



Friday Alert Message from the Alliance for Retired Americans Leaders

Health Care Cuts Loom As Government Shutdown Begins



Robert Roach, Jr.
 President, ARA

On Wednesday, the federal government **officially shut down** after Congress failed to pass a funding bill. House Republicans passed a so-called "clean" funding bill that would have kept government spending at previous

as 114 percent for the 22 million Americans who purchase health insurance through Affordable Care Act exchanges – including four million Americans between the ages of 45 and 64 years of age. More than **half of the adults** with these plans are small business owners or employees, including farmers, or are self-employed.

Democrats, including Senator **Raphael Warnock (GA)**, are sharing examples of skyrocketing premiums from constituents to increase pressure on Republicans to negotiate. More than three-quarters of the public say they want to extend Affordable Care Act tax credits, according to a **new KFF poll**. "The Administration has chosen to let the government shut down

and forced hundreds of thousands of federal workers to either work without pay or get put on leave all to put health care out of reach for millions of families," said **Robert Roach, Jr., President of the Alliance**. "We must let them know that this is absolutely unacceptable. It's time to get to work, fund the government and renew ACA subsidies."

Report: Poverty is Rising, But Only for Seniors

The percentage of older Americans living in poverty increased from 14.2 to 15 percent between this year and last year, according to a new report from the U.S. Census Bureau

The percentage of older Americans living in poverty increased from 14.2 to 15 percent between this year and last year,

according to a new report from the U.S. Census Bureau.

The uptick is specific to seniors, as every other age group analyzed either had poverty rates that decreased or remained steady. Previous data shows that senior poverty has risen every single year since 2020

Experts say this percentage will continue to increase as seniors are hit with elevated inflation and rising health care costs. The problem will also be compounded by the Administration's looming cuts to food assistance, Medicaid, and other benefits that usually provide relief. Research demonstrates that increasing Social Security benefits would help, **as it is a critical** lifeline for reducing the senior poverty rate, lifting more than 16 million Americans 65 years and older out of poverty in 2023 alone.

"This should be a wakeup call for every member of Congress. Rather than working to preserve and enhance retirement security, Congress and the President have



Rich Fiesta,
 Executive Director, ARA

slashed health care and food assistance," said **Richard Fiesta, Executive Director of the Alliance**.

"Congress can take the first step by making the wealthy pay their fair share into Social Security so we can actually increase benefits."

KFF Health News: Shutdown Halts Some Health Services as Political Risks Test Parties

Resolve

By **Stephanie Armour and Julie Rovner and Amanda Seitz and Arielle Zions and Rachana Pradhan**

Threats of a federal government shutdown have gone from being an October surprise to a recurring theme. This time around, though, the stakes are higher.

Federal funding ran out at midnight on Oct. 1, after Congress failed to pass even a stopgap budget while negotiations continued.

Now the question is how long the deadlock will last, with Democrats pitted against Republicans and a presidential administration that has broken with constitutional norms and regularly used political intimidation and primary threats to achieve its ends. Because Republicans hold only a slim majority in the Senate, any deal will need to attract at least a few Democratic votes.

Ramifications from a shutdown on public health systems and health programs will be felt far beyond Washington, D.C., halting almost all of the federal government's nonessential functions, including many operations related to public health.

Even on Sept. 30, as the clock ticked toward midnight, President Donald Trump **renewed threats** about **mass firings** of federal workers if Democrats didn't acquiesce to GOP demands. Some people worry that such workforce reductions would further enable the administration to undermine federal government operations and reduce the budget impasse to what's been described as three-dimensional chess or a game of chicken. **Read more here.**

levels for seven weeks, but their bill did not extend the Affordable Care Act tax credits, which expire this year. The budget measure failed in the Senate, where 60 votes are required for passage, causing the shutdown.

Social Security and Medicare are not directly affected, but won't go completely unscathed. Beneficiaries **will not be able** to access certain in-person services at Social Security Administration (SSA) offices or replace Medicare cards due to staff furloughs. The shutdown could also delay the official announcement of the 2026 Social Security cost-of-living adjustment (COLA) and Medicare Part B premium.

Without Congressional action, on January 1, health insurance premiums **will increase** as much

Washington Wants to Make 2 Big Changes to Social Security. Here's What Retirees Should Know.

President Trump signed his tax and spending bill into law on July 4. The White House touted the legislation as the president keeping his campaign promise to eliminate taxes on Social Security. "No tax on Social Security is a reality in the One Big Beautiful Bill," stated a press release.

But the legislation did not actually end taxes on benefits. Instead, it created a new standard deduction that will offset taxes owed on benefits for many (but not all) Social Security recipients. Specifically, about 88% of seniors (aged 65 and older) will no longer pay taxes on Social Security, up from 64% before the legislation was signed into law.

However, several members of Congress still want to make big changes to the Social Security program, and truly eliminating taxes on benefits is a common goal. Here's what retirees should know

The Protecting and Preserving Social Security Act

Sen. Ruben Gallego (D-Ariz.) earlier this month introduced the *Protecting and Preserving Social Security Act*. Meanwhile, Rep. Angie Craig (D-Minn.) introduced a companion bill in

the House of Representatives. The legislation would make two major changes to the Social Security program, as detailed below:

1. Repeal income taxation of Social Security benefits effective in 2026

Social Security payments were first subject to **federal income tax** in 1984. The law has been modified over the years, but it currently stipulates that beneficiaries with combined income above certain thresholds will **owe tax on up to 85% of Social Security benefits**.

However, Congress has never adjusted the combined income limits to account for inflation, but Social Security payments have received regular **cost-of-living adjustments**. That means the taxation thresholds are the same, but **benefits have risen substantially** in the last 40 years. Consequently, far more beneficiaries owe taxes on benefits today.

The Old-Aged, Survivors, and Disability Insurance (OASDI) Trust Fund -- the account that pays **Social Security benefits** -- is likely to be depleted in 2034 due to strain created by the aging population. Taxes on



benefits are a key funding source for Social Security, so eliminating that revenue stream would hasten trust fund depletion, bringing benefit cuts even closer.

The *You Keep It, You Earned It Act* attempts to bypass that problem by mandating transfers from the **Treasury** General Fund to the Social Security Trust Fund. But money in the Treasury General Fund comes from income taxes and debt issuance, so the government must either raise taxes or issue more debt to replenish the money.

2. Apply the Social Security payroll tax to earnings above \$250,000

Social Security is primarily funded by a dedicated payroll tax. Employees and employers each pay 6.2% of wages up to the maximum taxable earnings limit, which is \$176,100 in 2025.

Income above the taxable limit is excluded, which means someone who makes \$200,000 will contribute the same amount as someone who makes \$2 million

The *You Earned It, You Keep It Act* would apply Social Security's payroll tax to all income above \$250,000 to "ensure high-earners pay their

share." The additional revenue generated by that change would extend the projected depletion date for the Social Security OASDI Trust Fund to 2058, meaning scheduled benefits would be payable without cuts for an additional 24 years as compared to current law.

