Rhode Island Alliance for Retired Americans®

RI ARA

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

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Message from the Alliance *for* Retired Americans Leaders

Report: Defined Benefit Pensions Help Close the Racial Wealth Gap

Robert Roach, President, ARA

According to a new report from the National Institute on Retirement Security (NIRS) and the University of California at Berkeley Labor Center, defined benefit pensions help combat retirement inequality by lowering retiree poverty rates, closing the racial wealth gap, and more evenly distributing income among retirees.

Further, traditional pensions are critical for providing adequate retirement income, especially for women, African-Americans, Latinos, and retirees without a four-year college degree.

Pension benefits have increased net worth for middle-class families by 36 percent, comprising $5.6 trillion of household wealth for more than 23 million Americans aged 55 years and older.

Public pensions are particularly beneficial for retirees. The findings also confirm that retirees with a pension have a better chance of maintaining economic stability.

"It's clear that pensions play an essential role in boosting retirement security for older Americans and more Americans need access to them," said **Robert Roach, Jr., President of the Alliance**. "We look forward to hearing more about this critical research when representatives from NIRS speak about it during our annual retirement security symposium this October."

Poll: Most Americans Oppose Drug Corporations' Medicare Drug Price Negotiation Lawsuits

Rich Fiesta, Executive Director, ARA

A new poll commissioned by Patients for Affordable Drugs Now found that 72 percent of American voters oppose the pharmaceutical industry's lawsuits to stop Medicare from negotiating lower prices for prescription drugs.

Earlier this month, the Biden-Harris administration announced the first ten high-priced prescription drugs that will be subject to negotiation. Before President Biden's Inflation Reduction Act (IRA) became law, Medicare was prohibited from negotiating drug prices. Although the negotiated prices won't take effect until 2026, the pharmaceutical industry has filed several lawsuits in several states to block the implementation of the law.

Although the drug corporations claim they are challenging the constitutionality of Medicare drug price negotiation, 77% of voters believe that drug corporations are blocking the law to protect their profits. In addition, 67% believe that even with lower negotiated prices, the drug corporations will still make a healthy profit.

"These findings confirm that Americans are fed up with high drug prices and they know that allowing Medicare to negotiate lower prices will finally bring them some relief," said **Richard Fiesta, Executive Director of the Alliance**. "Drug corporations are making record profits and paying their CEOs millions. It is time to stop complaining and start negotiating in good faith."

FDA Panel: Popular Decongestant in Cold. Medicine Is Not Effective

Joseph Peters ARA Sec.-Trea.

A key ingredient in many over-the-counter oral cold medicines is not effective at relieving nasal congestion, an advisory panel to the Food and Drug Administration voted last week. Researchers have been petitioning the FDA for years to remove orally taken phenylephrine from the market after **studies showed** it does not outperform placebos in patients with decongestion. When taken in pill form, researchers say that phenylephrine is metabolized by the body so well that only a small portion makes it to the bloodstream.

Phenylephrine taken via a nasal spray is still considered effective. Phenylephrine is found in some Sudafed, Tylenol, Benadryl, NyQuil, Mucinex and Theraflu products. If the FDA decides to follow the panel's recommendations, phenylephrine may essentially be banned from sale, forcing companies to reformulate or remove their products from shelves. In 2022, sales of products with phenylephrine totaled $1.76 billion.

"Retirees should keep these findings in mind as the cold and flu season approaches and ask their doctors for advice," said **Joseph Peters, Jr., Alliance Secretary-Treasurer**.

Alliance's Retirement Security Symposium Less Than a Month Away

Join the Alliance at our annual Retiree Security Symposium, Preparing for Retirement, Individual and Collective Efforts, an Alliance for Retired Americans seminar on Tuesday, October 17, 2023 at 9:00 AM at AFL-CIO headquarters in Washington, DC.

Liz Shuler, President of the AFL-CIO; Fred Redmond, Secretary-Treasurer of the AFL-CIO and Executive Vice President of the Alliance; and Rep. John Larson (CT), House Committee on Ways and Means Social Security Subcommittee Ranking Member, will make presentations.

Representatives from retiree organizations the National Institute on Retirement Security (NIRS), the National United Committee to Protect Pensions (NUCPP) and the Pension Rights Center will give reports. In addition, AFT, AFGE, AFSCME, and IAMAW will discuss individual and collective efforts for a secure retirement.

Space is limited, so please RSVP at **https://tinyurl.com/Symposium101723** by October 3, 2023 and indicate if you will attend in person or virtually.

ADD YOUR NAME

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

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October is Breast Cancer Awareness Month: The History and Impact

October is National Breast Cancer Awareness Month, a time to provide education on the condition and encourage awareness about testing and early detection. The American Cancer Society estimates there will be 297,790 cases of invasive breast cancer diagnosed in women and 2,800 for men in the United States in 2023.[1] In addition, there will be an estimated 43,700 deaths from breast cancer.

Since its inception, Breast Cancer Awareness Month has grown considerably in its pursuit to spread awareness and raise funds for research. In the past few decades, more organizations have begun their own initiatives involving breast cancer awareness in October, making the fight against the disease better known to the public. How did Breast Cancer Awareness Month begin? How has it grown over the years? And what impact has it made on breast cancer prevention and treatment?

When Did Breast Cancer Awareness Month Start?

National Breast Cancer Awareness Month began as a weeklong event in 1985. It was organized by the American Cancer Society (ACS) and the pharmaceutical division of Imperial Chemical Industries, which would later become part of AstraZeneca.

Also involved was Betty Ford, the wife of former President Gerald Ford. Not long after her husband became President in 1974, Betty Ford underwent a mastectomy to treat breast cancer. Ford's openness about her experience increased both media coverage and public awareness of breast cancer, providing the research community with much-needed publicity.[3] In the years following her procedure, Ford would become a spokesperson for the American Cancer Society and advocate for early detection and screening, which became a focal point of Breast Cancer Awareness Month.

What is the Pink Ribbon?

Though the first initial pink ribbon for breast cancer awareness is generally attributed to the Susan G. Komen Foundation in 1991, its emergence as a widespread symbol came not long after.[4] A partnership between Self magazine and businesswoman Evelyn Lauder saw the ribbon grace the cover of the magazine, along with over 1 million pink ribbons handed out at Estée Lauder makeup counters. This was the catalyst for the growth of the pink ribbon as one of the predominant symbols of Breast Cancer Awareness Month.

In the ensuing decades, the pink ribbon has become so synonymous with breast cancer awareness that some campaigns have drawn criticism for the proliferation of pink merchandise. This became known as "pinkwashing," or benefitting from excessive marketing utilizing pink without necessarily putting the proceeds toward breast cancer research. The term, in other cases, refers to companies that promote the pink ribbon while selling products with chemicals potentially linked to breast cancer…..**Read More**

What the CDC says about the updated COVID vaccine

An independent panel of advisers at the Centers for Disease Control and Prevention is recommending that everyone over the age of 6 months get the updated COVID vaccine this fall.

