



Message from the Alliance *for* Retired Americans Leaders



Alliance Joins President Biden at White House Inflation Reduction Act Event



Robert Roach, Jr
 President, ARA

President Joe Biden hosted a White House event Tuesday highlighting the **Inflation Reduction Act** and its historic

provisions to lower prescription drug prices.

Several Alliance elected leaders and members attended the Rose Garden event, including President Roach, executive board member Maria Cordone, Maryland/DC Alliance President Carol Rosenblatt, Alliance Executive Director Richard Fiesta and others.

"Alliance members have been working for decades to lower drug prices by requiring Medicare to negotiate a better deal with drug corporations," said President Roach. "We are grateful that the President recognized our efforts and look forward to the law making a difference in older Americans' lives in the years to come."

Alliance Members Cheer Additional Funding for SSA in Continuing Resolution

The Senate advanced a **continuing resolution** — a bill to sustain government funding at current levels, often called a "CR" — on Thursday that would keep the government running through Dec. 16. The House followed suit on Friday and President Biden is expected to sign the legislation later on Friday.



Rich Fiesta,
 Executive Director, ARA

"The Senate and House came through for seniors and everyone who relies on Social Security to make ends meet," said Executive Director Fiesta. "The \$400 million for SSA contained in the Continuing Resolution beyond the FY22 level will go a long way toward addressing **wait lists, response time, and other necessary improvements** at SSA facilities. It also ensures staff won't be cut."

"This much-needed funding will help make certain seniors can get the services they rely on in a timely manner," he continued.

He added that SSA should be funded at an even higher level going forward, as President Biden has requested, so that the hardworking SSA personnel have the resources they need to deliver for the American people.

Arizona Alliance, Priorities USA and Voto Latino Win Challenge Against Two Provisions in Arizona Voter Suppression Law

The Arizona Alliance, Priorities USA and Voto Latino announced a significant victory Thursday in the groups' recent legal challenge against Arizona's SB 1260, a bill designed to suppress the vote. A federal judge temporarily blocked the law's felony and registration cancellation provisions which unfairly target voter registration and mobilization efforts and criminalize common voter

behavior.

This ruling follows a legal challenge **filed** in August arguing that SB 1260 violates due process, the First and Fourteenth Amendments as well as the National Voter Registration Act. The judge's ruling temporarily blocked the provision in SB 1260 that required canceling an individuals' voter registration without notification as a violation of the National Voter Registration Act. The judge also blocked the provision that makes it a felony to provide any voting assistance to voters registered in another state on the grounds that the text of the statute was unconstitutionally vague.

"The members of the Arizona Alliance understand that the right to vote is sacred. Educating our members and seniors across the state about how to register and cast their ballots is one of our top priorities," said Sandra Cole, President of the Arizona Alliance for Retired Americans. "SB 1260 is almost certain to disenfranchise older Arizonans who may have moved to the state to retire, or moved from their long-time home to live in a retirement community or nursing home, or with a family member. We wholeheartedly oppose this voter suppression law."

"The Alliance for Retired Americans is fighting to make sure every one of our 4.4 million members nationwide, and all older Americans, can exercise their fundamental constitutional right to vote," said Executive Director Fiesta. "That means

challenging laws that are designed to suppress votes and will disenfranchise our members and older Americans."

Break on Medicare Premiums in 2023 Comes as Welcome News



Joseph Peters, Jr.
 Secretary
 Treasurer ARA

For the first time in a decade, seniors will pay lower monthly premiums for Medicare's Part B plan in 2023. Medicare Part B covers routine

doctors' visits and other outpatient care.

The **3% decrease in monthly premiums** is likely to be coupled with a historically high cost-of-living increase in Social Security benefits — likely in the 8-10% range — putting hundreds of dollars directly into the pockets of millions of retirees next year.

The 2023 decrease in monthly Medicare premiums comes after millions of beneficiaries saw a dramatic increase to premiums in 2022. Most people on Medicare will pay \$164.90 a month for Part B coverage starting next year, a savings of \$5.20. In addition, the annual deductible for the Part B program will decrease \$7 to \$226.

"Seniors can look forward to further health care savings in the future thanks to the free vaccines and lower drug prices that will come from the Inflation Reduction Act," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance.

2023 Medicare and You Handbook continues to mislead on Medicare Advantage

The 2023 **Medicare and You Handbook** is now available for your reading pleasure. Unfortunately, it continues to mislead and confuse in significant ways about Medicare Advantage. Though the Centers for Medicare and Medicaid Services (CMS) would like you to believe otherwise, Medicare health plans administered by corporate health insurers—euphemistically called Medicare Advantage—cover fewer costly services, often from lower quality providers, than traditional Medicare.

Here's what's seriously misleading and what's true in the Medicare Handbook:

◆ The Handbook says: Medicare Advantage plans “may have lower out-of-pocket costs” than traditional Medicare. Here's what's true: You could spend as much as \$7,550 out of pocket if you need costly care. However, so long as you are healthy or forgo needed care, you will likely spend less on your health

care. The problem is that you need health insurance to protect you in the event you need costly care. It's of far less importance if you're healthy.

◆ The Handbook says: Medicare Advantage plans “must cover all medically necessary services that Original Medicare covers.” Here's what's true: You have the same Part A and B benefits in theory as people in traditional Medicare. In practice, Medicare Advantage plans have their own rules as to what services are medically necessary. They tend to be far more restrictive than Original Medicare, second-guessing treating physicians who they have hand-picked for their networks as to what care is medically necessary. So, Medicare Advantage plans are likely to cover fewer services for shorter periods of time and, sometimes, from lower quality providers. And, the government



Medicare & You
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is unable or unwilling to oversee them and hold them accountable when they do not do so. Only

in theory are Medicare Advantage plans required to cover all medically necessary services that Original Medicare covers.

◆ The Handbook says: Medicare Advantage plans “may offer some extra benefits that Original Medicare doesn't cover—like vision, hearing, and dental services.” Here's what's true: You may have extra “benefits” like vision, hearing and dental, but these benefits tend to be extremely limited as to what they cover and tend to require you to pay large out-of-pocket costs.

◆ The Handbook says: With Medicare Advantage plans, “you can't buy and don't need Medigap,” supplemental coverage that picks up costs that Medicare does not cover. Here's what's true: You can't

buy Medigap, but you likely do need it if you need costly care. Without it, most people in Medicare Advantage, unlike people in traditional Medicare with supplemental coverage, are constantly having to choose between their health care and other basic needs. Or, they could be pushing themselves into medical debt.

Here's what the Medicare Handbook does not say:

The government pays corporate health insurers a flat upfront payment to cover care for enrollees through Medicare Advantage, with little if any regard to the cost or quality of services each plan offers. These insurers have a compelling financial incentive to spend as little as possible on enrollees' care and pocket as much of the money they receive as possible. While there is technically a limit on the amount they can pocket, they have ways to game that limit.

