



Friday Alert Message from the Alliance for Retired Americans Leaders

Health Care Costs Surge As ACA Open Enrollment Begins



Robert Roach, Jr.
 President, ARA

Americans shopping for Affordable Care Act (ACA) marketplace insurance plans during open enrollment – which began this Saturday – are experiencing confusion and dramatically more expensive premiums. This **includes** five million older Americans between the ages of 50 and 64 who purchase insurance through the ACA.

Prices were expected to increase in 2026 for most plans, but gridlock over extending ACA tax credits – which are set to expire at the end of this year – is intensifying the uptick, with premiums expected to spike by an **average of 114 percent**. First implemented in 2021, the subsidies reduced out-of-pocket health care costs and increased the number of Americans with health insurance. Given the uncertainty surrounding the ACA sign-up process, **it's very important** for Americans to evaluate their options. Patients have until December 15 to purchase coverage for January 1 of next year on the federal website healthcare.gov. Deadlines vary for those using state specific marketplaces to purchase plans.

Health experts **are encouraging** patients to purchase plans based on the current sticker price. If a plan's premiums are unaffordable without subsidies, then it's probably not a good buy for this upcoming year. The Trump Administration is pushing so-called “catastrophic” plans as a more affordable alternative, but

deductibles and premiums for these options are often still expensive, have high deductibles, and cover fewer services.

“This summer, Republicans passed a tax law that gave billions of dollars in tax breaks to the wealthiest Americans and corporations. They should be working just as hard to renew tax credits that keep health care affordable for millions,” said **Robert Roach, Jr., President of the Alliance**. “The American public wants ACA subsidies renewed. It's time for Congress to fix the health care crisis and reopen the government

Retirees Congratulate Nancy Pelosi on Extraordinary Career in Congress and as House Speaker
 Rep. Nancy Pelosi (CA) **announced** yesterday that she will not seek re-election next year



and will retire in 2027 as a member of Congress representing California's 11th Congressional District. She also served as Speaker of the U.S. House of Representatives, becoming the first woman ever elected to that office, from 2007 to 2011 and again from 2019 to 2023.

Pelosi **earned a perfect 100 percent** lifetime pro-retiree score on the Alliance's Congressional



Rich Fiesta,
 Executive Director, ARA

Reduction Act and the American Rescue Plan.

“Speaker-emerita Pelosi has been a tireless advocate for seniors throughout her career in Congress,” said **Richard Fiesta, Executive Director of the Alliance**. “She will be remembered for her unwavering commitment to lowering drug prices, making health care more affordable, preserving pensions, and protecting Social Security and Medicare.” “Nancy Pelosi is one of the driving forces behind the legislation that has helped seniors live healthier, more active lives over the past 30 years,” added President Roach. “We wish her all the best and are thankful for her dedication to strengthening retirement security.”

Older Americans Made Their Voices Heard on Election Day
Exit polling shows that voters aged 65 and older made up a disproportionately large portion of the turnout for Tuesday's historic elections. In California, older voters accounted for 37 percent of the total electorate, with 58 percent of that group voting in favor of Proposition 50, a ballot initiative that will require the state to adopt new, legislatively-drawn congressional district maps

starting next year until the next U.S. Census in 2030.

Older voters also accounted for 35 percent and 32 percent of the electorate in New Jersey and Virginia respectively. In Virginia, 51 percent of voters over the age of 65 voted for Democratic Governor-Elect Abigail Spanberger and 49 percent for Republican candidate Winsome Earle-Sears. In New Jersey, 51 percent of voters over the age of 65 voted for



Democratic Governor-Elect Mikie Sherrill while 48 percent voted for Jack Ciattarelli.

The California Alliance generated more than 200,000 calls to older voters about Proposition 50 and members completed more than 500 phone banks urging people to vote yes. A whopping 63.9 percent of voters cast their ballots in favor of the initiative. Pennsylvania Alliance members also held phone banks to mobilize turnout for the state's Supreme Court election. Voters ultimately chose to retain all three justices on the ballot, maintaining the court's Democratic majority.

“The message to lawmakers and pundits gearing up for next year's midterm elections is clear: candidates who want to win should engage with seniors in their community and speak to issues that matter to older voters,” said **Alliance Executive Director Richard Fiesta**.

Retiree Organization Honors RI Congressional Members with 2025 Hero Awards

On Friday, October 31st the Alliance *for* Retired Americans (ARA) honored the Rhode Island Congressional Members with the 2025 ARA Social Security, Medicare, and Medicaid Hero Award at the Rhode Island AFL-CIO office building, 194 Smith Street, Providence Rhode Island.

On behalf of the 50,000 retired and disabled members of the Alliance *for* Retired Americans in the Rhode Island Alliance *for* Retired Americans, Roger Boudreau, ARA, Sub Reagan 1 Board Member & RI ARA Vice President, presented the ARA 2025 Social Security, Medicare, and Medicaid Hero Awards to our Rhode Island Congressional members Senators Jack Reed, Sheldon Whitehouse, Congressmen Seth Magaziner, and Gabe Amo.

Roger thanked the Congressional Members for their unwavering support to protect and preserve what we have earned. Social Security is not a handout!! Social Security is not an entitlement!! Beneficiaries worked and contributed each week to the Social Security system (FICA) so they would live with dignity when they retired.

With Social Security, Medicare, and Medicaid now under attack to reduce benefits or even eliminate them, we need their advocacy NOW, more than ever.

The 2025 Alliance *for* Retired Americans Hero Awards were presented by Roger Boudreau, ARA, Sub Reagan 1 Board Member/RI ARA Vice-President. Also present was Patrick Crowley, Rhode Island AFL-CIO President, Tommy McLaughlin, ARA Field Manager.

Unable to attend, a statement was read from RI ARA President, John A. Pernorio, "We come here today to thank our Congressional Members for standing with us to protect and preserve what we have earned.

We, as senior citizens and retirees, must continue to advocate to protect, preserve and increase these very important programs. NOW, more than ever and in the future"

RI AFI-CIO President, Patrick Crowley, also thanked the congressional members for their continued support for the working RI AFL-CIO members and retirees.

L-R Roger Boudreau • Senators Jack Reed • Sheldon Whitehouse • Congressmen Seth Magaziner • Gabe Amo



RI AFL-CIO President, Patrick Crowley • Group Photo



3 Things All Retirees Should Know About Social Security COLAs

If you're a member of the workforce, you probably expect your wages to rise over time. If they didn't, it would be pretty tough to keep up with your living costs due to inflation.

Similarly, **Social Security** recipients are eligible for cost-of-living adjustments, or COLAs, so that their benefits are able to keep pace with inflation. Many Social Security recipients end up collecting a monthly benefit for several decades. If those benefits weren't eligible for COLAs, they'd be almost guaranteed to fall behind on bills.