"Even children and adults with no underlying conditions can still experience severe illness due to COVID," said Dr. Sandra Fryhofer, an adjunct associate professor of medicine at the Emory University School of Medicine.

Most infectious disease experts agree with the recommendations made by the federal health agency.

"I agree with the CDC recommendations because it is a simple recommendation to follow, and I believe that the benefit of the vaccine outweighs any risk at every age level," Dr. Todd Ellerin, chief of infectious diseases at South Shore Health, told ABC News.

"It's consistent and harmonized with the flu shot and I think that really important. We need to emphasize that," he added.

Dr. Donald Alcendor, a professor of microbiology, immunology and physiology at Vanderbilt University, said the sweeping recommendation "was the right thing to do."

"If you start to restrict recommendations to certain age groups or vulnerabilities and leave younger people out of it, you forget that young people can spread COVID and can get older people sick," he told ABC News.

Some of the CDC's advisers pointed out that only about 20% of American adults received the COVID bivalent booster last fall. However, around 45% of those over the age of 65 – those most at risk – got the shot.

"It's clear that the vaccines are most important for the elderly in the extremes of age, those with comorbidities like heart disease, diabetes, and the immune compromised," Ellerin said.

Dr. Pablo Sanchez, a professor of pediatrics at The Ohio State University College of Medicine, was the only member of the CDC advisory panel to vote against the new vaccine recommendation.

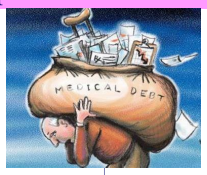
"The group that should get it are those who are at the highest risk ... those [who are] are greater than 65 years of age and younger individuals with risk factors," he told ABC News. "The healthy adolescent, the male 20-something year old who's already had COVID, may already have been vaccinated ... I'm not sure if that individual should get one or even needs one."…**Read More**

Biden administration takes steps to remove medical bills from credit reports

The Biden administration wants to remove **medical debt** completely from consumer credit reports, so the Consumer Financial Protection Bureau on Thursday outlined **its proposed rules** to keep unpaid medical bills from affecting patient's credit scores.

One in 5 Americans have medical debt on their credit reports, according to the CFPB. Medical debt can **lead to a debt spiral** for some consumers and narrow their options for housing, loans and credit cards.

"We know credit scores determine whether a person can have economic health and wealth," said Vice President Kamala Harris. "Credit scores determine whether a person can buy a home, whether they can buy a car, rent an apartment, or own a small business."



Medical debt is the most common debt in collection. The CFPB found that 58% of all third-party debt collection on consumer credit reports was for medical bills. The complexity of medical billing also makes it prone to errors. One study from the Medical Billing Advocates of America estimates up to **80% of medical bills** have mistakes.

"These bills, even ones where the patient doesn't owe anything further, can end up being reported on the patient's credit report," said Rohit Chopra, director of the CFPB, "and millions of people have spent millions of hours disputing these errors, often while dealing with serious illness."

The CFPB outlined proposals to prohibit consumer reporting companies such as Equifax, TransUnion and Experian from including medical debts and collection information on consumer credit reports. As of July 2022, **the companies no longer include medical debt** in collection under $500 on credit reports. New rules would make that voluntary approach mandatory and extend to all medical debt….**Read More**

Costs of 34 Medicare Drugs To Be Capped at $618 Until December

Some people who take Medicare Part B drugs may save up to $618 per average dose from October through December, according to the Centers for **Medicare** & Medicaid Services (**CMS**).

Under the **Medicare Prescription Drug Inflation Rebate Program**, Part B beneficiary coinsurance may be lowered for 34 prescription drugs, which can mean savings of $1 to $618 per average dose, depending on individual coverage, CMS said.

"By reducing coinsurance for some people with Part B coverage and discouraging drug companies from increasing prices faster than **inflation**, this policy may lower out-of-pocket costs for some people with Medicare, and reduce Medicare program spending for costly drugs," the agency said in a statement.

The list of 34 drugs includes the blockbuster drug Humira, for treatment of severe rheumatoid arthritis, as well as Rybrevant, for treating lung cancer.

The news comes as many Americans struggle to pay for **prescription medications**.

"CMS, through the prescription drug law, continues to lower out-of-pocket drug costs for some people with Medicare by protecting them from sudden out-of-pocket cost increases when drug companies raise prices faster than the rate of inflation," said Dr. Meena Seshamani, deputy administrator and director of the Center for Medicare.

When pricing rises faster than inflation

The rebate program is part of the Inflation Reduction Act signed into law last year. The law established Medicare Part B prescription drug inflation rebates for single source drugs and biologicals with prices increasing faster than the rate of inflation. It also established Medicare Part D prescription drug inflation rebates for certain drugs and biologicals with prices increasing faster than the rate of inflation.

CMS posts **payment and rebate information quarterly** for Part B rebatable drugs subject to the coinsurance adjustment. The Part B drugs that are affected by the coinsurance adjustment may change quarterly, the agency said.

The news comes on the heels of the CMS announcing **the first 10 Medicare Part D drugs** selected for talks with drugmakers on lowering costs.These discussions are set to take place later this year and carry over into 2024, with the **negotiated rates taking effect in 2026.**

The 10 drugs covered in the talks are: Eliquis, Jardiance, Xarelto, Januvia, Farxiga, Entresto, Enbrel, Imbruvica, Stelara and Fiasp/NovoLog. They accounted for $50.5 billion in total Part D covered prescription drug costs from June 2022 to May 2023, CMS said.

Many Americans Frustrated in Search for Low-Cost COVID Boosters

Americans seeking out the new COVID boosters are finding themselves held back by insurance entanglements and supply delays.

Some insurers have balked at covering the vaccines, with people arriving at shot appointments only to be told that they'll have to pay $100 or more out of pocket for the jab.

And in other places, booster appointments simply aren't available due to supply shortages.

The situation is largely due to a shift in COVID vaccine distribution that has occurred following the end of the pandemic emergency, experts say.

"When they're getting new policies off the ground, there's always a little bit of an adjustment period. We're transitioning from the public health emergency to using the normal processes for covering vaccines," said **Arielle Kane**, director of Medicaid initiatives for Families USA, a nonprofit health consumer advisory group.

Jennifer Kates, senior vice president and director of global health and HIV policy for KFF, said that "we are seeing, with this COVID vaccine, the commercialization process actually happening in real time.

"Up until now, all of the vaccine purchases and all of the payment has all been done by the federal government," Kates said. "Government purchased all the vaccine. The government ordered all the vaccine and purchased all the vaccine and provided it for free to anyone who needed it.

"Now it's being basically being transferred to the private sector, and the private sector -- insurers working with pharmacists and others -- has to order a vaccine and deal with the nuances of the insurance system," Kates said.

Kates, who works in Washington, D.C., has run into challenges finding a COVID booster for herself. "I have one next week," she said.

The two companies that make the approved COVID boosters – Moderna and Pfizer -- have said they have enough doses to go around, Kates said.