1 Social Security Change Joe Biden Wants That Most Retirees Should Want, Too

Joe Biden wants to change Social Security. He hasn't tried to keep this a secret. In fact, Biden campaigned for president with a plan to shake up the federal program in several ways.

Some of the president's proposals could stir up controversy. But not all of them. Here's one Social Security change Biden wants that most retirees should want, too.

Raising the cap

Biden pledged as a presidential candidate to “put Social Security on a path to long-run solvency.” One component of his plan would accomplish the most in achieving this goal.

The president put forward the idea of requiring Americans with high incomes to pay more in payroll taxes. In particular, he wants all income above \$400,000 per year to be subject to the Federal Insurance Contributions Act (FICA) tax. FICA is a payroll tax that generates funds for Social Security.

Currently, all income up to \$147,000 per year is taxed at a rate of 12.4%. Employees pay half of this payroll tax while employers pay the other half.

(Self-employed individuals must pay the full amount since they're both employees and employers.)

Biden's plan would create a “doughnut hole” where any income between \$147,000 and \$400,000 wouldn't be subject to the FICA tax. However, the current maximum amount taxed won't stay at \$147,000; it would increase regularly. As a result, this “doughnut hole” would decrease over time and would probably eventually disappear altogether.

Why retirees should like this change

Tax increases often aren't very popular. This proposal is an exception, though, that most retirees should like for two key reasons.

First, Social Security absolutely must bring in more money or benefits will have to be cut significantly in the future. As of now, the program is projected to become insolvent by 2034. No retiree who depends on their Social Security check as a major source of income wants that to happen.

Raising the cap for income



subject to the FICA tax would help avoid huge benefit cuts. The University of Maryland has estimated that taxing annual income of \$400,000 or more would eliminate 61% of the projected Social Security shortfall.

Second, the tax increase proposed by Biden wouldn't impact most Americans. Only 1.8% of U.S. households made over \$400,000 in 2019, according to the IRS. However, the positive impact of preserving Social Security benefits would be felt by most retirees.

Unsurprisingly, the idea of increasing the threshold for FICA taxes receives strong bipartisan support among Americans. A June 2022 survey conducted by the University of Maryland's Program for Public Consultation found that 88% of Democrats and 79% of Republicans favor making all income over \$400,000 subject to the Social Security payroll tax.

Will it happen?

There's a strong case to be made that raising the FICA cap is the **Social Security change Biden wants that's most likely**

to happen. It would strengthen the program financially. It negatively impacts a relatively small group of Americans while helping a large number of retirees. It's popular with both Democrats and Republicans.

Rep. John Larson (D-Conn.) has introduced a bill to the U.S. House of Representatives that includes applying the Social Security payroll tax to income above \$400,000. Is it a slam dunk? Not really. Its chances of ultimately becoming law appear to be slim. The bill hasn't attracted any GOP co-sponsors.

The plan to increase the FICA threshold to bolster Social Security likely will happen at some point, though, whether the cut-off is \$400,000 or another amount. There simply aren't many other good options for avoiding major benefit cuts. Even extending the **full retirement age** a few years wouldn't be enough on its own.

However, the political reality is that the change to increase payroll taxes probably won't be enacted soon. And it potentially won't even happen under Joe Biden's watch.

Social Security's Historic 2023 COLA Comes With a Silver Lining



The wait for Social Security's more than 65 million beneficiaries, a majority of whom are seniors, is nearly over. In just **10 days**, the U.S. Bureau of Labor Statistics will release key inflation data that serves as the final puzzle piece to calculate Social Security's cost-of-living adjustment (COLA) for the upcoming year.

Since polls and studies have shown how vital **Social Security** income is to the financial well-being of most retirees, knowing how much payouts are going to rise in 2023 is of the utmost importance to older Americans.

Social Security's cost-of-living adjustment (COLA) is the biggest announcement of the year

The easiest way to think of Social Security's COLA is as a mechanism to account for the **inflation** -- i.e., rising price of goods and services -- program recipients are contending with. If retired workers rely on their Social Security income to buy a certain amount of goods and services, and those goods and services increase in price, ideally, we should see benefits rise by a complementary amount. COLA is simply the "raise" passed along most years to keep Social Security payouts on par with inflationary increases.

Since 1975, the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) has been the inflationary tool used to determine the program's COLA. This is an index with **more than a half-dozen major spending categories** and a multitude of subcategories, each of which has its own respective percentage weighting. These weightings allow the CPI-W to be expressed as a single number, which makes for easy month-to-month or year-over-year comparisons to determine if inflation or deflation (falling prices) has occurred.

Calculating Social Security's COLA involves taking the average CPI-W reading from the third quarter (Q3) of the current year (July-September) and

comparing it to the average CPI-W reading from Q3 of the previous year. If the current-year figure is higher, it means inflation has occurred and beneficiaries are getting a "raise." The year-over-year percentage increase in the average Q3 CPI-W, rounded to the nearest tenth of a percent, is what determines how large of a "raise" Social Security beneficiaries will receive.

The program's "historic" COLA could lead to disappointment

In 2023, essentially all program recipients should enjoy their largest increase to Social Security benefits on record. Historically high inflation is expected to push the cost-of-living adjustment to 8.7%, according to an estimate from Social Security policy analyst Mary Johnson of The Senior Citizens League (TSCL), a nonpartisan senior advocacy group. An 8.7% COLA would mark the **largest year-over-year percentage increase in 41 years**, as well as the biggest nominal dollar hike in the program's storied history.

If we assume Johnson's forecast is correct, the average retired worker is looking at a **\$146/month increase to their Social Security check** next year. Meanwhile, the average disabled worker and survivor payout are estimated to rise by \$119/month and \$116/month, respectively, in 2023.

However, Social Security's COLA **usually isn't all that it's cracked up to be**. For instance, rapidly rising food, shelter, and energy expenses are expected to chip away at a significant portion of next year's benefit increase. The reason 2023's COLA will be "historic" is because consumers have been dealing with historically high inflation.

What's more, an analysis by TSCL in May found that the purchasing power of a Social Security dollar **has declined by an appalling**



40% since 2000. The CPI-W simply hasn't done a good job of accounting for the inflation that matters to seniors. Since the CPI-W tracks the spending habits of "urban wage earners and clerical workers," key expenditures, such as medical care and shelter, are being underweighted. This is what's led to the chronic loss of purchasing power over the past 22 years.

There's a surprising silver lining in Social Security's 2023 COLA

Although Social Security's COLA has led to a number of disappointments throughout the years, the upcoming "raise" for 2023 actually comes with a bit of a silver lining.

