

## October 31, 2021 E-Newsletter

### What's still in the Dem megabill? Cheat sheet on 12 big topics

The child tax credit, free community college, health care provisions and more all look drastically different from what Democrats first envisioned.

Democrats are making big sacrifices to slash the price tag of their social spending bill from \$3.5 trillion to roughly \$2 trillion as they close in on a deal that can satisfy both the party's moderate and progressive factions.

Promises like free community college are dead altogether. Dreams of paid leave and expanding Medicare to cover

dental, vision and hearing are at risk. Originally permanent expansions of Medicaid and the Child Tax Credit will now run for as little as one year.

Those aren't the only pieces of Biden's agenda getting curtailed, thrown out or preserved as **Democrats rev their engines** toward an agreement as soon this week. The nation's corporate tax rate probably won't get hiked. And benefits like paid leave are expected to provide families with less assistance, for fewer



weeks, with more strings. At the heart of the party's decision to embrace a far slimmer spending package than they **first outlined this summer** is a bet by top Democrats that even scaled-back versions of their vision will be successful enough to get extended and expanded later on.

"History has shown," Senate Finance Chair Ron Wyden (D-Ore.) said, "that if you get important reforms that really deliver for communities — like holding down prescription drug

costs, clean energy, billionaires paying their fair share of taxes — people look at that and they say: 'I like that! You can keep building on it.'" The White House is aiming to reach at least a framework agreement with Sens. Joe Manchin (D-W.Va.) and Kyrsten Sinema (D-Ariz.) before the end of the month. But even if a deal is locked in this week, it likely will take weeks to finalize the package.

**Click here's to see where negotiations stand on the major policy points:**

### Res. Larson & Demings introduce landmark Social Security Legislation

**H.R.5723 - To protect our Social Security system and improve benefits for current and future generations.**

**House Ways and Means Social Security Subcommittee Chairman John B. Larson**, "Social Security 2100: A Sacred Trust combines the best of the previous year's Social Security 2100 Act with President Biden's proposals to expand benefits and strengthen Social Security. The pandemic has only underscored what we already knew and has exacerbated systemic inequities -

- current benefits are not enough! 5 million seniors are living in poverty due to longstanding discrimination in the labor force that affects mostly people of color and women. These are our mothers, fathers, aunts, uncles, and neighbors. For too long, Congress has forsaken its duty to enhance benefits. It's time that we act now."

**Said Robert Roach, Jr., President of the Alliance for Retired Americans**, "In America, millions of Social Security beneficiaries are having

to make the choice between food and medicine on a daily basis. This is unacceptable in the richest and greatest country in the world. Black American, Hispanic American and Asian American Social Security beneficiaries were disproportionately affected during the pandemic, exacerbating that inequality. A recent poll indicated that our nation's seniors voted in the last election with the hope and expectation of seeing improvements to the Social

Security benefits they have earned. Voters will remember this when they vote. The Alliance for Retired Americans 100% supports Representative Larson's bill, 'Social Security 2100: A Sacred Trust.'"

The bill has nearly 200 co-sponsors and has been endorsed by 100 advocacy groups in addition to the Alliance for Retired Americans.



Robert Roach, Jr.  
President, ARA

### Only 1 in 7 Seniors Have Received a Covid Booster Shot So Far

Health experts are recommending that eligible Americans receive COVID-19 booster shots as soon as possible in an effort to prevent infection surges this coming winter. Seniors, who are among the highest-risk populations, are eligible for the boosters but **only 15% of people aged 65 and older** have received them so far.

The Pfizer-BioNTech vaccine

was the first to be authorized as a booster shot, for use in certain **high-risk groups**, including seniors, who received their second Pfizer dose at least six months ago. On Thursday, a Centers for Disease Control and Prevention (CDC) advisory committee unanimously recommended boosters **for high-risk recipients of Moderna's and Johnson & Johnson's Covid-19 vaccines**. CDC

Director **Dr. Rochelle Walensky** embraced the panel's recommendations Thursday night, clearing the shots for immediate distribution.

The CDC will also allow mix-and-match boosters, so that people can receive a different booster vaccine than what they were originally given. More than 39 million Moderna recipients and nearly 13 million J&J recipients may be eligible for a

booster dose as early as Friday.

"Booster shots are an effective tool for keeping seniors safe from COVID-19 infection," said **Richard Fieta**, Executive Director of the Alliance. "Getting vaccinated protects not only yourself, but also others who are vulnerable."



Rich Fieta,  
Executive Director, ARA

ADD  
YOUR  
NAME

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

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## Two Ways Retirees Could Lose Some of Their Social Security Raise

In 2022, Social Security retirees will be getting the most generous Cost of Living Adjustment (COLA) in decades. Seniors will see a 5.9% increase in the amount of their retirement benefit, according to [the Social Security Administration](#).

Before you get excited about all this spare cash, though, you should be aware that your checks may not actually end up being 5.9% bigger. That's because there are two possible ways you could end up losing some of your additional benefits. Here's what they are.

1. Higher Medicare premiums will take away part of the increase for many recipients

Rising Medicare costs are one of the main reasons seniors on Medicare will [lose some of their Social Security benefits increase](#). The costs of Medicare premiums are usually deducted from Social Security checks, and

premiums are expected to increase by 6.2%, according to the Congressional Research Service.

With premiums going from \$148.50 in 2021 to an estimated \$157.70 in 2022, retirees will lose around \$10 of their benefit boost. While this may not sound like a fortune, the average retiree is getting just \$92 more per month because of the COLA. So, the extra Medicare premiums could take about 11% of their "extra" cash. The Medicare Part B deductible is also expected to increase next year, leaving retirees to spend still more of their COLA on healthcare if they use covered services.

2. Some seniors will find more of their money is subject to taxes

Seniors may also find themselves losing some of their extra benefits for another reason as well. They could find more of



their [Social Security income](#) is subject to taxes.

See, Social Security benefits become taxable once countable income reaches a certain threshold. For single tax filers, benefits become partly taxable with a countable income above \$25,000, and for married joint filers they become partly taxable with an income above \$32,000. Countable income is half of Social Security benefits, taxable income, and some non-taxable income.

With Social Security benefits going up, more people could find themselves with an income that exceeds these limits. If more Social Security benefits become taxable, or if benefits become taxable for the first time, this could also cut into the amount of money retirees get to keep from their raise.

Eliminating IRS taxes on Social

Security is difficult since it requires being strategic about withdrawals -- or taking money out of accounts with non-taxable distributions, such as Roth IRAs. However, retirees who live in one of the [13 states that tax Social Security benefits](#) and who find some or all of their retirement income subject to new taxes because of increased earnings may want to consider relocating to one of the [majority of locales without a state Social Security tax](#).

