

September 17, 2023 E-Newsletter



Message from the Alliance for Retired Americans Leaders

Alliance Members Spread the Word about the Benefits of Medicare Drug Price Negotiation



Robert Roach, Jr.,
President, ARA

Days after the Biden-Harris administration unveiled the list of 10 prescription drugs that will be subject to Medicare price negotiation, Alliance members across the country joined elected leaders and Cabinet officials to inform older Americans about this important development.

The list includes several drugs that many seniors use, including Eliquis and Xarelto, which are used to treat blood clots; and Jardiance, Jenuvia, Farxiga, and Fiasp (along with Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog and PenFill), which are used to treat diabetes.

Maryland/DC Alliance member Pam Parker joined U.S. Secretary of Health and Human Services Xavier Becerra on a panel in Chantilly, Virginia Tuesday touting the drug price negotiation benefits. Senator Mark Kelly (AZ) joined Alliance members Wednesday to discuss how Medicare negotiations will lower prescription drug costs for Arizonans. You can watch the event here.

"Seniors have paid as much as \$6,500 a year in out of pocket costs for just one of these drugs," said Arizona Alliance president Linda Somo at the event. "Prescription drugs don't work if people can't afford to take them." Former Arizona Alliance

president Doug Hart, who takes two pills a day of blood thinner Eliquis, spoke to television station ABC15 about what drug price negotiation means for him. "Thanks to President Biden and years of grassroots activism by Alliance members, Medicare will be able to negotiate prices on these drugs beginning in 2026," said **Robert Roach, Jr., President of the Alliance**. "The drugs involved are some of the most expensive medications on the market, and that means seniors and taxpayers will save billions of dollars."

Pleasant Surprise: Medicare's Per Person Spending Has Stopped Skyrocketing



Rich Fiesta,
Executive Director, ARA

Spending per Medicare beneficiary has nearly leveled off over more than a decade — but for unknown reasons. The lower per-person cost could have to do with the Affordable Care Act, fewer heart attacks, or the recent lack of new blockbuster treatments.

In fact, if Medicare spending had grown the way it had for much of its history, federal spending would have been \$3.9 trillion higher since 2011, and deficits would have been more than a quarter larger.

The development has had enormous consequences for federal spending. Budget news is often dire, but the Medicare trend has been unexpectedly good, saving taxpayers a huge amount relative to projections. Medicare is growing more slowly than ever, although still more quickly

than the rest of the federal budget.

One partial explanation: older Americans appear to be having fewer heart attacks and strokes, the likely result of effective cholesterol and blood pressure medicines that became more widely used in recent years, according to research from Harvard Professor David Cutler and colleagues.

Medicare may even wind up saving money because of Covid-19, because the older Americans who died from the disease tended to have other illnesses that would have been expensive to treat if they had survived, according to an analysis from the Medicare actuary.

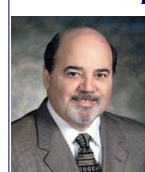
"The data shows that any calls to privatize or cut Medicare, or raise the eligibility age, are wrong-headed," said **Richard Fiesta, Executive Director of the Alliance**.

President Biden, AFL-CIO President Shuler Mark Labor Day with Rallies in Philadelphia, Detroit

President Biden celebrated both unions and his job creation record during a Labor Day appearance at a rally at the Sheet Metal Workers Local 19 in Philadelphia Monday. He noted that there are nearly 13,500,000 new jobs in the country since he was sworn in, including 800,000 new manufacturing jobs, and reminded attendees that his administration had saved millions of pensions.

Also, on Monday, AFL-CIO President Liz Shuler joined thousands of union members at the annual Detroit Labor Day rally. The event was timely, given the September 14 contract deadline between the United Auto Workers (UAW) and the Detroit Three automakers: Ford, General Motors and Stellantis. "If the shareholders and CEOs are lavishing themselves with the value we create, then it's our turn for our fair share," said UAW President Shawn Fain. "I want to be very clear on this point: We will accept nothing less than consistent, living wages that grow with the economy."

"The UAW is fighting for better pensions, increased wages, and an end to tiered compensation between workers with different lengths of service," added **Joseph Peters, Jr., Secretary/Treasurer of the Alliance**.



Joseph Peters
ARA
Sec.-Trea.

"Tiered compensation pays newer employees less. That hurts workplace morale and cripples the union."



