

## September 11, 2022 E-Newsletter

### Message from the Alliance *for* Retired Americans Leaders



#### Wisconsin Senator Doubles Down on Plans to Slash Earned Retirement Benefits on Campaign Trail



Robert Roach, Jr.  
 President, ARA

Senator Ron Johnson (WI) this week discussed how to "coax" retirees back into the labor force during a tele town hall on Wednesday night. Earlier, Johnson suggested that earned benefits should be re-approved by Congress on an annual basis, and insisted that Social Security was "set up improperly" and should be turned over to Wall Street during a recent campaign stop.

Social Security is gaining traction as a top issue for voters, and Democrats are calling out those who are going after Social Security and Medicare. President Joe Biden said that "Congressional Republicans want to put them on the chopping block every five years" in a tweet over the weekend, referring to the plan released by National Republican Senate Committee Chair Sen. Rick Scott (FL).

"Alliance members need to make sure all seniors know that

their earned benefits are at stake this November," said Alliance President Robert Roach, Jr. "Seniors should pay close attention to this issue and make sure they turn out to elect candidates who will protect the retirement and health benefits they have earned."

#### After Crackdown, Medicare Advantage Marketers Tone Down Sales Tactics



Rich Fiesta,  
 Executive Director, ARA

Medicare Advantage plans are being forced to tone down their aggressive advertising this year in response to increased oversight from the Centers for Medicare and Medicaid Services (CMS). The new guidelines were prompted by an increase in consumer complaints, which swelled by 165 percent between 2020 and 2021, with a total of 41,136 filed last year.

An investigation into Medicare Advantage sales tactics also spurred the agency's decision to tighten regulations, yielding some complaints alleging fraudulent practices. Sales call recordings suggested that callers were often confused about the

product and who they were talking to, with some even thinking they were speaking to government representatives.

Medicare Advantage regulations are becoming increasingly relevant, as a new analysis shows that nearly half of those who are eligible for Medicare are enrolled in Advantage plans. Marketing efforts become particularly frenzied during the annual enrollment period for Medicare, which will go from October 15 to December 7 this year.

"Older Americans are deluged with health information, and it seems clear that some Medicare Advantage marketers crossed the line," said Alliance Executive Director Richard Fiesta. "We encourage all retirees who are considering changing their coverage to get information from a trusted source, such as their union or the State Health Insurance Program (SHIP), not just from television or radio commercials."

#### New Study Shows Paxlovid Decreases COVID Deaths for Older People

A new study indicates that Pfizer's COVID-19 treatment, Paxlovid, significantly reduces



Joseph Peters, Jr.  
 Secretary Treasurer ARA

deaths and hospitalizations for patients aged 65 years and older. According to recent data, adults who are 65 years or older account for 80 percent of COVID-19 deaths and more than half of COVID-19 hospitalizations in the United States thus far.

The Food and Drug Administration has also authorized Pfizer and Moderna booster shots that are specifically tailored to combat Omicron variants of COVID-19, which are currently the dominant strains circulating in the United States.

"Seniors have a heightened risk of death or complications if they contract COVID-19," said Alliance Secretary-Treasurer Joseph Peters, Jr. "The results of this study are encouraging and confirm that vaccination and treatments like Paxlovid can do a lot to protect older Americans against severe illness."



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# 'It's Becoming Too Expensive to Live': Anxious Older Adults Try to Cope With Limited Budgets

Economic insecurity is upending the lives of millions of older adults as soaring housing costs and inflation diminish the value of fixed incomes.

Across the country, seniors who until recently successfully managed limited budgets are growing more anxious and distressed. Some lost work during the covid-19 pandemic. Others are encountering unaffordable rent increases and the prospect of losing their homes. Still others are suffering significant sticker shock at grocery stores. Dozens of older adults struggling with these challenges — none poor by government standards — wrote to me after I featured the **Elder Index**, a measure of the cost of aging, in a **recent column**. That tool, developed by researchers at the Gerontology Institute at the University of Massachusetts-Boston, suggests that 54% of older women who

live alone have incomes below what's needed to pay for essential expenses. For single men, the figure is 45%.

To learn more, I spoke at length to three women who reached out to me and were willing to share highly personal details of their lives. Their stories illustrate how unexpected circumstances — the pandemic and its economic aftereffects, natural disasters, and domestic abuse — can result in unanticipated precarity in later life, even for people who worked hard for decades.

## Bettye Cohen

*"After 33 years living in my apartment, I will have to move since the new owners of the building are renovating all apartments and charging rents of over \$1,800 to 2,500/month which I cannot afford."*

Cohen, 79, has been distraught



since learning that the owners of her Towson, Maryland, apartment complex are raising rents precipitously as they upgrade units. She pays

\$989 monthly for a one-bedroom apartment with a terrace. A similar apartment that has been redone recently went on the market for \$1,900.

This is a national trend affecting all age groups: As landlords respond to high demand, rent hikes this year have reached 9.2%.

Cohen has been told that her lease will be canceled at the end of January and that she'll be charged \$1,200 a month until it's time for her apartment to be refurbished and for her to vacate the premises.

"The devastation, I cannot tell you," she said during a phone conversation. "Thirty-three years of living in one place lets you

know I'm a very boring person, but I'm also a very practical, stable person. I never in a million years would have thought something like this would happen to me."

During a long career, Cohen worked as a risk manager for department stores and as an insurance agent. She retired in 2007. Today, her monthly income is \$2,426: \$1,851 from Social Security after payments for Medicare Part B coverage are taken out, \$308 from an individual retirement account, and \$267 from a small pension.

In addition to rent, Cohen estimates she spends \$200 to \$240 a month on food, \$165 on phone and internet, \$25 on Medicare Advantage premiums, \$20 on dental care, \$22 for gas, and \$100 or more for incidentals such as cleaning products and toiletries.... **[Read More](#)**

## How the Supreme Court is already influencing the November midterm elections

WASHINGTON — The justices of the Supreme Court often view themselves as **steering clear of politics**. But steering clear of elections? That's not really an option.

The nation's highest court is already having a big impact on **this year's midterm elections**, in which control of Congress is up for grabs along with governorships in more than half the states. And the court's docket for the term that begins in October is all but certain to have major **repercussions for the next presidential election in 2024**.

None of the cases quite **rise to the level of Bush v. Gore**, the historic 2000 decision in which the court ended the recounting of ballots in Florida — settling that contentious election. But the decisions will nevertheless affect voters in ways big and small.

What's the latest?

When the Supreme Court reconvenes next month, **one of the first cases it will consider** deals with how states weigh the racial makeup of voters when redrawing congressional boundaries. The outcome of the case could weaken the Voting Rights Act of 1965, which prohibits states from diluting

minority voting power through redistricting.