Ultimately, retirees should be prepared for the fact that not all of their Social Security COLA will be theirs to keep in 2022. Before adjusting your budget upwards based on news of a raise, take taxes and Medicare premiums into account so you don't end up overspending in the New Year.

## Will I Get My Ex-Husband's Social Security When He Dies?

### MoneyTalksNEWS

**Q.** "I am drawing a small amount of Social Security on my ex-husband. He is remarried. When he passes away, will I get his full Social Security?"

**A.** 2 factors affect what you get

Scarlett: If you are already drawing a small amount from

your ex-husband's Social Security, you should be eligible to receive a survivor benefit when he passes away. As long as a divorced spouse does not remarry before the age of 60 (50 if disabled), he or she is treated as a spouse and will receive spousal and survivor benefits.

The determination of how much a survivor will receive is



calculated by looking at two things. First, under most circumstances, the amount that a survivor receives is based upon the benefit that the deceased partner had been receiving.

If the deceased did not claim a benefit until after full retirement age (FRA), then the survivor benefit will be higher, since the survivor benefit will equal the

higher benefit the deceased partner received from delayed claiming.

If the deceased partner was older than their FRA and had never claimed, then the survivor benefit will be based on the benefit that the deceased partner would have received if claimed at the time of death....[Read More](#)

## Claiming Social Security in 2022? Here's Your Max Benefit at Full Retirement Age

### The Motley Fool

In 2022, the maximum benefit for seniors who claim Social Security at full retirement age will be \$3,345.

You have to do a few key things to earn that much in Social Security income, though. Here's what you'd need to do.

Three steps to earning the maximum Social Security benefit

In order to earn the maximum Social Security benefit at full retirement age, here's what you'd need to do:

◆ **Claim benefits at your full retirement age.** That's the age

you get your standard benefit and it depends when you were born. Starting in 2022, FRA is between 66 and four months and 67. For anyone born in 1956, FRA is 66 and four months. FRA goes up by two months for each subsequent birth year, until all those born in 1960 or later will have an FRA of 67. If you claim benefits before this, you'll be subject to early filing penalties and won't be able to max out your income.

◆ **Work for at least 35 years.** Your benefit at full retirement age is based on a



percentage of average wages in the 35 years you earned the most. Anyone who hasn't worked for at least 35 years ends up with a reduced benefit because of \$0 wage years included when their career-average wage is calculated. You won't be able to get the maximum Social Security income if you reduce your average wage due to a short work history.

◆ **Earn income equal to, or exceeding, the wage base limit for a full 35 years.** Each year, there's a maximum taxable wage called the wage base limit. You pay Social

Security tax on every dollar of earned income up to that maximum and income up to the wage base limit is included in your career-average wage that benefits are based on. Income above it isn't taxed and you don't get credit for it, so it can't boost your average wage or benefits. The wage base limit in 2021 is \$142,800 and the wage base limit in 2022 is \$147,000. Unless you've earned the inflation-adjusted equivalent for at least 35 years in your work history, the maximum benefit isn't within reach for you.....[Read More](#)

## New Study Shows That People with Medicare Stayed with Their Providers for Telehealth

At the beginning of the COVID-19 public health emergency, policymakers relaxed rules around how people with Medicare could access telehealth services. In part, this allowed beneficiaries to seek remote care from providers they did not already have relationships with. A [recent report](#) from the U.S. Department of Health and Human Services Office of Inspector General (OIG) shows that few took advantage of this opportunity, which could be important information as policymakers determine what Medicare telehealth should look

like after the public health emergency ends.

The OIG studied Medicare claims from March to December of 2020. During that time, 26 million people with Medicare accessed health care services via telehealth, and 84% received telehealth services solely from providers with whom they had an established relationship. People in traditional Medicare were more likely to use their established providers than those in Medicare Advantage. This finding can help guide future conversations about the



established patient requirement, which is an attempt **to combat fraud, waste, and abuse—thought to be especially common in telehealth.** The OIG has been conducting **“significant oversight work assessing telehealth services”** in order to inform what policies are necessary to protect access to care while avoiding fraud. At Medicare Rights, we see the potential for increased access to care that telehealth can provide. As Medicare Rights’ president **testified during a Congressional hearing, we**

**support** the ability to provide telehealth services for both new and established patients as well as the removal of all distant site practitioner restrictions so long as appropriate clinical and evidentiary thresholds are met. **As with other expansions of telehealth,** these changes should be accompanied by robust oversight and data collection to ensure that beneficiaries are receiving the care they need. Telehealth should only supplement, not supplant, the availability of in-person care for those who want to see their providers face-to-face.

## Worn-Out Nurses Hit the Road for Better Pay, Stressing Hospital Budgets — and Morale

In parts of the country where covid-19 continues to fill hospitals, a rotating cast of traveling nurses helps keep intensive care units fully staffed. Hospitals have to pay handsomely to get that temporary help, and those higher wages are tempting some staff nurses to hit the road, too.

Nearly two years into the pandemic, there’s some truth in a joke circulating among frustrated ICU nurses: They ask their hospitals for appropriate compensation for the hazards they’ve endured. And the nurses are rewarded with a pizza party instead.

Theresa Adams said that’s what happened at the Ohio hospital where she worked. The

facility across town was offering bonuses to keep its nurses from leaving. But not hers. They got a pizza party.

“I heard a lot of noise about ‘Well, this is what you signed up for.’ No, I did not sign up for this,” she said of the unparalleled stress brought on by the pandemic.

Adams is an ICU nurse who helped build and staff covid units in one of Ohio’s largest hospitals. She recently left for a lucrative stint as a travel nurse in California.

Travel nurses take on temporary assignments in hospitals or other health care facilities that have staffing shortages. The contracts typically



last a few months and usually pay more than staff positions.

Adams hopes to return to

her home hospital eventually, though she’s irritated at management at the moment.

“I did not sign up for the facility taking advantage of the fact that I have a calling,” she said. “There is a difference between knowing my calling and knowing my worth.”

A reckoning may be on its way as hospitals try to stabilize a worn-out workforce.

The use of traveling nurses took off in the 1980s in response to nursing shortages. Although they’ve always been paid more for their flexibility, some traveling ICU nurses can now

pull in as much as \$10,000 a week, which can be several times more than staff nurses earn.