ADD
YOUR
NAME

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

Rhode Island Alliance for Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-480-8381

riarajap@hotmail.com • <http://www.facebook.com/groups/354516807278/>

Tips for seniors during Medicare's approaching annual enrollment period

As Medicare's annual enrollment period from Oct. 15 to Dec. 7 is approaching, recipients are being bombarded with calls and mailers attempting to persuade them to switch plans.

The annual enrollment period is coming after the United States on Tuesday named **the first 10 drugs for Medicare price negotiations**, which will go into effect in September.

"(Older adults) get a lot of people calling, commercials, mailers — a lot of people soliciting them, compliantly (and) non-compliantly, for further information, to try and get them to switch plans," said Angela Olson, an independent Medicare agent with **Insurance Solutions**.

The main concern for the older adults receiving these contacts is whether they can or should switch their plans in the first place, which Olson said is often only solicited for money-making purposes on behalf of the agencies reaching out. She helps Medicare recipients make decisions about their Medicare coverage.

Medicare is a federal health insurance coverage option for Americans over age 65 that is handled by the **U.S. Social Security Administration**. It covers most, but not all of the costs for approved health care services and supplies that are medical necessities, according

to **medicare.gov**.

Medicare Part A includes hospital, inpatient and home health care coverage, and Part B is supplemental medical insurance to cover doctor visits and outpatient services. Part B often requires a monthly premium and regular copays. Part C, often called Medicare Advantage Plans, is a private insurance option for hospital and other medical coverage, which is offered as an option instead of A and B. Part D covers prescription drug costs and is optional.

Generally, a person only needs to sign up for Part A and Part B once. But, each year, it is possible to choose which way you get your health coverage (and add or switch drug coverage). Medicare is different from private insurance — it doesn't offer plans for couples or families and spouses can select different options, the federal agency states online.

It can be difficult to navigate complex health care coverage on one's own, especially when multiple companies are vying for the kickbacks.

So, what can recipients of the many attempts for information do? A local independent agent, like Olson, is a no-cost solution that can help. Independent agents make their money from the health carriers to which they refer people.



Olson said good agents are willing to lose money if their client is already on the best plan without

switching.

Dr. Joey Mattingly, formerly an adviser for the U.S. Centers for Medicare and Medicaid Services, told KSL.com that an independent agent is an excellent resource for help saving money on Medicare, adding that talking to family and friends or your local pharmacist about your options is a good asset, as well.

Finding a good agent, however, can be difficult — but it is not impossible. Websites that seek to guide Medicare recipients in the right direction include a site that Olson is still developing (findmymedicareagent.com) and hopes to have up by the opening of the upcoming annual enrollment period on Oct. 15.

In his advisory role with the Centers for Medicare and Medicaid Services, Mattingly helped with the implementation of the drug price negotiation program in its beginning stages. He said the negotiation will help users of those first 10 prescription drugs save money, but only covers those 10 out of thousands of drugs that are available.

"It may not have a huge impact on a lot of seniors," Mattingly said.

With nearly 56 million adults

over 65 years old in America, President Joe Biden has said the negotiations will help up to 9 million save almost \$6,500 on average.

Because the affected population is in the minority, looking into the best Medicare plan is important for healthy finances. "It's a bigger discussion than just your health," Mattingly told KSL.com.

Olson said just 2% of people are eligible for many of the advertised Medicare plans, emphasizing the need to get outside opinions on making decisions when it comes to keeping or switching plans.

Among the calls and mailers older adults receive, Utah's Department of Health and Human Services warned Wednesday to be aware of phone scams targeting "Utah's elderly population."

"Often, the caller impersonates an employee of the Utah Department of Health and Human Services. The caller then tries to collect personal information from individuals, such as Social Security number, Medicare number, age and full name. They may try to sell products or services. DHHS employees will never call to promote services or products for sale," the department warned.

For more information, visit **usa.gov/medicare**.

Medical credit cards can be poison for your finances, study finds

Medical credit cards have proliferated in health care offices across the nation as more Americans struggle to afford treatment, even when they have insurance. Yet while these cards may seem like a good way to quickly pay for needed services, they come with some serious downsides that experts say could cost you dearly.

One major card provider, CareCredit, is offered in more than 250,000 health care provider offices, an increase of more than 40% from a decade ago, according to a recent **report** from the Consumer Financial Protection Bureau.

The cards may seem appealing because they offer so-called deferred interest, which comes with 0% APR interest for an introductory period. But the

"deferred" part of the agreement isn't favorable for borrowers if they can't pay off their bill in full before the grace period ends. If they still have a balance, they're charged all the interest they would have accrued since the original charge date, the federal agency noted. Consumers paid more than \$1 billion in these interest payments from 2018-2020, the study said.