If you're on Social Security, you probably bank on your annual COLA pretty heavily. And if so, it's important to understand how Social Security COLAs work. Here are a few things you should

know about them.

1. They're based on third-quarter inflation data

Social Security COLAs are tied directly to inflation. Specifically, they're based on data from the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W).

But there's a reason the Social Security Administration (SSA) announces COLAs each year in October. Those COLAs are calculated based on third-quarter inflation data, which does not become fully available until October.

Why the third quarter specifically? The logic is that Social Security COLAs are supposed to match inflation as closely as possible. They're also



implemented at the start of each year. Using third-quarter data means relying on information that's pretty recent while also giving the SSA ample time to implement COLAs and adjust benefit payments in time for January.

2. They're not guaranteed to raise benefits

It used to be that lawmakers had to vote on an adjustment to Social Security to increase benefits from one year to the next. That rule changed in 1975 when COLAs became automatic.

But just because Social Security benefits are eligible for a COLA each year does not mean they necessarily get one. If there's a year when there's no annual increase in the CPI-W, Social Security benefits do not get a

COLA.

And if you think that can't happen, think again. There have been three years in pretty recent history when Social Security recipients got no COLA at all.

3. They can only work in the beneficiaries' favor

When there's no COLA to be had, it can be a huge disappointment for Social Security beneficiaries. Thankfully, though, the worst that can happen in that situation is that Social Security benefits remain flat.

There's no such thing as a negative COLA. So, even if the CPI-W shows a decrease year over year, seniors won't see their monthly Social Security checks shrink... **Read More**

Social Security's 2026 Raise Is 2.8%, but Retirees Can Likely Kiss Some (or All) of This Increase Goodbye

For most retirees, **Social Security income** is foundational to their financial well-being. Nearly a quarter-century of annual surveys from national pollster Gallup has shown that 80% to 90% of aged beneficiaries rely on their monthly payout to cover some portion of their expenses.

For these tens of millions of Americans, the annual cost-of-living adjustment (COLA) reveal is one of the most-anticipated announcements of the year. While the prospect of receiving a larger monthly benefit check in the upcoming year is exciting, **a grim reality awaits**. Namely, most retirees will witness some or all of their announced raise offset in 2026.

Social Security's COLA clocks in at a historic 2.8%

Social Security's cost-of-living adjustment is the near-annual raise passed along to beneficiaries that accounts for the inflationary pressures they've contended with over the previous year.

For instance, if a large basket of goods and services regularly purchased by retirees increases in price by 3% from one year to the next, Social Security benefits would need to climb by the same percentage to avoid a loss of buying power. **Social Security's COLA** is the mechanism that attempts to mirror this change in prices.

Since 1975, the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) has been the inflation-measuring yardstick for Social Security. Following a nine-day delay caused by the federal

government shutdown, the **Social Security Administration (SSA) announced a 2.8% COLA** on Friday, Oct. 24.

Based on the SSA's 2026 COLA Fact Sheet, the average retired worker will see their monthly benefit check rise by an estimated \$56 to \$2,071 come January 2026. For the more than 7 million **workers with disabilities** currently receiving a payout from Social Security, their average monthly benefit will increase \$44 per month to \$1,630 with a 2.8% COLA.

Although a 2.8% raise is notably lower than the **5.9%, 8.7%, and 3.2% COLAs** passed along in 2022, 2023, and 2024, respectively, it's still historic in two aspects.

For starters, it marks the first time since 1997 that Social Security beneficiaries have enjoyed five consecutive years with COLAs of at least 2.5%. From 1988 through 1997, annual benefit increases clocked in between 2.6% and 5.4%.

The other bit of history involves **President Trump's tariff and trade policy boosting the announced 2.8% raise**.

Last December, four New York Federal Reserve economists writing for Liberty Street Economics published a report (*Do Import Tariffs Protect U.S. Firms?*) which examined the impact Trump's China tariffs had on stocks and U.S. businesses back in 2018-2019. What economists discovered was a reliance on input tariffs, which provided an upward lift on domestic prices.



An input tariff is a duty placed on an imported good used to complete the manufacture of a product in the U.S. This type of

tariff can make domestic production costlier, resulting in higher inflation and a larger COLA for beneficiaries.

Retirees can likely kiss some or all of next year's raise goodbye

In a perfect world, Social Security's annual COLA would take into account all of the expenses that matter to aged beneficiaries. As of December 2024, 87% of traditional program recipients were age 62 and above.

However, a **deeper dive reveals a number of well-defined shortcomings** that are likely to result in retirees kissing some, or perhaps all, of their 2.8% raise in 2026 goodbye.

The root of Social Security's COLA dilemma for retirees starts with the CPI-W. While this index is a much better solution than having Congress pass arbitrary benefit increases without rhyme or reason, which was the standard from 1950 through 1974, it nevertheless results in retirees getting the short end of the stick more years than not.

As its full name shows, the CPI-W tracks the expenses that matter most to "urban wage earners and clerical workers." These are typically people under the age of 62 who aren't currently receiving a traditional Social Security benefit.

The dilemma is that retirees spend a higher percentage of their monthly budget on shelter and medical care services than urban wage earners and clerical

workers. The CPI-W doesn't account for this added importance to retirees in its formula.

What's more, September inflation data highlighted a 3.5% trailing-12-month (TTM) inflation rate for shelter and a 3.9% TTM inflation rate for medical care services. The inflation rate for these two important expenses **has been increasing at a faster pace than Social Security's COLAs** on a fairly regular basis, which results in a loss of purchasing power for aged beneficiaries.

The other reason select retirees can likely kiss some or all of their 2.8% raise goodbye in 2026 is the expected increase in the Medicare Part B premium -- the portion of **Medicare** responsible for outpatient services.

This concern is specific to dual enrollees: retirees currently receiving a monthly Social Security benefit who are also enrolled in traditional Medicare. Nearly all dual enrollees have their monthly Part B premium automatically deducted from their Social Security payout.

In mid-June, the Medicare Trustees Report **forecast an 11.5% increase in the Part B premium to \$206.20/month in 2026** from \$185/month in 2025. Though the hold harmless provision ensures that Social Security benefits can't fall from one year to the next because of higher Part B premiums -- this is an especially helpful rule for lifetime low earners -- this double-digit projected increase in Part B has the potential to offset some or all of next year's 2.8% raise for dual enrollees.

Aging Alone: 6 Challenges and Solutions for Solo Seniors

A growing number of seniors are facing their golden years alone. Here, experts offer tips and suggestions to make aging alone at home easier and safer.

Those aging alone face a specific set of challenges that, while not insurmountable, do require some forethought and planning.

