide the bulk of the care to people with dementia who are trying to remain at home.

Caring for a Parent With Dementia

Alzheimer's disease and other forms of dementia are progressive neurological diseases that cause a loss of cognitive function, which includes the ability to think, reason or remember, reports The National Institute of Neurological Disorders and Stroke.



Over time, these changes interfere with a person's ability to manage the **daily tasks of living**. What may start as forgetfulness or being occasionally tongue-tied can progress to needing round-the-clock care.

Often, a family member must lead the charge in caregiving before the decision to **move to memory care** or another **long-term care facility** is made; the Centers for Disease Control and Prevention reports that approximately 1 in 5 U.S. adults provides care to family members or friends who have a chronic health condition or disability.

This journey can be emotionally draining and physically **taxing for caregivers**, but finding the right information and support can help ease some of the burden.

Seek Professional Help

According to the CDC, there are more than 100 different types of dementia, from Alzheimer's and vascular dementia to Lewy body and frontotemporal dementia. **Parkinson's disease** and other neurological conditions can also cause dementia and dementia-like symptoms.

Each disease has its own specific features and prognosis; therefore, it's critical to get the correct diagnosis.

When you first start noticing **symptoms,** make an appointment with your parent's primary care doctor or **geriatrician** to find out what's going on. In many cases, they will refer your loved one to a **specialist** who can provide additional guidance and care depending on the exact diagnosis.

"Don't be afraid to ask doctors or specialists questions," urges Moraima Castañeda, Oregon-based CEO of MLC Health Solutions, a clinical and organizational transformation consultancy serving the health care sector.

With the right diagnosis, your loved one's medical team can develop an appropriate treatment plan and point you in the right direction for additional support.

Local dementia care services

Consider reaching out to local aging-related organizations, which may provide resources for support, training and **respite care**. The National Association on Area Agencies on Aging offers online tools to find your local agency.

"Those area organizations on aging can really help you get that local support and piece together the team that's going to care for your loved one," says Dr. Rhonda L. Randall, Florida-based executive vice president and chief medical officer, employer and individual, at UnitedHealthcare. **…...Read More**

RI ARA HealthLink Wellness News

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

HealthLink Wellness "Taking Control"

Can the US provide needed care without immigrant doctors?

The United States has had a shortage of physicians for several decades. It is only because immigrant physicians have come to the US that we have been able to address the shortage, particularly in rural and inner city communities. Almost 25 percent of physicians in the US, some 200,000, graduated from medical schools abroad, reports Liz Mineo for the **Harvard Gazette.**

Physician shortages in the US has been a problem for more than a century. Medical professionals made it hard to become a physician. They made it especially hard for women and minorities. The profession opened up in the 1960's. But, medical school is expensive, and it's hard to become a physician without amassing significant debt. Loan forgiveness programs have always been needed.

In 1965, the **Hart-Celler Immigration and Nationality Act** was designed to help fill the physician void after Medicare and Medicaid became law. The US had 20 million more insured Americans but not enough physicians to treat them all. Many rural and urban communities lacked an adequate number of US -born health care workers. Few US doctors wanted to practice in these communities.

As a country, we depend heavily on immigrant physicians. Immigrant physicians have especially helped provide care in poor urban and rural communities. Eram Alam, an associate professor at Harvard University, documents the role of immigrant physicians in her new book, "The Care of Foreigners: How Immigrant Physicians Changed U.S. Healthcare."

Today, foreign-born doctors tend to practice primary care medicine and work in underserved hospitals and clinics. They most often come from India and Pakistan. They also come from the Philippines and Nigeria. Because of cultural and social differences, they must learn to fit in.

We are now facing the prospect of a shortage of immigrant physicians. Rural hospitals will suffer significantly. The Trump administration has raised the cost of the H-1B visa to $100,000 from $5,000. Many rural hospitals rely exclusively or nearly exclusively on immigrant physicians but cannot afford to pay the new cost. The US also needs more physician assistants, nurse practitioners and community health workers treating patients when physician skills are not needed.

Pill Form of Semaglutide Fails to Slow Alzheimer's in Large Trial

A pill version of semaglutide, the ingredient in **Ozempic** and **Wegovy**, did not slow the progress of **Alzheimer's disease**, drugmaker Novo Nordisk announced Monday.