The cards also don't provide the same type of financial protections as debt held by a health care organization, according to a new **report** from U.S. Public Interest Research Group. That's because any charges on these cards aren't considered medical debt, unlike a bill owed to a hospital or health care office, the consumer



advocacy group notes.

Crucial difference

That can hurt borrowers because credit reporting

agencies treat debt from obtaining health care differently, with the top three credit bureaus last year agreeing to **drop most medical debt** from consumers' reports. That's not the case with credit card debt, however.

"The minute it goes into a medical credit card, it's not seen as medical debt — it's not owed to a medical provider, but to a bank," Patricia Kelmar, senior director of health care campaigns at U.S. PIRG, told CBS MoneyWatch. "There are certain protections against the way that medical debt can be collected and how it appears on a credit report and how it appears on your credit

score."

She added, "People are reaching for these credit cards as a way to pay bills, but it's not working out well for those who have to have to file for bankruptcy."

One analysis of Oregon bankruptcies by OSPIRG, the Oregon Public Interest Research Group, found that the most frequently listed debt holder related to medical issues was for a single medical credit card issuer, with 1,037 filings listing \$2 million in borrowing.

A better alternative

Instead of reaching for the credit card application to pay for medical services, Kelmer recommended asking a health care provider for a payment plan that fits your budget....**Read More**

Minimizing the risk of financial abuse for people living with dementia

By Cheryl Tudino, Social Security Public Affairs Specialist

Financial crime against older Americans is a growing problem. People living with dementia are at an especially high risk of becoming victims. That's why we're committed to combatting fraud.

As their memory and other thinking skills decline, people with dementia may struggle to make financial decisions. They may not remember or report the abuse – or understand that someone is taking advantage of them. This abuse can occur anywhere – including at home or in care settings.

Victims of fraud who are 80 years and older lose an average of \$39,200 every year. Studies

show that financial exploitation is the most common form of elder abuse. However, only a small fraction of these incidents are reported.

You can help protect others by learning to recognize common signs of financial exploitation and abuse, including:

- ◆ Unopened bills.
- ◆ Unusual or large purchases.
- ◆ Utilities being shut off due to unpaid bills.
- ◆ Money given to telemarketers or soliciting companies.
- ◆ Unexplained withdrawals from the person's bank account.

There are also many simple



things that caregivers can do to reduce the risk of financial abuse

for people with dementia and similar conditions, like Alzheimer's. Do your best to make sure they're involved in deciding which safety measures to put into place.

Some options include:

- ◆ Agreeing to spending limits on credit cards.
- ◆ Signing up for the "Do Not Call" list at [DoNotCall.gov](https://www.donotcall.gov).
- ◆ Setting up auto-pay for bills instead of paying them by check.
- ◆ Signing up to receive automatic notifications for withdrawals from bank

accounts or large charges to credit cards.

- ◆ Requesting electronic bank and credit card statements and watching for unusual purchases or changes in how the person typically spends money.
- ◆ Asking credit card companies to stop sending balance transfer checks and opting out of future solicitations.
- ◆ Creating a separate account where you can keep a small, agreed-upon amount of money that the person can use for recreational activities, meals with friends, etc.

To learn more about combating elder abuse, visit our blog [here](#)

Can I work and receive Social Security at the same time?

Almost 50 million Americans were receiving Social Security retirement payments as of June 2023 with an average monthly benefit of \$1,837, according to the Social Security Administration (SSA). Social Security benefits represent almost one-third of income among the elderly. And for some within that group (12% of men and 15% of women), these benefits account for 90% or more of their total income.

After spending a decade or more paying into the Social Security system, the last thing

you want is to get shortchanged because of a reduced benefit. If you **work while receiving** Social Security, the SSA may withhold part of your benefit if certain conditions aren't met.

How much can I earn and still receive Social Security?

You can work and still receive Social Security if you have reached your full retirement age, which is between **66 and 67** depending on your birth year. This is true no matter how much income you earn.



If you are **under your full retirement age** and earn more than a specified annual income limit, you may receive a reduced benefit. How much the SSA deducts from your benefit will depend on the amount you earn and your age. In 2023, your Social Security will be reduced as follows based on your age and earnings.