Pfizer has shipped several million doses of its vaccine, while Moderna had 6 million doses available as of late this week, according to the *Associated Press* ….**Read More**

Experiment Shows Many Seniors Falling Prey to 'Impostor Scams'

Many older adults are savvy about telephone scams, but a sizable minority remain vulnerable, a new study suggests.

Researchers found that when they simulated a "government impersonation" scam -- contacting seniors and pretending to be federal employees -- over two-thirds knew how to handle the situation: They ignored it.

The rest, however, "engaged" with the "scammer." They either called an 800 number sent to them by mail or email, or answered a call from the fictional government agency the researchers devised.

In some cases, those seniors still maintained a healthy dose of skepticism and did not give away personal information.

Some others, though, were not so guarded: Over 16% either did not question the legitimacy of the phony agency, confirmed personal information, or provided the last four digits of their social security number.

Experts said the findings, published Sept. 25 in the journal ***JAMA Network Open,*** are worrisome.

Scam artists are certainly not a new threat, but they are becoming more crafty.

"When it comes to being a scammer, it's a full-time job," said **Genevieve Waterman**, director of economic and financial security for the nonprofit National Council on Aging.

Government impersonation scams typically start with an email, text or phone call from someone saying they are with a government agency. Frequently, they target older adults, claiming to represent Medicare or the Social Security Administration. They may tell seniors that if they do not make a payment or won't give personal information, their benefits will end. Or they may say they need the victim's Medicare number -- with the purpose of stealing it and using it to claim benefits.

When the scammers call people, the caller ID may show a "spoofed" government agency phone number or say "Social Security Administration," for example -- making some victims believe they're the real deal. Government impersonation scams are among the most common type of financial fraud, but they are only one example.

In 2022, older Americans filed nearly a half-million fraud reports, with a collective loss of over $1.5 billion, according to the U.S. Federal Trade Commission. Many more cases go unreported, though: The AARP estimates that fraudsters steal over $8 billion a year from older Americans….**Read More**

New Medicare rule should lower health care costs for 860,000 people

The Centers for Medicare and Medicaid Services just finalized a rule to make it easier for people with Medicare on low incomes to enroll in Medicare Savings Programs. More than 850,000 people should more easily qualify for lower health care costs. The rule eliminates a lot of the paperwork involved in qualifying for Medicare Savings Programs.

Medicare Savings Programs or MSPs help people with low incomes who do not qualify for Medicaid to save money on their Medicare premiums and other out-of-pocket costs. There are **four low-income programs**, the Qualified Medicare Beneficiary Program or QMB, the Specialized Low-Income Beneficiary Program or SLMB and the Qualified Individual Program or QI.

If your income is no more than $1,235 ($1,663 married) and your assets do not exceed $9,090 ($13,630), you should qualify for the Qualified Medicare Beneficiary Program. If you qualify, you do not need to pay Medicare Part A or Part B premiums, and your physicians and other Medicare providers cannot charge you deductibles, coinsurance, or copayments for services Medicare covers. You also cannot be charged more than a $4.30 copay for a Medicare Part D prescription drug.

If your income is higher than $1,235 but no more than $1,478 ($1,992 married) and your assets do not exceed $9,090 ($13,630), you should qualify for the Specified Medicare Beneficiary Program. If you qualify, you will have help paying your Medicare Part B premiums. If you qualify, you'll pay no more than $10.35 in 2023 for each drug your Medicare drug plan covers.

If your income is higher than $1,478 but no more than $1,660 ($2,239 married) and your assets do not exceed $9,090 ($13,630), you should qualify for the Qualified Individual Program. If you qualify, you will have help paying your Medicare Part B premiums. If you qualify, you'll pay no more than $10.35 in 2023 for each drug your Medicare drug plan covers.

If you have a disability, are working and lost your Social Security disability benefits and Medicare premium-free Part A because you returned to work, you could qualify for the Qualified Disabled & Working Individual (QDWI) Program, which helps pay for your Part A premiums only.

This all said, navigating the application process through state Medicaid offices can be challenging. And, it is estimated that about half of the people who qualify for these programs are not enrolled in them. Today, about 10 million people with Medicare are enrolled. This new CMS rule makes it far easier to enroll.

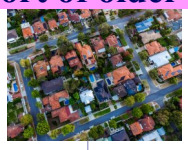
For example, the new rule means that many SSI recipients will automatically be enrolled in the QMB program, which picks up their Medicare Part B premiums and cost sharing.

Silver tsunami leaves a large cohort of older adults unable to afford housing

Shannon Majnabadi reports for the **Wall Street Journal** on the rise of homelessness among baby boomers. As America ages, more older Americans cannot afford housing. The high proportion of older adults unable to afford housing in the US has not been seen since the Great Depression.

Judy Schroeder, 71. had few assets but was making ends meet in Naples, Florida, with the help of Social Security and a part-time job. Then, a rent increase of $500 and the loss of her job left her unable to afford her rent and homeless.

Schroeder searched for an affordable rental apartment without success. In the meantime, she slept on friends' couches. She tried to get support for low-income housing and was approved for a federal Section 8 housing voucher. The voucher would cover the cost of her rent minus 30 percent of her Social Security income, which she would contribute. Still, although she tried hard, she could not find an available qualifying rental unit.



More older adults are homeless today. Housing is expensive. Social Security benefits do not tend to cover costs. Less expensive assisted living facilities are not managing to stay afloat.

The rate of growth in homelessness among older adults is greater than any other age cohort. And older adults represent an increasing share of the total homeless population.

Federal data show that, in 2018, 16.3 percent of people living in homeless shelters were over 55 and that, in 2021, 19.8 percent of people living in shelters were over 55.

Homelessness among older Americans often stems from medical emergencies or the death of a spouse. Older adults are often taken by surprise. They had worked throughout their lives and thought they were prepared for retirement.

Often older Americans find their rent unaffordable. It's hard for them to move away when it means leaving their family and friends. And, it also means leaving their doctors.

At the same time, even when apartments are affordable, landlords turn people with low incomes away. Many landords won't accept tenants with incomes that are below three times the cost of their rent.

Some older adults end up living in their cars. They park in places where there's security. Meanwhile, they put their names on long waitlists for senior housing.

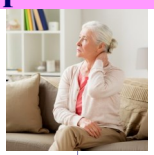
People with Medicaid also often find themselves on waitlists for long-term care. In one area near Tampa, the waitlist is 2,600 older adults long.

Putting aside the lack of affordable housing for older adults, many older adults looking for affordable housing truly need long-term care services as well.

Data Shows Susceptible Seniors Living Alone

Nearly ninety percent of the senior citizens across the U.S. prefer to age in place and grow old at home. Professionals believe that's the place where people can afford to live over other costly places like nursing homes. But even staying home raises concerns, like the ones that block healthy aging. The most significant are lack of transportation, affordable housing, and isolation.

When adults have little access to shopping and social activity, isolation becomes a high risk factor that plays havoc on their health. Here's what few seniors from my Facebook group says about aging at home with little support and connection — the comments illustrate the challenges.



