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RI ARA

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Message from the Alliance *for* Retired Americans Leaders

Alliance, Members of Congress Praise Inflation Reduction Act's Health Care Measures at Capitol Hill Rally

Rich Fiesta, Executive Director, ARA

Alliance Executive Director Richard Fiesta joined House Speaker Nancy Pelosi (CA) and allies on Wednesday for a Capitol Hill rally celebrating the **Inflation Reduction Act's** (IRA's) drugs and health care measures. House Majority Leader Steny Hoyer (MD) and Reps. Susie Lee (NV), Lauren Underwood (IL), Peter Welch (VT) and Susan Wild (PA) were also among the speakers at the event.

The rally drew attention to the IRA, signed into law by President Joe Biden on August 16, and the many benefits it provides for all Americans. Benefits for seniors include:

- $35 insulin copays for Medicare beneficiaries beginning in 2023;
- All recommended adult vaccines free for Medicare beneficiaries beginning in 2023;
- Medicare beneficiaries will no longer face Big Pharma's outrageous price hikes that outpace inflation beginning in 2023;
- Medicare Part D beneficiaries will have out-of-pocket costs for prescription drugs capped at $2,000 per year beginning in 2025.

"Alliance members have been active and drawing attention to outrageously high drug prices since 2003 – and fighting to give Medicare the ability to negotiate lower prices," said Fiesta. "For the last 20 years the pharmaceutical corporations have used their monopoly power to gouge seniors and taxpayers. The common sense solution to allow Medicare to negotiate for lower drug prices is finally here."

House Committee Passes The Social Security Fairness Act to Repeal Unfair WEP/GPO Social Security Provisions

The House Ways and Means Committee on Tuesday voted to send a bill, the **Social Security Fairness Act**, H.R. 82, to the full House of Representatives.

The bill repeals two titles of the Social Security Act that reduce or eliminate benefits for 2.5 million Americans in 15 states who work or worked in public service — the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO). These provisions were enacted in 1983.

The Windfall Elimination Provision reduces Social Security payments for workers who qualify for benefits based on work where they paid into the program, but who also receive a public pension from employment not covered by Social Security.

The Government Pension Offset reduces spousal benefits for surviving spouses who collect government pensions.

"Everyone should receive the full Social Security benefits they have earned," said Executive Director Fiesta. "We must keep fighting to repeal these unfair provisions that have put the retirement security of too many Americans at risk."

Many Republicans Continue to Support Privatizing Social Security, Medicare

Joseph Peters, Jr. Secretary Treasurer ARA

Don Bolduc, New Hampshire's GOP Senate nominee, **advocated privatizing Medicare** during a campaign town hall in early August, according to a recording of the event obtained by POLITICO. Bolduc's comments came in response to a woman who complained about Medicare and Medicaid, arguing they were worsening outcomes for elderly patients and hamstringing medical professionals. Bolduc responded that he frequently speaks about how major reform is necessary for the programs.

"The privatization is hugely important," the retired army general told the audience in the town of Pembroke on Aug. 2. "Getting government out of it, getting government money with strings attached out of it."

A Bolduc spokesperson walked back Bolduc's comments, saying the candidate now opposes privatizing Medicare, Medicaid and Social Security.

Other GOP Senate nominees in some of the country's most competitive races this year have also faced scrutiny over their current or past support for privatizing the programs, in some cases forcing them to take back their remarks.

In Arizona, GOP Senate nominee Blake Masters floated the idea of privatizing Social Security during a candidate forum in June. In Ohio, Republican nominee J.D. Vance clarified that he no longer agrees with comments he made roughly a decade ago calling for major cuts to both Social Security and Medicare. Republican Sen. Ron Johnson in Wisconsin has taken heat for suggesting that funding for Medicare and Social Security should not be automatically renewed each year, but instead become discretionary spending subject to annual congressional review.

Some terrible ideas never die," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "Privatizing means 'cutting,' and Alliance members will continue to support candidates who want to protect and expand Social Security and Medicare, not cut them."

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The 10-Word Joe Biden Social Security Quote That Can Change Everything

In August, more than 48.1 million aged Americans collected a **Social Security** check. For the vast majority of these recipients -- 89%, according to an April survey from national pollster Gallup -- their Social Security income is vital to making ends meet.

This reliance on Social Security payouts is expected to carry over to future generations as well. Gallup's April poll found that 84% of nonretirees anticipate leaning on their monthly benefit as a "major" or "minor" source of income during their golden years.

Yet, despite the importance Social Security plays in the financial well-being of retirees, our nation's most successful retirement program is in deep trouble.

Based on the latest Social Security Board of Trustees report, the program is staring down a $20.4 trillion cash shortfall over the long term, which is defined as the next 75 years. What's more, the Old-Age and Survivors Trust (OASI), which is responsible for paying those aforementioned 48.1-million-plus retired workers each month, is forecast to exhaust its cash reserves (i.e., the excess cash built up since inception) by 2034. If and when the OASI's cash reserves are gone, an **across-the-board cut of 23% to Social Security checks** may be necessary to avoid any additional payout reductions through 2096.

Democrats and Republicans have approached a Social Security fix from opposite ends

The $64,000 question is: If **Congress has known since 1985** that Social Security was forecast to have insufficient revenue over the long term to cover the current payout schedule, why haven't lawmakers done anything to fix it?

The answer, to put it bluntly, is political hubris from both political parties.

Democrats favor increasing payroll taxation on high-earning workers to generate more revenue for Social Security. In 2022, all **earned income** (wages and salary, but not investment income) between $0.01 and $147,000 is subject to the 12.4% payroll tax. But for the 6% of workers who earn in excess of $147,000, each dollar beyond this point is exempt from the payroll tax. This allows **well over $1 trillion in earnings** to escape the payroll tax every year.

Meanwhile, Republicans prefer increasing the **full retirement age** -- the age where an eligible worker can receive their full retirement benefit. In the 82 years Social Security has been doling out a monthly benefit, the full retirement age has risen just two years (65 to 67). Comparatively, the average life expectancy in the U.S. has jumped from about 63 in 1940 to 77 as of 2020. Increasing the full retirement age would require retirees to choose between an early claim that would permanently reduce their monthly payout or waiting, which would ultimately lower the amount of benefits collected in their lifetime. In other words, it would reduce Social Security's expenses over time.

Both foundational solutions work to strengthen Social Security, which means neither party is incentivized to find common ground with their opposition. Thus, the stalemate we have today.

This Joe Biden quote leaves the door open for sweeping Social Security changes

However, it's also worth noting that neither individual solution resolves Social Security's long-term funding shortfall.

Increasing the payroll tax on high earners does provide an immediate boost to revenue collection and has the potential to extend the OASI's solvency by years or a couple of decades, depending on the source of the analysis. But simply increasing taxes on the rich doesn't provide enough forecast revenue to come anywhere near closing the projected $20.4 trillion cash shortfall through 2096.