While some hospitals have offered retention bonuses or increased pay for permanent staff members, nurses say it doesn’t compare to the financial bonanza of traveling. Hospital managers now find themselves trapped in a pricey hiring cycle — competing for, in particular, the most highly trained critical care nurses who can monitor covid patients on the advanced life-support devices known as **ECMO** (extracorporeal membrane oxygenation) machines....**Read More**

## Health care prices will continue rising until they are regulated

The public is fed a lot of misleading information about health care prices. Contrary to popular myth, health care “competition” does not bring down prices. In fact, health care prices will continue rising until Congress regulates them.

But, Congress is practically silent on the issue of regulating health care prices. It is allowing Wall Street to call the shots. And, Wall Street is taking full advantage, buying up big pieces of the health care industry and

raising prices as quickly as it can.

Elisabeth Rosenthal reports for the **New York Times** on her experience visiting two hospital medical centers one in Maryland, Johns Hopkins Medicine—Maryland is the one state with regulated hospital prices—and one in New York, which has no price regulation to speak of for health care. The cost for her treatment with a neurologist in Maryland was a fraction of the cost in New York,,



\$350 v. \$1,775.

Rosenthal seeks to make the point that hospitals do not need to charge \$1,775

for a neurology visit to deliver excellent care. She found the care at Johns Hopkins excellent as well. The big difference is that Johns Hopkins has lower profit margins and not the grand marble dressings that many of the high-priced hospitals have today.

Meanwhile, the **Daily Poster** reports on what appears to be concerning behavior among

Wall Street entities owning physician practices. One private equity firm, KKR, which owns emergency room physicians, did not want to share its billing codes with its physicians to protect them from being charged with engaging in fraud. It seems that KKR feared that transparency in billing practices would make physicians it owns aware of the services they were billing for and uncomfortable if they did not believe they had performed the services....**Read More**



## Medicare Advantage is cheaper for a reason — beware

The smart way to shop for any type of insurance is to steel yourself and imagine the worst. The house burns down. The car is totaled. With those “what-ifs” front and center, you’re more inclined to seek out coverage that provides the best protection.

### The big what-if of Medicare Advantage

If you are lucky enough to be healthy when ready to enroll in Medicare — for most folks it’s at age 65 — the vital “what-if” you should consider: what plan you want if you are diagnosed with cancer or another serious illness that requires lengthy and costly medical care.

You will find that the Medicare option that looks so enticing when you’re healthy (likely with no extra premium and expanded coverage) becomes costly when you actually need to use it.

### Two types of Medicare

Original Medicare allows you to see any doctor and use any facility in the U.S. that accepts Medicare. Most do. But to get blanket protection with Original Medicare, it’s vital to also purchase a supplemental policy — referred to as Medigap — that picks up the portion of certain bills that Medicare doesn’t pay directly.

A Medigap policy that provides complete coverage

(Medigap Plan G for those of you in shopping mode) might have a monthly premium of \$100 to \$300 or so, depending on where you live. That’s not nothing. But again, other than a basic deductible for Medicare Part B (\$203 in 2021), you’re likely to have everything covered.

Medicare Advantage is the other way you can enroll in Medicare. Most Advantage plans work like a health maintenance organization. You are limited to a network of doctors and facilities based on where you live. **Medical care** beyond basic preventive care typically need preauthorization.

The allure of Medicare Advantage is that you don’t need to purchase any supplemental coverage. In fact, you’re not allowed to have a Medigap policy. Not spending \$100 to \$300 a month on Original Medicare + Medigap is undeniably attractive. At least when you are healthy.

But you buy insurance to protect you from the big what-if. And that’s where Medicare Advantage could disappoint. Remember, you can’t see every doctor who accepts Medicare. That means the specialist you really want to oversee your care



may be out of reach.

### The high cost to actually use Medicare Advantage

And once you start to use your Advantage insurance, you will likely run into coinsurance that will typically require you to pay 20% of your bills. With a serious illness, that can easily be a six-figure treatment that charges coinsurance.

Some good news is that the government limits your Medicare Advantage annual **out-of-pocket health care costs**. This year, the maximum out-of-pocket is \$7,550. Many Medicare Advantage plans set their out-of-pocket even lower. According to the Kaiser Family Foundation, a nonprofit health care research organization, the average out-of-pocket this year was around \$5,000. (There is a separate out-of-pocket max for prescription drug coverage.)

### Illness doesn’t care about calendar years

The out-of-pocket maximum is per calendar year. Many illnesses will span at least two years, possibly more. For instance, if you are diagnosed in September with cancer that requires chemotherapy, surgery and possibly radiation, you are still going to be in the thick of treatment the following year.

That means you could face the out-of-pocket two times in just three, four or six months. That’s likely going to mean needing to pay more than \$10,000 out-of-pocket in just a short period.

If you and a spouse both require extensive ongoing care simultaneously, your out-of-pocket costs would double.

### Original Medicare: cost and coverage

Now let’s return to Original Medicare. It definitely costs more upfront, as it’s imperative to add a Medigap policy to cover the coinsurance costs that are embedded in all Medicare. Again, a premium for a Medigap Plan G (the most comprehensive option for anyone enrolling in Medicare today) might run \$100 to \$300 a month, depending on where you live. But for that premium you have no other out-of-pocket costs other than the standard deductible for Medicare Part B (\$203 in 2021).

If you live in a high-cost area, that works out to \$3,600 a year per person. Clearly that is a significant cost that you want to plan for. But then you don’t have to worry.

### Making a clear-eyed Medicare choice

There is no clear-cut right or wrong choice. The key is to make an informed choice.

## Pharma Campaign Cash Delivered to Key Lawmakers With Surgical Precision

The Biden administration and Congress are embroiled in high-stakes haggling over what urgent priorities will make it into the ever-shrinking social spending bill. But for the pharmaceutical industry there is one agenda: Heading off Medicare drug price negotiation, which it considers an existential threat to its business model.

The siren call to contain rising drug costs helped catapult Democrats to power, and the idea is popular among voters regardless of their politics. Yet granting Medicare broad authority to intervene in setting prices has nonetheless divided the party.

And so, as it normally does, the drug industry gave generously to members of

Congress, according to new data from **KHN’s Pharma Cash to Congress database**. Contributions covering the first half of this year show that some of its biggest donations were delivered with surgical-strike precision to sympathetic or moderate Democratic lawmakers the industry needs to remain in its corner.

Campaign donations to members of Congress — which must be reported to the Federal Election Commission — are the tip of the iceberg, signaling far greater activity in influence peddling that includes spending millions on lobbying activities and advertising campaigns.

Unusually, in the first half of



this year Republicans and Democrats in Congress were virtually neck and neck in pulling in drug industry money, according to a KHN analysis of campaign contributions. In prior years, Republicans dominated giving from that sector, often by huge margins.