A 2006 decision by the Supreme Court, meanwhile, is having an uneven effect on election cases in lower courts — including cases that deal with redistricting and **others that involve voting restrictions** enacted in the wake of the 2020 election. In the 2006 case, the justices signaled that courts shouldn't tinker with the rules of an election at the last minute, an idea that became known as the Purcell principle. Aside from dealing with underlying questions about the Voting Rights Act and the Purcell principle, the high court's decisions are having a practical impact on congressional maps used for the midterms. In February, a 5-4 majority **allowed Alabama to rely on the congressional map** that a lower court said likely denied Black voters in that state an additional member in the U.S. House of Representatives. A month later, it **tossed out a map of Wisconsin's state legislative districts** that included an additional majority-Black district.

In June, the **Supreme Court blocked a lower court**



**ruling** that required Louisiana to redraw congressional districts to increase Black voting power.

Why it matters

If lower federal courts decline to block voting restrictions approved following the 2020 election because it is now too close to the midterms to change the rules of the road, it means those rules will be in place for the election in November. So **laws that restrict the use of ballot drop boxes**, for instance, will remain in place this fall even if those laws are invalidated at some later point. Supporters of the laws say they ensure election integrity. Opponents say they make it harder for many Americans to vote.

Also at stake: Just how much power the **Voting Rights Act still has to prevent racial discrimination**. Signed by President Lyndon Johnson, the act was widely hailed as a big step toward political equality. Associate Justice Elena Kagan recently opined that if "**a single statute represents the best of America**," it is the Voting Rights Act." But the act has been weakened by a **Supreme Court decision in 2013** and **another**

**one last year**.

Critics of the laws note many have been enacted in states with a long history of racial discrimination in elections, including states such as Georgia and Arizona, that had been subject to federal preclearance requirements **before they could change their voting rules**. A 2013 **decision by the Supreme Court gutted** those requirements.

What about 2024?

Looking ahead, the Supreme Court will also consider a case this fall that legal experts say could **fundamentally change how federal elections** are run, giving state legislatures more power to set voting rules, draw congressional districts and choose slates of presidential electors with far less oversight from courts.

At the center of that dispute is a clause in the Constitution **that delegates responsibility for federal election rules** to the "legislature" of each state subject to oversight by Congress. Conservatives say the plain meaning of the founding document is that state legislatures — and only state legislatures — have the power to set those rules.

## 2022: Medicare Advantage facts and figures

The Kaiser Family Foundation just released a **report** on Medicare Advantage facts and figures for 2022. The report shows no additional premiums for most people in Medicare Advantage (MA). But, it comes on the heels of reports from the US Department of Health and Human Services' **Office of the Inspector General, Government Accountability Office** and **MedPac** detailing key failings with Medicare Advantage that drive up Medicare spending and threaten the health and well-being of enrollees.

There's reason that people enroll in MA. Sixty-nine percent of people with Medicare Advantage get the Medicare Part D prescription drug benefit at no additional cost to them. They are in 0 premium Medicare Advantage plans. But, the more important question is: Are they covered for the care they need when they need it? Or, do they

pay more for their care than they would in traditional Medicare with supplemental coverage, and do they pay more for their drugs when they need them than people in traditional Medicare who pay a separate premium for Medicare Part D coverage?

While there's no denying that Medicare Advantage has lower upfront costs than traditional Medicare, there's also no denying that they too often inappropriately delay and deny care. In other words, join a Medicare Advantage plan and you might go without needed care or have to pay out-of-pocket for the full cost of that care. We don't even know which Medicare Advantage plans are the worst offenders, so there's no way to avoid them. Do not be misled by the **government's star ratings**.

Even for services that Medicare Advantage plans cover, maximum out-of-pocket costs can be twice or even three times



as much as you would spend for care in traditional Medicare with supplemental coverage. Medicare Advantage plans have an out-of-pocket limit in 2022 that averages \$4,972 for HMOs and \$9,245 for PPOs. And, Kaiser reports that if you need seven days or more of hospital care, you are more likely to incur higher out-of-pocket costs in a Medicare Advantage plan than in traditional Medicare. Most Medicare Advantage plans require you to get their prior authorization for a wide range of services your doctor might say you need. Indeed, virtually all specialty services and medical equipment require prior authorization in most Medicare Advantage plans. Prior authorizations are a way for Medicare Advantage plans to keep utilization down and can lead to inappropriate **delays and denials of care** and coverage, as the **Office of the Inspector**

**General** has found.

Notwithstanding the restrictions in access to care in Medicare Advantage, people often opt for this coverage for their additional benefits and low upfront costs. For example, you might be able to get **some vision, hearing and dental coverage if you can afford the copay and use their network providers**. But, Medicare Advantage plans have never disclosed medical service usage data, and it appears that enrollees who join because of these benefits cannot afford the out-of-pocket costs.

The government has done a poor job of collecting information on use of medical services and out-of-pocket spending in Medicare Advantage. Until we have meaningful data that is publicly reported, anyone who joins a Medicare Advantage plan is taking a gamble with their health and well-being should they develop a serious condition.

## Paying more for a Medicare Advantage plan is likely a waste

If you are choosing a Medicare Advantage plan, keep in mind that you are taking a big gamble: You can't know whether it will cover the care you need when you need it. The **star-rating system is a farce**. And, paying more is likely a waste. It's not a proxy for better quality, according to a new study in **JAMA Health Forum**.

The authors find that quality of care in Medicare Advantage does not differ in a meaningful way across premium levels. In fact,

they find that there is tremendous variability in quality at each premium level. That said, the authors do report slightly higher quality of care and patient experience in higher-premium plans.

**The takeaway:** If you can't afford the supplemental coverage you need for traditional Medicare and you are choosing among Medicare Advantage plans, you should not choose the Medicare



Advantage plan with the higher premium on the theory that it will provide you with better quality care.

**A second takeaway:** The additional premium you choose to pay for a Medicare Advantage plan might not bear any relation to significant copays you might face should you need costly care. Those out-of-pocket costs are unknown. Because they can be high, many people end up

skipping or delaying needed care in order to avoid paying these costs.

**The bottom line:** With Medicare Advantage, what you think is more could very well be less. Higher premiums and "additional benefits" may end up delivering far less than you might think. The problem is that you likely won't find out the financial and administrative barriers to care you face until it's too late to disenroll.

## Biden administration moves to streamline Medicaid, CHIP enrollment

The U.S. Department of Health and Human Services aims to make enrolling in government health care programs easier for low-income kids, disabled people and older adults by cutting red tape, according to a proposal announced Wednesday.

**How older adults and people with disabilities are affected by the proposal**

The proposed rule would streamline application and enrollment processes for people aged 65 and older and people who have blindness or another disability.