Some perspective for retired workers on Social Security

The *You Earned It, You Keep It Act* is not the only legislation that proposes eliminating the taxation of Social Security benefits. For instance, Sen. Mazie Hirono (D-Hawaii) introduced the *Protecting and Preserving Social Security Act* in August, and Rep. Jill Tokuda (D-Hawaii) introduced companion legislation in the House. Among other changes, that bill would end taxes on Social Security.

However, any legislation that reduces funding for Social Security is unlikely to win approval in Congress in the near term. With the program projected to run a \$3 trillion deficit through 2034, it simply does not make sense to eliminate funding sources while simultaneously trying to resolve a massive funding deficit.

Everything You Need to Know About the Social Security Website Redesign

The **Social Security Administration (SSA)** has unveiled a comprehensive redesign of its official website, aiming to improve user experience for the millions of Americans who rely on Social Security benefits. This significant update introduces a more intuitive and practical design, with a focus on simplifying access to information and services. The revamped homepage is designed to be clearer and more user-friendly, allowing beneficiaries to find what they need quickly and efficiently

One of the key enhancements of the redesign is the improved visibility of the registration and login process for the **My Social Security account**. The SSA actively encourages users to create this account, which enables them to manage their benefits from any location and

device. The updated homepage facilitates tasks such as checking benefit estimates, applying for benefits online, tracking application status, and requesting replacement cards.

Beyond simplifying access to core functions, the new site has also enhanced the organization of information and specialized resources. A new section, titled **"Life Events and Web Pages,"** has been introduced to assist users who are unsure where to start or are experiencing significant life changes. This section helps them understand how the agency can support them, with "At a Glance" sections providing key information upfront and options to delve deeper as needed.

The importance of this update lies in its direct impact on beneficiaries. For many seniors, individuals with disabilities, and



families, a more accessible and streamlined website means saving valuable time and reducing the likelihood of errors when managing their benefits. Kevin Thompson, CEO of 9i Capital Group, emphasized that the new design aims to be as intuitive as possible, acknowledging that most users are older adults, which should lead to positive outcomes by putting navigation "directly at the user's fingertips."

Additionally, the redesigned homepage now includes a section dedicated to improving access to third-party services, such as employers, beneficiary representatives, and government agencies. This enhancement is part of a broader effort to ensure that all users, regardless of their role, can easily find the resources they need to interact with the SSA effectively.

he website's infrastructure has

also been upgraded, allowing the SSA team to implement future improvements based on user feedback and analytics. This forward-thinking approach ensures that the site can continue to evolve and meet the changing needs of its users, maintaining its relevance and utility over time.

Overall, the SSA's website redesign represents a significant step forward in making Social Security services more accessible and user-friendly. By prioritizing the needs of its diverse user base, the SSA is helping to ensure that beneficiaries can manage their benefits with confidence and ease, ultimately enhancing their quality of life.

3 Reasons You Might End Up With Less Social Security Than You Want

It's important to save well for retirement so you end up with enough income to do the things you've always wanted to. But even if you manage to kick off retirement with a nest egg you're happy with, you might still end up relying pretty heavily on Social Security to cover your senior expenses. That's why it's important to try to lock in the most generous monthly paycheck you can.

Now, you may be aware that if you sign up for Social Security before reaching **full retirement age**, your monthly benefits will be reduced. You can claim Social Security as early as age 62. But for each month you sign up before full retirement age, which is 67 for anyone born in 1960 or later, you'll lose a portion of your monthly checks permanently.

But filing early isn't the only

reason you might end up with less **Social Security** than expected.

Here are three more reasons why your monthly checks might end up disappointing you.

1. You don't work the full 35 years

Your Social Security **benefits** in retirement are based on your personal earnings record. They're also based on your 35 highest-paid years in the workforce. But if you don't have a full 35-year work history, then for each year there's no income on record for you, you'll have a \$0 factored in.

Too many of those \$0 years could lower your monthly benefits substantially. So if you've reached your early 60s and you don't have a 35-year work history, you may want to hold off on retiring and put in a few extra years on the job. Not only could it lead to larger Social Security benefits,



but it could make it possible to boost your **IRA** or 401(k) nicely.

2. You don't work full-time during your career

Maybe you're planning to work for 35 years, but you're unable to find full-time hours in your line of work. The less money you earn while you're working, the less Social Security you can expect to receive in retirement.

If you're finding it difficult to find a full-time role in your industry, consider supplementing your income with a side job. As long as you report your wages, they should count toward your future Social Security benefits. Plus, if you're able to earn more, that could spell the difference between being able to contribute to a **retirement savings plan** or not.

3. Your earnings record has errors

Your Social Security benefits are based on the wages your employers report to the Social Security Administration (SSA). But if an employer fails to report your wages correctly, it could result in lower benefits.

There's an easy way around this, though. **Create an account on the SSA's website** and review your annual earnings statements. If you see that your wages have been underreported, you can work to get those errors corrected so you're not left with less money as a retiree.

It's natural to depend on Social Security in retirement. But it's also important to understand what goes into your monthly benefits. That way, you can take steps to lock in larger checks -- and enjoy more financial freedom once your career comes to an end.

2026 Social Security COLA Countdown: Here's Exactly When We'll Get the Number and How Much Retirees Can Expect.

The COLA is designed to ensure Social Security payments keep up with the rising costs of goods and services. Still, many seniors have felt the pinch of rising medical and housing expenses over the last few years. Even after **a string of above-average COLAs**, it's still a struggle to keep up with soaring prices.

The 2026 COLA is shaping up to be another big raise for retirees, but will it be enough to keep up with climbing prices?

Here's exactly when we'll get the number and how much retirees can expect.

Here's when we'll have the exact number

Congress standardized the annual calculation for the COLA starting in 1975. Instead of requiring legislators to agree on how much to increase annual benefit, it now uses a measure of inflation called the **Consumer Price Index** for Urban Wage Earners and Clerical Workers (CPI-W).



The Bureau of Labor Statistics is in charge of gathering the data necessary and calculating

the CPI-W and its sister measurements each month. It surveys hundreds of businesses and households around the country to get an idea of how prices have changed from month to month. It then adjusts those prices based on the original indexed value and weights them according to a theoretical basket of goods and services typical of

an urban wage earner's household spending.

The Social Security Administration uses the average year-over-year increase in the CPI-W for the third quarter (July through September) to calculate the COLA for the next year. We already have the numbers for July and August, but September's CPI-W number won't come out until **the morning of Oct. 15....Read More**

Medicare Premiums To Decline in 2026, Open Enrollment Approaches

Average premiums for Medicare Advantage and Medicare Part D prescription drug plans are expected to decline in 2026, the **Centers for Medicare & Medicaid Services** (CMS) announced Monday.