Pharmaceutical companies and their lobbying groups gave roughly \$1.6 million to lawmakers during the first six months of 2021, with Republicans accepting \$785,000 and Democrats \$776,200, **the Pharma Cash to Congress database shows**. Since the 2008 cycle, the industry has generally favored Republicans. The exception was 2009-10, the last time Democrats controlled both

chambers of Congress and the White House.

Democrats again narrowly hold both the House and Senate, and political scientists and other money-in-politics experts said the contributions likely reflect who is in power, which lawmakers face tougher reelection bids next year, and who has outsize sway over legislation affecting the industry’s bottom line.

Several pharmaceutical companies paused contributions to Republican lawmakers who voted against certifying the results of the 2020 election, blunting the GOP’s total fundraising haul and overall industry giving compared with other years.....**Read More**

# The Yelp of Covid: Vigilantes Crowdsource Pandemic Safety Tips for Consumers

Melissa Lee had more to deal with than funeral planning when her husband, Dan Williams, died by suicide in January. She also was faced with continuing his 1,400-member Facebook group, "Athens, GA Mask Grades 2.0," designed to help residents of Athens protect themselves from covid-19 by grading local businesses on their safety measures.

The group follows a strict template that Melissa Lee compares to a Yelp review. The review includes information about a company's physical distancing provisions, the availability of outdoor services, vaccination requirements, and the

percentages of masked employees and customers.

"A mask is like a visible sign of whether or not you're listening to the same information," said Lee, who works in donor relations at the University of Georgia. "There is some beauty in supporting those that are aligned with you. But it's also just kind of sad that there's two sides to that."

Such covid vigilantes have cropped up in multiple cities, appearing where safety guidelines are lax despite high numbers of positive cases.

Some states, such as Florida, go as far as preventing local safety mandates, though the



Sunshine State has been sued by a group of parents for banning strict mask mandates in schools.

In Georgia, although Republican Gov. Brian Kemp declared a state of emergency due to covid, no state mask mandate exists. An executive order allows businesses to disregard the covid safety ordinances created by local governments requiring masks.

Similarly, in Tennessee, Republican Gov. Bill Lee issued an executive order that prevents local mask orders in 89 counties.

These states stand in sharp contrast to those with definitive policies, such as California,

where masks are required in hospitals, schools and correctional facilities, regardless of vaccination status.

The lack of government action in some communities is forcing everyday people to fill the void, according to **Imran Ahmed**, CEO of the Center for Countering Digital Hate, an international nonprofit organization designed to disrupt online misinformation.

"You can see here that people are taking action collectively, essentially replicating what governments should be doing, but in a private fashion out of sheer desperation," Ahmed said....[Read More](#)

## How to Stay Connected to Your Loved One in a Nursing Home

Virtual or traditional, these methods can help nursing home residents feel less isolated.

We all need to feel connected to the outside world. For people living in **nursing homes**, staying in touch has always been more of a challenge, particularly with family members at a distance. And for many months now, the fluctuating COVID-19 pandemic has made essential connections that much more difficult, even when loved ones live nearby. The good news is that with **vaccination** and better control over COVID-19, visiting restrictions in long-term care facilities are easing. And a pandemic silver lining is the workarounds it inspired to link residents to family members, friends and fellow residents, even during the

worst **isolation** periods.

From virtual technology to in-person visits, from creative activities to traditional letters, cards and phone calls, it's almost always possible to somehow connect. Here's what you can do:

### Creative Connections

Technology, delivery and comfort options that helped make the pandemic more endurable and activities more doable in the outside world, can do the same for nursing home residents:

♦ **Tablets.** These devices offer countless ways to keep residents entertained, engaged and connected. Family Zoom meetings, favorite YouTube videos, **subscriptions for music** and movie streaming are among possibilities.



♦ **Email.** Residents who don't care for texting may still enjoy connecting online through email. That allows them to read and respond to messages at their leisure.

♦ **Delivered edibles.** With DoorDash or other meal delivery services, residents can enjoy local takeout food. Or you can give the gift of sending favorite gourmet treats from across the country, providing "edible moments of joy," says Dr. Scott Schabel, senior medical director for long-term care at Rochester Regional Health in New York.

♦ **Virtual field trips.** Poring over museum exhibits or experiencing breathtaking views at national parks

nourishes the intellect and spirit while linking people to the larger world. "We have done a lot of what we call virtual field trips," says Kari Staron, director of social services and activities with Altercare Integrated Health Services in North Canton, Ohio. "We're always trying to look at different layers of engagement and making sure people stay connected to things they previously liked in the community."

♦ **Animal friends.** **Pets** like gentle dogs and cats can bring cheer to nursing homes and make a resident's day. Other animals have made pandemic appearances too, when isolated residents couldn't come out to see them....[Read More](#)

## 3 States Limit Nursing Home Profits in Bid to Improve Care

Nursing homes receive billions of taxpayers' dollars every year to care for chronically ill frail elders, but until now, there was no guarantee that's how the money would be spent.

Massachusetts, New Jersey and New York are taking unprecedented steps to ensure they get what they pay for, after the devastating impact of covid-19 exposed problems with staffing and infection control in nursing homes. The states have set requirements for how much

nursing homes must spend on residents' direct care and imposed limits on what they can spend elsewhere, including administrative expenses, executive salaries and advertising and even how much they can pocket as profit. Facilities that exceed those limits will have to refund the difference to the state or the state will deduct that amount before paying the bill.

The states' mandates mark the



first time nursing homes have been told how to spend payments from the government programs and residents, according to Cindy Mann, who served as Medicaid chief in the Obama administration.

With this strategy, advocates believe, residents won't be shortchanged on care, and violations of federal quality standards should decrease because money will be required to be spent on residents' needs.

At least that's the theory.

"If they're not able to pull so much money away from care and spend it on staffing and actual services, it should make a big difference," said Charlene Harrington, professor emeritus at the University of California-San Francisco's School of Nursing who has spent four decades studying nursing home reimbursement and regulation. "I would expect the quality of care would improve substantially." ...[Read More](#)

# Confronting Ageism in Health Care: A Conversation for Patients, Caregivers and Clinicians

What does ageism in health care look like? It can be a thoughtless quip that makes an older person feel diminished. Or an assumption that patients are unable to follow a conversation or make their own decisions. Maybe it occurs when a concern is voiced, then discounted or dismissed.

Ageism is reflected in care strategies that ignore a patient's

values and ideas about what constitutes a productive life. Too often, attitudes such as "these patients are old and near the end anyway" or "there's not much we can do to help them" prevail.