It would automate consideration for older adults when they apply for low-income subsidies to help pay for Part D Medicare coverage, and it would automate some enrollments for individuals receiving Supplemental Security Income into Medicare Savings Programs, which help people eligible for Medicare pay for some of the costs of coverage.

"When we talk about people who are eligible for the Medicare Savings Programs, these are some of the lowest income, most



vulnerable seniors," said Allison Orris, a senior fellow at the Center on Budget and Policy Priorities.

Bethany Lilly, senior director of public policy for The Arc of the United States, which advocates for people with intellectual and developmental disabilities, described the proposed rule as a "game changer" for people with disabilities who may need help overcoming the paperwork hurdles often associated with

government health care programs.

"Even with help from family and help from health care providers, it sometimes isn't enough to get through this paperwork because it is so complicated," Lilly said. "These kinds of changes for people with disabilities are really important because it reduces the burden not only on people with disabilities, but also on their family members on the people who are trying to help them get these services." ...**Read Full Article**

## I took Social Security at 62 and now regret it. Is there a way to increase my Social Security benefit?

### UNDERSTANDING SOCIAL SECURITY

Recently I had a conversation with Sue, an acquaintance who started receiving her Social Security benefit at age 62. Sue's now 63, and she told me that she thinks she might have made a mistake.

The problem is that she has realized that starting Social Security early reduced the benefit significantly, and she'd been wondering if it was possible to increase her benefit. (In case you're wondering, it was more than 12 months after Sue's original filing, so she can't enact the "do-over". More about that later.)

As it turns out, later in the conversation Sue also mentioned that she has an opportunity to take on some part-time work. This part-time work is consulting for her previous employer — and they're willing to give her \$3,000 a month for her efforts (and Sue tells me it's not that much work at all).

"But that's over the earnings limit", Sue told me. "Won't that mess up my Social Security?"

Taking on this job will **impact** Sue's Social

Security, but it won't **mess up** anything. In fact, it might be part of the answer to her question from earlier — about how to increase her Social Security benefit.

When you're receiving Social Security benefits while also working, as you may know, there's an earnings limit — specifically impacting your benefit while you're younger than your Full Retirement Age. For 2022, the annual limit is \$19,560, and for every \$2 over the limit, Social Security will withhold \$1 from your benefits.

Since Sue's Social Security benefit is roughly \$1,100 per month, and the new job will pay her \$36,000 per year, this equates to \$8,220 that Social Security will withhold from her benefits at the beginning of next year. The math goes like this:

For more on how this works, see the article [Social Security Earnings Test](#) for a more complete explanation.

Social Security withholds full months' worth of benefits to pay back an earnings limit overage. In order to withhold \$8,220 from Sue's monthly \$1,100 benefit check, Social Security will



withhold 8 months' worth of her benefits. Assuming that Sue continues working at the consulting job and her earnings remain (roughly

the same, this will continue until the year Sue will reach **Full Retirement Age** (FRA).

For her, this will be just over three years from now. During the months in the calendar year that she'll reach FRA, the income limitation is much more liberal (for 2022 it's \$51,960), so she won't be over the limit in that year unless something changes, such as an increase to her consulting fees.

During this three-year period, Sue has had a total of 24 months' benefits withheld. Now the magic happens! Once she reaches Full Retirement Age, Sue's monthly benefit will be recalculated, adding those withheld 24 months to her filing record. Now her benefit will be calculated as if she had filed at age 64 (two years later than she originally filed)—increasing her benefit by more than 14% to a total of roughly \$1,257.

Ready for some more magic? Let's fast-forward to the time Sue is about to reach FRA. She has

been thoroughly enjoying the consulting work, and it gives her flexibility in her schedule to take on other projects, as well as to spend time with her granddaughter.

Once Sue reaches FRA, there is no longer an earnings limit, so she can earn as much as she wants to, with no more benefits being withheld. But if she has been getting along just fine without the benefit for the better part of those past three years, is there really a need to receive the Social Security benefit at all at this point?

Now that she is at FRA, there's another option available to Sue: she can voluntarily suspend her benefit, allowing the delay credits to accrue, until as late as age 70. If she did delay to age 70, this would result in an increase to her benefits by 8% for each full year of delay (or  $\frac{2}{3}$  of 1% for each month). Since she has 38 months between her FRA and age 70, this will amount to an increase of 25.33%, for a new total benefit amount of \$1,575. That's a 43% overall increase to her benefits... [Read More](#)

## Unretiring? Avoid These Social Security Mistakes

Retired Americans are feeling the pressure of returning to work due to rising prices and the COVID-19 pandemic. But reentering the workforce while earning [Social Security benefits](#) could have consequences. We'll take a look at the obstacles retirement-age Americans are facing and what they can do to safely secure their Social Security benefits.

### What Retirees Are Saying

Many retirees are considering going back to work to keep up with their expenses. A recent [CNBC All-America survey revealed](#) that 68% of retirees said they would consider coming out of retirement. Due to the COVID-19 pandemic, 62% of retirees said they left the workforce earlier than planned.

Some older Americans are accessing their retirement benefits early, as well. According to a [recent Nationwide Retirement Institute Survey](#), over 1 in 4 Baby Boomers (26%)

who are not currently receiving Social Security benefits are planning on filing for benefits early while continuing to work.

If older Americans are looking for work, there are more opportunities available. The labor market has continued to show signs of growth in the middle of 2022. The latest [Bureau of Labor Statistics \(BLS\) nonfarm payroll employment report](#) showed that 528,000 jobs were added in July 2022.

### Unretiring While

**Collecting Social Security**  
Coming out of retirement to work again while earning Social Security benefits will increase your monthly earnings in the short term. It would also help you keep up with your expenses with less fear of falling behind.

In the long run, though, you want to make plans before working while earning Social Security benefits. If you don't, you could be subject to an



earnings penalty. And that ultimately lowers your Social Security benefits.

### Don't Make These Three Social Security Mistakes

Before you commit to unretirement, you want to consider a few factors. You need to know when you reach **full retirement age** (FRA), so you can get full Social Security benefits. The FRA range is either 66 to 67, depending on when you were born between 1955 and 1959.

Knowing your FRA will help you avoid a penalty with your Social Security benefits if you do decide to work at the same time. When making a final decision, there are three Social Security mistakes you want to avoid:

1. **Forgetting to contact the Social Security Administration (SSA) before you return to work.** Let the SSA know that you are going back to work, so it can help

you readjust your benefit. While reducing your check doesn't sound great, it will help you avoid an earnings penalty.

2. **Filing for Social Security benefits too early.** Filing at the age of 62 when you don't meet the FRA will prevent you from earning your full Social Security benefits. If you do find yourself in this situation, you can withdraw within 12 months of your Social Security application. Or you could pay the SSA all the benefits you collected to gain full benefits when you are eligible at age 66 or 67.