Last week, the Centers for Medicare and Medicaid Services (CMS) released the 2023 premiums, deductibles, and coinsurance amounts for Medicare's Part A (inpatient care), Part B (outpatient services), and Part D (prescription drug) programs. Since most of Social Security's retired workers are enrolled in Medicare, they're used to having their Part B premiums automatically deducted from their monthly retired worker benefit.

Over the past quarter of a century, you'd only need one hand, and **not even all the fingers on that hand**, to count the number of times Medicare Part B premiums have declined on a year-over-year basis. In fact, 2022 marked one of the largest year-over-year percentage

increases in Part B premiums in history (14.5%). But there's a reprieve coming in 2023.

According to the CMS, Medicare Part B premiums **will fall roughly 3% to \$164.90/month in 2023** from \$170.10/month in 2022. The annual deductible for Part B beneficiaries will also decline by \$7 from \$233 in 2022 to \$226 in the upcoming year. Take note that these declines in Part B premiums also apply to high earners (\$97,000+ in modified adjusted gross income) that face a premium surcharge.

The **huge Part B hike in 2022** was due, in part, to the uncertainties of covering **Biogen's** costly Alzheimer's disease drug Aduhelm. But thanks to lower-than-expected spending on Aduhelm and a significant increase in the Supplementary Medical Insurance Trust Fund, these excess reserves can be used to lower Part B premiums next year.

In other words, the silver lining for tens of millions of aged beneficiaries is that they may actually get to keep a bit more of their COLA in 2023 after all, rather than losing it to Part B premium increases and/or inflation.

However, don't be fooled into thinking that beneficiaries are somehow "getting ahead." No matter how high Social Security's cost-of-living adjustment is in 2023 or in the years to follow, it's going to be virtually impossible to make up for a 40% loss of purchasing power since 2000.

US Inflation Rate (I:USIR)



Nursing Home Surprise: Advantage Plans May Shorten Stays to Less Time Than Medicare Covers

After 11 days in a St. Paul, Minnesota, skilled nursing facility recuperating from a fall, Paula Christopherson, 97, was told by her insurer that she should return home.

But instead of being relieved, Christopherson and her daughter were worried because her medical team said she wasn't well enough to leave.

"This seems unethical," said daughter Amy Loomis, who feared what would happen if the Medicare Advantage plan, run by UnitedHealthcare, ended coverage for her mother's nursing home care. The facility gave Christopherson a choice: pay several thousand dollars to stay, appeal the company's decision, or go home.

Health care providers, nursing home representatives, and advocates for residents say Medicare Advantage plans are increasingly ending members' coverage for nursing home and rehabilitation services before patients are healthy enough to go

home.

Half of the nearly 65 million people with Medicare are enrolled in the private health plans called Medicare Advantage, an alternative to the traditional government program. The plans must cover — at a minimum — the same benefits as traditional Medicare, including up to 100 days of skilled nursing home care every year.

But the private plans have leeway when deciding how much nursing home care a patient needs.

"In traditional Medicare, the medical professionals at the facility decide when someone is safe to go home," said **Eric Krupa**, an attorney at the Center for Medicare Advocacy, a nonprofit law group that advises beneficiaries. "In Medicare Advantage, the plan decides."

Maired Painter, a vice president of the National Association of State Long-Term Care Ombudsman Programs who



directs Connecticut's office, said, "People are going to the nursing home, and then very quickly getting a denial, and then told to appeal, which adds to their stress when they're already trying to recuperate."

The federal government pays Medicare Advantage plans a monthly amount for each enrollee, regardless of how much care that person needs. This raises "the potential incentive for insurers to deny access to services and payment in an attempt to increase profits," according to **an April analysis** by the Department of Health and Human Services' inspector general. Investigators found that nursing home coverage was among the **most frequently denied** services by the private plans and often would have been covered under traditional Medicare.

The federal Centers for Medicare & Medicaid Services recently signaled its interest in

cracking down on unwarranted denials of members' coverage. In August, it asked for **public feedback** on how to prevent Advantage plans from limiting "access to medically necessary care."

The limits on nursing home coverage come after several decades of efforts by insurers to reduce hospitalizations, initiatives designed to help drive down costs and reduce the risk of infections.

Charlene Harrington, a professor emerita at the University of California-San Francisco's School of Nursing and an expert on nursing home reimbursement and regulation, said nursing homes have an incentive to extend residents' stays. "Length of stay and occupancy are the main predictor of profitability, so they want to keep people as long as possible," she said. Many facilities still have empty beds, a lingering effect of the covid-19 pandemic.... **Read More**

Medicare Open Enrollment Season Almost Here

Medicare Open Enrollment runs from October 15 through December 7 each year.

There are several sources online to get information about the enrollment season, but **TSCL** recommends you first go to [Medicare.gov](https://www.medicare.gov) to get the official Medicare information. Most other sites are put up by insurance-related companies that want you to buy their products. Their information may be accurate but just know that there is a reason they have put up those websites.

(TSCL does not endorse any Medicare supplement or Medicare Advantage product and has no affiliation with any of them.)

As the open enrollment season approaches, there is new information that you may be interested in.

A comparison on Medicare Advantage and traditional Medicare plans by Kaiser Family Foundation shows some nuance in how people feel. For example, Medicare Advantage enrollees were more likely than those in traditional Medicare to report

having a usual source of care. They were also more likely to receive

preventive care services, such as annual wellness visits and routine check-ups, screenings, and flu or pneumococcal vaccines.

However, traditional Medicare outperformed Medicare Advantage on measures such as receiving care in the highest-rated hospitals for cancer care or in the highest-quality skilled nursing facilities and home health agencies.

Findings on prescription drug use varied depending on a couple of factors. Three studies found that among specific groups — people with a mental illness, diabetes, Alzheimer's disease, and high-need beneficiaries (each studied separately) — there were no differences in the use of prescription drugs between Medicare Advantage and traditional Medicare beneficiaries.

Two of these studies found that the use of prescription drugs was higher for Medicare Advantage enrollees than



traditional Medicare beneficiaries without diabetes and without Alzheimer's disease.

Most studies found that utilization of home health services and post-acute skilled nursing or inpatient rehabilitation facility care was lower among Medicare Advantage enrollees than traditional Medicare beneficiaries but were inconclusive as to whether that was associated with better or worse outcomes.

Interest in how well Medicare Advantage plans serve their growing and increasingly diverse enrollee population has never been higher, as Medicare Advantage, for the first time, is projected to enroll more than half of all eligible Medicare beneficiaries next year, making it the main way that Medicare beneficiaries get their coverage and care. In comparison, just over a decade ago in 2010, 25% of the eligible population was in a Medicare Advantage plan.

Then there is this new report on StatNews.com.

"Health insurers are

misleading on Medicare Advantage savings, experts say. The health insurance industry is continuing its campaign to convince the public that Medicare Advantage saves taxpayers money, but experts say federal data still concludes the exact opposite — and that the program as currently designed is a drain on Medicare's trust fund.