Key Takeaways

- ◆ Many seniors prefer to age in place, but doing so safely requires preparing in

advance. Solo agers, defined as individuals living without a partner or close relatives,

represent a significant portion of older adults, particularly in the U.S.

- ◆ Aging alone presents specific challenges, but these can be addressed with proactive planning and the right resources.
- ◆ Key areas of concern for solo



agers include mobility, transportation, cognitive changes, social isolation, safety and household management.

- ◆ A variety of solutions exist, from assistive devices and home modifications to professional caregivers, community services and smart technology, all aimed at supporting successful aging in place.
- ◆ Maintaining physical and

mental health through healthy habits, social connection and regular medical check-ups is crucial for mitigating age-related challenges.

- ◆ Try tapping into local resources or hiring a geriatric care manager to help you plan ahead for living safely at home or potentially moving to a senior living community....**Read the full article.**

Navigating Medicare Deductibles and Premiums in 2026

Nobody likes unexpected expenses, especially when it comes to health care. Here are some Medicare costs to expect so you're not surprised.

Although Medicare helps cover the costs of most medical services, it's essential that you still plan for out-of-pocket expenses and understand that it's not truly "free" health care.

In this article, we'll outline what to expect for Medicare costs in 2026 so that you can budget accordingly.

Medicare Costs in 2026

Medicare beneficiaries are on the hook to cover the costs of premiums, deductibles, copays and penalties – all of which can vary depending on where you live and factors such as your **income** level.

These fees are adjusted annually due to inflationary pressures and fluctuations in health care costs. Medicare cost changes for the coming calendar year are typically set each spring

and announced during open enrollment in the fall.

Medicare Part A (Hospital Coverage) Premiums and Deductibles

Most people don't have to pay a **Medicare Part A** (hospital) insurance premium when they become eligible for Medicare at age 65. That's because most people have worked long enough to qualify for premium-free Part A coverage. The 2026 Part A monthly premium costs are based on the following scale:

- ◆ \$0 premium: Those who worked and paid Medicare taxes for at least 10 years or 40 quarters
- ◆ \$285 premium: If you or your spouse worked and paid Medicare taxes for 30 to 39 quarters (7.5. to 10 years)
- ◆ \$518 premium: If you or your spouse worked and paid Medicare taxes for fewer than 30 quarters (less than 7.5 years)



Deductibles are the money you must pay **out of pocket** for health care before your insurance coverage

kicks in. In 2026, the Medicare Part A deductible is projected to be \$1,716 during each benefit period. A benefit period starts on the day you are admitted as an inpatient to a hospital or skilled nursing facility and ends once you have not received any inpatient hospital or SNF care for 60 consecutive days. Benefit periods are not tied to the calendar year, so you can have multiple benefit periods within the same year. For example, if you are admitted to the hospital again after a 60-day break, a new benefit period begins, and that means you'll have to pay the deductible again – even if the treatment is for the same condition.

Once you've paid the deductible, you'll owe \$0 for hospital stays lasting up to 60

days.

If your hospital stay is longer than 60 days:

- From days 61 through 90, you will pay \$429 per day in coinsurance.
- From days 90 to 150, the coinsurance amount increases to \$858 per day for these lifetime reserve days. After day 150, you pay 100% of all costs yourself.

Original Medicare covers up to 90 days of inpatient hospital care per benefit period. In addition, you get an extra 60 days of coverage, called lifetime reserve days, which can be use only once in your lifetime. During these days, you must pay a coinsurance rate of \$858 per day. These lifetime reserve days don't renew each year or with a new benefit period; once you've used them, they're gone for good....**Medicare premiums and deductibles for 2026 and full article**

The Nation's Largest Food Aid Program Is About To See Cuts. Here's What You Should Know.

The Trump administration's overhaul of the nation's largest food assistance program will cause millions of people to lose benefits, strain state budgets, and pressure the nation's food supply chain, all while likely hindering the goals of the administration's "Make America Healthy Again" platform, according to researchers and former federal officials

Permanent changes to the Supplemental Nutrition Assistance Program are coming regardless of the outcome of at least two federal lawsuits that seek to prevent the government from cutting off November SNAP benefits. The lawsuits challenge the Trump administration's refusal to release emergency funds to keep the program operating during the government shutdown.

A federal judge in Rhode Island ordered the government to use those funds to keep SNAP going. A Massachusetts judge in a separate lawsuit also said the government must use its food aid contingency funds to pay for SNAP, but gave the Trump administration until Nov. 3 to

come up with a plan.

Amid that uncertainty, food banks across the U.S. braced for a surge in demand, with the possibility that millions of people will be cut off from the food program that helps them buy groceries.

On Oct. 28, a vanload of SpaghettiOs, tuna, and other groceries arrived at Gateway Food Pantry in Arnold, Missouri. It may be Gateway's last shipment for a while. The food pantry south of St. Louis largely serves families with school-age children, but it has already exhausted its yearly food budget because of the surge in demand, said Executive Director Patrick McKelvey.

d families who were expected to lose SNAP benefits in the 14 states it serves.

Less than 48 hours later, the nonprofit had received more than 16,000 requests totaling \$3.6 million, largely from families, far more than the organization had funding for.

"It's unreal," co-founder Dom Kelly said.

The threat of a SNAP funding



lapse is a preview of what's to come when changes to the program that were included in the One Big Beautiful

Bill Act that President Donald Trump signed in July take effect.

The domestic tax-and-spending law cuts \$187 billion within the next decade from SNAP. That's a nearly 20% decrease from current funding levels, according to the Congressional Budget Office.

The new rules shift many food and administrative costs to states, which may lead some to consider withdrawing from the program, which helped about 42 million people buy groceries last year. Separate from the new law, the administration is also pushing states to limit SNAP purchases by barring such things as candy and soda.

All that "puts us in uncharted territory for SNAP," said Cindy Long, a former deputy undersecretary at the Department of Agriculture who is now a national adviser at the law firm Manatt, Phelps & Phillips.

The country's first food stamps were issued at the end of the

Great Depression, when the poverty-stricken population couldn't afford farmers' products. Today, instead of stamps, recipients use debit cards. But the program still buoys farmers and food retailers and prevents hunger during economic downturns.

The CBO estimates that **about 3 million people** will lose food assistance as a result of **several provisions** in the budget law, including applying work requirements to more people and shifting more costs to states. Trump administration leaders have backed the changes as a way to limit waste, to **put more people to work**, and to **improve health**.

This is the biggest cut to SNAP in its history, and it is coming against the backdrop of rising food prices and a fragile labor market.

The exact toll of the cuts will be difficult to measure, because the Trump administration **ended an annual report** that measures food insecurity.....**Read More**

Older Adults at Risk if ACA Subsidies Expire

From funding cuts to policy reforms, the Republican-passed reconciliation bill (HR 1) directly harms older adults, including by making health care and coverage less available and more expensive. As the fate of expiring Affordable Care Act (ACA) tax credits remains uncertain, we look to a recent [KFF analysis](#) for more on how HR 1's interactions with the ACA will impact adults ages 50 and over.