CMS projects the average monthly premium for Medicare Advantage plans will drop from \$16.40 in 2025 to \$14.00 in 2026. Prescription drug coverage will also see declines, with the average stand-alone Part D premium expected to fall from \$38.31 to \$34.50. For beneficiaries enrolled in Medicare Advantage plans that include prescription drug coverage,

premiums are projected to decrease from \$13.32 to \$11.50.

"Millions of Medicare beneficiaries will continue to have access to a broad range of affordable coverage options in 2026," said CMS Administrator Dr. Mehmet Oz. "We want every beneficiary to take advantage of Open Enrollment—compare your options and choose the plan that gives you the right care at the best price."

While premiums fall, overall enrollment in Medicare Advantage is projected to dip slightly from 34.9 million in 2025 to 34 million in 2026. CMS, however, expects actual



enrollment to remain stable, with more than 99 percent of beneficiaries retaining access to a plan. Nearly all beneficiaries will have at least 10 choices, though the total number of plans nationwide will decline modestly to about 5,600.

The agency noted that new measures are being introduced to improve plan comparisons on Medicare.gov during the upcoming Open Enrollment, which runs from October 15 to December 7. Features include provider network filters, more detailed information on supplemental benefits, enhanced account security, and an AI-powered prescription cost

estimator.

Prior authorization coming to Medicare in 2026

CMS emphasized its recent efforts to rein in prescription drug costs, including rejecting stand-alone Part D bids that carried sharp premium hikes or reductions in benefits. Nearly all current stand-alone Part D enrollees will have access to plans participating in CMS's premium stabilization program for 2026.

Medicare beneficiaries are encouraged to review their coverage options during the enrollment period, as plan benefits and costs may change year to year.

Social Security Admin Provides Major Update For Beneficiaries



The Social Security Administration has launched a redesigned homepage for beneficiaries to navigate on SSA.gov.

The launch was announced on Monday as a way to make it easier for visitors to find the information they need and complete common tasks online.

Why It Matters

More than 70 million Americans rely on Social Security payments each month, and nearly 40 percent of people over age 65 are estimated to be living in poverty if they went without the government support program.

The SSA has undergone many significant changes under the Trump administration. While focusing on technological upgrades, the SSA cut roughly 7,000 jobs from its agency and also shut down field offices.

Despite this, the agency has touted improvements in customer service call wait times in recent months.

What To Know

The relaunched website design aims to offer a more user-friendly layout, according to an email released by the SSA on Monday.

The agency said the new design has increased visibility for *my* Social Security account sign-up and sign-in, making it easier for users to view benefit

estimates, apply for benefits, check application status, or request a replacement card.

“As with any upgrade to a system you want to make it as friendly as possible. The new design is trying to make it very simple to navigate as they know the majority of the people using it will be older,” Kevin Thompson, the CEO of 9i Capital Group and the host of the 9innings podcast, told *Newsweek*. “It places the navigation directly in the face of the end user which should lead to positive results.”

There’s also a Life Events section and webpage to guide customers who are unsure where to start, helping those facing major life changes understand how Social Security can support them and providing entry points to more detailed resources for specific scenarios.

Also, according to the email, the new design features enhanced access to third-party services like employers, appointed representatives, and government agencies.

What People Are Saying
A spokesperson for the SSA told *Newsweek*: “Commissioner Bisignano’s vision is straightforward: a Social Security Administration that is easier to access, faster to respond, and better prepared to meet the

challenges of tomorrow. As part of our plan to support those who prefer the convenience and security of digital service, we have redesigned our website homepage. The focus-group tested and accessible new design more prominently features for all visitors the importance of setting up a *my* Social Security account.”

The SSA wrote in a public email on Monday: “The homepage encourages online self-service adoption by highlighting how simple it is to use the *my* Social Security portal. The layout offers a more user-friendly experience, with information organized to meet the diverse needs of our users.”

Thompson told *Newsweek*: “This aligns with the administrations push for full technological upgrades of the system. Making the design more user friendly and removing the obstacles should help reduce the need to contact the SSA directly which should reduce hold times.”

Drew Powers, the founder of Illinois-based Powers Financial Group, told *Newsweek*: “The goal of the current administration is to deliver more services online and electronically. The new website and the mySSA portal is has been streamlined to make online servicing more effective,

which will allow the SSA to pare back on call center operators and field office staff. The newest Social Security beneficiaries are now 62 to 70 years old, and many in this age range are comfortable with online services. The SSA will have to ensure that their adoption of new technologies does not outpace an older senior citizen’s ability to navigate the web.”

What Happens Next

The website revision will likely make finding answers and connecting beneficiaries with services a faster process, said Alex Beene, a financial literacy instructor for the University of Tennessee.

“The redesign of the Social Security’s main website is well overdue and accomplishes what many recipients were wanting: a simplified overview of the services offered and quick links to the primary questions and concerns many tend to have,” Beene told *Newsweek*. “The vast majority of recipients are now digitally literate and are just as well versed on web pages and apps as younger generations. They just want a more streamlined process for locating services that are most in-demand.”

10 Major Medicare Changes Coming in 2026: What to Expect with Premiums, Drug Prices, and Program Cuts

Key Takeaways

- ◆ Medicare Part B and Part D prices are expected to rise, with some increases hitting double digits.
- ◆ You’ll face slightly higher maximum out-of-pocket drug costs, but new negotiated drug prices could save you on insulin and other expensive drugs.
- ◆ **Medicare Advantage plans** are scaling back on extra perks, while Original Medicare is testing new prior-approval requirements, introducing new trade-offs.
- ◆ Recent **Medicaid cutbacks** could directly impact people who qualify for both Medicare and Medicaid, and indirectly affect all Medicare users.
- ◆ **Open enrollment** starts October 15. Prepare by

reviewing these changes, exploring all options, and consulting with a Medicare expert.

Medicare rules, costs, and benefits change every year, but some coming up in 2026 could have a bigger impact on your health and your wallet than usual. Along with having to pay fairly standard price increases, you may be affected by uncertainty across the health insurance market because of changes related to the new presidential administration and the GOP’s **“One Big Beautiful Bill Act” (OBBBA)** have created.

These ripple effects may make your plan choices and access to care more complicated. Here’s what to know about the major ways **Medicare** is changing in 2026 and how it might affect your



coverage.