3. **Not knowing your Social Security benefits estimate.** Understanding how much money you are expecting when you receive Social Security is crucial to your retirement planning. SmartAsset's [Social Security calculator](#) can give you a good idea of what you will receive once you retire.... [Read More](#)

## Ten ways to improve Medicare Advantage

Dear Secretary Becerra and Administrator Brooks-LaSure: Social Security Works, Just Care USA and Center for Health and Democracy are delighted that the Biden Administration seeks to protect older adults, people with disabilities and the Medicare program from abuses in the Medicare Advantage program. We thank you for the opportunity to comment on ways to improve Medicare Advantage. We agree with the HHS Office of the Inspector General, Government Accountability Office and MedPac that Medicare Advantage is **in need of major reform** to ensure the health and well-being of enrollees, promote health equity, and minimize legal violations, including overpayments. As GAO reported: "The Medicare program, which includes MA, is on **GAO's High Risk List**, because of its size, complexity, and susceptibility to mismanagement and improper payments."

The health insurers offering Medicare Advantage plans have committed many hundreds of legal violations since 2000, and there is reason to believe these will continue unless the federal government overhauls Medicare Advantage. **UnitedHealth Group**, the company with the most MA enrollees, has paid nearly \$600 million in penalties for 332 violations, 300 of which

are for consumer protection-related offenses, since 2000. **Humana**, the second largest MA plan, has paid more than \$77 million in penalties for 79 violations, 57 of which are for consumer protection-related offenses, since 2000. **CVS Health**, the third largest MA plan, has paid more than \$1.6 billion in penalties for 463 violations, 236 of which are for consumer protection-related offenses, since 2000.

Today, the MA plans have too much incentive and opportunity for abuse. In September 2019, **Senator Sherrod Brown, along with five other Senators, wrote CMS** requesting answers to questions regarding key failings in Medicare Advantage. To our knowledge, three years later, CMS has not addressed any of the serious issues raised. Unless MA is overhauled on multiple fronts, including revising the way it pays them, Medicare Advantage plans will continue to undermine the integrity of the Medicare Trust Fund, harm health equity, and put millions of their enrollees at serious risk of harm.

As soon as possible, CMS should stop misdirecting people to believe they can meaningfully choose a Medicare Advantage plan that meets their needs and that they can rely on a misleading star-rating system to



choose among MA plans. CMS should:

- ◆ Educate people about the high out-of-pocket costs in MA;
- ◆ Educate people about MA plans' torturous prior authorization rules;
- ◆ Identify and publicly report the names of MA plans with high rates of delays and denials;
- ◆ Identify and publicly report adjusted mortality rates per MA plan;
- ◆ Terminate contracts with MA plans that are consistently delaying and denying care inappropriately, have high mortality rates, or otherwise are violating their contractual obligations.

People from racial and ethnic minority groups, people with disabilities and serious health conditions, people of disadvantaged socioeconomic status, people with limited English proficiency, and people from rural communities disproportionately choose Medicare Advantage because of its low upfront cost. They are, however, at greater risk in Medicare Advantage than in traditional Medicare for two key reasons:

- ◆ Copays and deductibles impose a **financial barrier to care**, forcing the most vulnerable MA enrollees to go

without needed care;

- ◆ Referral and **prior authorization requirements, narrow networks**, and widespread and persistent **inappropriate delays and denials of care and coverage** endanger care access for everyone, particularly vulnerable MA enrollees.

Fundamental problems with the current Medicare Advantage model drive health inequities and poor health outcomes for people with complex conditions. The biggest problem is the risk-adjusted capitated payment model. Medicare Advantage plans that: 1. Attract a disproportionate number of enrollees in relatively good health and/or 2. Delay and deny care inappropriately and/or 3. Do not include high quality specialists and specialty hospitals in their networks, can be sure to profit handsomely. The risk-adjusted capitated payment model for MA plans not only hurt vulnerable populations, they drive up Medicare costs.

We propose a suite of ten changes to improve health equity, reduce Medicare Advantage threats, enable appropriate CMS oversight, and minimize health insurer violations in Medicare Advantage....**Read More**

## When will the Social Security COLA increase be announced for 2023?

Inflation has been rising at a record pace in 2022 as the economy rebounds from the pandemic, this is not uncommon. Although many Social Security beneficiaries whose income is fixed are experiencing the pain of higher prices right now, that high inflation may also translate into another record increase in benefits.

Every year the Social Security Administration gears what it pays in monthly benefits through the annual Cost-Of-Living-Adjustment (COLA). Social Security benefits are one of the few types of incomes retirees receive that is adjusted for inflation.

The US Bureau of Labor

Statistics is likely release the Consumer Price Index data for September 2022, the last month of the third quarter, on 13 October. Last year, the Social Security Administration released the 2021 COLA the same day that the CPI data for the third quarter was released, so it could be expected the final 2022 COLA will be known as soon as Thursday 13 October 2022.

It is expected that the COLA increase **could be as much as 10.5 percent**, soundly trumping the increase for 2022 of 5.9 percent.

"I think somewhere in the 9 percent range is probably a reasonable guess," says **Richard**



**Johnson**, director of the retirement policy program at the Urban Institute, a Washington, D.C.-based research organization.

"It's hard to predict exactly how, in particular, **energy prices** are going to evolve over the next few months. I think that's probably the big uncertainty."

How is the COLA calculated? The change in COLA, if any, is **calculated** using the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) published monthly by the US Bureau of Labor Statistics. The Social Security Administration uses the

monthly average from the third quarter of the last year of the COLA, in this case 2021 to the third quarter of the current year. Although Social Security benefit payments go out on the first of every month, 1 January is a holiday so the payment is bumped up to the end of December.

The Social Security Administration won't announce the exact **#COLA** for 2023 until October, but experts predict that benefits could increase by 8-10%. That would be the largest amount since 1981. **<https://t.co/EED69wsy8i>**

— Megan Loe (she/her) (@meganaloe) **August 22, 2022**

## Ultraprocessed foods linked to cancer and early death, studies find

Eating a lot of ultraprocessed foods significantly increases men's risk of colorectal cancer and can lead to heart disease and early death in both men and women, according to two new, large-scale studies of people in the United States and Italy published Wednesday in British medical journal *The BMJ*.

Ultraprocessed foods include prepackaged soups, sauces, frozen pizza, ready-to-eat meals and pleasure foods such as hot dogs, sausages, french fries, sodas, store-bought cookies, cakes, candies, doughnuts, ice cream and many more.

"Literally hundreds of studies link ultra-processed foods to obesity, cancer, cardiovascular disease, and overall mortality," said Marion Nestle, the Paulette Goddard professor emerita of nutrition, food studies and public health at New York University and author of numerous books on food politics and marketing, including 2015's "Soda Politics: Taking on Big Soda (and Winning)."