HR 1's Impact on ACA Marketplaces

HR 1 makes changes to the ACA Marketplaces that will increase the number of uninsured and premium costs.

Enrollment Changes

Combined with the [Trump administration Marketplace integrity rules](#), the new law will make it harder to sign up for a Marketplace plan, in part by shortening enrollment timelines and creating burdensome administrative requirements. As many as three million people, including older adults, are expected to lose health coverage as a result.

Premium Tax Credits

The law also fails to renew [the premium tax credits](#) that are set to expire this year. Since 2012, ACA tax credits have helped people with low and middle incomes pay their Marketplace premiums. In 2021, the [American Rescue Plan Act](#) (ARPA)

increased the amount and availability of the credits and the [Inflation Reduction Act](#) (IRA) in 2022 delayed their expiration, but only until the end of 2025.

This assistance has allowed millions of adults ages 50 to 64 buy coverage—spurring a 50% reduction in the uninsured rate among this cohort.

Today, the enhanced credits ease ACA Marketplace plan affordability for [more than 22 million people](#), including many older adults who are [not yet Medicare-eligible](#). The credits reduce enrollee premium payments by [\\$705 a year](#), on average. This assistance has allowed millions of adults ages 50 to 64 buy coverage—spurring a [50% reduction](#) in the uninsured rate among this cohort—while helping overall [Marketplace enrollment](#) grow from [12 million in 2021 to a record 24.2 million in 2025](#).

Older Adults at Significant Risk

If the enhanced tax credits lapse, Marketplace enrollees with incomes over 400% of poverty ([\\$84,600 for a family of two](#) in 2025) will lose all assistance, and people with incomes between 100% ([\\$21,000 for a family of two](#)) and 400% of poverty will receive less support.

Older adults would be hit especially hard. Over [half of all enrollees](#) who would be cut off from subsidies are between the



ages of 50 and 64. They would be on the hook for the full costs of their premiums, which are expected to increase by at least [18% in 2026](#), though some could see much higher jumps. And these enrollees are already at a cost disadvantage: under the ACA, insurers can charge people in their 50s and 60s higher premiums than they charge younger adults who purchase the same plan in the same area. Under the ACA, insurers can charge people in their 50s and 60s higher premiums than they charge younger adults who purchase the same plan in the same area.

As a KFF example illustrates, the impacts would be severe: A 59-year-old single widow earning \$63,000 (just above 400% of the poverty level, [\\$62,600 for an individual](#)) would pay \$5,355 for her silver Marketplace plan in 2026 if Congress extends the enhanced premium tax credits before the end of this year. But if the credits expire, she could pay more than twice that—\$14,213 in premiums, almost 23% of her income—for the exact same health insurance policy.

What's at Stake

If the enhancements expire, nearly all (92%) of the 5.2 million adults ages 50 to 64 with Marketplace coverage [would experience](#) higher costs next year.

Analysis suggests enrollees could see premiums rise by [75% on average](#), while people in rural areas could see [a 90% increase](#). While some may be able to find other insurance, millions will not. The resulting coverage losses would mean reduced access to care and worse individual health outcomes as well as higher [Medicare costs](#), because more people would enter the program in poorer health and needing more expensive interventions than they would have otherwise. The coverage losses would mean higher Medicare costs, because more people would enter the program in poorer health and needing more expensive interventions.

Across all age groups, at least [4.2 million](#) people are expected to become uninsured unless Congress acts.

Congress Must Act Quickly

At Medicare Rights, we will continue to work to protect the ACA's coverage gains. People must have access to high-quality, affordable health care and coverage. To that end, we urge lawmakers to extend the enhanced credits without delay. Otherwise, people may have no choice but to drop their Marketplace plans, setting in motion harmful coverage losses that could undermine individual health and economic security as well as Medicare sustainability.

You might be eligible for a Medicare Savings Program

If your income is low, you might be able to get help paying your Medicare premiums and copays through a [Medicare Savings Program](#). Millions of older adults and people with disabilities are enrolled in these programs, but millions more are eligible for help and don't get it. They are not aware or can't navigate their way through the maze to apply. Mark Miller reports for the [New York Times](#) on the Trump administration's decision in its budget law to reject a Biden administration initiative that made it easier to enroll in Medicare Savings Programs.

Now, instead of helping people enroll in Medicare Savings Programs through less paperwork, the Trump administration continues the paperwork burden. This administrative nightmare has

left six million people who are eligible for Medicare Savings Programs not enrolled.

Enrolling not only offsets Medicare premium costs and copays, at times, but also qualifies people for help paying for their Medicare Part D prescription drug coverage through the LIS or Low-Income Subsidy program. The Republicans supporting the paperwork burden prioritize \$66 billion in federal government savings in the next ten years over helping older Americans and people with disabilities in need.

As it is, it appears that people's Medicare Part B premiums will increase 11.6 percent in 2026, and their Social Security benefits will increase just 2.7 percent. In addition, Part D premiums could



go up a lot. These costs consume about 25 percent of a typical person's Social Security check. When you add in dental, vision, hear and long-term care costs, people are spending 39 percent of their Social Security checks on health care.

Medicare Savings Programs are worth about \$8,400 a year to the people who are enrolled in them. Even though people in Medicare Savings Programs do not qualify for full Medicaid benefits, you apply through your state Medicaid office. You can do so at any time. Each state sets slightly different income and asset limits as qualifying criteria. Some states have no asset limit. [Click here](#) to see the limits in your state and keep in mind that the income and asset calculations discount certain

items.

To be sure, health care costs are rising rapidly for older adults and people with disabilities. Not surprisingly, the number of older Americans living in poverty is way up over the last few years. In 2024, 15 percent were living in poverty as compared to 10.7 percent in 2021.

For free help enrolling in a Medicare Savings

Program: Contact your [State Health Insurance Assistance Program](#) or SHIP online or at 877-839-2675.

To enroll in a prescription drug program: Apply online at the [Social Security Administration website](#) or call 800-772-1213 or visit your [local Social Security office](#).

Are your drugs too expensive? Not in France or Italy

President Trump has said repeatedly that Americans should not be paying more for our drugs than people in other wealthy countries, but he has yet to do anything about that. However, as David Maris explains in [StatNews](#), you can still buy your drugs from abroad and save bundles of money.

Maris ordered a Miebo prescription online. It's a dry eye drug, which costs around \$800 in the U.S. He paid \$32 for it, including shipping, to buy it over-the-counter from another

country. Check out PharmacyChecker to see what drugs you can order from verified pharmacies abroad at tremendous savings.