"Budget, transportation, and health are the main causes of my isolation. I had to give up driving because of severe glaucoma. Also, having a rare autoimmune disease makes me exhausted most of the time."

"Loneliness and isolation are a real problem. Our culture is different than most Asian and Latin cultures where no older person has to worry about being alone."

What's troubling when studying the U.S. Census, is the high numbers of older residents living alone. Across America, close to 30 percent of the 65 and over, live at home without support, totaling over 11 million, and of these, 71% are female.

That's a lot of older adults at risk for isolation, a factor of chronic illness. Research examining loneliness says the effects negatively relates to physical activity, mental, and motor function. Strong social connections are central to physical and mental well-being. But it's a complex issue. When vulnerable older adults have setbacks, they become disconnected and isolated.

She has Medicare and Medicaid. So why should it take 18 months to get a wheelchair?

Saleema Render-Hornsby was shocked by the letter she had just received from Medicare. "It felt like they were denying me my legs," she recalls. "Like they were taking away my liberty to move."

It was the summer of 2022 and the Bronx resident was hoping her insurance would approve a new wheelchair, as her old one kept breaking down. Render-Hornsby was born with spina bifida, a spinal cord issue that limits use of her lower legs.

This fall, more than a year after receiving that first denial letter, the 33-year-old aspiring cosmetologist still does not have the working, well-fitting wheelchair she needs to live independently.

Render-Hornsby belongs to an exclusive club of roughly 12 million people sometimes called "the dually eligible." The club is made up of people who have low incomes and who are also either disabled or over 65, with some checking off all three boxes.

"Duals" are forced to navigate both of the country's two largest public health insurance programs, Medicare and Medicaid, to get the care they need.

Each program plays critical and fundamentally different roles for this population.

Medicare, which covers people 65 and older and those with disabilities, tends to pay for urgent medical needs like surgeries and hospital stays. Medicaid, the program for those with low incomes, typically picks up longer term services like regular home visits from an aide.

But there are plenty of gray areas. Knowing what service is covered by which program and when can easily devolve into a Kafkaesque nightmare.

Many of the people stuck traversing what is arguably U.S. health care's most infuriating maze are among the country's sickest, costliest and poorest patients.

About **one-third** have a serious mental illness. Around two-thirds have at least three chronic medical conditions. Roughly **nine out of 10 people** enrolled in these two programs live on less than $20,000 a year

Together, Medicare and Medicaid spent nearly $450 billion in 2019 on these patients. Yet many, like Render-Hornsby, still struggle to get the care they need.

"The federal taxpayer is spending trillions of dollars for incredibly bad outcomes," says Republican Sen. Bill Cassidy of Louisiana, who's leading a bipartisan effort to address this issue.….**Read More**

Eli Lilly sues clinics allegedly selling knockoff versions of Mounjaro diabetes drug

Eli Lilly on Tuesday **sued** 10 medical spas, wellness clinics and compounding pharmacies across the U.S. for allegedly selling **cheaper, unauthorized** versions of the company's diabetes drug Mounjaro.

The actions come as Eli Lilly grapples with a **shortage** of Mounjaro in the U.S. due to skyrocketing demand. Much of the drug's popularity comes from its off-label ability to help patients **lose unwanted pounds**.

Eli Lilly initiated several lawsuits in federal courts in Florida, Texas, Arizona, Georgia, Minnesota, South Carolina and Utah. The litigation asked the courts for orders blocking the sales of counterfeit versions of Mounjaro and monetary damages.

Eli Lilly specifically accuses the spas, clinics and compounding pharmacies of marketing and selling "compounded" drug products that claim to contain tirzepatide, the active ingredient in Mounjaro. Compounded drugs are custom-made versions of a treatment that are not approved by the U.S. Food and Drug Administration.

Eli Lilly is the sole patent holder of tirzepatide and does not sell that ingredient to outside entities. It's unclear what the spas and clinics are actually selling to consumers.

"Rather than invest the time and resources necessary to research, develop, and test their products in order to ensure that they are safe and effective and to obtain regulatory approval to market them, Defendant is simply creating, marketing, selling, and distributing unapproved new drugs for unapproved uses throughout Florida and fourteen other states," Eli Lilly wrote in one suit against Rx Compound Store, a compound pharmacy based in Florida.

Eli Lilly, in the suit, added that selling counterfeit versions of Mounjaro "puts patients at risk by exposing them to drugs that have not been shown to be safe or effective."

Rx Compound Store did not immediately respond to CNBC's request for comment on the suit.

The moves come months after **Novo Nordisk** filed several lawsuits accusing spas and medical clinics of selling compounded versions of its highly popular weight-loss drugs Ozempic and Wegovy.

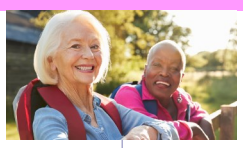
The FDA in May warned about the safety risks of unauthorized versions of Ozempic and Wegovy after reports emerged of adverse health reactions to compounded versions of the drugs.

The FDA has not issued a warning about compounded versions of tirzepatide. However, Mounjaro, Ozempic and Wegovy have all been in short supply in the U.S. since last year, according to the FDA's database.

Analysts and industry executives have said annual sales of those drugs and similar treatments for weight loss **could hit $100 billion** within a decade.

Looking for Old Friends: How to Find Your Long-Lost Buddies or Gal Pals

Want to locate important people from your past that you've lost touch with? You definitely can. Looking for old friends may seem like a challenge, but finding them is probably easier than you think. From old classmates to former coworkers to cherished confidantes, it's possible to find people online—often for free. By using modern search methods, you can turn a lost friendship into a renewed connection that adds extra joy and meaning to your life.



That's why it's often worth the effort to try to locate old friends. Besides, the resources that are available today make it very likely that your search will be successful. You just need to learn how to find a lost friend with the tool that is most widely used for that purpose—the Internet.

At the most basic level, you find an old friend on the Internet by using search engines like Google, social networking platforms like Facebook, personal information aggregators like TruthFinder, alumni websites, and other online resources. If the Internet doesn't turn anything up, you can find a long-lost friend by hiring a private investigator (or using traditional investigative methods yourself).

Keep in mind that it's perfectly normal for people to lose touch with each other as the years go by. In fact, the number of friends in a person's life tends to peak at about the age of 25, according to research in ***Royal Society Open Science***. After that, friendships often drop off as people move away, get married, have children, and focus on their careers. So, a lot of adults maintain fewer friendships than they did when they were younger because they simply have less time and energy to nurture them. But as an older adult, you may have more time to restore important friendships and even cultivate new ones, especially if you're retired….**Read More**

Insurers promote Humira over lower cost alternatives

Humira, which treats rheumatoid arthritis and costs a small fortune, is a blockbuster drug that millions of Americans depend on. Fortunately, there are now far lower-cost biosimilar alternatives. Arthur Allen reports for **Kaiser Health News** that health insurers and the drug company middlemen they work with have no interest, and everything to gain, from not promoting biosimilars, needlessly costing our health care system hundreds of millions of dollars a year.