"These two studies continue the consistency: Ultraprocessed foods are unambiguously associated with an increased risk for chronic disease," said Nestle, who was not involved in either study.

A link to cancer  
The **US-based study** examined the diets of over 200,000 men and women for up to 28 years and found a link between ultraprocessed foods and colorectal cancer – **the third most diagnosed cancer in the US** – in men, but not women. Processed and ultraprocessed meats, such as ham, bacon, salami, hotdogs, beef jerky and corned beef, have long been associated with a higher risk of bowel cancer in both men and women, according to the **World Health Organization, American Cancer Society and the American Institute for Cancer Research**.

The new study, however, found that all types of

ultraprocessed foods played a role to some degree.

"We found that men in the highest quintile of ultraprocessed food consumption, compared those in the lowest quintile, had a 29% higher risk of developing colorectal cancer," said co-senior author Fang Fang Zhang, a cancer epidemiologist and chair of the division of nutrition epidemiology and data science at the Friedman School of Nutrition Science and Policy at Tufts University in Boston.

That association remained even after researchers took into account a person's body mass index or dietary quality.

Why didn't the new study find the same risk for colorectal cancer in women?

"Reasons for such a sex difference are still unknown, but may involve the different roles that obesity, sex hormones, and metabolic hormones play in men versus women," Zhang said.

"Alternatively, women may have chosen 'healthier' ultraprocessed foods," said Dr. Robin Mendelsohn, a gastroenterologist at Memorial Sloan-Kettering Cancer Center in New York City, who was not involved in the study.

The study did find that eating a "higher consumption of ultraprocessed dairy foods – such as yogurt – was associated with a lower risk of colorectal cancer in women," Zhang said. "Some ultraprocessed foods are healthier, such as whole-grain foods that contain little or no added sugars, and yogurt and dairy foods."

Women did have a higher risk for colorectal cancer if they consumed more ready-to-eat-or-heat dishes such as pizza, she said. However, men were more likely to have a higher risk of bowel cancer if they ate a lot of meat, poultry, or seafood-based ready-to-eat products and sugar-sweetened beverages, Zhang said.



"Americans consume a large percentage of their daily calories from ultraprocessed foods – 58% in adults and 67% in children," she added. "We should consider substituting the ultraprocessed foods with unprocessed or minimally processed foods in our diet for cancer prevention and prevention of obesity and cardiovascular diseases."

The **second study** followed more than 22,000 people for a dozen years in the Molise region of Italy. The study, which began in March 2005, was designed to assess risk factors for cancer as well as heart and brain disease.

A link to early death  
Analysis **published in The BMJ** compared the role of nutrient-poor foods – such as foods high in sugar and saturated or trans-fats – versus ultraprocessed foods in the development of chronic disease and early death. Researchers found that both types of foods independently increased the risk of an early death, especially from cardiovascular diseases.

However, when researchers compared the two types of food to see which contributed the most, they discovered that ultraprocessed foods were "paramount to define the risk of mortality," said first author Marialaura Bonaccio, an epidemiologist at the department of epidemiology and prevention at the IRCCS Neurologico Mediterraneo Neuromed of Pozzilli, Italy.

In fact, over 80% of the foods classified by the guidelines followed in the study as nutritionally unhealthy were also ultraprocessed, said Bonaccio in a statement.

"This suggests that the increased risk of mortality is not due directly (or exclusively) to the poor nutritional quality of some products, but rather to the fact that these foods are mostly ultraprocessed," Bonaccio added.

Not real foods

Why are ultraprocessed foods so bad for us? For one, they are "ready-to-eat-or-heat industrial formulations that are made with ingredients extracted from foods or synthesized in laboratories, with little or no whole foods," Zhang told CNN.

These overly processed foods are often high in added sugars and salt, low in dietary fiber, and full of chemical additives, such as artificial colors, flavors or stabilizers.

"While some ultraprocessed foods may be considered healthier than others, in general, we would recommend staying away from ultra-processed foods completely and focus on healthy unprocessed foods – fruits, vegetables, legumes," Mendelsohn said.

In 2019, the National Institute of Health (NIH) published the **results of a controlled clinical trial** comparing a processed and unprocessed diet. Researchers found those on the ultraprocessed diet ate at a faster rate – and ate an additional 500 calories more per day than people who were eating unprocessed foods.

"On average, participants gained 0.9 kilograms, or 2 pounds while they were on the ultraprocessed diet and lost an equivalent amount on the unprocessed diet," **the NIH noted**.

"There is clearly something about ultraprocessed foods that makes people eat more of them without necessarily wanting to or realizing," said Nestle.

"The effects of ultraprocessed foods are quite clear. The reasons for the effects are not yet known," Nestle continued. "It would be nice to know why, but until we find out, it's best to advise eating ultraprocessed foods in as small amounts as possible."

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## How 'This Is Us' Put Alzheimer's Care in the Spotlight

When the wildly popular TV show "This Is Us" wrapped up its final season this year, it did so with a storyline that showed one of the lead characters dealing with **Alzheimer's disease** as her adult children disagreed over the type of care she should receive.

Now, a new online survey of more than 700 people finds those compelling episodes where the mother in the show, Rebecca Pearson, struggled with the devastation of her diagnosis may have hit their mark.

A "key finding was this idea that the storyline could help reduce **stigma** and encourage people to seek care," said study author Beth Hoffman, a postdoctoral associate in the University of Pittsburgh's School of Public Health's department of behavioral and community health sciences.

"Viewers really felt that the way the show captured Rebecca's early signs of memory loss and her resistance to go see a provider, to say, 'Oh, that's just normal aging.' They thought that that all spoke to their experience," Hoffman added. "And they expressed that they thought that viewing this could maybe help people realize the signs and symptoms in themselves or their loved ones, [and] helped to de-stigmatize seeking care for it and seeking an evaluation."

The episodes also helped those who have lived through **caregiving** for a loved one with the disease feel seen, Hoffman said.

Participants could relate to both of the brothers, Kevin and Randall, even when they found one to be overly optimistic. The

respondents also thought seeing the show would encourage families to discuss planning for future care.

Little research has been done on the influence of aging, **advance care planning** and Alzheimer's disease storylines on viewers because it's not a topic widely depicted on television, said Hoffman.

### Show created 'safe space' for talking about Alzheimer's

Knowing that the storyline was developed in close collaboration with medical and health experts at the University of Southern California's Hollywood, Health & Society program, the researchers wondered whether that expertise would come across to viewers.

"In the focus groups, especially, we heard a lot of people who said, 'I strongly support medical research. I'm a strong advocate of clinical trials, but I think when Randall said on screen that this clinical trial will save her life, that was inaccurate. That's not where the research is right now with Alzheimer's trials.' And that was really powerful to hear that people could empathize and they really felt seen in the way that he showed being desperate to help his mom, but they also were able to take that step back and say, just because he feels that way doesn't mean that that's medically accurate," Hoffman said.