In 2021 RAND, a research organization, published a [study](#) showing that, on average, Americans pay more than 2.5 times for our drugs than people in 32 other developed nations. This shouldn't be. We import food from abroad all the time, we should be able to import drugs for personal use. Indeed, many of the drugs we buy in the US are



imported from abroad but with a big fat pricetag. In the case of Miebo, the dry eye drug, Bausch & Lomb was able to get the FDA to approve it as a prescription drug in the US, even though it is sold over-the-counter in Europe. Because it's a prescription drug in the US, Bausch & Lomb can keep raising the price of the drug to 40 times what it costs in Europe!

To be clear, even with insurance, Miebo's cost to Americans is high. And, its

insane price drives up people's prescription drug and health care premiums. Bausch & Lomb wants it to remain a prescription drug in the US even though it could and should be sold as an over-the-counter drug here; it meets the test of over-the-counter drugs: people can use it safely on their own.

The solution: Any drug that is sold OTC abroad should be classified as OTC in the US. That would drive competition and reduce prescription drug costs. their costs....[Read More](#)

UnitedHealth and other big insurers cut their physician networks to boost profits

If you are enrolled in a UnitedHealth Group Medicare Advantage plan, you are likely to see the number of in-network providers drop dramatically next year, reports Luke Sullivan for [HEALTH CARE uncovered](#). If you're in a CVS, Cigna or other Medicare Advantage plans run by a big insurer, you might also see a dramatic cut of in-network providers. Be sure to check during this [Medicare Annual Open Enrollment Period](#) and consider all your options for 2026.

The good news is that if you are in a Medicare Advantage plan whose provider network is being cut significantly, you likely have a guaranteed right to buy Medicare supplemental health insurance or Medigap if you switch to Traditional Medicare. Traditional Medicare gives you easy access to most doctors and hospitals across the United States, without having to face burdensome prior authorization processes or [inappropriate delays and denials of care](#) that you face in



Medicare Advantage. UnitedHealth just announced that it is cutting thousands of doctors from its networks

in order to boost profits. UnitedHealth's \$4.3 billion in profits in the last three months were apparently not as high as it wanted. Cutting provider networks and denying care inappropriately have helped UnitedHealth to become the third richest company in the US right now.

UnitedHealth currently controls about 10 percent of all the

physicians in the US, after buying up scores of physician practices. It's now the largest Medicare Advantage provider and has 2,700 subsidiaries!

Keep in mind that when corporate health insurers talk about promoting "value-based care," which insurers do all the time, they are talking about improving their company's value, not value to their more than 45 million enrollees. They maximize their value through raising premiums and out-of-pocket costs and cutting benefits, and that's what they do.

Dear Marci; How do I stop unwanted outreach from Medicare Advantage companies?

Dear Marci,

I'm turning 65 this year, and since early October I have been getting calls from Medicare Advantage Plans. How do I stop these unwanted calls?

– Daniel (Lafayette, LA)

Dear Daniel,

Many people experience unsolicited advertisements or other communication from Medicare Advantage Plans as they approach Medicare eligibility or during Fall Open Enrollment Period. These calls can be overwhelming, especially when you're trying to make informed decisions about your healthcare coverage.

If you are receiving unwanted marketing calls from insurance companies, you can register with the [National Do Not Call Registry](#). This is a free federal service that stops sales calls from legitimate businesses that follow the law. However, keep in mind that you may still get calls from

scammers or those not following the rules. Join the list at www.donotcall.gov or by calling **888-382-1222** from the phone you want to register.

If you're getting repeat calls from the same callers, you should block those specific phone numbers. Also know that by engaging with these callers, you may get more calls in the future. So when possible, do not pick up calls that are likely unwanted, hang up immediately if you realize this is a call you didn't want to get, and report the number to the Federal Trade Commission at www.donotcall.gov.

It is also helpful to be aware of Medicare marketing rules that private plans must follow when promoting their products. These rules are meant to prevent plans from presenting misleading information about a plan's costs or benefits. Medicare private



Dear Marci:

plans can market their plan through direct mail, radio,

television, and print advertisements. Agents can also visit your home if you invite them for a marketing appointment. However, insurance agents **cannot**:

- ◆ Call you if you didn't give them permission to do so
- ◆ Visit you in your home, nursing home, or other place of residence without your invitation
- ◆ Offer gifts or prizes worth more than \$15 to encourage you to enroll
- ◆ Market their plans at educational events or in health care settings (except in common areas)
- ◆ Sell you life insurance or other non-health products at the same appointment (known as cross-selling),

unless you request information about such products

- ◆ Use the term "Medicare-endorsed" or suggest that their plan is a preferred Medicare plan
 - Plans can use Medicare in their names as long as it follows the plan name (for example, the Acme Medicare Plan) and the usage does not suggest that Medicare endorses that particular plan above other Medicare plans
 - ◆ Imply that they are calling on behalf of Medicare
- If Medicare Advantage Plans or their agents engage in prohibited activity, you can report that behavior to the Senior Medicare Patrol (SMP) and to 1-800-MEDICARE (633-4227).
- Hope this is helpful!
-Marci

When you should consider getting Medigap instead of Medicare Advantage

For new **Medicare enrollees**, the maze of options can be overwhelming. While both **Medigap and Medicare Advantage (Part C)** aim to fill the gaps left by **Original Medicare**, they operate in very different ways — and choosing between them can have lasting financial consequences. Knowing when Medigap might serve you better is key to protecting your retirement income and ensuring access to the care you want.

Why Medigap Still Matters Original Medicare (Parts A and B) doesn't cover everything. There's no official limit on out-of-pocket costs, meaning a single hospital stay or major illness could leave you with thousands in unpaid expenses. Medigap — private insurance that supplements **Original Medicare** — helps fill those

“gaps” by covering deductibles, coinsurance, and copayments that Medicare doesn't.

Think of **Medigap as a financial safety net that adds predictability to your healthcare spending.** These standardized plans (labeled A through N) offer identical benefits nationwide, regardless of which insurer sells them, though premiums vary widely by location and provider.

Medigap also provides flexibility: you can see any doctor or specialist nationwide who accepts Medicare, without worrying about provider networks. For retirees who split time between states or travel frequently, this can be a decisive advantage over Medicare Advantage, which often restricts care to regional networks.

However, Medigap plans do not cover prescription drugs,



routine dental or vision care, or hearing aids. For medications, you must buy a separate Part D plan.

Understanding Enrollment and Cost

You can **enroll in a Medigap plan once you're 65 or older and enrolled in Medicare Part B.** The **six-month Medigap Open Enrollment Period** is the best time to sign up. During this window, insurers can't deny coverage or charge more for preexisting conditions.

After that period, your application could be subject to medical underwriting, meaning higher premiums or even denial based on health status. That's why timing matters — waiting too long can make **Medigap** much harder to obtain affordably.