Likewise, the GOP's plan to raise the full retirement age has a flaw. Although it would help reduce program outlays, raising the retirement age would take decades to have an effect. This does nothing to help the OASI avoid the possible exhaustion of its asset reserves and a 23% cut to Social Security checks by 2034.

But President Biden may have a different solution in mind that could completely change Social Security and solidify its foundation.

In 2007, when then-Senator Biden was running as a presidential candidate for the 2008 ticket, he was asked a straightforward question on America's "third rail" by host Tim Russert on *Meet the Press*. Said Russert: "Senator, we have a deficit, we have Social Security and Medicare looming. Would you consider looking at those programs, age of eligibility, cost of living, put it all on the table?"

Biden's eventual 10-word response to Russert was, "You've got to put all of it on the table."

What this response implies is a willingness to break with strict party views and open the discussion to compromise. Although neither party's solution resolves Social Security's long-term funding shortfall by itself, **a bipartisan proposal could do just that.**

Keep in mind that Joe Biden played a role in Social Security's last major overhaul, which occurred in 1983 under President Ronald Reagan. This bipartisan piece of legislation that gradually increased the payroll tax and full retirement age over time, as well as introduced the taxation of Social Security benefits above select income thresholds, was supported by 88 senators, including Biden.

Is President Biden still open to a bipartisan solution?

Of course, a lot has changed in the 15 years since Biden was willing to "put it all on the table." Senator Biden is now President Biden, and his views on Social Security have evolved a bit.

While on the campaign trail prior to winning the 2020 election, **Biden released a four-point plan t**o strengthen Social Security:

1. **Increase payroll taxation on high earners:** As noted, all earned income **between $0.01 and $147,000** is subject to the payroll tax. Biden's plan creates a doughnut hole that exempts earned income between the maximum taxable earnings cap ($147,000) and $400,000 while reinstating the payroll tax on earned income above $400,000.
2. **Increased benefits for long-lived recipients:** Expenses for aged beneficiaries tend to rise later in life. Biden proposed a 1% annual increase to the primary insurance amount (PIA) from ages 78 through 82. Ultimately, this 5% cumulative increase to the PIA would lift benefits for elderly recipients.
3. **Boost the special minimum benefit:** In 2022, a lifetime low-earner with 30 years of coverage brings home $951 per month, which is well below the federal poverty level. Biden's proposal would increase the special minimum benefit to 125% of the federal poverty level.
4. **Switch Social Security's inflationary tether to the CPI-E from CPI-W:** Lastly, Biden's plan utilizes the Consumer Price Index for the Elderly (CPI-E) as its inflationary measure, rather than the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). The CPI-W **has done a poor job** of tracking the inflation that the program's retirees are contending with.

As you'll note, no aspect of Joe Biden's latest Social Security proposal mentions raising the full retirement age.

Without a supermajority of 60 seats in the Senate, the only way to resolve Social Security's funding shortfall is with votes from the opposition. Although Senator Biden has been part of major bipartisan legislation concerning Social Security before, it's not clear if he's open to the idea of "putting it all on the table" as President.

While Biden's candor in his 2007 interview offers hope that real changes are a possibility, it seems likelier that the Capitol Hill stalemate will persist.

House GOP eyes repeal of Dems' drug pricing law

Some key House Republicans are calling for the repeal of Democrats' newly-passed drug pricing measure if the GOP flips control of one or both chambers of Congress next year.

Why it matters: The comments show Republicans are not giving up the fight against sweeping measures aimed at lowering prescription drug prices, and give a glimpse of what their health agenda could look like.

What they're saying: "If the courts haven't gotten to it beforehand, yeah we've got to do our job and try to defend the Constitution," Rep. Morgan Griffith (R-Va.) told Axios, saying the law is an "unlawful taking."

- Rep. Kevin Brady (R-Texas), the top Republican on the House Ways and Means Committee, indicated repealing the drug pricing law is a likely agenda item. "Because those drug provisions are so dangerous, by discouraging investment in life-saving cures, I would imagine that will be a top priority for Republicans in the new session," he said.
- Rep. Buddy Carter (R-Ga.) replied "yes" when asked if he backed repeal of the drug pricing law.

Between the lines: Democrats view the drug pricing measure in the Inflation Reduction Act **as a clear political winner** and are essentially daring Republicans to say they want to repeal it.

- The law would for the first time allow Medicare to negotiate lower prices for a limited set of costly prescription drugs beginning in 2026.
- Republicans deride the measure as a "price control" that would hinder drug development.
- Other provisions in the IRA would limit drug price increases to the rate of inflation and cap seniors' out of pocket drug costs at $2,000 per year.

The big picture: House

Republicans on Thursday **unveiled their** agenda for next year, called the "Commitment to America."

- The plan **isn't heavy on health policy**, but does criticize Democrats' drug pricing law as a "drug takeover scheme" that would lead to fewer cures.
- Henry Connelly, a spokesman for House Speaker Nancy Pelosi, **tweeted** that it was evidence of "The extreme MAGA 'Commitment'" to dial back lower drug prices that Democrats delivered.
- Democrats also pounced on parts of the agenda that hinted at changes to Social Security and Medicare in order to "save and strengthen" the entitlement programs.

Yes, but: Not all Republicans were adamant about tackling the issue in a divided Washington.

- "We need to be realistic," Rep. Brett Guthrie (R-Ky.), the top Republican on the Energy and Commerce health subcommittee, told Axios. "I mean you've got to get the president to sign it," he added.
- He pointed to **a more modest Republican drug pricing measure** as an alternative, and noted there are some areas of bipartisan agreement like capping seniors out-of-pocket costs in Medicare.
- House Minority Whip Steve Scalise (R-La.) didn't address the issue head on. The Commitment to America "shows what are going to be those first priorities in a Republican Congress," he said. "Obviously, we need to get there, but you're going to see us address a lot of the problems that the Democrats created."

COLA increase will cause thousands of Americans to lose Social Security in taxes

Although an increase in Social Security is good news, for many pensioners it may mean a loss of purchasing power

The **COLA** was created in the **United States** so that **Social Security** beneficiaries would not lose purchasing power due to inflation. This government initiative is perfect for just that, although it may have the opposite effect next year. If we take into account that **pensions increase year** on year but the tax threshold does not, we have a problem. It is possible that a large proportion of **pensioners** who did not pay tax before will do so from next year onwards.

Therefore, this means that by 2023 some **Social Security pensioners** will indeed lose purchasing power because of the **COLA**. Although it may seem contradictory, this situation could be real. Furthermore, the supposed big increase of **almost $200** on average will make this situation worse.

The biggest problem we can find in this area is that the rules following this tax increase are difficult to change. By not raising the earnings threshold, **Social Security beneficiaries** will end up paying more in taxes than ever before. This will not be for everyone, but it will be for a large portion. Will you be on the negative side of this whole story?