Humira is a biologic, made with living cells, with a list price of $6,600 a month, while biosimilars cost just under $1,000 a month. So, if the prescription drug marketplace worked, most everyone would be taking the biosimilar. But, the Pharmacy Benefit Managers or PBMs, who are responsible for designing insurer formularies– the list of prescription drugs an insurer covers and at what copay–have a financial interest in continuing to steer people to Humira, as do the insurers.

Even though Humira's list price has increased six-fold since it was first launched in 2003, the PBMs make money offering it, as do the health insurers. The PBMs receive rebates from Humira's manufacturer, AbbVie, for promoting the drug and share the rebate with the insurers. The only people who lose are the insured, who benefit minimally. at best. from these rebates.

If 313,000 people who take Humira instead took a biosimilar, the equivalent of a generic version, our health care system could spend about $9 billion less. But, companies manufacturing the Humira biosimilar can't afford to give PBMs big rebates. So, the PBMs are less interested in promoting their drugs.

Other wealthy nations don't have PBM middlemen and therefore don't deal with these gross financial incentives that drive up health care costs. In other countries, almost everyone has switched to a Humira biosimilar. With the profit motive driving insurers and PBMs in the US, however, it's not clear whether companies manufacturing biosimilars can survive here.

It costs about $200 million to develop a biosimilar. Without substantial sales, it's not worth the effort. Unless Express Scripts, Optum Rx, and CVS Caremark three large PBMs, reduce the copay for the Humira biosimilar so that it's less than the copay for Humira, doctors are not likely to prescribe the biosimilar, and the PBMs will kill the biosimilar market.

What's crazy is that the price of biologics continues to rise at a rate of 12.5 percent a year over the last five years and it is not affecting the market for them, even when there are biosimilars.

Allen reports that AbbVie is telling health insurers that if they promote biosimilars over Humira AbbvVie will cut rebates it pays them for Humira and other drugs it manufacturers. AbbVie also reportedly increased rebates to PBMs for Humira.

To be clear, even though patients might have the same copay for Humira as for a biosimilar, their health insurance premiums are significantly higher because people take Humira and not a biosimilar. Humira costs more. Moving to the biosimilar would reduce health care spending and make health care more affordable, helping to ensure people get needed care.

Even with Medicare, the annual copay for Humira can be as high as $8,000.

Doctors are another piece of the problem as they tend not to want to switch their patients off medications that work. Even though the biosimilars appear to be as effective as Humira, if patients aren't saving money by switching off Humira, they have no interest in messing with their drug regimens.

Small PBMs and insurers who don't make their money off of drug rebates, such as Prescryptive and Kaiser Permanente, have moved most of their patients to biosimilars, saving their patients money. Prescryptive says that switches to biosimilars have happened "with absolutely no interruption of therapy, no complaints, and no changes."

How big insurers please Wall Street's investors

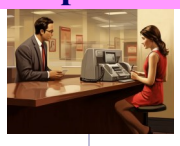
The big for-profit insurers made **more than $40 billion in profits** during the first six months of this year but Wall Street doesn't consider that nearly enough. Investors have been shifting money away from those companies, which, I can assure you, has set off alarm bells in the C-Suite.

Because top executives' compensation is tied to meeting specific financial metrics, including shareholders' return on investment, the CEOs are especially motivated to right the ship and reduce the percentage of revenues their companies pay out in claims to provider groups and facilities the companies don't own. You can be certain they'll be pulling all the levers they can think of.

I would be surprised if some of them haven't already called in McKinsey & Co. or another big consulting firm to look under the hood. (When I worked in the industry, the chief financial officer of one of my employers had McKinsey on a $50,000-a-month retainer.) But with the stock price falling at all of the companies while the Dow and other Wall Street indices are humming along, the consultants will be called in for a special assignment beyond any retainer. They'll do a deep dive into the companies' operating and staff divisions and develop recommendations to "streamline" operations, cut expenses and reallocate resources.

Here are some things to expect in the coming weeks and months at these companies:...**Read More**

Bank customers face two sophisticated and growing scams



Wouldn't you love to be able to 'pay yourself?' A scammer is glad to help.

You'd better be checking your bank account daily – if not hourly! A new PYMNTS Intelligence and Hawk AI **study** says that the rise in digital payments has caused 43% of banks across the country to suffer fraud and in ways they never have before.

Each financial institution lost nearly half a million dollars on average related to scams alone this year, but it's not just the losses that are bringing the heat. The sophistication of these scams is forcing banks to increase investments and deploy modern-day machine learning and artificial intelligence (AI) to counter growing fraud.

The scams leading the way are **bank support impersonation scams**. Those snow jobs are laying waste to banks just like they are with **other industries**. But there are two other finance- and bank-related swindles that are starting to rise in the terror ranks, too: "Pay Yourself" and "Check Washing."

'Pay Yourself'

The "Pay Yourself" scam is ruffling lots of feathers, most notably with Zelle customers. Zelle **says** the scam begins with a text message from a scammer that looks like a fraud alert from your bank – a trick that bank impersonators also play.

If you respond to the text message and engage the scammer, step two is a call from a number that appears to be your bank. On the other end is the scammer pretending to be a bank employee who offers to stop the alleged fraud. In reality, the scammer is actually tricking you into sending money to their bank account. **Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Scientists Discover Path to Treating Pain Without Addictive Opioids

Scientists have just taken a step closer to developing a high-strength painkiller that is not as addictive as opioids.

Opioids are sometimes prescribed to patients for use as pain relief in the short term. But they come with serious side effects and risks, including addictions, and subsequently death from overdose, **as highlighted in the hit Netflix series** *Painkiller*.

Overdoses involving opioids—including prescription opioids, heroin, and synthetic opioids like fentanyl—killed more than 80,000 people in the U.S. in 2021, and nearly 88 percent of those deaths involved synthetic opioids.

For this reason, scientists are searching for effective, less addictive, alternatives to treat pain.

New research published in the journal *Neuron* from the University of Chicago, suggests scientists may have taken a step towards finding one. While they have not developed any new drugs, they are looking into new pathways of administering drugs to lessen the risk of addiction seen with opioids.

In mice, they identified an alternative signaling pathway in the brain that alleviates pain. This was the case even in animals that have a tolerance to the powerful drugs. When taken through this pathway, pain relief did not result in withdrawals. It also did not trigger reward systems in the brain—opioids can cause this system to be flooded with an excess of dopamine, which the brain associated with the addictive substance. This means that there is a smaller risk of addiction through this pathway.

"Deaths due to opioid overdose, particularly synthetic opioid drugs such as fentanyl have been rising dramatically for nearly ten years," Daniel McGehee, Ph.D., professor of anesthesia and critical care at UChicago and senior author of the new study, told *Newsweek*. "Changes to prescribing of opioids, availability of naloxone to treat individuals who are experiencing overdose, and improved public education are all helping—but the death toll continues to rise."