Among the ten standardized plans, **Plan G has become one of the most popular because it**

covers nearly every Medicare-approved expense except the Part B deductible. Plan N offers lower premiums but requires small copayments for doctor or emergency visits. Plan F, once the most comprehensive, is now closed to people who became eligible for Medicare after January 1, 2020.

Premiums can vary dramatically. A **high-deductible Plan F might cost around \$30 per month**, while a standard **Plan G in the same area could exceed \$300**, depending on your location and insurer. Reviewing rate trends is essential, as some insurers raise premiums more aggressively than others....[Read More on Comparing Medigap and Medicare Advantage](#)

These are the variables that increase or decrease your Social Security payment

For many Americans, **Social Security** forms the cornerstone of their retirement income. Originally designed to complement pensions and personal savings, it has become a primary source of income due to the decline in employer-provided pensions and insufficient personal savings. In fact, 30% of Americans expect Social Security to be their sole financial resource in retirement. It remains vital to more than 7.5 million U.S. households, with 80% to 90% of retirees consistently needing this income to cover their expenses.

Understanding the complexities of Social Security, and particularly how your benefit is calculated, is essential for maximizing what you receive. The Social Security Administration (SSA) uses four primary variables to determine your monthly Social Security check: work history, earnings history, full retirement age (FRA), and claiming age. Each of these factors plays a significant role in the amount you receive, and understanding them can help you make informed decisions.

Your **work history** is crucial, as the SSA considers your 35 highest-earning, inflation-adjusted years. If you have not

worked and paid Social Security taxes for a full 35 years, your record will show zeros for each year that didn't qualify. These zeros are averaged into your calculation, which usually results in a smaller Social Security benefit. Therefore, working at least 35 years is critical for maximizing your lifetime benefit.

The **earnings history** is inseparable from your work history. Up to a certain point, the more you earn during your working years, the higher your benefit is likely to be once you are ready to tap into Social Security. This includes wages and salary, but not investment income. Pursuing a high-earning career can significantly boost your Social Security income.

Your **full retirement age (FRA)** is the age at which you receive 100% of your retired-worker benefit. Your FRA is determined by your birth year. For anyone born in 1960 or later, your full retirement age is 67. This is a factor you have no control over, but it is essential to understand how it impacts your benefits.

The **claiming age** is another critical factor. You can begin



collecting your Social Security payout as early as age 62.

However, the program offers a significant financial incentive to encourage patience: for every year you wait to collect your benefit, starting at age 62 and continuing until age 70, your monthly payout can increase by as much as 8%. Delaying claiming benefits is one of the most impactful ways to increase your monthly payment. Several strategies can help boost your Social Security income. Working longer, beyond completing 35 years, can replace years of zero earnings with actual income, which significantly helps increase your benefit. If you are earning a lot toward the end of your career, working a little longer can further boost the size of your check. Additionally, qualifying for spousal benefits or exploring survivor benefits can also enhance your Social Security income.

Conversely, certain actions or circumstances can reduce your Social Security payment. Working less than 35 years results in a \$0 being averaged into your benefit calculation, thereby reducing your overall payout. Claiming benefits early,

at age 62, provides immediate access to funds but ensures a permanent monthly payout reduction ranging from 25% to 30%, depending on your birth year.

Being subject to the **retirement earnings test** can also decrease your benefits. If you claim benefits early and continue to work, the SSA may withhold some or all of your benefit if your earnings exceed preset income thresholds. This "penalty" is eliminated once you reach your full retirement age. Not structuring your income to reduce taxes can also impact your net Social Security income.

There are ongoing concerns regarding the future of Social Security and the broader economic landscape. The Old-Age and Survivors Insurance Trust Fund (OASI) is projected to deplete its asset reserves in nine years. If the reserves are depleted, sweeping benefit cuts of up to 21% may be necessary to sustain payouts through 2098. While direct cuts to current Social Security recipients are rare, changes more often affect the benefits that future recipients can expect. ...[Read More](#)



RIARA HealthLink Wellness News

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

Mental Health Screenings and Preventive Care for People With Medicare

Mental health care begins with screenings and preventive care. This National Depression and Mental Health Screening Month, we are highlighting the importance of receiving regular mental health screenings and staying alert to changes in your mental health.

For Older Adults and People With Disabilities

Mental health is a complex issue, and everyone's experiences and circumstances affect their mental health in different ways. **Personal, family, community, and structural factors** all influence an individual's mental health, and adverse circumstances (such as co-occurring health problems, poverty, and inequality) can be particularly detrimental to mental well-being.

Social and structural circumstances can put older adults and people with disabilities at higher risk for depression.

Such social and structural circumstances can put older

adults and people with disabilities at higher risk for depression and other mental health problems.

People with disabilities face **accessibility and mobility barriers as well as systemic discrimination** in social and economic life. This makes it especially difficult for people with disabilities to **access community and social support independently** and regularly. As they age, older adults also experience **physical, mental, and social changes** that can damage their mental health. New or worsening health conditions can disable and isolate older adults and leave them with inadequate **support and accommodations**, and social losses caused by bereavement or institutionalization can worsen feelings of sadness and anxiety.

Mental Health Screenings Through Medicare

When you first enroll in Medicare, your provider is required to assess your potential for depression and other mental



health conditions during your **Welcome to Medicare Visit** and first **Annual Wellness Visit**.

This initial assessment includes questions about your family history and other risk factors for depression and other mental health conditions, but it is not necessarily accompanied by a formal screening, which involves a questionnaire about symptoms you may be experiencing.

You do not need to be experiencing symptoms of depression or alcohol misuse to qualify for a screening. Medicare Part B covers both **depression screenings** and **alcohol misuse screenings** once a year if they are part of a primary care visit, such as during your Annual Wellness Visit. These are offered at no cost to the patient when the primary care provider participates in Original Medicare or is in-network with the beneficiary's Medicare Advantage plan. However, a

mental health screening that occurs in an emergency room, skilled nursing facility, or other inpatient hospital or rehabilitation facility is **not considered part of primary care** and is not covered in the same way.

Mental health treatment can be **inpatient** or **outpatient** (including **partial hospitalization**) depending on the patient's needs. Inpatient mental health stays are subject to **lifetime Part A limits**, and cost sharing for both inpatient and outpatient care varies across plans.

You do not need to be experiencing symptoms of depression or alcohol misuse to qualify for a screening, and **experts encourage being proactive** about seeking mental health care. Getting regular screenings can help you and your doctor catch problems early and find treatment when needed.

Learn more about Medicare's coverage of mental health screenings and services on **Medicare Interactive**.