More taxes on Social Security

The situation is quite complex and has many **Social Security recipients** wondering whether or not their subsidy is in jeopardy. The biggest problem is that it is impossible to know as of **today the exact increase**. For that reason, no one can guess whether they will have to **pay taxes in the coming year 2023**. It is always a good idea to save some money and be proactive about it. However, this advice applies to all **types of economic situations**, of course.

In short, if you have an **increase of around $200** in your **Social Security** and this puts you over the tax limit, you may have to pay more of the increase money. Therefore, at the end of the year you will have less money than you had in this year 2022. Still, if you have any doubts, the best solution is to contact a specialist lawyer who can help you understand what will happen to your taxes in case the COLA increase is too large.

If you want to save money on **Social Security taxes**, you can **move to a state where you don't pay them**. Still, remember that federal taxes are mandatory. Only state taxes can be avoided. In any case, not all pension beneficiaries must pay taxes. Check it out asking a specialized lawyer or going to the **nearest SSA office**.

Make sure you **always pay all your taxes** to avoid legal problems. As we have recommended before, if you have any doubts it is best to go to a lawyer specialized in these matters. This is the best way to avoid unpleasant surprises.

Taxes are also used for many social benefits and to **maximize your benefit**, so it is a good idea to always pay them and forget about problems.

How can I avoid taxes?

There are several ways to avoid taxes, but they are not available to everyone. If you **collect Social Security alone**, you may be interested to know that there are some states where **you will not have to pay state taxes**. Federal taxes, on the other hand, are always mandatory. Therefore, you cannot avoid normal taxes, but you can avoid State taxes.

In relation to this, in order not to have problems with taxes if you are collecting only **Social Security**, it is advisable to go to a financial advisor. This worker will be able to tell us how much tax we have to pay. Sometimes, we pay more taxes than necessary. This is because we do not know all the secrets, so it is a way to save….**Read More**

Average Cost of Medicare Supplemental Insurance in the US

When you reach retirement age, Medicare insurance offers basic medical insurance protection for your health needs. However, this coverage is basic and does not cover all of the costs for covered medical services and supplies. Medicare supplemental insurance policies are known as "Medigap insurance" and they fill in the gaps in Medicare coverage.

A **financial advisor** could also help you create or adjust a financial plan for your medical care needs in retirement. Let's break down the average cost of Medicare supplemental insurance.

What Is Medicare Supplemental Insurance?

Medicare supplemental insurance plans cover the costs that you're responsible for with Original Medicare. These policies are offered by private insurance companies and are on top of your **Part A** and **Part B** benefits. Supplement insurance policies offer a predictable monthly expense versus the unknown cost of visiting a doctor or going into the hospital.

Original Medicare insurance policies are offered by the government to provide medical insurance for senior citizens through Part A and Part B policies. Unfortunately, these policies do not pay for all of the costs of covered medical services and supplies. Medicare supplemental insurance (aka Medigap insurance) fills in these gaps to help pay for some of the remaining health care costs.

Medigap insurance policies help pay for co-payments, co-insurance amounts and deductibles. Additionally, some Medigap policies cover medical care when you travel outside the U.S. Traditional Medicare policies (Part A and Part B) do not cover international medical care.

Medicare Supplemental Insurance Exclusions

Some Medigap policies include prescription drug benefits as part of their plan. When a plan does not include prescription drug coverage, then you can buy a standalone **Medicare Part D insurance policy**. Medicare supplemental insurance provides additional benefits and reduces your out-of-pocket expense for covered services. However, some services are excluded from these policies, including:

- Long-term care
- Vision care and eyeglasses
- **Dental care**
- Hearing aids
- Private-duty nursing

Medigap vs. Medicare Advantage

No, these are two different options that seniors have for their healthcare needs. Medigap policies take care of the unpaid costs of Original Medicare. By comparison, **Medicare Advantage** policies are an alternative to Original Medicare and offer different levels of benefits that Medigap policies do not. Advantage Plans also help pay uncovered medical expenses that Original Medicare doesn't….**Read More**

Dear Marci: How do I choose a Medicare Advantage Plan?

Dear Marci
I've had Original Medicare for a few years, but I'm planning to join a Medicare Advantage Plan during Fall Open Enrollment this year. How should I choose a Medicare Advantage Plan when there are so many options?
-Rhonda (Spring, TX)

Dear Rhonda,

It's important to choose a Medicare Advantage Plan that fits your unique needs. Even if your friend or family member loves their Medicare Advantage Plan, it might not work well for *you.* There are numerous questions you can ask about a plan to determine if it would be a good fit for you, and you can find those below.

You may find it helpful to use **Medicare's Plan Finder tool** to learn about the plans available to you. You can even call 1-800-MEDICARE (1-800-633-4227) to request their help with comparing these plans over the phone. Before enrolling in a plan, though, it is a good idea to call the plan directly to confirm what you have learned about it. You can ask yourself the following questions before choosing a Medicare Advantage Plan:

- How much are the premium, deductible, and coinsurance/copay amounts?
- What is the annual maximum out-of-pocket cost for the plan? This amount may be high but can help protect you if you have expensive health care costs.
- What service area does the plan cover?
- Are my doctors and hospitals in the plan's network?
- What are the rules I have to follow to access health care services and my drugs?
- Does the plan cover additional health care benefits that are not covered by Original Medicare?
- How will this plan affect any additional coverage I may have?

What is the plan's star rating?

Medicare Advantage Plans usually include prescription drug coverage. You should also consider these questions when choosing a Medicare Advantage Plan to make sure that the prescription drug coverage that the plan offers meets your needs:

- Does the plan cover all the medications I take?
- Does the plan have restrictions on my drugs (i.e. prior authorization, step therapy, or quantity limits?)
  - **Prior authorization** means that you must get approval from your Part D plan before the plan will pay for the drug.
  - **Step therapy** means that your plan requires you to try a cheaper version of your drug before it will cover the more expensive one.
  - **Quantity limits** restrict the quantity of a drug you can get per prescription fill, such as 30 pills of Drug X per month.
  - How much will I pay for monthly premiums and the annual deductible?
- How much will I pay at the pharmacy (copay/ coinsurance) for each drug I take?
- Is my pharmacy in the plan's preferred network? You pay the least if you used preferred network pharmacies.
- Can I fill my prescriptions by mail order?
- If I have retiree coverage, will the Medicare drug plan work with this coverage?

What is the plan's star rating?

Remember that Fall Open Enrollment runs from October 15 through December 7 each year. During this time, you can make changes to your health insurance coverage, including adding, dropping, or changing your Medicare coverage. When you are ready to enroll in a new Medicare Advantage Plan, you can call 1-800-MEDICARE (800 -633-4227) to make the change.