The industry's primary lobbying group, America's Health Insurance Plans (AHIP), funded a new report on the controversial, private alternative to original Medicare. AHIP claims that MA is 'saving Americans billions of dollars every year.'"

The actuaries who wrote the report, however, never use that language. Nobody involved with the report responded to interview requests, but several independent Medicare policy experts, all of whom said AHIP's report was incomplete at best and refuted by other studies that analyzed the same data. Analysts also stressed the federal government certainly isn't reaping any savings from Medicare Advantage.

Here's one thing that will cost less next year—what it means for Medicare beneficiaries

The monthly premium for **Medicare Part B** will fall to \$164.90 in 2023 for most beneficiaries. (A small number of beneficiaries with higher incomes pay higher premiums). That's a decrease of \$5.20 a month from the \$170.10 premium in 2022.

The Medicare Part B deductible is going down, too, from \$233 in 2022 to \$226 in 2023.

The premium decrease applies to nearly everyone with Medicare because both **Original Medicare** (Part A and Part B) beneficiaries and **Medicare Advantage** (Part C) members pay the Part B premium.

Why did prices drop for

2023?

The lower premiums for 2023 come just one year after a major price increase. Premiums went up by \$21.60 from 2021 to 2022 — the largest-ever price increase for Medicare Part B premiums.

A single drug is a major factor in both the 2022 price increase and the 2023 price drop: **Aduhelm, a very costly treatment for Alzheimer's disease.**

In a November 2021 fact sheet, CMS cited potential Medicare coverage for Aduhelm as one reason for the large Part B price increase for 2022. Even though CMS hadn't yet determined whether Medicare would cover



Aduhelm, CMS said that "we must plan for the possibility of coverage for this high cost Alzheimer's drug which could, if covered, result in significantly higher expenditures for the Medicare program."

Read: **Medicare's finances and the saga of the Alzheimer's drug Aduhelm**

That possibility didn't come to pass. In April 2022, CMS announced that Medicare would cover Aduhelm only in the context of certain government-approved clinical trials. As a result, Department of Health and Human Services Secretary Xavier Becerra announced in May that "we have determined

that we can put cost-savings directly back into the pockets of people enrolled in Medicare in 2023."

What this means for Medicare beneficiaries

2023 will be only the fourth time Medicare Part B premiums have gone down year over year, according to a NerdWallet analysis of historical Medicare premium data. More than a decade has passed since the last decrease in 2012.

The Medicare Part B premium for 2023 is about 3% lower than 2022 — a smaller percentage than past decreases.

Social Security and Medicare Retirees Are About to Experience a Once-in-a-Lifetime Event



It has been well documented at this point that retirees are about to receive the largest increase to their Social Security benefits in about four decades. That's because inflation has been sky high this year and Social Security calculates an annual cost-of-living-adjustment (COLA).

While the COLA increase is certainly a big deal, many retirees who claim Social Security are also enrolled in Medicare, the federal health insurance program for those that are 65 and older. Medicare enrollees are also expected to see some nice adjustments made for next year.

In fact, retirees enrolled in both Social Security and Medicare are about to experience a once-in-a-lifetime event. Let me explain.

A one-two punch

Although we are still waiting on September inflation data to make things final, most policy

experts are expecting the COLA to come in around 8.7%. It might bounce around a little bit, but expect it to be over 8%. That's following a 5.9% COLA increase this year. That's two years in a row of COLA increases to keep up with the high cost of living.

In another positive development for retirees, Medicare Part B premiums are also projected to decrease next year. There are several different parts of Medicare. Part A helps cover certain senior care at hospitals, hospices, or nursing homes. Then there is Medicare Part B, which covers a lot of services from doctors or healthcare providers such as home healthcare, outpatient care, medical equipment, and preventative services like vaccines.

Recently, the Centers for Medicare and Medicaid Services (CMS) announced that Medicare



Part B premiums will decline by 3% in 2023, the first time they have dropped in a decade. Of course, the decline is coming after Medicare Part B premiums rose close to 15% this year, but nonetheless, it's rare to see premiums decline.

CMS said in a statement that standard monthly Part B premiums will drop from \$170.10 to \$164.90 in 2023. Additionally, the annual deductible for Medicare Part B enrollees will also fall from \$233 to \$226.

Retirees who claim both Social Security and Medicare will usually see their Part B premiums taken out of their Social Security checks, so this is another factor that will contribute to higher **Social Security** benefits next year.

This may not happen again

According to Mary Johnson, a policy analyst for The Senior Citizens League, the higher

COLA combined with the lower Medicare Part B premiums next year is "something we may never see again in the rest of our lives."

Johnson added, "That can really be used to pay off credit cards, to restock pantries that have gotten low because people can't afford to buy as much today as they did a year ago and do some long-postponed repairs to homes and cars."

Johnson could very well be right, and if inflation eventually comes down and new changes to Medicare can make further progress in controlling costs, then these changes could make a difference in seniors' lives for years to come.

Obviously, Social Security benefits **have lost** a lot of their purchasing power in recent decades, while Medicare Part B premiums have risen a lot, but these latest changes are certainly a step in the right direction.

CDC drops COVID-19 travel notices for individual countries

The federal government is scrapping another of its responses **to the pandemic.**

On Monday, the U.S. Centers for Disease Control and Prevention dropped its country-by-country COVID-19 travel health notices that it began issuing early in the pandemic.

The reason: Fewer countries are testing for the virus or

reporting the number of COVID-19 cases. That limits the CDC's ability to calculate travelers' risk, according to the agency.

CDC spokeswoman Kristen Nordlund said the agency will only post a travel health notice for an individual country if a situation such as a troubling new variant of the virus changes



CDC travel recommendations for that country.

Restrictions such as testing and quarantine requirements greatly slowed international travel earlier in the pandemic, but many countries eventually **lifted those rules** for fully vaccinated and boosted people to increase tourism.

In early 2020, before vaccines were available, the U.S. barred people who had recently been in any of more than three dozen countries. In 2021, the U.S. instead began requiring people to test negative for COVID-19 shortly before boarding planes to the U.S. That rule too **was eventually dropped.**



U.S. Suicide Rates Rose in 2021, Reversing 2 Years of Decline

The suicide rate in the United States increased in 2021, following two years of decline, according to preliminary data from the U.S. Centers for Disease Control and Prevention.

The number of suicides increased to 47,646 in 2021, up from 45,979 in 2020, according to researchers at the CDC's National Center for Health Statistics.

As a result, the U.S. suicide rate also increased to 14 suicides for every 100,000 people, up from 13.5 per 100,000 in 2020, according to data published in the CDC's *Vital Statistics Rapid Release*.

However, the numbers from 2021 remain lower than the peak set in 2018, suicide prevention experts noted.