In two Phase 3 trials, researchers tested an oral form of semaglutide in more than 3,800 adults with Alzheimer's who were already receiving standard care.

While the drug was safe and improved some biological markers linked to the disease, it did not slow memory or cognitive decline compared to a placebo.

Novo Nordisk said results from the trials have not yet been peer-reviewed or published, but will be shared at upcoming scientific meetings.

"Based on the significant unmet need in Alzheimer's

disease as well as a number of indicative data points, we felt we had a responsibility to explore semaglutide's potential, despite a low likelihood of success," **Martin Holst Lange,** chief scientific officer and executive vice president of Research and Development at Novo Nordisk, told *CNN*. Semaglutide is already widely used to treat **diabetes** and **obesity,** and studies have shown it may help protect the heart and kidneys, reduce sleep apnea and possibly help with addiction.

Smaller studies and animal research had also hinted it could help with brain inflammation or slow cognitive decline, but larger trials were needed to prove it.

Novo said it will now end a one-year extension of the Alzheimer's trials it had planned.

Most Americans Believe Obesity Is A Disease That Deserves Insurance Coverage, Poll Finds

A large majority of Americans now view obesity as a disease whose management, surgical or pharmaceutical, should be covered by insurance, according to a new poll.

The online Harris poll was conducted in October among nearly 4,200 U.S. adults. The study was supported by the American Gastroenterological Association (AGA), which represents the nation's gastroenterological clinicians and surgeons, and funded by **Novo Nordisk**, maker of weight loss drugs **Ozempic** and **Wegovy**.

"The American public is highly aware that obesity is medically treatable and that reducing it will also save people from a wide variety of other serious diseases," **Dr. Pooja Singhal,** a gastroenterologist, hepatologist and obesity medicine specialist at Oklahoma Gastro Health and Wellness, said in an AGA news release.

"Despite this awareness, access to treatment, particularly because of cost, is a major barrier," she added. "This AGA survey reinforces the urgent need for increased coverage of safe, effective and life-saving treatments for obesity."

According to the poll:

- Nearly two-thirds (63%) of Americans view obesity as a chronic disease, not a personal failing.

- Most believe obesity arises from a variety of factors, such as eating patterns/nutrition (70%), physical activity levels (67%), mental health issuess such as anxiety and depression (61%) and genetics (58%).
- About 87% of Americans believe obesity increases the risk (or can worsen) other chronic conditions.
- More than 8 in 10 believe that obesity treatment, whether by drugs such as **GLP-1s** or bariatric surgery, should be covered by insurance.
- A majority are aware of current trends in weight-loss medications and diets (regimens such as the keto diet and intermittent fasting).
- About 81% percent believe there are barriers that keep weight-loss strategies out of reach, especially out-of-pocket costs (50%) and lack of insurance coverage (40%).
- Nearly two-thirds (61%) could not afford weight loss interventions that went beyond recommended lifestyle changes.
- According to the AGA news release, "Medicare cannot currently cover weight-loss medications for patients without a co-occurring medical condition unless lawmakers change the law."...**Read More**

Regular Bedtime Does Wonders for Blood Pressure

A step as simple as sticking to the same bedtime each night could improve a person's blood pressure, new research suggests.

In just two weeks, people whose more haphazard bedtimes shifted to a regular bedtime saw improvements in blood pressure that were equal to those seen when folks exercise more or cut down on salt intake, the study showed.

"This may be a simple, yet low-risk, adjunctive strategy to control blood pressure in many people with **hypertension**," wrote a team of researchers at Oregon Health & Science University (OHSU), in Portland.

The study was small, involving 11 middle-aged people who already had hypertension. But the results were so striking that the team said "this ought to be tested in a larger randomized controlled trial."

The study was led by OHSU associate professor of occupational health **Saurabh Thosar** and was published Nov. 17 in the journal ***Sleep Advances***.

As the researchers explained, it's long been known that day-to-day shifts in when a person goes to bed are linked to poorer heart health. One study found that irregular bedtimes could boost a person's odds for high blood pressure by 30%.