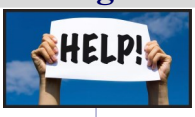
Finally, note that enrollment rules for **Medigaps** are different. If you later wish to switch from Medicare Advantage to Original Medicare with a Medigap, you may not have the right to purchase a Medigap. There are only a few specific **protected times to purchase a Medigap** under federal rules, but your state may offer additional rights. To determine whether you could make the switch back to Original Medicare with a Medigap, I would encourage you to reach out to your **State Health Insurance Assistance Program (SHIP)**, as they will be familiar with the Medigap rules in your state.

-Marci

California lawmakers ask Congress to expand Social Security

CNBC reports that California lawmakers just approved a resolution asking Congress to expand Social Security. The California legislators support Congressman John Larson's **Social Security 2100: A Sacred Trust** bill. If passed, the Social Security 2100 Act would require people with annual incomes over $400,000 to contribute more to Social Security.

Congressman Larson's bill, H.R. 5723, would strengthen Social Security, ensuring that it remains solvent until 2038, and that it provides better benefits, about a two percent increase in benefits on average. The minimum benefit would increase to 25 percent above the federal poverty level. The bill was last introduced in October 2021, with widespread Democratic Congressional support, including 202 co-sponsors.



All but two California Democratic members of the House of Representatives are co-sponsors of Social Security 2100, Nancy Pelosi and Scott Peters.

Until 2035, Social Security has enough money in its Trust Fund to pay full benefits. After that, it would only be able to pay 80 percent of benefits, unless Congress shores it up. Because Social Security is a national treasure, beloved by Democrats and Republicans alike, Congress has always ensured its solvency.

But, Social Security payroll contributions are capped at $147,000 in annual income this year. They rise every year. Workers and their bosses each pay 6.7 percent of income towards Social Security up to the limit.

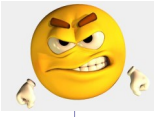
The Social Security 2100 Act would require people with incomes over $400,000 to pay into Social Security on wages up to $147,000 and. again, on wages over $400,000. It's an equitable way to strengthen Social Security. Today, billionaires and millionaires pay no more into Social Security than people earning $150,000 a year.

Senators Bernie Sanders and Elizabeth Warren have their own bill in the Senate that would strengthen Social Security. It would extend the solvency of the Social Security Trust Fund 75 years. It would also increase benefits about $200 a month. This year, it would have required people with incomes of $250,000 and more to contribute into Social Security like everyone else, up to $147,000 in income and, again, on income of $250,000 and above.

Data show Medicare Advantage covers less nursing, rehab, home health care

The Kaiser Family Foundation just released a **new study** looking at more than 60 past studies of Medicare Advantage. The takeaway is familiar: People with few health care needs fare well in Medicare Advantage. People with costly and complex health care needs receive less post-acute care: they get less nursing, rehab and home health care, often from lower quality providers, in Medicare Advantage. When deciding whether to enroll in Medicare Advantage, keep in mind that health insurance should meet your unforeseeable health care needs down the road.

The 62 studies, conducted since 2016, focused on people's experiences affording health care, using health care and getting quality care in traditional Medicare and Medicare Advantage. The authors found that people in Medicare Advantage were less likely than traditional Medicare enrollees not only to use post-acute services but to get treatment in hospitals, skilled nursing facilities, and home health agencies which have the highest quality ratings. The study could not determine whether less use of post-acute care jeopardized health outcomes of study participants.



We already know from the **HHS Office of the Inspector General** that Medicare Advantage plans use prior authorization requirements for post-acute services that inappropriately delay and deny care their enrollees need. These "widespread" inappropriate delays and denials likely contribute to why MA enrollees use fewer of these services than people in traditional Medicare, which has no prior authorization requirements for these services. It's also likely why people with **costly conditions** tend to disenroll from Medicare Advantage plans at higher rates than other people.

The data also show that people in Medicare Advantage often forgo care in order to avoid going into medical debt and/or having no money to pay for food and rent. Copays and deductibles can be high in Medicare Advantage plans, particularly for post-acute care. People in traditional Medicare, particularly those with supplemental coverage, experience **fewer cost-related problems**.

Medicare Advantage plans do not appear to do a better job of keeping enrollees healthy than traditional Medicare, based on the available data. Satisfaction rates with both care and wait times is similar in traditional Medicare and Medicare Advantage.

Health insurance industry continues to mislead on high costs of Medicare Advantage

Whatever you say about Medicare Advantage–the Medicare health plans administered by private insurance companies–one thing is undeniably true: Medicare Advantage costs more than traditional Medicare and has cost more–all in, hundreds of billions of dollars more–since its inception. But, AHIP, the trade association representing health insurance corporations, is doing its damnedest to deny the high cost of Medicare Advantage, misleading the public on its costs.

In a **new report** by Wakely, which AHIP commissioned to counter government claims about Medicare Advantage's high costs, Wakely attempts to support AHIP. But, Wakely concludes its report with the following "limitations," wholly undercutting its analysis and shifting responsibility for inaccuracies onto AHIP: "The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely based this analysis primarily on CMS published data, which are subject to revision over time. It is the responsibility of AHIP to review the assumptions carefully and notify Wakely of any potential concerns."

In fairness, Medicare Advantage costs more than traditional Medicare in three very different ways. Medicare Advantage costs more to the government, about four percent more than traditional Medicare, according to the **Medicare Payment Advisory Commission or MedPac**. And, it is projected that Medicare Advantage will cost **$600 billion** more over the next nine years

Medicare Advantage **costs more out of pocket** than traditional Medicare with supplemental coverage for people with costly health care needs, in many cases. Annual out-of-pocket costs in Medicare Advantage can be as high as $7,550 for in-network care alone, while supplemental coverage costs about $2,500 a year. Moreover, in some instances, Medicare Advantage plans force people to go out of network if they want to use high quality specialists and top specialty hospitals; then, people must bear all those costs themselves….**Read More**

Death Is Anything but a Dying Business as Private Equity Cashes In

Private equity firms are investing in health care **from cradle** to grave, and in that latter category quite literally. A small but growing percentage of the funeral home industry — and the broader **death care** market — is being gobbled up by private equity-backed firms attracted by high profit margins, predictable income, and the eventual deaths of tens of millions of baby boomers.

The funeral home industry is in many ways a prime target for private equity, which looks for markets that are highly fragmented and could benefit from consolidation. By cobbling together chains of funeral homes, these firms can leverage economies of scale in purchasing, improve marketing strategies, and share administrative functions.

According to industry officials, **about 19,000 funeral homes** make up the $23 billion industry in the U.S., at least 80% of which remain privately owned and operated — mostly mom and pop businesses, with a few regional chains thrown in. The remaining 20%, or about 3,800 homes, are owned by funeral home chains, and private equity-backed firms own about 1,000 of those.