Still, "the uptick is certainly concerning," said Colleen Carr, director of the National Action Alliance for Suicide Prevention. "It reinforces that we need to continue to invest in suicide prevention and a comprehensive approach to suicide prevention."

Suicide rates rose by 30% in the United States between 2000 and 2018, before declining in 2019 and 2020.

In July, the U.S. Department of Health and Human Services launched a national crisis line,

and the new numbers appear to support the need for it.

People contemplating suicide or suffering a mental health or substance abuse crisis now can **call 988 for immediate counseling**, much as 911 is now used to report a physical emergency.

Also putting mental health in the spotlight, the U.S. Preventive Services Task Force recommended last week that **screening for anxiety** be part of doctor visits.

Did COVID play a part?

The COVID-19 pandemic might have played a role in this increase in suicides for a couple of reasons, experts said.

"We have seen during the pandemic increased reports of mental health distress," Carr said. "Any time that people are feeling more mental health distress, there also is a potential increase for suicide."

But the rate also could be rising because lockdowns and social distancing renewed the public's awareness of mental health issues and suicide, said Kimberly Torguson, the action alliance's director of engagement and communications.

New Harris Poll numbers show that more than 8 out of 10 adults



(84%) believe the pandemic made it more important than ever to consider suicide prevention a national priority, Torguson noted.

"When there's a greater awareness and understanding of an issue like suicide, we often see stigma go down and reporting and investigations go up because people are more open and prone to say that this was a suicide attempt or suicide-related death," Torguson said. "That could be one of the reasons we're seeing a slight increase."

Young men 15 to 24 were hit hardest, with an 8% increase in their suicide rate. Increases also occurred among men 25 to 44 and 65 to 75, according to the report.

Overall, the increase in the number of suicides was 4% for men and 2% for women, while the suicide rate increased 3% for men and 2% for women.

Men typically have higher suicide rates than women because they have access to lethal means, Carr said.

Mysteriously, the age group of men most at risk for suicide -- 45 to 64 -- wasn't affected by these recent increases, noted Jill Harkavy-Friedman, senior vice president of research for the

American Foundation for Suicide Prevention.

"We really don't know what's driving this increase among males, but not among middle-aged males who tend to have the higher rates to begin with," Harkavy-Friedman said. "We simply don't have enough information yet."

Because the provisional CDC report only includes data for age and gender among suicides, it's hard to read much more into the report, the experts said.

"We have to take these numbers as a cautionary note that we still have to be concerned about suicide. We're not getting it to go down yet," Harkavy-Friedman said. "But in terms of understanding where the differences are, until we see the rest of the data, we really can't even theorize about it."

People want to help

The new Harris Poll was sponsored by the AFSP and the Suicide Prevention Resource Center. It also found that 94% of people see suicide as a preventable public health issue. Further, 83% say they'd be interested in learning how they could help someone who might be suicidal...[Read More](#)

'Bionic Pancreas' Could Make Life Easier for People With Type 1 Diabetes

A new technology dubbed the "bionic pancreas" may beat standard treatment in helping people with type 1 diabetes control their blood sugar levels, a clinical trial has found.

Among adults and children with **type 1 diabetes**, those who used the bionic pancreas for three months saw their average blood sugar levels decline — without an increase in potentially dangerous blood sugar lows, the researchers reported.

The device, called the iLet Bionic Pancreas, is under review by the U.S. Food and Drug Administration. If approved, it would be the most automated system available for managing type 1 diabetes — tracking blood sugar levels and delivering

insulin with minimal input from patients.

"This technology takes more of the burden away from patients," said Dr. Jennifer Sherr, a pediatric endocrinologist at Yale School of Medicine, in New Haven, Conn.

While she specializes in treating kids with type 1 diabetes, Sherr said people of any age could get relief from not having to constantly think about managing a chronic disease.

Sherr wrote an editorial published with the study in the Sept. 29 issue of the *New England Journal of Medicine*.

Type 1 diabetes differs from the far more common **type 2 diabetes**, which mainly affects



adults and is often associated with obesity.

The type 1 form often strikes during childhood, and is caused by a misguided immune system attack on the body's insulin-producing cells. Insulin is a hormone that shuttles sugar from food into body cells to be used for fuel.

People with type 1 diabetes need to take synthetic insulin in order to survive. They are also tasked with trying to keep their blood sugar levels within a certain range — to lower the risks of long-term complications like nerve damage, kidney failure and heart disease.

Traditionally, that meant doing multiple "finger sticks" a day to

measure their blood sugar, then injecting the right amount of insulin.

Over the years, some wearable devices have been developed to make the job easier: People can opt for a "pump" that delivers insulin throughout the day via a small tube just under the skin. And an alternative to finger sticks is the **continuous glucose monitor** — a device that tracks blood sugar levels via a sensor placed under the skin.

The past several years have seen even bigger strides, with the approval of several so-called **hybrid closed-loop systems**...[Read More](#)

More Americans With Heart Disease Are Also Becoming 'Food Insecure'

Many Americans with heart disease also have limited access to food, and this dangerous combination is growing rapidly, a new study finds.

"**Food insecurity** is a common problem among people with cardiovascular disease, and we are seeing that issue become even more prevalent in recent years," said lead author Dr. Eric Brandt. He's a cardiologist at the University of Michigan Health Frankel Cardiovascular Center.

About 38% of people who have heart disease did not have regular access to food in 2017-2018, researchers discovered while analyzing data from the National Health and Nutrition Examination Survey. That survey included 312 million American

adults.

When researchers looked at food insecurity and heart disease from 20 years prior, they found that number was much lower, at just over 16%.

"We believe there is a two-way relationship here. Individuals who are food insecure may have increased risk for cardiovascular disease, and vice versa," Brandt said in a Michigan Health news release.

"When one acquires heart disease, it impacts one's risk for developing socioeconomic problems that could reduce access to adequate and quality food," he explained. "Food insecurity can often occur with other social determinants of



health, such as poor transportation access or access to health care, which further compounds this relationship."

The circumstances were more dire for Black and Hispanic adults, who were more likely to report they went hungry.

Since 2011, 24% of Hispanic adults and 18% of Black adults were short of food, the study found. This compared to 8% of Asian adults and 13% of white adults.

Moreover, adults who have heart disease are more than two times more likely to have empty cupboards than those without it, the authors said. And diet contributes to death from heart disease.

"Food insecurity has the potential to exacerbate existing **racial and ethnic health disparities**," Brandt said. "But there is also a public realization here that differences in cardiovascular outcomes across races and ethnicities aren't related to the racial or ethnic origin of an individual, rather more to the social experience of an individual."

People who don't have enough food are more likely to be stressed and not take prescription medication to treat risk factors, such as diabetes and high blood pressure, the researchers noted.

Clinicians and health systems need to use validated screening techniques to assess hunger issues among patients, they said.

Healthy Living Boosts Life Span, Even for Former Smokers

Eating well and exercising can make for a longer life, and that holds true for former smokers, too, a new study shows.