"Identifying non-opioid drugs that relieve pain will help limit availability of these drugs, as they offer alternatives to replace or reduce opioid use in the clinic. Along with overdose and addiction issues, there are other complications and side effects of opioids, including tolerance, where the pain relieving properties diminish with repeated use, hypersensitivity to pain when patients stop taking the drug, constipation, and other peripheral side effects. Pain relief without those side effects would certainly be valuable in the clinic."….**Read More**

Coronavirus: Should you get the 2023 booster shot?

The next Covid-19 booster shot should now be available from your local pharmacy, health clinic or doctor's office. Medicare pays for it in full, whether you are enrolled in Traditional Medicare. If you are in a Medicare Advantage plan, it should be covered in full from network pharmacies, but perhaps not if you go out of network for the booster. Should you get it?

The Food and Drug Administration just approved the booster as safe and effective. It protects people from the current Covid 19 variants in the US. The **Centers for Disease Control** panel of advisors believes that every should get it if they are over six months old.

Some argue that if only older adults are vaccinated, it will mean 100,000 additional hospitalizations.

Fewer than one in five Americans got the Covid-19 booster that was approved in 2022. But, the data show that people who got the booster had a much lower likelihood of getting very sick or dying.

Many people are getting Covid-19 now and more people are being hospitalized for it than earlier in the summer. More still are expected to be hospitalized this fall and winter.

The list price of the booster is $130. But Medicare pays for it under Part B. Medicaid also covers it. And, so so does commercial insurance. If you are uninsured, the federal government's Bridge Access Program covers the vaccine at **Federally Qualified Health Centers** and at Walgreens, CVS and some other pharmacies.

While the vaccines might only keep people from getting Covid for a few months, after that they still reduce the likelihood of being hospitalized and dying.

The booster was tested on monkeys and mice, not people. But, around the world, billions of people have gotten the booster safely.

Should you get the booster shot? You probably should not if you've had Covid in the last two months. Otherwise, many recommend you get it soon. But, if you are planning to travel over the winter holidays, you might wait until early November to get the booster. You then increase the likelihood that the vaccine protects you from infection during your travels.

Some doctors question the value of the booster for people who have had Covid-19 and have been vaccinated one or more times. Alone, that should keep them from getting seriously ill from Covid-19, even if they get it.

Should you get the Covid booster, the RSV vaccine and the flu shot at the same time? It might be smart to space them out.

Breast Cancer Drug Could Trigger Dangerous High Blood Sugar

For certain patients with advanced breast cancer, a drug called Piqray (alpelisib) may extend survival. But new research confirms the medication often causes seriously high blood sugar levels.

"This is a very effective drug that we should be using to treat breast cancer, but the problem is that it causes high blood sugar, which also can decrease the efficacy of the medication," explained study co-author **Dr. Neil Iyengar**. He is a medical oncologist at Memorial Sloan Kettering Cancer Center in New York City.

The findings are not a reason to avoid this drug — but they do indicate that precautions are needed before taking the medication, Iyengar said. "The key is that high blood sugar can be prevented," he stressed.

Taken as a pill, Piqray is a kinase inhibitor that blocks the signals that cause cancer cells to multiply. It is used along with Faslodex (fulvestrant), a hormone therapy, to combat tumors that express the *PIK3CA* mutation and are hormone receptor-positive and HER2-negative.

These mutations are found in about 40% of breast cancers, the researchers noted.

High blood sugar, or glucose, levels occur when the body has too little insulin or can't use insulin properly, and it sets the stage for diabetes.

"You can start working on your [blood sugar] status a year or more in advance if you know you are a candidate for this medication," Iyengar said. Doctors can do genomic testing of the breast cancer when you are diagnosed. "The first line of therapy usually lasts for a year, so you have time to get your blood sugar under control before starting Piqray," he explained….**Read More**

Today's COVID Is Increasingly Looking Like a Cold or Flu

Symptoms of mild COVID-19 infection have shifted this season, and now are more akin to those of allergies and the common cold, doctors say.

Many people with COVID-19 now are presenting with upper respiratory symptoms like runny nose, watery eyes and a sore throat, said **Dr. Teresa Lovins**, an independent family physician in Columbus, Ind.

"A couple of patients told me 'this seems like my allergies, but my allergy med isn't working. And then I start feeling really, really tired and I just can't get my energy up and about,'" Lovins recounted. "And I'm like, 'yeah, we ought to test you for COVID,' and more times than not it's positive."

Fatigue also continues to plague COVID patients, according to Lovins and **Dr. William Schaffner**, a professor of infectious diseases at Vanderbilt University in Nashville, Tenn.

"Fatigue for 24, 48 even 72 hours appears to be really quite common," Schaffner said. "People just feel puny, as we say here in the South. They don't all take to their bed, but there's a fair amount of comment about people taking naps just because they feel wiped out."

Other well-established COVID -19 symptoms — deep cough, a loss of taste or smell, headache, fever — have become much less common or pronounced, Lovins and Schaffner said.

"What I'm hearing from my clinical colleagues, there is indeed a great deal of upper respiratory symptoms. I hear sore throat mentioned very, very prominently," Schaffner said. "Also, from many quarters, I hear that the well-publicized loss of taste and smell is less frequent than it was in the early months of the outbreak. It's not really as distinctive nor as common as it used to be."

Infectious disease experts expected this shift in mild illness, given that "virtually everyone has either experienced COVID infection or vaccination or both," Schaffner said.

"We all have a certain level of immunity, and when we encounter the virus, we're better prepared to fend it off, and that may actually alter the clinical presentation," he continued.

People also have benefited from mutation trends in COVID, which have tended to favor the Omicron strain and its descendants, Schaffner said.

"Those viruses appear to be somewhat less severe in their presentations," he pointed out.

But Lovins and Schaffner stressed that people should not take COVID lightly, even if milder infections have become more like the common cold.

Nationwide, more than 20,500 hospitalizations for severe COVID-19 happened the first week in September, according to the U.S. Centers for Disease Control and Prevention's data tracker. That constitutes a nearly 8% increase in hospitalizations.

"I know in our community our hospitalizations have picked up again," said Lovins, a board member for the American Academy of Family Physicians. "We're seeing not anywhere near what we saw even last fall, but the numbers are up over what they've been since May. They kind of went way down, to no patients with COVID in the hospital during the summer, to now back up again."…**Read More**

U.S. Resumes Free COVID Test Program

Americans will once again be able to get free at-home COVID tests.

The U.S. Department of Health and Human Services (HHS) announced Wednesday that it will spend $600 million to buy and offer the tests, produced by 12 domestic manufacturers, and it will begin accepting orders for those tests on Monday through **covidtests.gov**.

"The Biden-Harris Administration, in partnership with domestic manufacturers, has made great strides in addressing vulnerabilities in the U.S. supply chain by reducing our reliance on overseas manufacturing," HHS Secretary **Xavier Becerra** said in an agency **news release.** "These critical investments will strengthen our nation's production levels of domestic at-home COVID-19 rapid tests and help mitigate the spread of the virus."