Consumer advocates worry that private equity firms will follow the lead of publicly traded companies that have built large chains of funeral homes and raised prices for consumers. "The real master that's being served is not the grieving family who's paying the bill — it's the shareholder," said Joshua Slocum, executive director of the Funeral Consumers Alliance, a nonprofit that seeks to educate consumers about funeral costs and services.

Although funeral price data is not readily available to the public, **surveys by the local affiliates** of the alliance have found that when publicly traded or private equity-backed chains acquire individual funeral homes, price hikes tend to follow.

In Tucson, Arizona, for example, when a local owner **sold Angel Valley Funeral Home** in 2019 to private equity-backed Foundation Partners Group, prices increased from $425 to $760 for a cremation, from $1,840 to $2,485 for a burial with no viewing or visitation, and from $3,405 to $4,480 for a full, economical funeral.

In the Arizona city of Mesa, the sale of Lakeshore Mortuary to the publicly traded funeral home chain Service Corporation International led to price increases for a cremation from $1,565 in 2018 to $1,770 in 2021, for a burial from $2,795 to $3,680, and for an economical funeral from $4,385 to $5,090.

"We believe our pricing is competitive and reasonable in the markets in which we operate," a Service Corporation International official said in an email.

Details of those price increases were provided by Martha Lundgren, a member of the Funeral Consumers Alliance of Arizona's board. She said funeral home acquisitions have led to the cancellation of pricing agreements negotiated on behalf of consumers who are members of the alliance. In 2020, a cremation at Adair Dodge Chapel in Tucson cost members $395, nearly two-thirds off the $1,100 standard price. But after Foundation Partners Group acquired the funeral home, the member pricing agreement was canceled, and the price of a direct cremation rose to $1,370.

Foundation Partners Group officials said the price increases partly reflect the higher price of supplies, such as caskets, as well as increasing labor costs. But most of the increases, they said, represent a move to a more transparent pricing system that includes administrative and transportation fees that other funeral homes add on later….**Read More**

Medicare Rights Center

Kaiser Family Foundation Releases Analysis of Medicare Advantage and Original Medicare Comparisons

Last week, Kaiser Family Foundation **released a report** examining 62 studies published since 2016 comparing Medicare Advantage (MA) and Original Medicare. The studies measured beneficiary experience, affordability, utilization, and quality of care. The report notes that some findings varied between the studies, "likely due to differences in data and methodology," but found that some differences were supported by strong data and were replicated across multiple studies.

Notably, both MA and Original Medicare beneficiaries reported similar satisfaction rates. Still, a larger share of MA enrollees opted to switch from MA to Original Medicare than those who switched from Original Medicare to MA. Rates of switching from MA to Original Medicare were "relatively higher among beneficiaries who are dually eligible for Medicare and Medicaid, beneficiaries of color, beneficiaries in rural areas, and following the onset of a functional impairment." As the report highlights, "switching rates may be a proxy for dissatisfaction with current coverage arrangements."

MA enrollees were more likely to receive preventative services and have a usual source of care, but people in Original Medicare were more likely to receive care in the highest-rated hospitals (generally or for cancer care), Skilled Nursing Facilities, or Home Health Agencies. Still, MA enrollees were less likely to receive care in the lowest-rated hospitals overall. These findings may demonstrate the benefits of some aspects of MA delivery design, including incentives to establish a primary care provider relationship, and some of the drawbacks, such as more limited networks and thus choice, for higher levels of care.

As more beneficiaries choose Medicare Advantage, it is increasingly important to closely examine how the program serves beneficiaries and how it falls short. MA plans must ensure that enrollees receive all the high-quality care to which they are entitled and that the government and taxpayers are not overpaying failing plans. **Read the report here**.

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Federal Trade Commission Penalizes Company, but Junk Insurance Plans Continue to Harm Consumers

Last month, the Federal Trade Commission (FTC) **announced an enforcement action** against a junk insurance company to reimburse consumers $100 million after finding the company used deceptive advertising and created barriers to prevent consumers from canceling the policies. This important announcement reveals the **continued harms of junk plans**, which lack important consumer protections and may **masquerade as true coverage.** We urge the Biden administration to reduce the availability of junk insurance that puts millions at financial and health risk from lack of coverage and unexpected health care expenses.

Since 2018, short-term limited duration insurance plans (STLDIs) have **cluttered the individual health insurance market**. These plans often do not include coverage for prescription drugs, mental health, or preexisting conditions and often limit how much they will pay. But consumers can be lured by deceptive marketing and premiums that usually come in below Affordable Care Act (ACA) compliant coverage.

When the Trump administration expanded the availability of STLDIs, Medicare Rights **outlined significant concerns**, including the potential that such plans would cause problems in the insurance market and lead to people lacking sufficient health coverage. This FTC action demonstrates that our concerns were well founded.

We **continue to urge** the Biden administration to reverse the expansion of STLDIs, bolster ACA-compliant plans, and protect consumers from the confusion and deceptive marketing that go hand-in-hand with these products.

Read more about the harms of junk plans.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Already Taking a Blood Thinner? Adding Aspirin May Do Harm

For many years, doctors have advised taking low-dose aspirin to help prevent first-time heart attacks and stroke. But increasingly, they're doing an about-face.

The latest warnings come from University of Michigan researchers who reported that patients simultaneously taking another blood thinner, **warfarin**, along with aspirin are more likely to have bleeding problems.

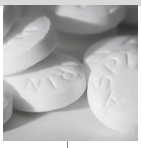
The research team found the risk of a bleeding event dropped by almost one-third when aspirin use was reduced in this group.

Aspirin is not a panacea drug as it was once thought to be, said Dr. Geoffrey Barnes, study co-author and cardiologist at the university's Cardiovascular Center.

"We said, 'Let's see if we can identify the patients who we don't need to be on aspirin because they're already on another blood thinner. Let's stop their aspirin and let's see if we can actually avoid those bleeding events,'" said Barnes.

For the study, nurses reviewed charts of patients in six Michigan **anticoagulation** clinics , and asked their doctors whether the aspirin was necessary. If not, the aspirin was discontinued.

Over time, the researchers discovered that reducing the excess aspirin use led to better patient outcomes.



The study included more than 6,700 adults taking warfarin for atrial fibrillation or venous thromboembolism between 2010 and 2019. **Atrial fibrillation** is an irregular heart rhythm. **Venous thromboembolism** is a blood clot.

Many patients were taking low-dose aspirin without a clear indication to do so, such as a recent heart attack, recent stent placement or having a mechanical heart valve, Barnes said.

In a statistical analysis done between November 2020 and June 2021, the investigators found significantly fewer bleeding problems, minor or major. They did not see an increase in clotting issues, they noted.

Accelerating the pace at which patients who don't need aspirin stop taking it can help prevent serious bleeding complications and be lifesaving, Barnes said.