What You Need to Know About Alzheimer's and Brain Health

Did you know that June is **Alzheimer's and Brain Awareness Month**? Alzheimer's disease (frequently abbreviated as simply "Alzheimer's") and related brain disorders have become increasingly prevalent in our aging society. These conditions can significantly impact individuals and their families, making it crucial to raise awareness about their causes, symptoms, and available treatments.

Here's what everyone should know about Alzheimer's disease and dementia, the importance of early detection, ongoing research and treatments, and practical tips for maintaining a healthy brain.

What Is Alzheimer's?

Alzheimer's disease is a progressive neurodegenerative disorder that affects the brain, causing memory loss, cognitive decline, and behavioral changes. It is the most common form of

dementia, accounting for approximately 60-80% of all dementia cases. The disease is thought to be caused by the accumulation of beta-amyloid plaques and tau protein tangles in the brain, leading to the destruction of nerve cells and disruption of communication between them.

Alzheimer's Disease vs. Dementia

Dementia is an umbrella term that encompasses a range of cognitive impairments, including Alzheimer's disease. While Alzheimer's is a specific form of dementia, other types exist, including:

- ◆ Vascular dementia
- ◆ Lewy body dementia
- ◆ Frontotemporal dementia

Each type of dementia presents with unique symptoms and may have different underlying causes.



It is essential to receive an accurate diagnosis to determine the most appropriate treatment and care plan.

Importance of Early

Detection

Early detection of Alzheimer's disease and other forms of dementia is critical for several reasons. First, it allows individuals and their families to seek appropriate medical care, support, and resources to manage the condition effectively. Second, it enables individuals to participate in clinical trials and research studies aimed at advancing our understanding of these disorders and developing potential treatments.

Symptoms of Alzheimer's Disease

Here are **10 common Alzheimer's symptoms** everyone should be aware of:

1. Memory loss that disrupts daily life
 2. Challenges in planning or problem-solving
 3. Difficulty completing familiar tasks
 4. Confusion about time or place
 5. Trouble understanding visual images and spatial relationships
 6. New problems with words in speaking or writing
 7. Misplacing things and losing the ability to retrace steps
 8. Decreased or poor judgment
 9. Withdrawal from work or social activities
 10. Changes in mood and personality
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Blood Pressure Medication Recalled Over Cancer Risk

Recall due to the presence of nitrosamine impurities, classified as potential carcinogens

The U.S. Food and Drug Administration (FDA) has recalled over half a million bottles of a widely prescribed blood pressure medication, prazosin hydrochloride, because of concerns about a potentially cancer-causing chemical.

New Jersey-based **Teva Pharmaceuticals** and drug distributor Amerisource Health Services initiated the voluntary recall for more than 580,000 bottles of the capsule drug, *CBS News* reported.

The prazosin capsules may contain nitrosamine impurities in

the medication.

Nitrosamines are a group of chemicals that, at high levels or over long periods of exposure, are considered potentially cancer-causing in humans.

The **FDA** said these chemicals can form due to a chemical reaction during the drug's manufacturing process or leaching from packaging. The recall affects 1 mg, 2 mg and 5 mg doses of prazosin distributed by **Teva Pharmaceuticals** and 5 mg doses distributed by **Amerisource Health Services**.

The pills were distributed



nationwide within the United States only, according to the **FDA**. **Prazosin** is primarily used to treat **hypertension** by

relaxing blood vessels, which improves blood flow. Beyond treating high blood pressure, the medication may be prescribed for other off-label uses.

The FDA classified the recall as a Class II risk, meaning the product may cause temporary or medically reversible adverse health consequences, or that the probability of serious adverse health consequences is remote.

Patients taking these prazosin capsules should contact their doctor or pharmacist for

guidance as suddenly stopping blood pressure medication can pose a serious health risk.

More information

The U.S. Food and Drug Administration (FDA) provides information on **drug recalls and classifications**.

SOURCES: *CBS News*, Oct. 31, 2025; U.S. Food and Drug Administration, Oct. 2025, Aug. 2025

What This Means For You

Patients taking prazosin should contact their doctor or pharmacist immediately to check if their specific prescription bottle is part of the recalled lots and to discuss safer alternative treatments.

Three-Pronged Blood Test Highlights Heart Attack Risk

A new three-pronged blood test can highlight people with a nearly tripled risk for **heart attack**, a new study says.

The test relies on three blood markers linked to heart disease: lipoprotein a [Lp(a)], remnant cholesterol and high-sensitivity C-reactive protein [hsCRP], researchers are slated to report at a Nov. 10 meeting of the American Heart Association in New Orleans.

"Each of the blood tests on its own indicate only a modest increase in heart attack risk; however, when we found elevated levels for all three, the risk of heart attack was nearly three times higher," said lead researcher **Dr. Richard Kazibwe**, an assistant professor of internal medicine at Wake Forest University School of Medicine in Winston-Salem,

North Carolina.

"These biomarkers work together like pieces of a puzzle," he said in a news release. "One piece cannot show the full picture, yet when combined, we can see a much clearer and more complete depiction of heart attack risks."

Lipoprotein (a) is a type of cholesterol driven by genetic factors that can cause clogged arteries, researchers said.

Remnant cholesterol is a harmful fat particle in the blood that may be missed by standard cholesterol tests, but also contributes to clogged arteries.

The marker hsCRP measures inflammation in the body, with high levels signaling the body is under stress that could do damage to a person's arteries.

For the study, researchers analyzed data on more than



300,000 participants in UK Biobank, a long-term health research project in the United Kingdom. All of the people were free of heart disease when they were first enrolled.

Researchers tracked their heart attack rates for a median 15 years of follow-up — meaning half were followed longer, half for a shorter time. These were compared to blood tests evaluating the three heart risk markers.

Results showed that:

- ◆ Participants with all three test results in the highest ranges had nearly triple the risk for a heart attack.
- ◆ Those with two high results had more than double the risk.
- ◆ A single elevated result

carried a 45% increased risk. "A clear pattern confirmed that these biomarkers are related and together they reveal a three-fold increase in heart attack risk," Kazibwe said.

"Even if traditional risk factors like cholesterol and blood pressure are under control, these simple blood tests can identify hidden inflammation, genetic risk and cholesterol abnormalities," he added. "The results could help health care professionals detect heart disease risk earlier and guide steps to keep your heart healthy before symptoms appear or a cardiac event occurs."

These blood tests are not part of routine screening guidelines, but Kazibwe said they are available at most labs upon request... **Read More**

5,000 Steps a Day May Help Protect the Brain From Alzheimer's, Study Finds

Getting in more daily steps may help slow early brain changes linked to **Alzheimer's disease**, a new long-term study suggests.

Researchers followed nearly 300 older adults for up to 14 years and found that people who already showed high levels of beta-amyloid (an early sign of Alzheimer's) lost memory and thinking skills more slowly if they were physically active.