Households that order will receive four free tests.

This plan will not only get tests in the hands of people in case of another COVID surge, but it will also increase domestic manufacturing capacity, officials noted.

Manufacturers can sell tests directly to retailers, rather than the government, if there is significant demand for them, said **Dawn O'Connell,** assistant secretary for preparedness and response at the HHS.

The government's investment will pay for about 200 million tests to replenish the country's stockpile, the HHS said.

Free tests have been previously offered at other times during the pandemic, including from early 2022 through summer of that year and from late 2022 until the spring of 2023.

The government is also encouraging Americans to get the new COVID boosters.

Becerra received his COVID and flu shots publicly on Wednesday, the *New York Times* reported.

"I feel comfortable, having gotten the shots, that I could hug and kiss my mother and not be responsible for getting her sick," Becerra said, adding that, "No one is safe until everyone is safe."

Few Doctors, Spotty Internet: Finding Mental Health Care Tough for Many Americans

Nearly one in five counties across the United States lack psychiatrists or internet service, making it difficult for around 10.5 million Americans to find mental health care, a new study shows.

The counties examined in the study were more likely to be in rural areas, have higher unemployment rates, and have populations that were more likely to be uninsured and lack a bachelor's degree. What's worse, individuals who fall into any one of these categories are also more likely to suffer from depression and anxiety. So, the need for mental health services is especially critical in areas with the greatest barriers to access, the researchers noted.

And while the pandemic created a rapid demand for telehealth, the medium has yet to reach the areas that need it most.

"Telehealth was originally developed to mitigate the adverse effects of physician shortage. But unfortunately for many people in shortage areas, they don't have access to broadband coverage," said study author **Dr. Hao Yu**, an associate professor of health care policy at Harvard Medical School, in Boston.

"We found those counties have negative health effects, like higher overdose mortality, higher suicide mortality. That's kind of staggering," he added.

In July, the Bipartisan Infrastructure Law was passed by federal legislators and included a $65 billion investment to expand affordable and reliable high-speed internet access across the United States. While this is a good start, Yu said the U.S. government should focus specifically on the counties covered in the study.

"What we studied is tied to another priority of the current administration. That is, to reduce drug overdose mortality and to reduce suicide rates. Given our findings, those counties are really the true target of the current investment," he said….**Read More**

FDA Wants More Data on First Needle-Free Antidote for Severe Allergic Reactions

In a surprising move, the U.S. Food and Drug Administration (FDA) has opted not to approve a needle-free alternative to the EpiPen for emergency treatment of severe allergic reactions.

Approval of the Neffy nasal spray was widely anticipated. An FDA advisory panel voted to recommend approval of the drug for children and adults in May. While the FDA is not obligated to follow the advice of their advisory panels, it usually does.

Instead, the FDA told the drug's maker, ARS Pharmaceuticals, that it needed to conduct another study on the drug before it is approved, the company said in a statement late Tuesday night.

"We are deeply disappointed that this action further delays the availability of Neffy for the millions of people who are at risk of a potentially life-threatening severe allergic reaction," said **Richard Lowenthal**, co-founder, president and CEO of ARS Pharma.

"We stand by the totality of the Neffy data package in a comprehensive registration program that was aligned upon with FDA and believe strongly in the value Neffy can provide for patients, families and caregivers living daily with severe allergic reactions," he said in a company statement, adding that his firm will aim to complete the requested trial as soon as possible.

The news was unwelcoming on the front lines of health care.

"It's certainly disappointing as we were hoping to have another option for people at risk of severe allergic reactions," said **Dr. Scott Sicherer**, director of the Elliot and Roslyn Jaffe Food Allergy Institute at Mount Sinai in New York City.

Both Neffy and EpiPen deliver epinephrine, which works by relaxing the muscles in the airways. Neffy is a nasal spray, while EpiPen is given as an injection into a big muscle, such as the thigh.

During an anaphylactic reaction, symptoms such as trouble breathing and swallowing, hives, nausea and vomiting can come on suddenly when a person is exposed to a triggering food, medication or insect sting. Administered quickly, epinephrine can stop this potentially fatal cascade of symptoms.

"Neffy would have been the first needle-free option for patients to treat severe allergic reactions, but we still have the injectable epinephrine devices available," said **Dr. Payel Gupta**, an assistant clinical professor at SUNY Downstate Medical Center in New York City and volunteer medical spokeswoman for the American Lung Association. "A needle-free option would be great for people with needle phobia or who are anxious about injecting themselves."

The bottom line is that having epinephrine available is vital.

"Epinephrine is a lifesaving medication and every patient who has a [history of potentially severe] allergy needs to carry the device at all times," Gupta said. "Experts recommend carrying two EpiPens as sometimes one dose isn't enough."

Sicherer agreed.

If you think you are experiencing an allergic reaction, use your epinephrine device, he said.

"Do not wait for trouble breathing or passing out," Sicherer said. "The medication is safe, effective and while it may cause a tiny ouch, it could be lifesaving."

You Survived a Heart Attack. Here's How Cardiac Rehab Can Help

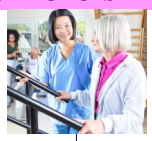
Cardiac rehabilitation is a key part of recovery from a heart attack, helping to prevent another, perhaps more severe one.

About 800,000 people in the United States have a heart attack every year, about one-quarter of whom have already had a heart attack, according to the U.S. Centers for Disease Control and Prevention.

But research has found that participating in cardiac rehabilitation decreases the chance you will die in the five years following a heart attack or bypass surgery by about 35%.

How does it work?

Cardiac rehab works by strengthening the heart and body after a heart attack. It can relieve symptoms of heart problems, such as chest pain.



These programs are often done in a hospital or rehabilitation center. Some programs can be done at home. Rehab may start while you are still in the hospital or right after discharge.

A rehabilitation program usually lasts about three months but can range anywhere from two to eight months, the CDC noted in a news release.

Many insurance plans, including Medicaid and Medicare, cover it with a doctor's referral. Your doctor can tell you more.

Supervised cardiac rehabilitation includes physical activity and education about healthy eating, how to take medication as prescribed and how to quit smoking. It also includes counseling to find ways to relieve stress and improve mental health.

This may be done by a team of people, including health care workers, exercise and nutrition specialists, physical therapists and counselors.

Anyone who has had a heart problem, such as a heart attack, heart failure or heart surgery, can benefit from cardiac rehab. But not everyone starts and some drop out early. These include women, especially minority women. This could be because doctors may be less likely to suggest cardiac rehabilitation to women, the CDC noted.

Older adults are also less likely to try cardiac rehab, possibly because they fear the exercise component will be too difficult. Yet the regimen may be even more useful for seniors because it can improve strength and mobility to make daily tasks easier….**Read More**

Could Artificial Sweeteners in Processed Food Raise Depression Risk?

Highly processed packaged foods and drinks may be quick, cheap and tasty, but new research suggests they're also likely to up your risk for depression.