However, he noted that aspirin is still incredibly important for some patients. Guidelines have also been evolving in recent years.

"One of the most fascinating parts of this study is that already doctors were showing that aspirin was probably not as important as we once thought," Barnes said. "The percent of patients using aspirin was slowly declining. What we did is we said, 'Let's make this a systematic process.'"

The United States has more than 1,000 anticoagulation clinics, and this could be a great opportunity for nurses and pharmacists in those clinics to improve the safety of their patients by identifying those who could stop using aspirin, Barnes said.

That could move the needle more quickly, he suggested.

"The model that we tested here could be replicated in other health systems," Barnes said.

Of course, it's also important that patients not decide to quit aspirin on their own, but first consult with their doctor. Some conditions need both therapies, doctors say.

While the U.S. Preventive Services Task Force updated guidelines in April, recommending against starting low-dose aspirin in people 60 and older, those with existing heart problems were not part of that recommendation.

Many patients who have a history of ischemic stroke, heart attack or other cardiovascular disease can benefit from aspirin, according to the study authors.

Although the study focused on concurrent aspirin and warfarin use, the standard of care is now to take a different medication known as a **direct-acting oral anticoagulant** (DOAC) rather than warfarin for these issues, said Dr. Eugene Yang, chair of the American College of Cardiology Prevention of Cardiovascular Disease Council.

Even so, patients are often told to take both aspirin and a DOAC (such as Eliquis or Pradaxa), which is not necessary in many cases, he said.

"We have trouble even in that population of trying to eliminate the aspirin from the treatment algorithm," Yang said.

Having nurses systematically check patient records and contact doctors about these dual treatments could be helpful, Yang noted. If that could be automated through electronic health records, it would be even more efficient, he added.

Yang suggested patients should talk to their clinicians about whether they need aspirin in addition to other medications.

"More and more studies are showing that aspirin for primary preventions show no benefit, but I think there's a lag where the physicians and clinical providers are not recognizing that taking this aspirin for primary prevention has no benefit," Yang said.

4.4 Million Americans Have Gotten Updated COVID Boosters

At least 4.4 million Americans have received the updated COVID-19 booster shot.

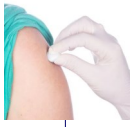
The U.S. Centers for Disease Control and Prevention posted the count Thursday as public health experts decried President Joe Biden's televised claim that "the pandemic is over."

The White House estimates that more than 5 million people have actually received the reformulated booster, accounting for lags in state reporting, according to the *Associated Press*.

Public health officials expect demand for the new booster to surge in the next few weeks.

"We've been thinking and talking about this as an annual vaccine like the flu vaccine," said White House COVID-19 coordinator Dr. Ashish Jha. "Flu vaccine season picks up in late September and early October. We're just getting our **education campaign** going. So we expect to see, despite the fact that this was a strong start, we actually expect this to ramp up stronger."

While some Americans rolled up their sleeves as soon as the new boosters were available, others are waiting because they



recently had COVID or received a booster in later summer. That's in line with public health advice.

Others may be timing shots to be closer to holiday gatherings and winter months.

Still others may be hoping to choose the **Moderna** booster over the **Pfizer** shot. Both companies created bivalent vaccines that target both the original COVID strain and recent **Omicron variants BA.4 and BA.5**.

Some pharmacies canceled appointments for Moderna boosters due to a temporary shortage while government regulators finished inspecting and approving batches of the vaccine, *AP* noted.

"If we start to see a large uptick in cases, I think we're going to see a lot of people getting the [new COVID] vaccine," said Dr. David Dowdy, an infectious disease epidemiologist at Johns Hopkins Bloomberg School of Public Health in Baltimore.

The U.S. has ordered 171 million doses of the new boosters for Americans, the *AP* reported. It's too early to say whether demand will match that….**Read More**

Late Bedtimes Could Raise Your Odds for Diabetes, Heart Trouble

If you're constantly burning the midnight oil, you may be setting yourself up for type 2 diabetes and heart disease.

When compared with folks who go to bed early and wake with the sun, night owls are more likely to be insulin-resistant, a new study finds. When the body doesn't respond well to the hormone insulin, blood sugar can build up in your bloodstream, eventually leading to **type 2 diabetes**.

What's more, "night owls" get less exercise and burn less fat than "early birds," allowing fat to build up in the bloodstream, which can set the stage for heart disease.

The study demonstrates the importance of the timing of sleep in addition to duration and quality of sleep, said Dr. Seema Khosla. She is medical director for the North Dakota Center for Sleep in Fargo, and chair of the American Academy of Sleep Medicine Public Awareness and Advocacy Committee.

For the study, 51 people without heart disease or diabetes were categorized as night owls or early birds based on their natural sleep cycle, or **chronotype**. Study participants ate a controlled diet and fasted overnight while their activity levels were monitored for a week. The researchers also measured insulin sensitivity and took breath samples to analyze how well folks used fat and carbohydrates for fuel.

Early birds were less likely to become **insulin-resistant**, and they used more fat for energy at rest and during exercise than night owls, the study findings showed.

What you can do

Night owls can take steps to improve their health and sleep habits, said study co-author Steven Malin, an associate professor in the department of kinesiology and health at Rutgers University in New Brunswick, N.J.

"People who are late chronotypes who wish to try and align their body with work schedules and so forth can take small steps toward shifting to be an early bird," Malin said. "Go to bed 15 minutes earlier and wake up 15 minutes earlier, [and] in time depending on how things are going, this can expand another 15-minute window," he suggested.

Another tip? Get outside when the sun is shining as this can prompt your body's **circadian system** to reset. Circadian rhythm is your 24-hour internal clock that controls the release of the hormone melatonin to encourage sleep.

The study was published online Sept. 19 in the journal ***Experimental Physiology***.

"Respecting our circadian rhythms is important, but so is recognizing when we are creating more issues with sleep deprivation and bedtime procrastination," said Khosla, who wasn't involved in the study.

"While this research certainly is interesting, there is still much to understand about how chronotypes impact health," she said.

Poorly timed sleep is compounded when you don't get enough sleep, added Dr. Alon Avidan. He's the director of the University of California, Los Angeles Sleep Disorders Center and played no role in the study.

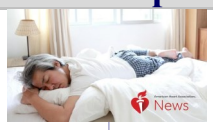
"When night owls have to wake up early to get to work or take their kids to school, they end up not getting enough sleep," Avidan said. Lack of sleep sets the stage for memory and thinking issues on top of the other health risks associated with being a night owl, he explained.

"Sleep duration and sleep regularity are important," Avidan said. "This means going to bed and waking up when it coincides with the dark-light cycle where you are and getting 7 to 8 hours of sleep each night."...**Read More**

AHA News: Move Around a Lot While You Sleep? It Might Be Bad News For Your Heart

Poor sleep quality – including moving around too much or having sleep apnea – may increase the risk for a future heart problem, new research suggests.