Participants thought the show created a safe space to have that dialogue among families watching the show together, to talk about preferences for staying



home versus advanced medical care, Hoffman said.

"I think that's a key finding that also opens up the door to future areas of interest, maybe clips from this could be used for interventions, could be used to decrease stigma, and also that this is an important storyline for content creators to be exploring," Hoffman said.

Given that U.S. adults spend far less time with their doctors (about an hour each year, the study estimates) than they do watching primetime TV (nearly 2,000 hours annually), the potential for raising awareness about Alzheimer's is significant.

"I think it highlights issues that are often not discussed or are hidden and considered sort of private. It creates a space where you're allowed into that room," said study senior author Jessica Burke, a public health professor at the University of Pittsburgh.

"You can hear what's happening and see what's happening and then think about how it applies to yourself, and that's very different than doing it in a workshop or a classroom or on a pamphlet, or having a provider talk to you about the importance of doing so. It allows the viewers to really process it in their own space and time," Burke added.

The report was published Aug. 31 in the **Journal of Health Communication**.

### Storyline hit home for many

Monica Moreno, senior director of care and support for the Alzheimer's Association, said some people think of Alzheimer's only in its late

stages, while shows like this depict a fuller picture of the disease.

"And that's what I think that these stories can do, is change that perception to see that these are people who are articulate, and they have families and they're still mothers and fathers, right? And they can still love their families and talk to them and have conversations with them that are challenging and difficult. And it's important to be able to do that very early on," Moreno said.

The Alzheimer's Association is collaborating with Gdavis Productions and Films LLC on a stage play called "**Unforgettable**" that debuted this summer and is meant to raise awareness about the impact of Alzheimer's on Black communities.

Though the brain experiences age-related changes, the Alzheimer's Association has developed a **list of warning signs** that can indicate a more serious issue.

"Certainly, the association is always trying to add public service announcements or do education seminars after these storylines go public and people have viewed them to allow a forum for people to be able to talk about their experience and to ask those questions... so that we can appropriately address them or drive them to the appropriate resources," Moreno said.

"So, again, that they don't have to feel like they're going through this alone and they really have a support system in place to help them live the best life that they can for as long as they possibly can," she added.

## FDA Panel Skeptical of Controversial ALS Drug Ahead of Vote

A U.S. Food and Drug Administration panel will once again consider approval for an experimental drug for **ALS**, a rare second review for a disease that has no cure.

The same panel that will meet Wednesday **voted** last March not to approve the drug for the deadly neurodegenerative condition that's also known as Lou Gehrig's disease.

But getting the drug, known as

Albrioza (**AMX0035**), approved is a rallying cause for patients, their families and members of Congress, the *Associated Press* reported.

Still, federal regulators said in a **briefing document** filed on Friday that the company's new evidence was not "sufficiently independent or persuasive" to establish effectiveness.



The document did say that the experts can consider "the unmet need in ALS" and the flexibility the agency has in applying for approval of drugs that treat deadly diseases.

This suggests "there is a chance that the FDA is still looking for a way to approve the product," SVB analyst Marc Goodman wrote in a note to investors.

Goodman thinks the drug has about a 50% chance of approval, the *AP* reported.

When regulators first reviewed the drug in March, they voted 6-4 against it after finding data wasn't convincing that it would benefit those with the disease. The panel gave the agency until Sept. 29 to review any further data the company submitted....**Read More**

## Could Your Blood Type Raise Your Odds for Stroke?

The risk of suffering a stroke at an early age may depend partly on a person's blood type, a large study suggests.

When it comes to the risk of **ischemic stroke** — the kind caused by a blood clot — studies have hinted that blood type plays a role. People with type O blood generally have a somewhat lower risk than those with types A, B or AB.

Now the **new study** suggests that blood type is more strongly tied to the risk of ischemic stroke at a younger age (before age 60) compared to later in life. And type A blood, specifically, stood out as a risk factor.

The researchers stressed that **blood type** is not a strong influence: On average, they found, people with type A blood had a 16% higher risk of having a stroke before age 60, versus people with other blood types. Meanwhile, type O blood was

tied to a 12% decrease in the risk.

"People with blood type A should not be worried," said researcher Braxton Mitchell, a professor at the University of Maryland School of Medicine, in Baltimore.

Many things affect a person's stroke risk, he said, including factors that, unlike blood type, can be changed.

People can avoid smoking, get regular exercise, eat a healthy diet, and gain control over high blood pressure, diabetes and other health conditions that raise stroke risk, he advised.

Why would blood type make a difference in stroke risk? Ischemic strokes — which account for most strokes — occur when a clot blocks blood flow to the brain. And it's known that non-O blood types have higher levels of certain proteins, called **von Willebrand**



**factor** (VWF) and **factor VIII**, that contribute to clot formation.

Mitchell said the new findings suggest that a propensity toward blood-clotting may play a larger role in younger people's strokes compared to those later in life.

Some other findings from the study support that idea: Blood type A was also linked to a heightened risk of **venous thromboembolism** — where clots form in the veins. And again, blood type made a bigger difference for people younger than 60, versus older adults.

Type O is the most common blood group. According to the American Red Cross, about 45% of white Americans have type O blood, while the rate is higher among Black and Hispanic Americans — at 51% and 57%, respectively. Type A is the second-most common blood

group.

The new findings — published online Aug. 31 in the journal *Neurology* — come from 48 studies across the globe. They included roughly 17,000 people who had suffered an ischemic stroke before age 60, along with a group who suffered a stroke at an older age and a comparison group of healthy individuals.

Looking at the participants' genetic profiles, the researchers searched for gene variants that were linked to the risk of early stroke. The only strong hit they turned up was a chromosome region that includes the *ABO* gene, which determines blood type.

People with type O blood had a decreased risk of stroke, with the link being stronger for early-onset than later: a 12% lower risk of early stroke, but only a 4% lower risk of stroke at age 60 or older...[Read More](#)

## Who's at Higher Risk for A-Fib, Men or Women?

Doctors have long thought men had more risk of developing atrial fibrillation (a-fib) than women, but the reverse may actually be the case.

When researchers accounted for height differences between men and women, a new study revealed that women were 50% more likely to develop a-fib, an irregular heart rhythm disorder, than men.

"This is the first study to show an actual flip in the risk of **atrial fibrillation**," said senior author Dr. Christine Albert, head of cardiology at the Smidt Heart Institute at Cedars-Sinai Medical Center in Los Angeles.

Albert also led the nationwide **VITAL Rhythm Trial**, the basis of these findings.