1. You’ll Pay More for Medicare Parts B and D
2. Part D’s Catastrophic Threshold Is Going Up
3. t’ll Get Easier to Participate in Prescription Payment Plans
4. Your Medicare Advantage Plan Might Have Fewer Supplemental Benefits
5. You Might Face Prior Authorization Requirements for Original Medicare
6. 10 Negotiated Drug Prices Should Fall—With More Price Cuts to Come
7. Insulin Costs Could Drop Even More
8. You’re Still Eligible for Free Vaccines, Though They May Be Harder to Come By
9. 9Some Dual-Eligible Enrollees Will Lose Access to Medicaid and Medicare
10. The Ballooning National

Deficit Could Force Medicare Cuts

How to Prepare for 2026 Medicare Enrollment

The Bottom Line

On paper, the 2026 Medicare changes seem fairly routine. Premiums, deductibles, and other cost-sharing expenses tend to rise year-over-year, and some changes, such as negotiated drug prices and free vaccinations, simply expand or formally introduce provisions of the IRA. However, uncertainty looms, given the OBBBA’s impact on the national deficit and the health care system in general. Prepare for open enrollment by familiarizing yourself with the changes—and your options in best- or worst-case scenarios. ... **[Read Morre on changes 1-10 above.](#)**

6 Social Security Changes Coming in 2026 That Impact Us All

Social Security is one of the most important sources of retirement income for millions of Americans, and even small changes can make a big difference. As 2026 approaches, several updates are expected that could impact retirees and workers alike. Understanding these changes now can help you better plan for the future and avoid any surprises.

1. A smaller COLA increase is projected

The annual cost-of-living adjustment (COLA) helps Social Security payments keep up with inflation. But in 2026, that increase is only expected to be 2.7%, according to The Senior Citizens League. While slightly higher than the 2.5% increase in 2025, it's still modest considering ongoing inflation pressures.

If you're receiving the average benefit of \$2,006.69, a 2.7% increase would mean just \$54.18 more per month. That extra amount may not be enough to fully cover rising costs for essentials like groceries, rent, and health care.

2. Higher-income earners will pay more in taxes

Each year, there's a cap on how much income is subject to Social Security payroll taxes. In 2025, the limit is \$176,100. That number is projected to increase to \$183,600 in 2026.

For high earners, this means a larger portion of their income will be taxed, increasing their overall payroll tax burden. If you're still working in retirement, this could also affect your take-home pay.

3. The full retirement age is increasing

Starting in 2026, the full retirement age (FRA) will reach 67 for anyone born in 1960 or later. If you claim benefits before hitting this age, your monthly payment will be permanently reduced.

This change reflects longer life expectancies and is intended to help maintain Social Security's long-term funding. If you're approaching retirement, you'll want to factor this into your planning to avoid lower monthly payments.

4. A new tax deduction could help retirees

The One Big Beautiful Bill, starting with the 2025 tax year,



will introduce a new deduction for retirees 65 and older. Individuals will be able to claim a \$6,000 bonus deduction, while married couples filing jointly can claim \$12,000.

However, this deduction phases out once your modified adjusted gross income (MAGI) exceeds \$75,000 (or \$150,000 for couples). It's entirely phased out for individuals earning over \$175,000 or couples over \$250,000. This deduction could reduce or even eliminate federal taxes on Social Security for some retirees.

5. You can earn more while collecting benefits

If you start collecting Social Security before full retirement age and keep working, there are limits on how much you can earn without affecting your benefits. These thresholds are going up in 2026.

Workers under FRA will be able to earn up to \$24,360 (up from \$23,400 in 2025) before benefits are reduced. If you'll reach FRA in 2026, you can earn up to \$64,800 (up from \$62,160). Once you reach full retirement

age, the earnings cap disappears entirely.

6. You'll need to earn more to qualify for credits

To qualify for Social Security benefits, you need to earn at least 40 work credits. You can earn up to four credits per year, and the amount needed for each credit rises regularly.

In 2025, one credit equals \$1,810 in earnings. That number will increase in 2026, making it slightly harder for part-time or lower-income workers to earn all four credits in a year. If you're just starting your career or work seasonally, this could impact how quickly you qualify.

Bottom line

Social Security is evolving in 2026, and these six changes could impact everything from how much you pay in taxes to when you should claim benefits. Whether you're years from retirement or already collecting, understanding these updates can help you, so you can **prepare yourself financially** and make more informed decisions. Staying ahead of these shifts is one way to make your retirement strategy more resilient.

Don't Miss the Most Important Medicare Message You'll See This Year

What Is the Medicare Annual Notice of Change?

If you're on **Medicare**, watch your mailbox for your Medicare Annual Notice of Change (ANOC), which should arrive by Sept. 30. This year's notice is especially important, as it may herald **major health coverage changes** starting in January 2026.

The Medicare Annual Notice of Change (ANOC) is a letter that explains any updates to your plan taking effect in January. You'll get one for any Medicare Part D or Medicare Advantage (Part C) plans you're enrolled in.

- ◆ **Premiums, co-pays, and deductibles**
- ◆ **Out-of-pocket maximums**
- ◆ Drug formularies
- ◆ **Provider and pharmacy networks**
- ◆ Covered services and supplemental benefits
- ◆ **Prior authorization requirements**

"Oftentimes, the letter looks like marketing materials," said Tim Smolen, Statewide Health Insurance Benefits Advisor (SHIBA) program manager at the Washington State Office of the Insurance Commissioner, so many Medicare beneficiaries "don't understand [that] it's essentially their contract."

Health insurers send ANOCs in the fall, typically by the end of September, so participating seniors can prepare for Medicare open enrollment, which starts Oct. 15 and ends Dec 7.2

The documents arrive by mail or email, depending on your set communication preferences. You can also find your ANOC on your insurer's website.

Why It Matters This Year

Medicare plans change every year. However, for 2026, "significant benefit adjustments and reductions in certain categories are anticipated across the industry," said Stephanie



Jones, founder and CEO of iTAV Software & Services, a Medicare-focused health care technology company.

Following sweeping federal policy changes and broader shifts in the health care industry, seniors should be mindful of—and check their ANOCs for—these **anticipated Medicare changes**:

- ◆ **Higher out-of-pocket costs. Part D premiums** and deductibles are expected to rise by an estimated 6% and 4.2%, respectively, while its catastrophic threshold, a cap on out-of-pocket drug costs, will increase from \$2,000 to \$2,100.34
- ◆ Centers for Medicare & Medicaid Services. "**2025 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust**

Funds." Page 204.

- ◆ **Slimmer supplemental benefits.** New federal guardrails prohibit 2026 Medicare Advantage (MA) plans from offering alcohol, tobacco, non-healthy food, and life insurance as Special Supplemental Benefits for the Chronically Ill (SSBCI).5 The move is in lockstep with private insurers who have steadily pared back MA supplemental benefits, including in-house support and over-the-counter drugs, in recent years.
- ◆ **Revised drug formularies.** Provisions of the **Inflation Reduction Act** (IRA), including new negotiated prices for high-cost medications, are expected to impact the design and structure of prescription drug coverage, changing what might be covered.6 ...**Read More**

Tired of Being Taxed Twice? A New Bill Would End Taxes on Social Security for Good

Many **retirees** feel they're being "taxed twice" on benefits they already earned. And now, U.S. Sen. Ruben Gallego (D-AZ) has introduced a measure to finally end the tax on Social Security for the more than **55 million beneficiaries** who depend on it as a source of income.