That problem is called left ventricular diastolic dysfunction, a precursor to heart failure. But not getting enough sleep did not appear to increase that risk, according to a study published Wednesday in the Journal of the American Heart Association.



Heart failure with preserved ejection fraction (HFpEF) – a type of heart failure that occurs when the left side of the heart muscle stiffens and can't properly pump blood to the rest of the body – makes up 60% of the 37 million cases of heart failure worldwide. "But there is no established method to prevent it," said lead study author Dr. Hidenori Koyama, a professor at Hyogo Medical University in Nishinomiya, Japan. "Our study tells us the potential importance of sleep quality for its prevention."

Prior research has shown sleep problems, including sleep apnea, are associated with an increased rate of heart failure. But little research has examined their association with left ventricular diastolic dysfunction.

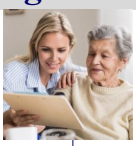
Researchers analyzed sleep and heart health data for 452 adults, who were an average of 59 years old, over a nearly three -year period. They measured sleep apnea, sleep duration and how much a person moved while they slept – an indicator that sleep was restless.

People with moderate to severe sleep apnea, or who moved around a lot at night – but not those who didn't get enough sleep – were more likely to develop left ventricular diastolic dysfunction….**Read More**

Daily Multivitamin May Protect Against Cognitive Decline in Older Adults

A daily multivitamin may provide cognitive benefits for older adults, according to a study published online Sept. 14 in *Alzheimer's & Dementia*.

Laura D. Baker, Ph.D., from the Wake Forest University School of Medicine in Winston-Salem, North Carolina, and colleagues assessed whether daily use of cocoa extract (containing 500 mg/day flavanols) versus placebo and a commercial multivitamin-mineral (MVM) versus placebo improved cognition in 2,262 older women and men (mean age, 73 years).



The researchers found that cocoa extract had no effect on global cognition. However, compared with placebo, daily MVM supplementation resulted in a statistically significant benefit on global cognition, with a more pronounced effect seen in participants with a history of cardiovascular disease. Benefits of MVM were also seen for memory and executive function. There were no significant interactions observed between cocoa extract and MVM for any of the cognitive composites.

"Our study showed that although cocoa extract did not affect cognition, daily multivitamin-mineral supplementation resulted in statistically significant cognitive improvement. This is the first evidence of cognitive benefit in a large longer-term study of multivitamin supplementation in older adults," Baker said in a statement. "It's too early to recommend daily multivitamin supplementation to prevent cognitive decline. While these preliminary findings are promising, additional research is needed in a larger and more diverse group of people."

Abstract/Full Text

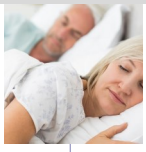
A Good Night's Sleep Recharges Immune System

If you want to stay well, make sure you're getting enough sleep.

That's the conclusion of a new study that found that good sleep helps regulate a key component of the body's immune system.

Specifically, it influences the environment where white blood cells known as **monocytes** form, develop and get ready to support the immune function, a process called **hematopoiesis.**

"What we are learning is that sleep modulates the production of cells that are the protagonists – the main actors – of inflammation," said senior study author Filip Swirski, director of the Cardiovascular Research Institute at Icahn School of Medicine at Mount Sinai, in New York City. "Good quality sleep reduces that inflammatory burden."



The researchers studied the impact of sleep in a clinical trial of 14 adults. Each participant was assigned to get either 7.5 hours of sleep each night for six weeks or to get about six hours of sleep each night. Then they had six weeks of a "wash-out" period where they got their normal amount of sleep before being assigned to the opposite schedule for another six weeks.

The researchers collected morning and afternoon blood samples in the fifth and sixth weeks of both parts of the study.

What did they find? When the adults did not get enough sleep, they had higher levels of circulating monocytes in the afternoon, higher numbers of immune stem cells in the blood, and evidence of immune activation.

"The stem cells have been imprinted, or genetically altered, under the influence of sleep restriction," Swirski said. "The change isn't permanent, but they continue to self-replicate at a higher rate for weeks."...**Read More**

Vision Damage May Begin Long Before Type 2 Diabetes Is Diagnosed

Nerve damage is a common side effect of **type 2 diabetes** and it might start in the eyes long before the condition is ever diagnosed, new research suggests.

In this study, scientists used neuropathy, or nerve damage, in the eye's cornea as a proxy for the damage to nerves throughout the body.

The study included nearly 3,500 people — 21% with type 2 diabetes, 15% with prediabetes and 64% with neither condition — and the investigators looked at the corneal nerves in all three groups.

The researchers found that the amount of damage to the corneal nerves rose in tandem with the amount of impairment to **glucose metabolism.**

People with prediabetes had corneal nerve damage that was 8% higher than those with no diabetes. Meanwhile, those with diabetes had corneal nerve damage that was 8% higher than those with **prediabetes** and 14% higher than those with neither condition, the findings showed.

Nerve damage also rose with higher blood sugar levels and with the length of time a person had diabetes. That included higher **HbA1c levels** (the average blood sugar level over several months), and blood sugar levels two hours after a meal.

"We know from other studies that it typically takes three to five years to progress from prediabetes to type 2 diabetes. Our results, from the first study of its kind, suggest that high levels of blood sugar can begin to damage corneal nerves long before type 2 diabetes develops," said Dr. Sara Mokhtar, of the department of internal medicine at Maastricht University Medical Center+, in the Netherlands….**Read More**

Take Care When Handling, Storing Your Contact Lenses

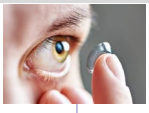
Contact lenses can be indispensable for those with poor vision, but if they aren't properly cleaned and stored you run the risk of serious eye infections, experts say.

Up to one out of every 500 contact lens wearers get such **infections** every year, which can sometimes lead to permanent blindness. Even minor infections caused by contamination are painful and disrupt daily life, according to the American Academy of Ophthalmology.

Regardless of whether contact lenses are worn to correct vision issues or just for special occasions, all contact lenses are considered medical devices by the U.S. Food and Drug Administration and need to be accompanied by a valid prescription, the academy noted in a news release.

What kinds of eye problems can contact lenses cause?

Scratches: These can be caused by contact lenses that are too old or don't fit properly. They can also cause blood vessels to grow into your cornea, a risky condition that can impair your sight.



Dry eye: This is a common symptom when wearing contact lenses, but if you use eye drops to fix it, your lenses may become damaged, the academy warned. While you should avoid using eye drops, if you do you should use lubricating drops without preservatives or wetting drops.

Allergies: Irritating particles can gather on your contact lenses and then come into contact with your eyes. If your vision becomes blurry or you see pus in your eye, these symptoms could signal severe eye issues.

How can you prevent these problems?