Ageism is not new, but the covid pandemic brought it shockingly into view. In its early days, the virus was shrugged off as something of concern mostly



to older people, with some arguing they were expendable if the alternative was shutting down the economy. In the grave months that followed, many who died in nursing care were dehumanized in news reports that showed body bags piled outside facilities. To date, about 80% of those who have died of covid-19 have been older adults,

including nearly 140,000 nursing home residents — a population beset by understaffing, inadequate infection control and neglect.

KHN and The John A. Hartford Foundation held a web event Thursday. Judith Graham, KHN's [Navigating Aging](#) columnist, hosted the discussion. ...[View the video here](#)

## Dear Marci: When can I purchase a Medigap?

*Dear Marci,  
I enrolled in Original Medicare a few months ago during my Initial Enrollment Period, but now I want to purchase a Medigap, too. When can I purchase a Medigap?  
-Robbie (Cleveland, OH)*

Dear Robbie,

As discussed in our previous newsletter, [Medigaps](#) are health insurance policies that offer standardized benefits to work with Original Medicare. They are sold by private insurance companies and are designed to cover your deductibles, coinsurance, and copayments. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first.

But your question brings up a great point: Medigap enrollment rules are different from Original Medicare enrollment rules. If you wish to purchase a Medigap

policy, you need to find out the best time to buy one in your state. In most states, insurance companies must only sell you a policy at certain times and if you meet certain requirements. If you miss your window of opportunity to buy a Medigap, your costs may go up, your options may be limited, or you may not be able to buy a Medigap at all.

Under federal law, you have the right to buy a Medigap policy if you:

- ◆ Are 65 and enrolled in Medicare
- ◆ And, you buy your policy during a protected enrollment period

There are two federally protected times to purchase a Medigap:

- ◆ **Open enrollment period:** Generally, the best time to enroll in a Medigap policy is



Dear Marci

during your open enrollment period.

Under federal law, you have a six-month open enrollment period that begins the month you are 65 or older and enrolled in Medicare Part B.

- ◆ **Guaranteed issue right:** If you miss your open enrollment period, you can also buy a Medigap when you have a guaranteed issue right. If you are age 65 or older, you have a guaranteed issue right within 63 days of when you lose or end certain kinds of health coverage.

[You can read more about the open enrollment period and guaranteed issue rights here.](#)

At times when you have the right to buy a Medigap policy, an insurance company cannot:

- ◆ Deny you Medigap coverage
- ◆ Or, charge you more for a

policy because of past or present health problems

Before you buy a Medigap, check to see if your state offers additional protections. For instance, residents of New York and Connecticut can buy a policy throughout the year, not just at select times. These two states also require insurers to sell to people with Medicare who are under age 65. Call your [State Health Insurance Assistance Program \(SHIP\)](#) or Department of Insurance to learn more about your right to purchase a Medigap policy in your state.

Even if you do not have the right to buy a Medigap in your state, you may still be able to buy a policy if a company agrees to sell you one. However, know that companies can charge you a higher price because of your health status or other reasons.

-Marci

## Medicare Plans' 'Free' Dental, Vision, Hearing Benefits Come at a Cost

When Teresa Nolan Barensfeld turned 65 last year, she quickly decided on a private Medicare Advantage plan to cover her health expenses.

Barensfeld, a freelance editor from Chatham, New York, liked that it covered her medications, while her local hospitals and her primary care doctor were in the plan's network. It also had a modest \$31 monthly premium.

She said it was a bonus that the plan included dental, hearing and vision benefits, which traditional Medicare does not.

But Barensfeld, who works as a copy editor, missed some of the important fine print about her

plan. It covers a maximum of \$500 annually for care from out-of-network dentists, including her longtime provider. That means getting one crown or tending to a couple of cavities could leave her footing most of the bill. She was circumspect about the cap on dental coverage, saying, "I don't expect that much for a \$31 plan."

Through television, social media, newspapers and mailings, tens of millions of Medicare beneficiaries are being inundated this month — as they are each autumn during the open enrollment period — by marketing from Medicare



Advantage plans touting low costs and benefits not found with traditional Medicare. Dental, vision and hearing coverage are among the most advertised benefits.

Those services are also at the center of heated negotiations on Capitol Hill among Democrats as they seek to expand a number of social programs. Progressives, led by Sen. Bernie Sanders (I-Vt.), are pressing to add dental, vision and hearing benefits to traditional Medicare.

Despite the high-powered advertising of the Medicare Advantage plans pitched by the likes of celebrities Joe Namath

and Jimmie Walker, beneficiaries still generally end up with significant out-of-pocket costs for many of these services, a [recent study](#) by KFF found. That's partly because the private plans limit benefits.

While people in traditional Medicare paid on average about \$992 for dental care in 2018, those in Medicare Advantage plans paid \$766, according to the study. For vision, people with traditional Medicare paid \$242, compared with \$194 for those covered by a Medicare Advantage plan....[Read More](#)



## Pfizer Vaccine Booster Restores Nearly Full Protection, Company Says

(HealthDay News) -- The Pfizer-BioNTech vaccine booster restored close to full protection against COVID-19 in a late-stage trial involving 10,000 people, the company announced Thursday.

They said the booster was 95.6% effective and that they plan to submit the latest data to the U.S. Food and Drug Administration and regulators in other nations.

"These results provide further evidence of the benefits of boosters as we aim to keep people well-protected against this disease," Pfizer chairman and CEO Albert Bourla said in

a **statement**.

"In addition to our efforts to increase global access and uptake among the unvaccinated, we believe boosters have a critical role to play in addressing the ongoing public health threat of this pandemic. We look forward to sharing these data with health authorities and working together to determine how they can be used to support the rollout of booster doses around the world," Bourla added.

The trial of volunteers aged 16 and older is the first randomized, controlled COVID-19 vaccine



booster study to provide efficacy results, *CBS News* reported.

"These important data add to the body of evidence suggesting that a booster dose of our vaccine can help protect a broad population of people from this virus and its variants," Dr. Ugur Sahin, CEO and co-founder of BioNTech, said in the statement.

The findings suggest that "booster vaccinations could play an important role in sustaining pandemic containment and a return to normalcy," Sahin added.

On Wednesday, the FDA granted emergency use authorization to COVID-19 vaccine booster shots from Moderna and Johnson & Johnson, *CBS News* reported. The agency also backed the mixing and matching of vaccine and booster shots.

Last month, the U.S. Centers for Disease Control and Prevention endorsed Pfizer's booster shot for seniors older than 65, nursing home residents, and adults 50 and older with "underlying medical conditions" or jobs that raise their risk of COVID-19 exposure.