It's a popular promise with high stakes. About half of Social Security recipients pay income tax on their benefits, according to **Pew Research**, with most of the revenue going back into the Social Security fund to help pay for future payments.

Gallego's You Earn It, You Keep It Act would end federal income tax on Social Security, shifting the costs to high earners.

It would also extend solvency through 2058—a crucial detail as the fund is currently expected to be insolvent as soon as 2034.

For the estimated 22 million seniors living on Social Security alone, this could mean thousands more in their pockets each year for at least the next 33 years.

Why millions of seniors say they're taxed twice

The tax on Social Security benefits has been controversial from the start. Congress introduced it in 1984 as a solvency fix: Without the revenue, the Social Security trust fund would have run out of money. At the time, only the highest-income retirees paid any federal tax on their benefits.



Fewer than 1 in 10 beneficiary families was affected, according to research from

the Social Security Administration

But as wages and benefits grew—and the tax thresholds stayed frozen—more retirees got pulled into the tax net. Today, more than half of Social Security beneficiaries owe some federal tax on their benefits. And that share is projected to keep rising through 2050, according to the Social Security Administration.

For many retirees, the math seems unfair. Workers have already paid into the system for decades with a dedicated payroll tax. Having to then pay federal income tax on their benefits

seems, to them, like being taxed twice on the same earnings.

"Like a lot of Americans, I've been paying into Social Security since my first job at 14," Gallego said in a **press release**. "But despite decades of paying into the system, seniors are still forced to pay taxes on their hard-earned benefits—all while the ultra-wealthy barely pay into the system at all."

That perception has chipped away at public trust in the program, and now 79% of Americans say they don't believe they'll receive their full benefit in retirement, according to an August 2025 survey by the **Cato Institute**.

Yes, You Can Work and Claim Social Security -- but Here's Why You May Not Want to

Picture this: You've waited decades to claim Social Security benefits and you're finally ready to sign up. Yet you feel as though you don't have enough saved and invested to allow you to completely quit the workforce and still live comfortably. So you decide to work and claim your benefit checks at the same time.

The program allows you to do this, but it might not be your best move. There are three key drawbacks to collecting Social Security while you're still working that you need to be aware of before you make that call.

1. Benefit reduction for early claimers

If you file for Social Security before you reach your **full retirement age (FRA)** -- which will be 67 for most people still working today -- the size of those checks gets reduced by a fraction of a percent for every month early you file. Those fractions add up. Start taking benefits as soon as you're eligible -- at 62 -- and you'll be reducing your checks by 30%. This is true whether or not you're still working full time or part time when you start taking your benefits.

Accepting the trade-off of smaller checks, but more of them starting sooner, may be a necessary move for some seniors who may no longer be able to work and who have insufficient financial resources to fall back

on. It's also sometimes the strategy that makes the most sense, particularly for people whose life expectancies are shorter than average. But if you have good reason to expect to live into your mid-80s or beyond and you can afford to keep working, claiming Social Security early may not be worth it over the long run.

Yes, you may be able to increase your quality of life a little since you'll be able to afford more than you could with either your income from your job or Social Security alone. But you'll be permanently locking yourself into smaller monthly benefits.

On the other hand, every month you delay filing for Social Security past your full retirement age boosts your checks by 0.67% per month (8% per year) until you hit 70. As a strategy, **delaying Social Security will net people a larger overall lifetime benefit** if they live longer than average. So it might make more sense for you to wait until you either turn 70 or retire to claim Social Security benefits.

2. Further losses for early claimers under the earnings test

The Social Security program

has an earnings test: If you're working while claiming Social Security benefits and are still under your FRA, you can only earn so much from your job before the government begins



withholding a portion of your benefits.

In 2025, for every \$2 you earn over \$23,400, your annual benefits will shrink by \$1 -- if you'll be under your FRA all year. If you will reach your FRA in 2025, the earnings limit is \$62,160, and you only lose \$1 in benefits for every \$3 you earn over that amount prior to when you reach your FRA.

Fortunately, these funds aren't lost to you forever. After you reach your FRA, not only do you become exempt from the earnings test, but the Social Security Administration recalculates your benefit and increases your checks to compensate for what it withheld before. But during the years that you are subject to the earnings test, it could take your entire check if your employment income is high enough.

This is another reason you may prefer to hold off until you reach your FRA or retire to sign up for benefits. You'll get fewer checks, but since each one will be larger, you could come away with a bigger lifetime benefit.

3. Increased risk for Social Security benefit taxes

Though President Donald Trump has vowed to eliminate

taxes on Social Security, for now, the law that can subject some of your benefits to federal taxes remains on the books. You could owe ordinary income tax on up to 85% of your benefits

depending on how much your provisional income is. This is your **adjusted gross income (AGI)**, plus nontaxable interest you may have if you own municipal bonds, plus half your annual Social Security benefit.

Your AGI includes taxable retirement account withdrawals, like money from traditional IRAs and 401(k)s, as well as income you earn from a job. Not included are tax-exempt funds such as withdrawals from Roth IRAs. Continuing to work while claiming Social Security increases the likelihood that your provisional income will rise into the taxable range, meaning that some of your benefits would be subject to income taxes.

That said, it may still make sense for some working seniors to claim Social Security anyway. If you've reached your FRA, the first two issues mentioned above won't apply to you. And while you could owe some taxes on your Social Security benefits, the large majority of that money will remain with you to improve your quality of life.

If you haven't applied for benefits yet, it's worth weighing the issues above to see if they change your mind about your timing. You can always put off your Social Security application for a little while if you're afraid you'll cost yourself money by claiming early.

Emerging data reveal high ER death rates at private-equity owned hospitals

A Harvard Medical School national study reveals higher patient death rates at private equity-owned US hospitals than at hospitals not private equity-owned, reports Jake Miller. Researchers at University of Pittsburgh and University of Chicago also participated in the study. What happens when private equity firms acquire hospitals? They cut ER staff and salaries.

The researchers found a 13 percent increase in deaths among Medicare ER patients in private

equity-owned hospitals over Medicare ER patients in hospitals not private equity-owned.

The researchers believe that significant staffing and salary cuts—as much as 18 percent—are the likely reason for the rise in emergency room patient deaths. And, they say that private equity's profit-making strategies are especially dangerous for people with Medicare who tend to be more vulnerable than younger patients.

The researchers analyzed ten



years of Medicare claims data. They looked at more than 1 million emergency room visits and 121,000 hospitalizations in intensive care units in 49 private equity-owned hospitals and compared patient health outcomes to those in 293 non-private-equity owned hospitals.

Private equity-owned hospitals also tend to provide patients shorter intensive care stays and transfer patients ER out to other hospitals. The hospital ERs likely don't have the resources to

appropriately care for ER patients.