- Don't sleep with your contacts from the previous day still in your eyes unless it is prescribed by your eye care provider. When sleeping with contacts in, the warm and wet environment is an easy place for bacteria to live and multiply, often causing an infection.
- Wash your hands with soap and warm water before handling your contact lenses. Drying your hands after washing them is almost as important as washing them. This is because water can introduce germs to the eye if left on the lens when inserted.
- Any contact lens you take out of your eye must be cleaned and sterilized before being reinserted. There are many different cleansing methods that depend on the type of contact lens you use, if you have allergies or other factors. Ask your eye doctor about the best way to clean your contact lenses.
- Every time you take out your contact lenses, you should rub them and rinse them with a contact lens disinfecting solution. And then empty and dry them.
- Never use a homemade saline solution, tap water or saliva to clean your lenses.
- Use only a new disinfecting solution for your contact lenses. Never mix new solution with old or used solution. And only use the specific cleansing solution recommended by your eye care provider.

Here's a video on how to clean your contact lenses properly:

Though more than 45 million Americans **wear contact lenses**, they are not for everyone. You may not be able to wear them because you:

- Frequently have eye infections
- Have severe allergies or dry eyes that are hard to treat
- Work or live where it is very dusty
- Are not able to properly care 3for contact lenses

Overall, your contact lenses should feel comfortable and allow you to see well. If this is not the case, inform your eye doctor and discuss other options, the academy said.

Big Studies Test Effectiveness of Common Diabetes Meds

Two common diabetes medications seem to outperform two others when it comes to controlling blood sugar levels, a large U.S. trial has found.

The trial of more than 5,000 people with type 2 diabetes found that two injection medications -- a long-acting insulin and **liraglutide** (Victoza) -- typically worked better than two oral drugs in keeping blood sugar levels in check.

Over five years, patients taking either injection treatment spent more time with their blood sugar in the recommended range -- an average of six extra months.

Still, most study patients were unable to meet that goal for the long haul. Experts said it underscores how difficult that task is for people with diabetes.

"Ultimately, the treatment combinations did not maintain optimal A1C levels in many patients for the long-term management of type 2 diabetes," said researcher Dr. Henry Burch of the U.S. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

A1C is a measure of a person's average blood sugar level over the past three months. When people have diabetes, the goal is to keep A1C below 7%.

In the trial, 71% of patients could not meet that target across the five-year follow-up. More than 37 million Americans have diabetes, the vast majority of whom have **type 2**, according to the NIDDK. In that form of the disease, the body loses its ability to properly use insulin, a hormone that shuttles sugars from food into body cells to be used for energy.

As a consequence, sugar builds up in the bloodstream, which can damage blood vessels and nerves over time. Many people with diabetes develop complications such as heart disease, kidney failure, nerve damage in the feet and legs, and potentially blinding eye disease.

Controlling blood sugar is key to reducing those risks. To do that, most people with type 2 diabetes take the oral drug **metformin,** along with diet changes and exercise.

The new findings -- published Sept. 22 in the *New England Journal of Medicine* -- come from a trial launched almost a decade ago and funded by the NIDDK. The goal was to determine which diabetes medications, when added to metformin, were most effective at helping patients maintain the recommended A1C target….**Read More**

Feds Warn of Home Carbon Monoxide Detectors That May Fail to Alarm

Consumers should immediately stop using HECOPRO digital display carbon monoxide (CO) detectors because they can fail to warn about the presence of the dangerous gas, the U.S. Consumer Product Safety Commission (CPSC) said.

The CPSC issued the warning Thursday after detectors sold on Amazon.com failed tests with a CO concentration of 400 ppm, in violation of safety standards.

At sustained levels above 150 to 200 ppm, disorientation, loss of consciousness and death are possible, according to the **CPSC**.

The detectors in the warning were sold on Amazon.com under ASIN, B07T66J7KJ for between $9 and $13. They are made of white plastic and measure approximately 4.1 by 1.8 by 4.1 inches. They have a digital display.

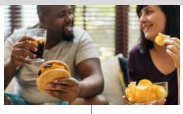
Advertising for the detectors claims they detect dangerous levels of **carbon monoxide** and alert with a flashing red LED and a loud alarm. The CPSC said consumers should not purchase or sell these detectors. Existing detectors should be thrown away and new, working ones installed.

Carbon monoxide is an odorless gas. Any fuel-burning appliance, from a gas range to a furnace, is a potential source.

Accidental carbon monoxide poisoning associated with consumer products claims more than 150 lives in the United States each year.

For **protection,** consumers should install carbon monoxide alarms on each level of their home and outside separate sleeping areas, CPSC said. Alarms should be battery-operated or have battery backup. It is important to test alarms frequently and replace dead batteries.

Diets Haven't Improved Much Worldwide, and U.S. Remains Near Bottom of List



Despite everything people have learned about good nutrition, folks around the world aren't eating much healthier than they were three decades ago, a new global review has concluded.

Diets are still closer to a poor score of zero -- with loads of sugar and processed meats -- than they are to a score of 100 representing lots of fruits, vegetables, legumes, nuts and whole grains, Tufts University researchers report.

"Intake of legumes/nuts and non-starchy vegetables increased over time, but overall improvements in dietary quality were offset by increased intake of unhealthy components such as red/processed meat, sugar-sweetened beverages and sodium," said lead author Victoria Miller. She's a postdoctoral scholar at Tufts' Friedman School of Nutrition Science and Policy in Boston.

For the study, researchers measured **eating patterns among adults and children across 185 countries**, based on data gathered from more than 1,100 diet surveys.

The world's overall dietary score is around 40.3, representing a small but meaningful 1.5-point gain between 1990 and 2018, researchers found.

But scores varied widely between regions, with averages ranging as low at 30.3 in Latin America and the Caribbean to as high as 45.7 in South Asia.

Only 10 countries, representing less than 1% of the world's population, had diet scores over 50.

Nations with the highest diet scores included Vietnam, Iran, Indonesia and India, while the lowest scoring countries included Brazil, Mexico, the United States and Egypt.

Women were more likely to eat healthier than men, researchers found, and older people more so than younger adults.

"Healthy eating was also influenced by socioeconomic factors, including education level and urbanicity," Miller said in a university news release. "Globally and in most regions, more educated adults and children with more educated parents generally had higher overall dietary quality."

Poor diets are responsible for more than a quarter of all preventable deaths worldwide, the researchers said in background notes.

Countries can use this data to guide policies that promote healthy eating, said Dr. Dariush Mozaffarian, a cardiologist and dean for policy at the Friedman School.

"We found that both too few **healthy** foods and too many unhealthy foods were contributing to global challenges in achieving recommended dietary quality," he said in the release. "This suggests that policies that incentivize and reward more healthy foods, such as in health care, employer wellness programs, government nutrition programs, and agricultural policies, may have a substantial impact on improving nutrition in the United States and around the world."

The findings were published Sept. 19 in the journal *Nature Food*.