Researchers found that of nearly 160,000 former smokers, those who exercised, ate healthfully and limited their drinking were less likely to die over the next couple of decades, versus their counterparts with less-healthy habits.

It's well known that when smokers kick the habit, the health

benefits are huge -- with reduced risks of various cancers, lung disease, heart disease and stroke. But former smokers still have a higher risk of premature death than people who never smoked.

The new findings were published Sept. 22 in the journal ***JAMA Network Open***. They suggest they can narrow that gap by making other lifestyle changes.



Given that 52 million Americans are former smokers, that's an important message, experts said.

It's common for smoking to go hand-in-hand with other unhealthy lifestyle habits, said Dr. Panagis Galiatsatos, a pulmonary and critical care specialist at Johns Hopkins Medicine in Baltimore.

So ideally, he said, when people seek help with quitting, those other lifestyle factors

should be addressed, too.

Many smokers, for instance, light up when they drink alcohol. So cutting back on drinking could help eliminate that **smoking trigger** -- as well as the health consequences of excessive drinking. People also commonly pair smoking with unhealthy food choices, Galiatsatos said, or use it to deal with stress...**[Read More](#)**

Get Ready for Those Fall Allergies

Allergy sufferers know that symptoms don't just appear in spring or summer. Fall, too, can bring about sneezing and trouble breathing, as can volatile weather patterns.

"People frequently experience **allergy symptoms in the fall** even if they are mainly allergic to pollens in the spring and summer," said Dr. David Corry. He is a professor of medicine in the section of immunology, allergy and rheumatology at Baylor College of Medicine in Houston.

Among the natural events that could affect allergy sufferers this year are the **Tonga Volcano eruption** in January, Corry said. That sent particulates and aerosols into the environment and could change global weather, shortening or lengthening upcoming pollen seasons.

Those seasons could further change in the northern hemisphere, which was both hotter and drier this year, Corry said.

"We're currently in peak ragweed season and we're also seeing a lot of mold spores in the air," Corry said in a college news release. "But these unusually high temperatures earlier this year could mean potentially less cedar pollen this winter."

Hurricane season is underway and these wet events, along with tropical storms, can produce immense rain and destroy vegetation. This can lead to fungal "blooms" and increase **fungal spores** in the air, which substantially worsen allergy and asthma symptoms for weeks or even months.

Cold fronts that bring



thunderstorms and wind can stir up ragweed and pollens from earlier seasons. These can travel long distances.

"Thunderstorm asthma" is a phenomenon that can affect those who have **asthma**.

"If you are mold-allergic or you have mold-related asthma, those can get dramatically worse very quickly and that is a real threat to health," Corry said. "Remain indoors shortly after thunderstorms, and if your house has been flooded, or has water damage of any kind, repair it immediately to avoid mold growth."

People who live with allergies would do best to keep them outside of the home.

Showering after having been outdoors can help wash small particles from hair and skin. You should also wash clothes worn

outside.

Depending on allergy severity, Corry suggested a variety of treatments.

Mild to moderate symptoms can be treated with over-the-counter non-drowsy antihistamines, like cetirizine (Zyrtec), loratadine (Claritin) or fexofenadine (Allegra). These can be used in combination with nasal steroids.

Nose rinses drain nasal passageways with a saline solution. See your physician for prescribed inhaled steroids or other types of medication to treat symptoms if over-the-counter solutions are not enough.

Allergen immunotherapy, in which patients receive weekly injections of low-dose allergens they're sensitive to, can help build an immune response to the allergen, Corry advised.

Not Enough Older Americans Are Checking Blood Pressure At Home

Regular **home monitoring** can help with blood pressure control, but only half of people who have hypertension or other related conditions actually do it, a new study found.

Of Americans ages 50 to 80 who take blood pressure medications or have a health condition affected by high blood pressure, only 48% regularly check their pressure at home or other places, according to findings.

About 62% of patients affected by these issues have said a health care provider has encouraged them to monitor their blood pressure at home. When providers did make that recommendation, study

participants were more 3.5 times more likely to do the tests at home.

The data came from the **National Poll on Healthy Aging**, based at the University of Michigan Institute for Healthcare Policy.

About 55% of people said they own a blood pressure monitor. Some never use it, but those who do own the equipment were more than 10 times more likely to check their blood pressure outside of health care settings. Of those who do monitor their pressure, about half share those numbers with a health care provider.

Blood pressure monitoring is associated with having lower



blood pressure. Better control is associated with reduced risk of death, of cardiovascular events such as heart attacks and stroke, and of thinking declines and dementia.

It will be important to explore why at-risk patients don't check their blood pressure and why their providers don't suggest it, according to the Michigan Medicine authors, who included Dr. Mellanie Springer, from the Department of Neurology, and Dr. Deborah Levine, of the Department of Internal Medicine. This could help patients live longer and maintain heart and brain health, they said.

The authors said protocols

should be developed to educate patients about the importance of self-monitoring blood pressure and sharing their readings with their doctors.

The survey included 1,247 respondents who said they were either taking a medication to control their blood pressure or had a chronic health condition that requires blood pressure control. These include history of stroke, coronary heart disease, congestive heart failure, diabetes, chronic kidney disease or hypertension.

The findings were published recently in the journal **JAMA Network Open**.

AHA News: The Benefits of Adding a Drizzle of Olive Oil to Your Diet

The ancient Greeks were on to something when they referred to olive oil as an "elixir of youth and health." Centuries later, research offers evidence about the benefits of olive oil in our daily diets.

Consuming more than half a tablespoon of olive oil a day may lower heart disease risk, a 2020 study found. And earlier this year, researchers reported in the Journal of the American College of Cardiology that people who ate more than half a tablespoon per day had lower rates of premature death from cardiovascular disease, Alzheimer's disease and other causes compared to people who never or rarely consumed olive oil.

"Olive oil is the hallmark of the Mediterranean diet, and its link to lower mortality is well established in southern European countries. But this is the first long-term study to show such a health benefit here in the U.S.," said Dr. Frank Hu, the study's senior author and a professor of nutrition and epidemiology at Harvard T.H. Chan School of Public Health in Boston.

Among all edible plant oils, olive oil has the highest percentage of monounsaturated fat, which lowers "bad" LDL cholesterol and increases "good" HDL. It's been shown to lower blood pressure and contains plant-based compounds that offer anti-



-inflammatory and antioxidant properties known to reduce the disease process, including heart disease.

Olive oil is derived from the fruit of the olive tree, cultivated mainly in the Mediterranean for over 5,000 years. Spain is by far the largest producer of olive oils in the world, followed by Italy and Greece. In the 18th century, Spanish missionaries brought olives to California and planted them along the coast. Today, over 40,000 acres of olive trees grow exclusively for oil in California, Arizona, Georgia, Florida, Oregon and Hawaii. Just 5% of the 90 million gallons of olive oil consumed annually in the U.S. are produced here,

according to the American Olive Oil Producers Association.