Research published earlier this year in Health Affairs had similar findings. Patients have a 42 percent higher likelihood of dying in the 30 days post hospitalization in a private-equity-owned hospital. If you need even a simple surgery on an emergency basis, avoid private-equity-owned hospitals.

Private equity firms have been buying up provider practices, hospitals and an array of other health care businesses.

What to do if you can't create your 'My Social Security' account online

Having a 'My Social Security' account is essential for anyone looking to manage their Social Security benefits effectively. This online portal allows users to access their benefit statements, update personal information, and even apply for benefits. Without an account, individuals may find it challenging to keep track of their Social Security details, which can lead to missed opportunities or errors in benefit calculations. Therefore, setting up this account is a critical step in personal financial management.

Steps to take if you can't create your account

If you encounter issues while trying to create your 'My Social Security' account, several options are available. First, consider reaching out to the

credential service providers like Login.gov or ID.me for support. These platforms offer assistance and troubleshooting tips that can help resolve common issues. Additionally, contacting the Social Security Administration directly via their helpline can provide further guidance and support.

Contact the Social Security Administration

For those unable to create an account online, calling the Social Security Administration at **1-800-772-1213** (TTY 1-800-325-0778) is a viable option. Their representatives are available from Monday to Friday, 8:00 a.m. to 7:00 p.m., and can assist with account creation issues. This direct line of communication ensures that users receive



personalized support tailored to their specific needs and circumstances. **Visit your local Social Security office**

Another option for those facing difficulties is to visit a local Social Security office. While appointments are required, in-person assistance can be invaluable for resolving complex issues. Local offices can provide hands-on help and ensure that all necessary steps are taken to successfully create a 'My Social Security' account, even if online methods prove challenging.

Security freezes or fraud alerts on credit reports can hinder the account creation process. If these are in place, consider temporarily lifting them to facilitate account setup. Contact the Identity Service Provider to request a

temporary lift, and once the account is created, you can reinstate the freeze or alert. Alternatively, using ID.me may bypass the need to lift these security measures, offering a more streamlined solution.

Ensuring eligibility and requirements

Before attempting to create an account, ensure that all eligibility requirements are met. Users must be at least 18 years old and possess a valid Social Security Number (SSN). Additionally, a valid email address and other personal information are necessary for account setup. Meeting these criteria is crucial for a smooth account creation process.

Republicans are coming after Medicare

We all know that Republicans have taken a sledgehammer to Medicaid, cutting \$1 trillion over the next the years. Republicans also have not extended the premium subsidies for people with low incomes in the ACA state health insurance exchanges, leaving millions of people unable to afford the premiums and uninsured in 2026. There's far less attention on the Republicans' stealth attack on Medicare, which Robert Kuttner highlights in The American Prospect.

Pushing back against Republicans, Democrats in Congress say they will allow the government to shut down when funding ends on September

30, unless Republicans add money to Medicaid and extend the premium subsidies for people in the state health care exchanges. Democrats also want assurances that Trump will spend congressionally appropriated funds for the National Institutes of Health and other medical research.

Without additional government funding for Medicaid and the ACA health plans, most Americans will pay higher health care costs. Hospitals, specialists and other health care providers will charge patients more to help make up for their losses.

Medicare is destined to face



\$500 billion in cuts over the next decade. The Republicans' tax law

triggers these cuts because it increases deficits. The administration is attacking Medicare in other ways. The Centers for Medicare and Medicaid Services plans to test a program in six states—Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington—that requires providers to get prior authorization for a set of services in traditional Medicare. The government plans to reimburse the corporate middlemen overseeing prior authorizations a percentage of the money they save, creating a powerful

incentive for them to deny care.

Though traditional Medicare has never required treating physicians and other providers to get prior authorization before delivering treatments, traditional Medicare remains far more cost-effective than Medicare Advantage and other corporate health insurance. Traditional Medicare leaves out the middlemen that drive up costs.

Some Democratic Senators are urging CMS to halt the pilot program until it gets proper review and comment from interested parties. CMS appears to have circumvented the notice and comment period required before launching the pilot.



October Is Breast Cancer Awareness Month

The month is about more than pink ribbons. While some feel inspired, many people living with breast cancer feel like the month overlooks their experience with the disease.

Breast Cancer Awareness Month can mean different things to different people. For some, it's a trigger — 31 days in the fall of pink-ribbon reminders of a disease that forever changed them. For others, it's a chance to show their support for the more than 2 million women around the world who are diagnosed with the disease each year.

Understanding the goals behind the global campaign and the emotions felt by the many different people living with the disease may help you decide if and how you want to commemorate the month.

What is Breast Cancer Awareness Month?

Breast Cancer Awareness Month is an international health campaign that's held every October. The month aims to promote screening and reduce the

risk of the disease, which affects 2.3 million women worldwide. Known best for its pink theme color, the month features a number of campaigns and programs designed to:

support people diagnosed with breast cancer, including those with **metastatic breast cancer** educate people about **breast cancer risk factors**

encourage women to go for **regular breast cancer screening** starting at age 40 or earlier, depending on personal breast cancer risk

- raise money for breast cancer research

In the month of October, there are also specific dates designed to raise awareness of specific groups within the breast cancer community.

Metastatic Breast Cancer Awareness Day (October 13) October 13 is nationally recognized in the U.S. as Metastatic Breast Cancer



Awareness Day. About 168,000 women in the U.S. are estimated to have **metastatic breast cancer** (cancer that spreads beyond the breast to other parts of the body).

Some **researchers believe this number will rise to over 246,000** living with the disease by 2030. Despite the growing numbers of people living with metastatic disease, **most money for breast cancer research doesn't go toward studying it.**

Metastatic Breast Cancer Awareness Day seeks to educate the public about the challenges that people with metastatic breast cancer face and the need for more research — and more treatments — for this deadly disease.

The day also serves as a reminder that people can do all the right things — breast cancer screenings and all the recommended treatments for early-stage breast cancer — and still have cancer spread to other

parts of the body. As sf-cakes, a member of the Breastcancer.org Community, shared, "Being stage IV during Breast Cancer Awareness Month sucks. All the messaging about 'if you catch it early, you'll be fine,' is simply not always true."

Men's Breast Cancer Awareness Week (October 17–23)

Although breast cancer is much more common in women, **breast cancer affects men**, too. In 2021, President Joe Biden designated October 17 to October 23 Men's Breast Cancer Awareness Week. According to the **American Cancer Society**, about 2,800 men in the U.S. will be diagnosed with breast cancer in 2025, and about 510 are expected to die from the disease. But lack of awareness and stigma can be barriers to detection and care in men, trans men, and non-binary people.

Read More on the the history of Breast Cancer Awareness Month.

Heart Attack, Stroke Almost Always Foreshadowed, Study Says

Nearly everyone who suffers a **heart attack**, stroke or heart failure had at least one warning sign that cropped up years before, a new study says.