## The delta variant has a mutation that's worrying experts: Here's what we know so far

LONDON — A newly-discovered mutation of the delta variant is being investigated in the U.K. amid worries that it could make the virus even more transmissible and undermine Covid-19 vaccines further.

Still, there are many unknowns surrounding this descendent or subtype of the delta variant — formally known as AY.4.2 — which some are dubbing the new "delta plus" variant.

U.K. government health officials have said it's too early to tell whether the mutation poses a greater risk to public health than the delta variant, which itself is significantly more infectious than the original Covid-19 strain (and its successor, the alpha variant).

But they have stated that they are monitoring the mutation very closely: it now accounts for 6% of U.K. Covid cases that have been genetically sequenced at a time when infections in the country are rising rapidly.

Here's what we know, and don't know, about the variant:

### What is the new variant?

Viruses constantly mutate and the coronavirus that emerged in China in late 2019 has gone through multiple minor variations that have made it virus more infectious and effective at spreading. This was first seen with the alpha variant (first sequenced in the U.K.) that went on to spread globally before it was usurped by the even more



transmissible delta variant that was first discovered in India

### Why is it being monitored?

AY.4.2 is being identified in an increasing number of U.K. Covid cases, with some suggesting it could be a factor in the country's growing health crisis that has prompted some doctors to call for Covid restrictions to be reimposed.

The U.K. is currently seeing a prolonged and worrying spike in Covid cases, reporting between 40,000-50,000 new infections per day in the last week, prompting experts to question why the U.K. is so vulnerable to Covid right now.

The delta subtype **is reported to be 10-15% more transmissible** than the standard delta variant, but it is too early to say for certain whether it has been causing a spike in cases in the U.K.

### Why does it matter?

It's worth remembering that although AY.4.2 is being monitored, it has not been classified as a "variant under investigation" or a "variant of concern" by the WHO — that is, it has not been identified as having genetic changes that are expected to affect virus characteristics such as transmissibility, disease severity, immune escape, diagnostic or therapeutic escape.... **Read More**

## Many Dentists Still Giving Patients Addictive Opioid Painkillers

(HealthDay News) -- Though most U.S. dentists say non-opioid painkillers effectively manage dental pain, nearly half still prescribe potentially addictive opioid painkillers, a new survey reveals.

In all, 84% of the 269 respondents said NSAID-acetaminophen combos are as effective as opioids or even more so, but 43% also said they regularly prescribe opioid medications.

The findings were published Oct. 21 in the *Journal of the*

*American Dental Association*.

"These results suggest that dentists are familiar with the evidence about the effectiveness of NSAID-acetaminophen medications, but their self-reported prescribing patterns demonstrate a disconnect," said first author Matthew Heron, who conducted the study as an undergraduate at Georgetown University's School of Nursing and Health Studies in Washington, D.C. He spoke in a Georgetown news release.



Previous studies have found that dentists represent 8.6% of opioid prescribers in the United States, and are the biggest prescribers of opioids to patients 18 and younger.

"We know that the first exposure to opioids for many people occurs in their teens and early 20s following common dental procedures like third molar extractions," said study co-author Nkechi Nwokorie, who also conducted the work as a Georgetown undergrad. "This is

a particularly vulnerable population for misuse."

Dr. Adriane Fugh-Berman is director of PharmedOut, a Georgetown project that was involved in the study.

"This underscores the need for more education about the harms of opioids and the need for national guidelines to align clinical practice with current evidence," she said. Fugh-Berman is also a professor in the departments of pharmacology, physiology and family medicine at Georgetown University

## Deadly Liver Disease Tied to Obesity Is on the Rise

Liver disease is usually associated with alcoholism or hepatitis, but obesity and diabetes are becoming an even more dire threat for potentially fatal liver damage, a new study reveals.

In fact, advanced fatty liver disease increases a person's risk of death by nearly sevenfold, according to a new report.

But it's a silent killer — by the time you develop symptoms related to fatty liver damage, you're in deep trouble, warned co-researcher Dr. Jeanne Clark, director of general internal medicine at Johns Hopkins School of Medicine, in Baltimore, Md.

"Once you got this advanced liver disease, which can take

years and decades to develop, then people who had that scarring that got so advanced were more likely to die," Clark said.

The condition occurs when excess fat begins to be stored in the liver, causing inflammation and eventually scarring, Clark said.

"It is akin to foie gras or pate, which is caused by overfeeding ducks or geese," Clark said. "They feed them a lot of carbohydrates, grains, pretty quickly. It overruns the metabolic system in the liver, and they put the fat down right in the liver."

About one in four people in the world suffer from fatty liver



disease, according to the U.S. National Institutes of Health. An editorial accompanying the new study noted that advanced fatty liver disease has overtaken hepatitis C as the main cause of liver scarring and the main reason for liver transplantation.

In humans, fatty liver disease is tied to metabolic syndrome, said Dr. Scott Friedman, dean for therapeutic discovery and chief of liver disease at the Icahn School of Medicine at Mount Sinai, in New York City.

Metabolic syndrome is a cluster of health problems that have been linked to an increased risk of heart disease, stroke and type 2 diabetes. They include increased blood pressure, high

blood sugar, excess belly fat and abnormal cholesterol levels.

"The average person, and even many doctors, don't appreciate there's a growing risk of advanced liver disease among patients who are obese, have type 2 diabetes and have the so-called metabolic syndrome," Friedman said. "Many of them can be harboring silent but progressive liver disease that can be lethal eventually."

For their **study**, Clark and her colleagues tracked nearly 1,800 people suffering from fatty liver disease for four years, to see how the condition affected their health....[\*\*Read More\*\*](#)

## Never Heard of Sepsis? It's Common, Dangerous and a Threat to Your Heart

When former President Bill Clinton was treated for sepsis earlier this month, it put a spotlight on a common illness not often discussed. But it's one that can endanger the heart.

It is technically not a specific condition, but a syndrome that has defied easy categorization in the past. The official definition according to the Centers for Disease Control and Prevention is "the body's extreme response to an infection." Unofficially, it's "a common process by which infections kill you," said Dr. Henry Wang, professor and vice chair for research in the department of emergency medicine at the Ohio State University in Columbus.

Most cases can be blamed on

bacteria. But viruses, including the flu and the virus that causes COVID-19, also can spark it, as can fungal infections. All infections, Wang said, "can make the body overreact and can make the body very irritable and inflamed. And those toxins end up in your bloodstream and start to poison all the organs of the body."

That means sepsis is entwined with the cardiovascular system and can endanger the heart, sometimes years after a person has been ill.