Among big consumers of ultra-processed foods, depression risk may rise by as much as 50%, the new study found, particularly when those foods are artificially sweetened.

"Given what we know about these foods and the important role of diet in mood, we were not surprised to find this association," said study author **Dr. Andrew Chan**, vice chair of gastroenterology at Massachusetts General Hospital, and a professor of medicine at Harvard Medical School.

At issue, he said, are foods that are "highly altered, often through industrial processes such as hydrogenation."

Hydrogenation is a chemical manufacturing process that significantly increases the amount of trans fat found in foods. Researchers have repeatedly linked trans-fat intake to an increased risk for heart disease.

The study looked at "ultra-processed" grain foods, sweet snacks, ready-to-eat meals, desserts, sauces, processed dairy products, savory snacks, processed meat, beverages, and/or artificial sweeteners.

Such foods, Chan added, also "often contain additives such as dyes, stabilizers and emulsifiers. Examples include most so-called 'fast food,' cookies and chips."

In light of other research indicating that diet influences depression risk, Chan and his colleagues specifically set out to see what impact processed foods might have on depression risk.

They looked at nearly 32,000 middle-aged women who participated in the Nurses' Health Study II between 2003 and 2017. All were deemed to be depression-free at the outset. Ninety-five percent of participants were white women between 42 and 62 years of age.….**Read More**

Common PFAS Chemicals Linked to Cancers in Women

Harmful "forever" chemicals are widespread in the environment, and new research hints they pose a particular health risk to women.

A new study suggests women who are exposed to higher levels of per- and polyfluorinated alkyl substances, or PFAS, are more likely to have been diagnosed with certain cancers. Exposure is also linked to liver damage, fertility issues, high blood pressure and other health conditions.

PFAS is a category of more than 15,000 compounds found in everyday household items, including shampoo, dental floss, cosmetics, nonstick cookware, food packaging, clothing and more. PFAS compounds can find their way into water and food supplies. They are called "forever chemicals" because they don't break down and can last for decades in the environment. PFAS also remain in people's bodies for months to years.

"Previous diagnoses of [the potentially fatal form of skin cancer] melanoma, ovarian and uterine cancers in women were associated with higher exposure levels to certain PFAS chemicals," said study author Max Aung, an assistant professor of environmental health at the University of Southern California Keck School of Medicine.

PFAS chemicals may increase cancer risk in several ways, he said.

"Experimental animal and [test tube] models indicate that PFAS exposure can affect the immune system, [hormonal] system, liver function and other bodily processes," Aung said. They may disrupt hormone function in women, increasing the chances of developing hormone-related cancers in women.

For the study, the researchers reviewed data from the U.S. Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey for 2005 to 2018. The sample included more than 48,000 people who were asked about previous cancer diagnoses. Their responses were compared to PFAS exposures.

Women with higher exposure to a PFAS known as PFDE were twice as likely to report a previous melanoma diagnosis as those in the lowest quarter. Women with higher exposure to two other PFAS compounds, PFNA and PFUA, had nearly double the odds of a prior melanoma diagnosis.

Researchers also found a link between PFNA and a prior diagnosis of uterine cancer.

In addition, women who were exposed to higher levels of phenols such as Bisphenol A (BPA) used in plastics and 2,5-dichlorophenol, a chemical used in dyes, were more likely to report a prior ovarian cancer diagnosis, the study showed. 2,5 dichlorophenol is also a byproduct of wastewater treatment.

Researchers found no link between blood markers of PFAS and previous cancer diagnoses in men.....**Read More**

Good Oral Health Linked to Improved Survival in Head & Neck Cancer

For patients with head and neck squamous cell carcinoma, good oral health is associated with improved survival, according to a study published online Sept. 19 in the *Journal of the National Cancer Institute*.

Jason Tasoulas, M.D., from the Lineberger Comprehensive Cancer Center at the University of North Carolina at Chapel Hill, and colleagues conducted a pooled analysis of 2,449 head and neck squamous cell carcinoma participants from four studies to examine poor oral health as a prognostic factor. Data were included on periodontal disease, tooth brushing frequency, mouthwash use, numbers of natural teeth, and dental visits over the 10 years prior to diagnosis.

The researchers found that better overall survival was seen in association with remaining natural teeth (risk ratios, 0.81 and 0.88 for 10 to 19 and ≥20 teeth, respectively) and frequent dental visits (risk ratio, 0.77 for more than five visits). Patients with hypopharyngeal and/or laryngeal and not otherwise specified head and neck squamous cell carcinoma had the most pronounced inverse association with natural teeth. Patients with oropharyngeal head and neck squamous cell carcinoma had the most pronounced association with dental visits. No associations with survival were seen for patient-reported gingival bleeding, tooth brushing, and report of ever use of mouthwash.

"These results emphasize the role of oral health maintenance not only to avoid treatment-related adverse outcomes like osteoradionecrosis but also as a potentially independent prognostic parameter for head and neck squamous cell carcinoma patients," the authors write….**Read More**

In 22 U.S. States, More Than a Third of Adults Are Now Obese

Obesity is on the rise across the United States.

In 22 states, 35% of adults or more were obese last year, new data from the U.S. Centers for Disease Control and Prevention show.

Just 10 years ago, there were no states that had obesity rates at or above 35%.

"Our updated maps send a clear message that additional support for obesity prevention and treatment is an urgent priority," said **Dr. Karen Hacker**, director of CDC's National Center for Chronic Disease Prevention and Health Promotion.

The 22 states with an adult obesity prevalence at or above 35% are Alabama, Arkansas, Delaware, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Virginia, West Virginia and Wisconsin.

That's up from 19 states in 2021.

The CDC said the 2022 maps underscore the need to ensure that all people have access to healthy foods, safe places for physical activity and stigma-free obesity prevention and treatment programs. It also called for access to proven medications and weight-loss surgery.

"Obesity is a disease caused by many factors, including eating patterns, physical activity levels, sleep routines, genetics and certain medications," Hacker said in a CDC news release. "This means that there is no one size fits all approach. However, we know the key strategies that work include addressing the underlying social determinants of health such as access to health care, healthy and affordable food, and safe places for physical activity."

Some groups are more likely to be affected than others, the CDC data show.

Among geographic groups with enough data for comparison, the number of states with an adult obesity prevalence of 35% or higher was 38 states for Black adults; 33 states for American Indian or Alaska Natives; 14 states for white people, and no states for Asian-American adults.

Obesity increases the risk of many serious health conditions, including heart disease, stroke, type 2 diabetes and some cancers, as well as severe outcomes from COVID-19 and poor mental health. It also carries a lot of stigma for people at these higher weights.

The CDC's Division of Nutrition, Physical Activities, and Obesity has a variety of strategies to help improve health and prevent chronic diseases, and to help racial and ethnic populations with the highest risk of chronic disease.

These include food service and nutrition guidelines, fruit and vegetable vouchers and produce prescriptions, safe and accessible family physical activity programs, and support for breastfeeding.