"In this population of 25,000 individuals without prior heart disease, after adjusting for differences in height, women were at higher risk for developing [a-fib] than their male counterparts -- upward of 50%," Albert said in a center news release.

The taller an individual is, the greater their a-fib risk. Women tend to be shorter than men, so **past research** has shown their risk is lower.

"Our study, however,



surprisingly suggests that if a man and a woman have the same height, the woman would be more likely to develop a-fib,"

Albert said. "Now the question has changed: Instead of why are women protected, now we must seek to understand why women are at a higher risk."

The findings suggest health care providers need to promote a-fib prevention and early intervention in both sexes.

"Atrial fibrillation is a disease we want to prevent, regardless of sex or gender," Albert said. "This informative study is an important step for the medical community

to take note of, and begin discussing a-fib risk with all patients, whether male or female."

A-fib's effect on heart rhythm can lead to stroke or heart failure. Women who are diagnosed with a-fib are more likely to experience these consequences than men.

Experts estimate that more than 12.1 million Americans will have the condition by 2030. As the general population increases in both height and weight, heart specialists expect more will be diagnosed with a-fib...[Read More](#)

## Experimental Insulin-in-a-Pill Shows Promise in Rat Study

People with **type 1 diabetes** who need to inject insulin a few times a day could eventually be switching to an easier-to-take tablet that dissolves inside the cheek.

Canadian researchers working with rodents report they have created an insulin that could be taken in pill form without most of being wasted in the stomach.

"These exciting results show that we are on the right track in developing an insulin formulation

that will no longer need to be injected before every meal, improving the quality of life, as well as mental health, of more than 9 million type 1 diabetics around the world," said lead study author Dr. Anubhav Pratap-Singh, from the University of British Columbia's faculty of land and food systems. His inspiration for the work was his father, who has been injecting insulin for 15 years.



This new tablet would be placed between the gum and cheek, using the thin membrane found within the lining of the inner cheek and back of the lips.

"For **injected insulin**, we usually need 100iu per shot. Other swallowed tablets being developed that go to the stomach might need 500iu of insulin, which is mostly wasted, and that's a major problem we have been trying to work around," said study

co-author Yigong Guo, a PhD candidate at the University of British Columbia.

While injected insulin is fully released in about 30 to 120 minutes, most swallowed insulin tablets release insulin slowly over two to four hours.

In previous attempts to develop a drinkable insulin, most of the insulin would accumulate in the stomach, not where it was needed...[Read More](#)

## How much fatty fish should you eat?

On a recent visit to my new primary care physician, I learned that the mercury level in my blood was too high. I had been eating too much tuna, swordfish and halibut, and I was told to stop. Anthony Pearson, MD, writes for [MedPage Today](#) on whether it's a good idea to eat two servings of fatty fish a week.

It would not be surprising if you've been led to believe that you should be eating a variety of fish, particularly oily fish, to reduce your risk of heart disease. The evidence behind this thinking is from observational studies revealing that people who eat more omega-3 fatty acids are

at less risk of heart disease.

Pearson, along with many other experts, have found no meaningful evidence that [fish oil supplements](#) help to prevent heart disease. But, the question is whether the quality of the evidence behind eating fatty fish is particularly good. The limited available [evidence](#) suggests that there might not be any link between eating fatty fish and reducing your risk of heart attack and stroke.

Certainly, before eating fish, you should look at the [FDA advice](#) on avoiding certain fish that are high in mercury. In



short, it says to avoid these fish: King mackerel, Marlin, Orange roughy, Shark, Swordfish, Tilefish (Gulf of Mexico) and Tuna.

What's wrong with mercury? If you have high levels of mercury in your system, it could affect your central nervous system, kidneys and liver. You could experience muscle weakness, nausea and vomiting, inability to feel in the hands, face, or other areas, changes in vision, hearing, or speech and difficulty breathing.

In addition, farm-raised salmon can have a lot of contaminants and not a lot of omega-3 fatty

acids. Fresh wild salmon is far superior but also a lot more expensive.

If a friend or family member catches a fish, check with your [state advisories](#) for its safety. Unless there's an advisory, if you eat that fish, avoid eating any other fish that week.

Here's some good news: If you've been eating a lot of fish with mercury and your mercury level is high, you can stop eating fish high in mercury and bring your mercury level down in [less than three months](#).

## CDC Approves Omicron-Specific Booster Shots From Pfizer, Moderna

Hours after a vaccine advisory panel to the U.S. Centers for Disease Control and Prevention signaled its support for updated COVID boosters targeting [Omicron variants](#), agency director Dr. Rochelle Walensky issued her endorsement as well.

Walensky's sign-off paves the way for the shots from Pfizer and Moderna to get into American arms within days.

"The updated COVID-19 boosters are formulated to better protect against the most recently circulating COVID-19 variant," Walensky said in the CDC statement issued Thursday. "They can help restore protection

that has waned since previous vaccination and were designed to provide broader protection against newer variants."

Final approval comes before the possible emergence of a winter surge in COVID-19 cases.

"This recommendation followed a comprehensive scientific evaluation and robust scientific discussion," Walensky noted. "If you are eligible, there is no bad time to get your COVID-19 booster and I strongly encourage you to receive it."

According to the CDC, hundreds of thousands of updated vaccine doses were already being delivered around the country on



Thursday, the *New York Times* reported. Providers nationwide are expected to have millions of updated booster shots by Labor Day, the agency said, though some doctors have said they were told that initial supply would be small in their areas.

The CDC's approval came one day after the U.S. Food and Drug Administration gave its blessing for the updated booster shots.

"The FDA has been planning for the possibility that the composition of the COVID-19 vaccines would need to be modified to address circulating variants," Dr. Peter Marks, director of the FDA's Center for

Biologics Evaluation and Research, said in an agency [news release](#) announcing the emergency approval.

"We sought input from our outside experts on the inclusion of an Omicron component in COVID-19 boosters to provide better protection against COVID-19. We have worked closely with the vaccine manufacturers to ensure the development of these updated boosters was done safely and efficiently. The FDA has extensive experience with strain changes for annual influenza vaccines. We are confident in the evidence supporting these authorizations," Marks added....[Read More](#)

## High-Tech Socks Could Prevent Falls in At-Risk Patients

Every year, anywhere from 700,000 to 1 million people [fall](#) while in U.S. hospitals, and this often triggers a downward health spiral.

Little has been shown to make a dent in those numbers. Until now.

Enter Smart Socks, which are wired with sensors that send an alert when a patient tries to get up from a hospital bed and puts pressure on the socks.

In a 13-month study, nobody who wore the socks fell, which equaled a rate of 0 falls per 1,000 patient-days. Patient-days refers to the number of falls and the number of occupied bed days on a hospital unit over a study period. Historically, this rate is 4

falls per 1,000 patient-days.