More than 99% of patients had one or more risk factors prior to their heart emergency, including high blood pressure, elevated cholesterol, poor blood sugar control or smoking, researchers reported Sept. 29 in the **Journal of the American College of Cardiology**.

The study refutes the common belief that heart disease often strikes without warning, researchers said.

"We think the study shows very convincingly that exposure to one or more nonoptimal risk factors before these cardiovascular outcomes is nearly 100%," said senior researcher **Dr. Philip Greenland**, a professor of cardiology at Northwestern University

Feinberg School of Medicine.

"The goal now is to work harder on finding ways to control these modifiable risk factors rather than to get off track in pursuing other factors that are not easily treatable and not causal," he added in a news release.

For the study, researchers analyzed health records for more than a decade for more than 9 million adults in South Korea and nearly 7,000 people in the United States.

The team looked for four major heart risk factors — blood pressure, cholesterol, blood sugar and tobacco use.

The team used the American Heart Association's guidelines for heart health, which included as risk factors:

- ◆ Blood pressure 120/80 mmHG or greater, or being treated



- ◆ Total cholesterol 200 mg/dL or higher, or being treated

- ◆ Fasting blood sugar 100 mg/dL or higher, or a diagnosis of diabetes

- ◆ Past or current tobacco use

Not only did nearly everyone have at least one of these risk factors, more than 93% had two or more, the study showed.

High blood pressure was the most common problem, affecting more than 95% of patients in the South Korea cohort and more than 93% of the U.S. group.

Even among women younger than 60 — the group assumed to have the lowest heart health risk — more than 95% had at least one risk factor before having heart failure or a stroke.

"Taken together, our results challenge claims recently appearing in the medical literature that (heart attack) and coronary heart disease events

occurring in the absence of antecedent major risk factors are increasingly common," researchers concluded.

Even when researchers looked at higher levels of these risk factors — for example, clinical high blood pressure as opposed to elevated blood pressure — the pattern still held. At least 90% still had at least one major risk factor before their heart emergency, researchers said.

"Each risk factor, particularly blood pressure, cholesterol and smoking, has a continuous, dose-dependent and cumulative effect on cardiovascular disease risk even below clinical diagnostic thresholds," researchers wrote.

What This Means For You

People should make sure that their blood pressure, cholesterol and blood sugar are at healthy levels, and refrain from smoking

FDA Approves Inluriyo for Advanced Breast Cancer

Approval is for adults with ER-positive, HER2-negative, ESR1-mutated advanced or metastatic breast cancer

The U.S. Food and Drug Administration has approved Inluriyo (imlunestrant), an oral estrogen receptor antagonist, for the treatment of adults with estrogen receptor-positive, human epidermal growth factor receptor 2-negative, *ESR1*-mutated advanced or metastatic breast cancer whose disease progressed after at least one line of endocrine therapy (ET).

Inluriyo (200 mg tablets) is approved for once-daily, oral dosing. It binds, blocks, and facilitates the degradation of overactive estrogen receptors, helping to slow disease progression.

The approval is based on the phase 3 EMBER-3 trial, in which 256 patients with *ESR1*-mutated metastatic breast cancer received Inluriyo or ET as first-line treatment following recurrence. Results showed that Inluriyo reduced the risk for progression



or death by 38 percent versus ET. Inluriyo also significantly improved progression-free survival versus fulvestrant or exemestane, with a median progression-free survival of 5.5 months versus 3.8 months (hazard ratio, 0.62).

"This represents an important advancement for patients with *ESR1*-mutated metastatic breast cancer, a mutation found in nearly half of patients who have taken hormone therapies, often contributing to treatment

resistance," Komal Jhaveri, M.D., from the Memorial Sloan Kettering Cancer Center in New York City and a principal investigator of the EMBER-3 trial, said in a statement. "With its demonstrated efficacy, tolerability profile, and oral administration, this therapy provides a meaningful alternative treatment option for this patient population."

Approval of Inluriyo was granted to Eli Lilly.

Gene Test Can Predict Breast Cancer Risk For Women Diagnosed With Abnormal Cells

A genetic risk score can help predict which women will develop invasive **breast cancer** after abnormal cells have been found in their breast tissue, researchers said.

Women who scored high on the genetic blood test were twice as likely to develop breast cancer after doctors found abnormal cells, researchers report in *Cancer Epidemiology, Biomarkers & Prevention*.

These women had been diagnosed with in-situ carcinoma, a term for abnormal cells found in the breast ducts and breast lobules, the milk-producing glands in breasts.

Women with ductal carcinoma in situ (DCIS) were twice as likely to develop cancer in their other breast if they scored high on the genetic blood test, results showed.

Likewise, women with lobular carcinoma in situ (LCIS) were

two times more likely to develop breast cancer in the same breast where the abnormal cells were found, researchers said.

The test could help guide treatment of women with abnormal cells who have not developed full-blown breast cancer, researchers said.

"LCIS is not always surgically removed or treated with hormone therapies, as it is considered lower risk than DCIS," said lead researcher **Jasmine Timbres**, a clinical information analyst at King's College London.

"However, these results indicate that those with a family history may benefit from such additional treatments, which could reduce their risk of further cancer," she said in a news release.

For the new study, researchers analyzed data from nearly 2,200 women with DCIS and almost



200 women with LCIS, using a blood test that estimates a patient's breast cancer risk using 313 different genetic abnormalities linked to the cancer.

Taking family history of breast cancer into account further empowered the gene test, researchers found.

Women with a family history on top of a high genetic test score were more than three times as likely to develop breast cancer after diagnosis for LCIS, researchers found. The risk increased to fourfold when women who had received mastectomy or radiation therapy for their breast cancer were excluded.

"In my clinical practice, I see many women diagnosed with DCIS or LCIS," senior researcher **Elinor Sawyer**, a consultant clinical oncologist at

King's College London, said in a news release. "Until now, treatment decisions have mostly been based on how the cells look under a microscope. Our research shows that a genetic risk score can also help predict which women are more likely to develop invasive breast cancer."

A fuller profile could enhance risk-assessment, she said.

"This means we shouldn't just focus on the cells themselves, but also take into account a woman's genetic risk and lifestyle factors," Sawyer said. "By looking at the full picture, we can give women more accurate information about their personal risk of recurrence. This helps them make more informed choices about their treatment options and what's right for them."

Doctors now recommend this blood pressure level to avoid dementia

We write stories that make you richer. Take a second right now: **Follow us** and get tips that will change your life.

More aggressive treatment of high blood pressure may be necessary for those hoping to lower their risk of both mild cognitive decline and dementia, according to new expert recommendations.

The American Heart Association and the American College of Cardiology recently issued new guidelines intended to help health care providers both prevent and manage high blood

pressure.

This is the first time since 2017 that the guidelines have been updated.

What is high blood pressure?