Even a low or moderate amount of daily movement made a difference, the study said.

In fact, adults who walked about

5,000 to 7,500 steps a day saw their thinking skills decline at half the rate of people who were mostly inactive, the study found.

Beyond that, more movement didn't offer much extra benefit, suggesting that people don't necessarily need to hit 10,000 steps to see results.

The study, published Nov. 3 in the journal *Nature Medicine*, also found that exercise did not slow the buildup of beta-amyloid. Instead, it was linked to slower growth of tau, another toxic brain



protein that experts believe plays a direct role in cell damage

"We're all working on better treatments, better drugs, but we can't underestimate the value in these lifestyle factors that people can implement on their own to protect their brain health," study author **Dr. Wendy Yau** of Mass General Brigham told *STAT News*.

Nearly 7 million Americans are living with Alzheimer's today, and that number is expected to double by 2060.

While two drugs, **Leqembi** and **Kisunla**, are now available to slow the disease, doctors say lifestyle habits such as physical activity are still important.

Because the study was observational, it does not prove that exercise directly prevents Alzheimer's. But experts say it supports a growing body of research showing that movement is a "modifiable risk factor," meaning it's something people can change to support better brain health.

Long-Term Melatonin Might Harm Heart Health, Study Says

Folks using **melatonin** supplements as a sleep aid might be putting themselves at risk for future heart problems, a new study says.

Adults with insomnia who'd been using melatonin for a year or more had 90% higher odds of heart failure, researchers are scheduled to report Nov. 10 in New Orleans at a meeting of the American Heart Association.

Further, people taking melatonin are nearly 3.5 times more likely to be hospitalized for heart failure, researchers found.

"Melatonin supplements are widely thought of as a safe and 'natural' option to support better sleep, so it was striking to see such consistent and significant increases in serious health outcomes, even after balancing for many other risk factors," lead researcher **Dr. Ekenedilichukwu Nnadi** said in a news release.

He's chief resident in internal medicine at SUNY Downstate/Kings County Primary Care in

Brooklyn, New York.

Melatonin is a hormone that naturally occurs in the body and helps regulate people's sleep-wake cycle. Levels increase during darkness and decrease during daylight.

Melatonin supplements are widely available over the counter in the United States, and are promoted and marketed as a safe sleep aid, researchers noted.

To see how long-term melatonin use might affect people's health, researchers reviewed five years of electronic health records for nearly 131,000 people diagnosed with chronic insomnia. More than 65,000 reported taking melatonin for more than a year.

The team compared people who'd used melatonin long-term to people who'd never had melatonin use noted in their health records.

Over five years, heart failure occurred in about 4.6% of melatonin users versus 2.7% of



non-users, a 90% difference.

Heart failure also was 82% higher when researchers looked at people who had at least two melatonin prescriptions filled at least 90 days apart, based on records from the U.K.

Those taking melatonin were about 3.5 times more likely to be hospitalized for heart failure (19% versus 6.6%) and twice as likely to die during the study period (7.8% versus 4.3%), results showed.

"I'm surprised that physicians would prescribe melatonin for insomnia and have patients use it for more than 365 days, since melatonin, at least in the U.S., is not indicated for the treatment of insomnia," AHA spokeswoman **Marie-Pierre St-Onge** said in a news release. She's director of the Center of Excellence for Sleep & Circadian Research at Columbia University Irving Medical Center in New York City.

"In the U.S., melatonin can be taken as an over-the-counter supplement and people should be aware that it should not be taken chronically without a proper indication," added St-Onge, who was not involved in the study.

However, more research is needed to fully understand the relationship between melatonin supplements and heart health, Nnadi said.

"Worse insomnia, depression/anxiety or the use of other sleep-enhancing medicines might be linked to both melatonin use and heart risk," he said. "Also, while the association we found raises safety concerns about the widely used supplement, our study cannot prove a direct cause-and-effect relationship. This means more research is needed to test melatonin's safety for the heart."

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

FDA to Ease Copycat Drug Rules, Speeding Access to Cheaper Drugs

The U.S. Food and Drug Administration (FDA) announced Wednesday that it will relax certain rules for approving low-cost versions of some high-priced medications, in an effort to speed up access to cheaper alternatives.

The decision affects biosimilars — medicines that are near-identical copies of biologic drugs made from living cells.

These drugs are similar to generics but more complex to produce. They're often used to treat serious conditions like cancer, **diabetes** and autoimmune diseases.

Several top-selling brand-name drugs already have biosimilar versions,

including **Herceptin** for **breast cancer**, **Lantus** for **insulin** and **Humira** for **arthritis** and other autoimmune disorders.

Under the new guidance, biosimilar developers will no longer be required to conduct expensive and lengthy clinical trials to prove that their version is as effective as the original, according to *The New York Times*.

Instead, they'll just need to show that the drug's structure and manufacturing process are similar to the brand-name version.

The FDA also plans to make it easier for pharmacists to



substitute biosimilars for brand-name drugs, similar to how they can with generic ones.

"For too long, government bureaucracy and regulatory barriers have protected monopolies and stifled competition," U.S. Health Secretary **Robert F. Kennedy Jr.** said during a news conference announcing the changes.

FDA Commissioner **Dr. Marty Makary** said the changes could cut the approval timeline in half, from the current five to eight years, and save companies tens of millions of dollars in research costs. He said those savings could ultimately lower prices for

patients.

Industry experts said the move could help, but might not solve the biggest roadblocks keeping biosimilars from reaching customers.

Brand-name drugmakers have long used patent protections and lawsuits to delay biosimilar launches, even after FDA approval.

"I don't really see this regulatory change as an alleviation of the real bottleneck," Brian Skorney, a drug industry analyst at investment bank Baird, **said....[Read More](#)**

Intermittent Fasting Doesn't Affect Mental Ability, Review Finds

Intermittent fasting shouldn't dull an adult's ability to think, remember and problem-solve, a new evidence review says.

Mental abilities like memory recall, decision making and responsiveness aren't hampered by skipping a meal or fasting for a half-day, according to an analysis published Nov. 3 in the journal *Psychological Bulletin*.

"Our main finding was that there is generally no consistent evidence that short-term fasting impaired mental performance," said senior researcher **David Moreau**, an associate professor of psychology at the University of Auckland in New Zealand.

"Individuals who fasted performed remarkably similarly to those who had recently eaten,



suggesting cognitive function remains stable in the absence of food intake," Moreau said in a news release.

For the evidence review, researchers analyzed data from 71 prior studies involving nearly 3,500 people.

"While fasting has become trendy over the years, there is widespread concern, often

reflected in common sayings like, 'You're not you when you're hungry,' that going without food might acutely impair mental sharpness," Moreau said.

Results showed no overall impact from fasts of 12 hours or less....**[Read More](#)**