"While further study is needed, I do believe there is an opportunity for these socks to be used in inpatient hospital settings, nursing homes and rehab facilities," said study author Tammy Moore. She's the associate chief nurse at Ohio State's Neurological Institute and Medical Surgical in Columbus.

The study was funded by Palarum's PUP (Patient is Up) Smart Socks, but Moore and colleagues have no financial ties to the company.

For the study, 569 people who were at high risk for falling in the



hospital wore the socks.

No other fall prevention systems, such as chair or bed alarms, were used. There were 5,010 alarms sounded by the socks during the study period, and 11 of these were considered false alarms, indicating that 99.8% of the alarms correctly alerted nurses when a person attempted to stand.

When the socks detect an attempt to stand up, the system alerts the three nurses closest to the alarm via wearable smart badges. If no one responds within one minute, the call goes out to the next three closest nurses. If no one responds within 90 seconds, the system alerts

everyone with a smart badge.

Nurse response times ranged from one second to nearly 10 minutes, with an average of 24 seconds, the study showed. There wasn't any information on nurse response times for bed and chair pressure sensors available for comparison.

Now, researchers plan to test the sock system in a variety of units at the hospital, Moore said. "We believe that there is efficacy of the product but it needs to be tested in a variety of settings and [on] more patients," she explained.

The study was published online recently in the [Journal of Nursing Care Quality](#)....[Read More](#)

## Herbal remedies, including supplements, can cause serious harm

More than 150 million Americans take dietary supplements and herbal remedies. Most of them fail to realize that herbal remedies and supplements, can cause serious harm, even death. **Kaiser Health News** reports on one woman's death from taking a mulberry leaf supplement.

In December 2021, Lori McClintock, Congressman Tom McClintock's wife, died after consuming an herb from a white mulberry tree that people tend to think is safe and use to treat diabetes, obesity and high cholesterol. There's evidence that it lowers blood sugar levels. McClintock was 61.

Dehydration resulting from gastroenteritis was the cause of death for McClintock, according to the coroner's report. Gastroenteritis inflames the

stomach and intestines. In McClintock's case, eating mulberry leaf caused the gastroenteritis.

The autopsy report did not say whether Lori McClintock took a white mulberry leaf dietary supplement, drank tea brewed from the mulberry leaf or ate fresh or dried leaves. But, it did find a piece of white mulberry leaf in her stomach.

Rep. McClintock said his wife had been dieting and going to the gym to lose weight. She had complained of an upset stomach the day before she died. Side effects of the white mulberry leaf include nausea and diarrhea.

No one has reported a death from consuming white mulberry leaf in the last 10 years, according to the American



Association of Poison Control Centers. Of the 148 reported cases of accidental consumption, only one needed follow-up medical care. Since

2004, the FDA has received only two reports of people who got sick from the mulberry leaf; one or both of them needed hospitalization.

Supplement manufacturers can include all sorts of **ingredients in their products**. And, these ingredients can be harmful on their own or cause harmful interactions with medications you are taking. What's worse is that the FDA does not subject supplements to the kinds of safety testing that prescription drugs and over-the-counter medicines are subject to.

Four in five Americans use supplements. Notwithstanding the risks supplements pose, it's a \$54 billion market in the US. No one tracks the number of supplement products on the market, but the FDA estimates 40,000-80,000.

Sen. Richard Durbin (D-Ill.) has introduced legislation to strengthen oversight of dietary supplements. He along with Sen. Mike Braun (R-Ind.) a co-sponsor, want to require supplement manufacturers to register with the FDA and publicly list all ingredients in their products. The dietary supplement industry, for its part, wants you to believe that the white mulberry leaf supplement was not responsible for McClintock's death, suggesting that any number of things might have caused her dehydration.

## With PFAS in Packaging, How Safe Is Microwave Popcorn?

Munching handfuls of microwave popcorn might be perfect for movie night, but your snack could be loading your body with potentially harmful "forever chemicals," experts warn.

Many microwave popcorn bags are lined with **PFAS (perfluoroalkyls and polyfluoroalkyl substances)**, and evidence has shown that these chemicals will leach into the snack during popping.

Studies have found "high levels of these compounds in the blood of people who ate microwave popcorn regularly, so it does get into the bloodstream," said Dr. David Heber, founding director of the UCLA Center for

Human Nutrition.

PFAS compounds are called forever chemicals because they break down very slowly, accumulating both in the environment and within human bodies.

The chemicals are commonly found in drinking water supplies throughout the United States, and can be found in the blood of 97% of U.S. residents, **the federal government estimates**.

"There's been a lot of attention on drinking water, but food is also a major source of exposure and studies have shown that consuming microwave popcorn and fast food is correlated with higher PFAS levels in the body," said David Andrews, a senior



scientist with the nonprofit Environmental Working Group.

PFAS chemicals originally were developed in the 1950s as part of the nonstick coating of pans, Heber said.

They've since been added to many consumer products, including cleaning solutions, waterproof makeup, firefighting foam and stain-resistant coatings for carpets and upholstery.

Microwave popcorn manufacturers add PFAS to the lining of the bags to keep the oil that pops the corn from soaking out, Andrews said.

The PFAS also help keep the bag from burning, Heber said.

"You know sometimes if you leave the popcorn in a lot longer, you'll end up with blackened kernels that have burned?" Heber said. "Well, that's hot enough to also burn the paper, so this protects the paper from starting a fire in the kitchen."

But during the popping process, PFAS leach into the popcorn, making the snack one of the most notorious means by which the chemicals enter human bodies, Andrews said.

"This is actually one of the first product types that the FDA did testing on" to check for the presence of PFAS, around 15 years ago, Andrews said. **Read More**

## Too Often, Diabetes & Hearing Loss Go Together

Though it's not clear how **diabetes** may be related to **hearing loss**, many people experience both conditions simultaneously.

About 37 million Americans have diabetes, estimates the American Diabetes Association. Meanwhile, about 34.5 million of them also have some type of hearing loss.

Experiencing hearing loss is twice as common in people with diabetes as it is in those who

don't have the condition, according to a recent study. Even for the 133 million people with prediabetes, the rate of hearing loss is 30% higher than in those with normal blood sugar.

The reason may be that **high blood sugar levels** may damage the small blood vessels in the inner ear, the association suggests. This would be similar to the way in which diabetes can



damage the eyes and the kidneys.

The association advises that people who suspect they're losing their hearing to talk to their primary care doctors, and then potentially get help from an **audiologist**, a licensed hearing aid dispenser or a doctor who specializes in hearing problems.

Signs of hearing loss include frequently asking others to

repeat themselves, having trouble following conversations that involve more than two people, and thinking that others are mumbling. They can also include problems hearing in noisy places such as busy restaurants, trouble hearing the voices of women and small children, and turning up the TV or radio volume too loud for others who are nearby.