High blood pressure is when the pressure in the body's arteries stays elevated over a long period. It typically does not cause symptoms but instead quietly and seriously damages a person's health over time.

Nearly half of all adults in the United States have high blood pressure, which is a reading higher than 130/80 mm Hg. The



American Heart Association says the condition is the No. 1 preventable risk factor for several diseases, including:

- ◆ Cardiovascular disease, including heart attack, stroke and heart failure
- ◆ Kidney disease
- ◆ Cognitive decline and dementia

Despite the new guidelines, the AHA's definitions of both normal and high blood pressure have not changed. They are:

- ◆ Normal blood pressure: Less

than 120/80

- ◆ Elevated blood pressure: 120-129 systolic and more than 80 diastolic
 - ◆ Stage 1 hypertension: 130-139 systolic or 80-89 diastolic
 - ◆ Stage 2 hypertension: 140+ systolic or 90+ diastolic
- Systolic blood pressure is the first number in a reading, such as the "120" in "120/80." Diastolic blood pressure is the second number, such as the "80" in that example.... **Read more About the updated guidelines**

Have you gotten your shingles vaccine?

The shingles vaccine can be especially important for older adults. The vaccine blocks the development of painful rashes all over your body. It also has been found to reduce your risk of stroke, heart attack and dementia, reports Daryl Austin for [National Geographic](#).

You do not want to get shingles. It's a bad infection. The

pain is harsh, persistent and ugly. And, it can last many months.

But, you don't have to worry about getting shingles. The shingles vaccine—Shingrix—works. Older adults get two doses. And, it prevents shingles in almost all cases.

Unfortunately, fewer than one in five adults have had it, even



though Medicare covers the cost of the shingles vaccine in full.

The shingles vaccine is also important because shingles can damage your liver and lungs. You can get bad headaches, chills, fever. And, shingles can cause loss of vision and hearing as well as protracted nerve pain. Moreover, shingles increases

your risk of heart attack and stroke.

Based on a collection of studies, the shingles vaccine appears to lower your risk of stroke by 16 percent, your risk of heart attack by 18 percent, as well as your risk of dementia. That said, more research is needed to understand the many benefits of the vaccine.

Progress in treating Alzheimer's

Alzheimer's disease develops when tiny amyloid-beta plaques build up between neurons in our brains. But, drugs that eliminate or reduce these plaques have not stopped, let alone, reversed, the progression of Alzheimer's. These drugs do slow cognitive decline by around 30 percent. *Sy Boles* reports for [The Harvard Gazette](#) on progress in treating Alzheimer's through AI and other new technologies.

Researchers continue to focus on amyloid plaques in their quest to root out Alzheimer's. The plaques bind to lithium in our brains, preventing the lithium

from functioning effectively. But, more than three quarters of people with amyloid plaques have no Alzheimer's systems and never get them. It's when they develop tau tangles that cognition declines.

Now researchers believe that a lack of an adequate supply of lithium might spur Alzheimer's. Lithium is found in our brains and works to keep them from neurodegeneration. Lithium is a treatment for depression and other mood disorders. Could lithium orotate prevent or reverse Alzheimer's in people?



It appears that some of the lifestyle behaviors that help people with heart disease and other chronic conditions also help people at risk for Alzheimer's. Diet and exercise reduce amyloid plaques and might improve brain function. Conversely, people with high blood pressure or high cholesterol, people who are overweight or have diabetes face an increased risk of Alzheimer's.

Research published in *The Lancet* found that high cholesterol, loneliness, depression, lack of exercise, and inability to hear well could

trigger Alzheimer's. Addressing all these conditions could slow down the number of Alzheimer's cases by as much as 45 percent. New research suggests that there are many subtypes of Alzheimer's; knowing the subtype someone has also could improve treatment.

Today, some 7.2 million Americans have Alzheimer's. That number is expected to more than double to 18.8 million over the next 25 years. The cost of caring for people with Alzheimer's is growing exponentially.

Radiation Can Treat Heart Rate Disorder, Study Says

Targeted radiation therapy might be a safer way to treat a potentially dangerous heart rate problem, a new study says.

Radiation therapy treated ventricular tachycardia as well as a standard but complicated procedure called catheter ablation, researchers reported Sept. 29 in the [International Journal of Radiation Oncology, Biology, Physics](#).

At the same time, fewer patients treated with radiation died or experienced serious side effects, compared to catheter ablation, results from the small-scale study show.

"For patients who do not respond to traditional therapies and are at high risk of complications, noninvasive radiation may be a safer alternative to repeating an invasive catheter ablation procedure," said lead researcher [Dr. Shannon Jiang](#), a radiation oncology resident at Washington University School of Medicine in St. Louis.

"Going under anesthesia for an invasive procedure can involve

outsized risk for a person who's already very sick," she said in a news release. "With radiation, we don't have to use anesthesia. I think this study highlights that radiation being a noninvasive procedure helps us avoid a great deal of risk."

Ventricular tachycardia is an abnormally fast heart rate emanating from the heart's two lower chambers, known as the ventricles.

During an episode, the heart rate can surge to the point that it causes dizziness, shortness of breath, fainting, chest pain and, in extreme cases, cardiac arrest, according to the American Heart Association.

Patients with advanced ventricular tachycardia often must take high doses of heart drugs that cause difficult side effects, researchers said in background notes.

The standard alternative for patients who don't respond to medications has been catheter ablation. During this procedure, a



small tube is run into the heart through a vein in the leg to destroy heart tissue that's causing the abnormal heart rhythm.

Recently, radiation therapy has emerged as a potential option for treatment. Focused beams of radiation kill off the heart tissue driving the abnormal rhythm, without the need for anesthesia, researchers explained.

For the new study, researchers analyzed records for 43 patients with high-risk, difficult-to-treat ventricular tachycardia. Most (90%) had previously undergone catheter ablation, and their end-stage VT was not responding to their medication.

Half of the patients received a single dose of radiation therapy, and the other half underwent another round of catheter ablation.

Both treatments were effective in controlling heart rhythm. The time until patients' next persistent episode of ventricular arrhythmia was a median of 8.2 months with radiation versus 9.7 months with catheter ablation, results showed.

However, four patients who

received ablation died within a month of treatment and one did not survive the procedure, researchers said. All of the deaths were due to treatment-related side effects.

By comparison, no treatment-related deaths had occurred among the group treated with radiation after a three-year follow-up.

Also, within a year of treatment 38% of the ablation group required hospitalization due to side effects, compared with 9% of the radiation group. Complications occurred sooner after ablation, a median six days versus 10 months for radiation. (Median means half happened sooner; half, later.)

"From our study, it looks like radiation might be safer especially within that early time window," *Jiang* said. "There wasn't the same early peak in adverse events, and that seems to drive the benefit. Many of the early serious adverse events after ablation were closely followed, unfortunately, by patient deaths."...[Read More](#)