"For example, a common thing that happens when you get an infection is that the blood vessels dilate," Wang said. "That's an overreaction to the



invasion of the infection in the bloodstream. And because of that, your blood pressure drops."

The body then struggles to deliver adequate blood and oxygen to vital organs.

Sepsis also damages the lining of the blood vessels, Wang said, making the person susceptible to blood clots and causing other problems that are "big players in heart disease," such as inflammation.

Wang's research published in the journal *Clinical Infectious Diseases* suggests people hospitalized for sepsis were twice as likely to have or die from a future coronary heart disease event such as a heart

attack as people without a history of sepsis. That risk remained elevated for at least four years.

Other research in the *American Journal of Respiratory and Critical Care Medicine* shows 10% to 40% of people with sepsis end up developing a type of irregular heartbeat called atrial fibrillation.

According to the CDC, at least 1.7 million U.S. adults develop sepsis yearly, and nearly 270,000 die as a result. Clinton — who has had multiple heart procedures, including bypass surgery — spent several days at a California hospital for sepsis that developed after a urinary tract infection, according to news reports....[\*\*Read More\*\*](#)

## Targeted High-Dose Radiation Helps Fight Advanced Lung Cancer

High-dose radiation therapy may stall tumor growth in patients with advanced lung cancer who are not fully responding to drug therapies, a preliminary study suggests.

The study involved patients whose lung cancer was considered "oligoprogressive." That means the cancer had spread to other sites in the body, and the patients were having a mixed response to standard systemic treatments — including targeted drugs, immune system

therapies and chemotherapy.

Essentially, the treatments were successfully suppressing growth in some of those distant tumors, but not others.

In the trial, the researchers found that applying high-dose radiation to those drug-resistant sites extended patients' progression-free survival — the amount of time they remained stable.

Overall, patients who received



radiation showed no cancer progression for a median of 44 weeks (which means half remained progression-free longer, and half for a shorter period).

That was nearly five times longer than the median for patients given standard care, at 9 weeks.

The findings suggest the radiation technique may give these patients "more mileage" out of their systemic drug therapies, said lead researcher

Dr. C. Jillian Tsai, a radiation oncologist at Memorial Sloan Kettering Cancer Center in New York City.

Doctors have been occasionally using the approach in practice, on a case-by-case basis, according to Tsai. Sometimes a patient is doing well on systemic therapy but just a few lesions are no longer responding to the treatment, so doctors may try targeted radiation therapy to control those growths....[\*\*Read More\*\*](#)



## Confusion, Seizures: People Hospitalized After Taking Veterinary Drug for COVID

It's a drug that's been supported by some conservative media figures, but taking ivermectin to treat or prevent COVID-19 might land you in the hospital, a new study warns.

Interest in the drug surged last summer as the highly contagious Delta variant took over the United States. But instead of protecting against the virus, the use of a medicine typically reserved for horses and cattle has instead prompted a spike in calls to poison control centers across the country.

In response, the U.S. Food and Drug Administration has warned against using the drug, stressing that no form of ivermectin has

been approved to treat or prevent COVID-19.

"You are not a horse.

You are not a cow.

Seriously, y'all. Stop it," the FDA tweeted back in August.

In the latest report on ivermectin, researchers said dangerous side effects from taking ivermectin can include confusion, loss of control over body movement ("ataxia"), weakness, low blood pressure, seizures, gastrointestinal distress, dizziness, vision symptoms or rash. The side effects can be triggered by taking too much of the drug or having it interact with other medications, they noted.



"It's very easy to give yourself too much. Most people who develop symptoms probably took

too much, but we did have several people who were taking it for days and weeks and then developed toxicity," said lead researcher Dr. Robert Hendrickson. He is associate medical director of the Oregon Poison Center and a professor of emergency medicine at Oregon Health and Science University, in Portland.

"It's an unusual medication in that it has a lot of interactions, so even if you're taking the normal dose prescribed for other disorders, you can get sick

because of interactions with other medications," he explained. "It's usually a medication we're fairly careful with."

Hendrickson explained that ivermectin can accumulate in the brain. "That's where most of the toxicity is — you get off balance, you get confused and feel weak — that's where most of the interactions are," he said.

Early studies in cell cultures seemed to indicate that ivermectin could prevent COVID-19 from entering cells, but that has not panned out in humans, Hendrickson said....[Read More](#)

## Mandates, Not Recommendations, Work Best to Get Folks Vaccinated: Study

Requiring COVID-19 shots for work, school or travel will boost vaccination rates without the backlash and mass walkouts that many have predicted, new research predicts.

The findings come as growing numbers of U.S. states, cities and private companies start to enforce COVID-19 vaccine mandates. High-profile refusers like Brooklyn Nets' guard Kyrie Irving and Washington State University football coach Nick Rolovich have incurred serious consequences for their defiance.

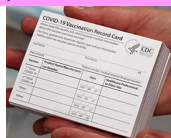
"Our studies present experimental evidence that mandates lead to stronger vaccination intentions than leaving vaccination entirely up to people who can choose whether to vaccinate," said study author Dolores Albarracín, director of the Social Action Lab

at the University of Pennsylvania's Annenberg School for Communication. "The requirement condition works better across the board, for different racial and ethnic groups and even among people who dislike feeling and being controlled by others."

With more than 700,000 U.S. coronavirus deaths, most public health experts agree that getting more people immunized is the best way to buck these trends.

Based on her research, Albarracín expects an uptick in vaccination rates now that more mandates are in place and being enforced across the United States.

Her team asked 299 adults whether they would get the COVID-19 shot if they were required to do so for work,



travel or school, and 86% said they would. Then, researchers conducted a series of experiments.

They asked 1,322 people if they would be more likely to get the shot if their employer required it, preferred it, or emphasized the benefits of COVID-19 vaccination. Once again, the majority said they were most likely to get vaccinated if they were required to do so.

The participants also completed a psychological questionnaire to assess their feelings about such regulations. Those who said they didn't like being told what to do were also more likely to take the jab if required to do so -- even if they didn't see the benefits of the vaccine, the study found.

"The mandate makes vaccination appear more advantageous [access to more, greater social acceptance] than does leaving the decision up to individuals," Albarracín said.

A mandate also signals that the vaccine is less risky, she said.

The findings were published online Oct. 21 in the journal *Scientific Reports*.