Several grades of olive oil are found on store shelves in the U.S., from regular to extra virgin olive oil – commonly known as EVOO. EVOO is the staple fat source for the Mediterranean diet, considered one of the healthiest dietary patterns and a diet emphasized by the American Heart Association for preventing cardiovascular disease.

EVOO is the fatty fraction of olive juice extracted only by mechanical and physical processes without any refinement. It's the lack of refinement that maintains both its sensory and health properties. ...**Read More**

More Evidence COVID Boosters Improve Seniors' Immunity

For older adults, getting vaccinated provides protection against COVID-19, but getting a booster is a key part of maintaining that immunity, a new study confirms.

"The data support the **CDC guidelines for COVID-19 vaccination** and affirm that the vaccine is initially able to mount a good antibody response," said study co-author Dr. Sean Leng. He's a professor of medicine and geriatric specialist at the Johns Hopkins University School of Medicine.

But older people need to be especially encouraged to get the

vaccine and boosters to keep them protected from breakthrough infections as immunity wanes, Leng noted in a university news release.

The researchers studied more than 80 men and women ages 75 to 98 from Baltimore. The participants had received two initial doses of the mRNA vaccines made by either Pfizer or Moderna. They had no known history of COVID infection.

Another 84 adults younger than 75 with the same vaccination and infection history were included as a comparison group.



The older adults had antibody levels in their blood that were three to eight times lower than in the younger group. Older males had one to three times lower antibody levels even than older women.

The participants then got **COVID booster shots**. About 14 to 30 days later, the antibody levels in the older adults matched those in the younger group. Men no longer had lower antibody levels than women.

Previous research had documented a significant decline

in the protective antibody response among all vaccine recipients six months after the initial two-dose series of mRNA vaccines, the study noted. This was especially true in older adults whose immune systems weaken with age. That research had also documented the sharper decline in immunity in men.

Clinical trials for the vaccines had shown a high antibody response in older adults, providing them with robust protection. However, continued monitoring had shown a decline in antibodies after six months, hence the need for boosters.

Fitness Trackers Could Get You Stepping More -- Even If You Don't Look at Them

Wearing a fitness tracker may help you get more steps in -- even if you never give it a glance.

A **new study** found that folks who wore a pedometer averaged 318 more steps a day than those who didn't, even without specific **fitness** goals or incentives and even if they couldn't see the step count.

"Humans are hardwired to respond to what is being measured because if it's being measured, it feels like it

matters," said study co-author William Tayler, a professor of business at Brigham Young University in Provo, Utah.

"When people go get an Apple Watch or a Fitbit, of course it's going to affect their behavior; they obtained the device with the goal of walking more," he said in a university news release. "But it's helpful for individuals to know that even without trying, just being aware that something is tracking your steps increases



your activity." To learn how much people walk with and without a pedometer, researchers needed a way to measure step counts.

So they asked the 90 participants for permission to pull information generally from their phones because the iPhone has a default step-tracking feature that few participants were aware of. They didn't tell participants they were gathering their step counts from the weeks

prior to the study.

"It was a bit of a sneaky way to get the data we needed," Tayler said.

Then, researchers gave some participants a pedometer without a display. Other participants, without the pedometers, did not know the study's purpose.

Two weeks later, the team gathered step counts from participants' iPhones again. The finding: Wearing a pedometer was associated with higher step counts... [Read More](#)

Are Your Hands Just Dry, Or Is It Eczema?

Sometimes that irritated skin on your hands is more than simple dryness.

Hand eczema could be the culprit, with painful dry and itchy skin on all or part of the hand and fingers.

"If your hands are extremely dry and painful, and using moisturizer throughout the day is not helping to relieve them, you may have hand eczema," said Dr. Dawn Davis, a pediatric and adult dermatologist at the Mayo Clinic in Rochester, Minn. "Without the proper treatment and preventive measures, hand

eczema may worsen."

Eczema might look like patches of red, dark brown, purple or gray irritated skin, according to the American Academy of Dermatology. It can be scaly, inflamed and itchy. It can feel like it's burning or include itchy blisters and deep, painful cracks, as well as crusts, pus and bleeding or weeping skin.

"Hand eczema can flare from a variety of triggers," Davis said in an academy news release. "Some patients will see increased irritation in cooler, dry



temperatures, while for others the condition may worsen during warmer months due to sweating. A trigger or flare for one patient could be different than flares or triggers for other patients."

Flare-ups can arise from not properly drying wet hands or an allergic reaction, such as to latex or jewelry metals. People who had eczema (atopic dermatitis) as a child have a higher risk of developing hand eczema. Chemicals like solvents, detergent and cement can

increase risk.

Prevent flare-ups by using a gentle hand or hypoallergenic cleanser, not washing too frequently and making sure to rinse off any excess cleanser, Davis said. Rinse well between the fingers where cleanser can accumulate.

Also, gently pat hands dry with a towel instead of air drying, she suggested. Use fragrance-free creams and ointments instead of lotions... [Read More](#)

Less Salt, More Whole Grains: FDA Updates Food Label Definition of 'Healthy'

Salmon can't be labeled a "healthy" food under existing federal regulations, because it contains high levels of fat.

But sweetened cereals can bear the "healthy" label on their packaging if they tick specific boxes related to individual nutrients -- even though they might be loaded with added sugars.

These contradictions fly in the face of modern nutrition science and common sense, so the U.S. Food and Drug Administration **announced** on Wednesday that it is updating the marketing term "healthy" to reflect what has been learned about what makes a wholesome diet.

The new proposed FDA **rule** would align the definition of the "healthy" claim more closely with current nutrition science.

"Nutrition is key to improving our nation's health," Health and

Human Services Secretary Xavier Becerra said in a statement. "Healthy food can lower our risk for chronic disease. But too many people may not know what constitutes healthy food. [The] FDA's move will help educate more Americans to improve health outcomes, tackle health disparities and save lives."

More than 80% of Americans aren't eating enough vegetables, fruits and dairy, but they are consuming unhealthy amounts of added sugars, saturated fats and sodium, the agency said.

The FDA first defined "healthy" back in 1994, but based the criteria for the term's use solely on individual nutrients contained in each particular food product, the agency's new proposal states.

Nutrition science has evolved since then. These days, nutritionists focus on a person's overall dietary pattern,



emphasizing the consumption of nutrient-dense foods like fruits, vegetables and whole grains.

The types of nutrients also matter. Salmon is indeed fatty, but now those fats are thought to be good for you -- for example, mono- and polyunsaturated fats, as well as healthy **omega-3 fatty acids** that promote heart and brain health.

Under the new rule, more foods that are part of a healthy dietary pattern and recommended by the U.S. federal nutrition guidelines would be eligible to call themselves "healthy," the FDA said.