According to the Oregon team, disruptions in the body's circadian rhythms probably account for irregular bedtimes' effects on blood pressure. Researchers explained that blood pressure naturally declines a bit during sleep, but a disrupted "body clock" might weaken that response.

In the study, Thosar's group monitored blood pressure in 11 middle aged adults as they underwent one week of their normal (less regular) sleep/wake cycle.

They then asked the participants to stick to a set bedtime for two weeks. That meant that the difference in night-to-night bedtimes went from an average of 30 minutes to only about seven minutes.

Participants weren't asked to change how long they slept, only the timing of their bedtimes.

The result: 24-hour blood pressure dropped by 4 mmHg systolic and 3 mmHg diastolic (the top and bottom numbers on a reading). That's the equivalent of big lifestyle changes like cutting down on sodium or exercising more frequently, the team said.

Heart experts already know that a systolic reading reduction of even 5mmHG can lower cardiovascular risks by 10%, the researchers noted.

According to the researchers, if the study results are replicated in a larger, prospective trial, efforts to get folks to stick to regular bedtimes "could be low-cost and highly scalable interventions to reduce cardiovascular risk."

GLP-1 Weight-Loss Drug in Pill Form Shows Promise in Trial

New clinical trial results bode well for what could be the first GLP-1 weight loss drug taken as a pill, not by injection.

The daily pill, **orforglipron**, is currently under investigation by drugmaker Eli Lilly, which funded the study.

In the 18-month trial, people with type 2 diabetes and obesity who took the highest (36 milligram) dose of the drug lost an average 10.5% of their starting body weight, researchers reported.

Blood sugar readings also improved significantly, and the drug appeared to have no more side effects than those seen from injected GLP-1s.

"We know it is harder for individuals with diabetes to lose weight. It is exciting to have an oral medication that provides double-digit weight loss, which on average was 23 lbs," said study lead author **Dr. Deborah Horn**, professor and director of obesity medicine at McGovern Medical School at UTHealth Houston.

She said the drug might also prove to be more affordable….**Read More**

Almost 10 percent of Americans say they have or have had cancer but fewer are dying of cancer

A new Gallup survey finds that almost 10 percent of Americans say they have or have had cancer, reports Avery Lotz for **Axios**. That's the bad news. The good news is that fewer people in the US are dying of cancer over the last few decades.

Gallup has seen a rise in cancer diagnoses in its two-year averages over the last several years. And, at almost 10 percent, it is now higher than ever. It was at around seven percent between 2008 and 2015. But, Gallup explains that the increase in cancer rates is in part related to the fact that people diagnosed with cancer are living longer after their diagnoses. In addition, more people are surviving cancer.

Older adults are more likely to report a cancer diagnosis than younger adults. More than one in five people over 65 report having been diagnosed with cancer. In comparison, nine percent of people between 45 and 64 report having been diagnosed with cancer.

This all said, the incidence of colorectal cancer among younger Americans is on the rise. Among other types of cancer the incidence of cancer for people who are overweight is also on the rise. The likelihood of lung cancer has decreased.

Gallup reports that men have experienced lower death rates from cancer because they have stopped smoking and get prostate cancer screenings.

Practicing yoga can improve your sleep

A meta-analysis of 30 trials in more than 12 countries found that regular high-intensity yoga is more likely to improve your sleep than weight exercises, aerobic exercise, Chinese exercise and walking, reports Carly Cassella for **Science Alert.** Breath control might be the reason yoga is most helpful for sleep. Walking is next best.

More than 2,500 people of different ages, with trouble sleeping, participated in the trials. Specifically, the researchers found that less than 30 minutes of high-intensity yoga two times a week delivers the best sleep. Regulating your breathing, getting your heart rate up and working your muscles all could contribute to better sleep.

Here's a **link to a video** that explains the research findings:

According to the researchers, better sleep happens within two or three months from high-intensity yoga twice-weekly. Walking and resistance exercise also leads to better sleep relatively quickly.

Of note, another big study found that medium intensity aerobic exercise three times weekly is the best recipe for good sleep in people struggling to sleep.

Notwithstanding the finding, the researchers advise: "Caution should be exercised when interpreting findings from studies on sleep disturbances, given the limited number of studies included and the unique characteristics of the sleep disturbances population." Everyone is different.