The study comes as Irving and Rolovich face stiff penalties for refusing to get vaccinated. Irving has been barred from practice and play with his team, and on Monday, Rolovich and four vaccine-refusing assistants were fired. Rolovich has announced his intent to sue....[Read More](#)

## Moving Monoclonal Antibody Treatments for COVID From Hospital to Home

Antibody infusions help keep high-risk COVID-19 patients out of the hospital, but getting the therapy can be a challenge. One U.S. health system has found a creative way to address the problem: home infusions administered by paramedics.

**Researchers found that the tactic was feasible**, delivering antibody infusions to 144 COVID-19 patients in their

homes over three months earlier this year.

Most — about 95% — avoided hospitalization for worsening COVID-19 symptoms.

While COVID-19 hospitalizations have been declining recently, the United States is still averaging more than 6,600 new hospital admissions for the infection each day, according to the U.S.



Centers for Disease Control and Prevention.

When people at high risk of severe COVID-19 do contract the virus, there is a way to lower their odds of ending up in the hospital: an infusion of monoclonal antibodies.

Monoclonal antibodies are lab-engineered proteins that are similar to the antibodies the immune system churns out to fight infection. Those used

against COVID-19 are designed to recognize the spike protein on the SARS-CoV-2 virus.

Three such drugs are authorized for use in the United States — to be given to patients with milder COVID-19 who are at increased risk of becoming severely ill. Clinical trials showed they cut the risk of hospitalization by 70%...[Read More](#)

## Hearing Loss and the Link to Dementia

Hearing loss is a natural part of aging nobody likes to admit is happening. But happen it does – and ignoring it comes with a cost. It could put you at risk for another feared consequence of aging: dementia.

"The greater your hearing loss, the more likely you are to develop dementia," said Dr. Alexander Chern, an ear, nose and throat doctor at New York-Presbyterian Hospital in New York City.

By age 70, research shows 2 in 3 U.S. adults have lost some hearing. Yet the vast majority – more than 80% – fail to seek treatment. Age-related hearing loss is the largest modifiable risk factor for dementia, according to a 2020 report from the Lancet Commission on dementia

prevention and care.

Hearing loss in midlife accounts for an estimated 8.2% of all dementia cases.

But why that is remains unclear.

Just as there are many causes for dementia, there also are many potential mechanisms linking hearing loss to a decline in brain health, experts say. And as with dementia, it's possible more than one is operating at the same time, said Timothy Griffiths, a professor of cognitive neurology at Newcastle University in Newcastle Upon Tyne, England.

One possibility is that the same disease process causing hearing to deteriorate is likewise harming cognition, said



Griffiths, who co-authored a 2020 study in the journal *Neuron* reviewing evidence linking the two. For example, the small strokes that cause vascular dementia could be affecting the inner ear, he said. Another possibility is that hearing loss decreases activity in key regions of the brain responsible for thinking, leading to an increase in neurodegeneration.

"It could be there's a boosting effect on the brain from being able to hear, which allows you to better process auditory signals and experience speech and communication and emotional communication," he said. "Impoverished input leads to impoverished brain reserve, so

that leads to a higher risk for dementia."

A third possibility is that hearing loss forces a person to drain other cognitive resources, Griffiths said. "A large number of studies suggest listening under difficult conditions makes it harder to carry out other tasks that require attention. You have to use a lot more brain effort to listen to things, and that brain effort is taking away from the amount of resource you might devote to other activities."

Or, it could be that increased activity in the part of the brain responsible for listening under difficult conditions triggers acceleration of the disease process in the area of the brain responsible for cognitive function, he said...[Read More](#)

## Just 5 Hours of Moderate Exercise a Week Cuts Your Cancer Risk

Just a few hours a week of moderate exercise may reduce your risk of cancer, a new study suggests.

If Americans got the recommended five hours a week of moderate-intensity physical activity, more than 46,000 cancer cases could be prevented in the United States each year, according to the report.

The study authors said that 3% of all cancer cases in U.S. adults aged 30 and older from 2013 to 2016 were attributable to inactivity. More inactivity-related cancer cases occurred in women (almost 33,000) than in men (nearly 14,300) each year.

Are these folks lazy? Not necessarily.

Many Americans face barriers

to physical activity, the researchers said, including: lack of time due to long hours in low-wage jobs; the cost of gym memberships or personal equipment; lack of access to a safe exercise setting; and childcare costs.

Such barriers are more common among certain groups of people, including Black Americans and those with low incomes, according to study leader Adair Minihan, of the American Cancer Society, and colleagues.

When the researchers focused on types of cancer, they concluded that about 17% of stomach cancers, 12% of endometrial cancers, 11% of



kidney cancers and 9% of colon cancers were associated with lack of exercise. So too were an estimated 8% of esophageal cancers, 7% of breast cancers and 4% of urinary bladder cancers.

The report was published recently in the journal *Medicine & Science in Sports & Exercise*.

States with the highest proportion of cancers attributable to physical inactivity were in the South, including Kentucky, West Virginia, Louisiana, Tennessee and Mississippi. The lowest proportions were in the Mountain region and northern states, including Utah, Montana, Wyoming, Washington and Wisconsin.

Kentucky had the highest proportion (almost 4%) while Utah had the lowest (about 2%).

"These findings underscore the need to encourage physical activity as a means of cancer prevention and implement individual- and community-level interventions that address the various behavioral and socioeconomic barriers to recreational physical activity," the study authors explained in a cancer society news release.

"Understanding and reducing the behavioral and socioeconomic barriers to physical activity is essential for optimizing intervention strategies targeting at-risk groups across the country," the team added.

## Cataracts Tied to Higher Odds of Death From Heart Disease

Cataracts, a common eye disorder that often comes with age, may also be linked to a heightened risk of death from heart disease, new research shows.

Experts stressed that the finding doesn't mean that cataracts somehow cause heart trouble, and the study wasn't designed to prove cause and effect.

"A variety of medical conditions like [high blood

pressure], diabetes or smoking have been associated with increased cataracts and these diseases are also associated with vascular mortality, which may explain the relationship," said Dr. Matthew Gorski, an ophthalmologist at Northwell Health in Great Neck, N.Y. He believes cataracts may be an important signal of underlying health, however.

"Patients should use the results



of this study as a reminder of the importance of having regular eye exams with your eye doctor, especially as you get older or if you have certain medical conditions," said Gorski, who wasn't involved in the new study.

The research was conducted in Australia, and was led by Dr. Mingguang He of the Centre for Eye Research Australia at the University of Melbourne. His

team analyzed data obtained between 1999 and 2008 on nearly 15,000 American patients, aged 40 and older. More than 2,000 (9.6%) of them said they'd undergone a cataract surgery.

Over a median follow-up of nearly 11 years, close to 4,000 (19%) of the participants died...[Read More](#)