These include nuts and seeds, high-fat fish like salmon, and certain cooking oils.

To be able to bear the word "healthy" on their packaging, products would have to contain meaningful amounts of food from one of the recommended food

groups -- fruits, vegetables, dairy, grains and lean protein.

They'd also have to limit nutrients that aren't good for you, including **saturated fat**, sodium and added sugars.

For example, each serving of a cereal sold as "healthy" would have to contain three-quarters of an ounce of whole grains, and no more than 1 gram of saturated fat, 230 milligrams of sodium and 2.5 grams of added sugars, the agency said.

The FDA said the new definition is intended to both empower consumers to eat better and, potentially, foster a healthier food supply by prompting manufacturers to add more good foods like vegetables or whole grains to their product lines.

The agency also is researching a symbol that manufacturers could slap on the front of packaging to show their product meets the new "healthy" definition

Five exercises to improve balance for safety and health

As we age, it becomes more likely that we will fall and break a hip or a shoulder. The **Centers for Disease Control (CDC)** reports that falls are the top cause of injury and death from injury for older adults. Exercise can improve your balance, reducing your risk of falls and promoting your safety and your health.

According to the **National Institutes of Health (NIH)**, **one in three people over 65 fall each year**, and more than two million end up in the emergency room. In 2014, older adults experienced 29 million falls, resulting in seven million injuries and costing Medicare about \$31 billion.

The consequences of a fall can

be horrific, restricting your activities if not robbing you of your independence. So, it's important to do balance and strength exercises to help prevent falls. Here are five exercises to improve balance that the **NIH recommends**:

◆ **Standing on one foot.** Place a chair in front of you and hold on to it with one hand. Then raise one leg and hold it up for 10 seconds. Then do it again with the other leg. Repeat this exercise three times on each leg.

◆ **Walking heel to toe.** Place the heel of one foot in front of the toe of the other. Now take a step with your back foot and



move it so that the heel is just touching the toe of your other foot. Repeat 18 more times. Focus your gaze on a spot in front of you to steady yourself. You can also hold your arms out on either side of you for balance.

◆ **Back leg raises.** Place a chair in front of you and hold on to it with one hand. Breathe in. Lift one leg back as you breathe out. Keep the leg you stand on slightly bent. Repeat 10-15 times on each leg.

◆ **Side leg raises.** Place a chair in front of you and hold on to it with one hand. Breathe in. Lift one leg to the side as you breathe out. Keep the leg you

stand on slightly bent. Repeat 10-15 times on each leg.

◆ **Balance walk.** Walk in a straight line for 20 steps lifting one knee up and then the other. You can hold your arms out on either side of you for balance. You can also focus your gaze on a spot in front of you.

Be sure to let your doctor know if you have fallen. And, bring the doctor a list of all the medications you are taking—over-the-counter and prescription—for your doctor to review. Some medications can increase your risk of falling. Also, get an eye exam each year. And, **get rid of any fall hazards in your home.**

Alzheimer's Meds Are Mostly Tested in Whites. That Worries Black Patients, Caregivers

Larry Griner resigned from his job in California and moved back to his childhood home in Baltimore nearly five years ago so he could care for his mother, Norma.

She had been diagnosed with **Alzheimer's disease** almost 12 years earlier, which took away her short-term memory and completely changed the life she used to have. When the 63-year-old Griner moved back home, he watched in agony as Alzheimer's slowly stole his mother's memory. Although her memory was supposedly being helped by the medication she was taking, Griner

had his doubts.

Why? When it comes to Alzheimer's medications such as **donepezil** (Aricept) or **aducanumab** (Aduhelm), the evidence on how those drugs work for Black and Hispanic patients is sorely lacking because so few were included in clinical trials of the medications. Griner is Black; his mother took Aricept.

"I could never be a reference for what the medication does, but I would be more afraid of what would happen if she didn't take it," said Griner. "I just go with what had been prescribed and



make sure that she is taking what she needs to."

Aricept has been widely prescribed for years, but its effectiveness in people of different races and ethnicities is unknown because of the lack of diversity in its original clinical trials. The **racial distribution** of those trial participants was 95% white, 3% Black and 2% other races.

This lack of diversity has real-world consequences for patients taking medications that have only been tested in white populations. It limits the generalizability of results and hinders people's

understanding of how the drug works in all racial and ethnic groups.

With Alzheimer's, that lack of evidence in minority patients is particularly pressing.

Black people are two times more likely than white people to be diagnosed with Alzheimer's disease and other dementias. Similarly, Hispanic people are about **1.5 times** more likely than white people to have Alzheimer's disease and other dementias....**Read More**

New Alzheimer's Drug Shows Promise in Phase 3 Clinical Trial

Japanese drugmaker Eisai on Wednesday said its experimental drug lecanemab helped slow thinking declines among people in the early stages of **Alzheimer's disease**.

The findings from a phase 3 clinical trial have yet to be peer-reviewed in any medical journal. But according to a company **news release**, "lecanemab treatment met the primary endpoint and reduced clinical decline on the global cognitive and functional scale, CDR-SB, compared with placebo at 18 months, by 27%."

Given the largely disappointing rollout of Biogen's Alzheimer's drug, **Aduhelm**, last year, any drug which appears to help Alzheimer's patients is welcome. But expert reaction to the Eisai

announcement was mixed.

In a **statement**, Dr. Joanne Pike, president of the Alzheimer's Association, called the results an "exciting major development." "These are the most encouraging results in clinical trials treating the underlying causes of Alzheimer's to date," she said. "These results indicate lecanemab may give people more time at or near their full abilities to participate in daily life, remain independent and make future health care decisions."

But another expert offered a more muted response.

Dr. Alberto Espay, a neurologist at the University of Cincinnati College of Medicine, told **NBC News** that the benefit seen with lecanemab was "small"



and added it might not translate to meaningful improvements for patients. Still, Espay believes "patients can view this [new development] with cautious optimism."

The new trial included almost 1,800 patients with early-stage Alzheimer's disease whose progress was tracked over 18 months. Investigators tracked cognition using what's known as the **CDR-SB scale**, which Eisai said is "used to quantify the various severity of symptoms of dementia."

"Based on interviews of people living with Alzheimer's disease and family/caregivers, qualified healthcare professionals assess cognitive and functional performance in six areas:

memory, orientation, judgment and problem-solving, community affairs, home and hobbies, and personal care," the company explained.

Patients enrolled in trials based in the United States were ethnically diverse, Eisai noted, with 25% of participants being either Black or Hispanic.

Compared to patients taking a placebo "dummy" pill, those who got **lecanemab** saw a "significant" slowing of cognitive decline as measured by the CDR-SB scale, Eisai reported.

Noticeable changes in the rate of decline began as early as six months after taking the drug.

...**Read More**