- ◆ **Under full retirement age:** the annual earnings limit to receive the full benefit is \$21,240, and you will be deducted \$1 for every \$2 you make above this limit

- ◆ **The year you reach full retirement age:** the earnings limit is \$56,520 but only earnings up to the month before you reach full retirement age are counted; you will be deducted \$1 for every \$3 you make above this limit

- ◆ **Full retirement age and older:** there is no annual earnings limit, and therefore no deductions to your Social Security benefit....[Read More](#)

Honor US workers, increase Social Security benefits

On Labor Day, we celebrate the contributions of workers. The best way to honor those contributions is to increase their economic security. A key component of economic security is retirement security, which we can substantially improve by protecting and expanding Social Security for current and future generations of American workers.

Social Security and Medicare are deferred compensation. Just as we earn our current cash compensation, we earn our Social Security and Medicare with every paycheck. Sadly, too often these earnings are inadequate.

Today's workers are facing a retirement income crisis, where too many will never be able to retire without drastic reductions in their standards of living. As

traditional pensions continue to disappear, replaced (if they are) by riskier, less reliable, inadequate 401(k)s, Social Security is more vital to American workers' economic security than ever.

While President Joe Biden and Democrats in Congress want to protect and expand Social Security, Donald Trump and other Republican presidential candidates want to slash Social Security benefits—or worse.

Social Security has many strengths. It is extremely efficient, secure, nearly universal, excellent for both long-term and mobile workers, and fair. Its one shortcoming is that its benefits are too low. By expanding those modest Social Security benefits, we are renewing our promise to



workers and promoting the security of all American workers for generations to come.

In recognition of Social Security's increasing importance for workers and their families, **several bills** have been introduced during this Congress to expand Social Security's modest benefits.

Representative John Larson's (D-Conn.) **Social Security 2100 Act**, which has over **175 cosponsors**, would increase benefits across-the-board for all current and future Social Security beneficiaries. It would improve the annual Cost-of-Living Adjustments (COLAs) to better match the true costs that seniors face. The bill would improve benefits for widows and

widowers, students, children living with grandparents, public servants, the most elderly Americans, lower-income seniors, those with disabilities, students, and more. And it pays for all of this by making the wealthy finally pay their fair share.

Similarly, Senators **Bernie Sanders** (I-Vt.) and **Elizabeth Warren** (D-Mass.) have introduced the **Social Security Expansion Act**. Their proposal would increase Social Security benefits across-the-board by \$200 a month and update the way that COLAs are determined to better reflect the costs seniors and other beneficiaries face. Further, it would update and increase the minimum Social Security benefit and restore student benefits....[Read More](#)

Biggs: Social Security Exaggerates Shortfall of Retirement Income Replacement Rate

Andrew Biggs has been saying for years that there is no retirement savings “crisis”—and his latest research takes aim at what he says are flawed income replacement rate calculations from the Social Security Administration that are contributing to a perceived problem.

Americans approaching retirement are regularly told they won’t have a sufficient retirement income to maintain their standard of living once they leave the workforce. That’s not necessarily the case, Biggs argues in a new working paper released this week by the American Enterprise

Institute, a Washington, D.C.-based think tank where the former deputy commissioner of the Social Security Administration is a senior fellow.

The paper, “**Replacement Rates and the Retirement Crisis**,” posits that the SSA is doing Americans a great disservice by officially saying Social Security will replace 40% of their pre-retirement income, while the ideal proportion for people to maintain a decent standard of living, it says, is 70%.

The paper says the methodology used to reach that 40% figure is flawed. With the



income “replacement rate” being one of the most important measures of how retirees are faring, it needs to be accurately

represented—and it’s currently not being done “A Social Security replacement rate divides benefits at retirement by a worker’s pre-retirement earnings. For instance, comparing Social Security benefits to the inflation-adjusted average of pre-retirement earnings would make sense,” Biggs told *401(k) Specialist*. “But the SSA’s replacement rate method significantly exaggerates the real purchasing power of worker’s

earnings, by crediting workers with earnings they never had. This in turn makes their Social Security replacement rates appear smaller.”

For instance, Biggs added that a medium wage worker retiring at the full retirement age in 2023 receives an annual Social Security benefit of \$28,204. The **Social Security Trustees Report** claims that this benefit replaces 42.6% of the medium wage worker’s career-average earnings. This implies that this worker had career-average annual earnings of \$66,147 (i.e., $\$28,204 / 0.426 = \$66,147$)

....**Read More**

Medicare stronger, per person spending has barely grown since 2010

A new review of Medicare spending over the last several decades shows a leveling off in Medicare spending per person since 2010, reports **The New York Times**. No one knows why exactly. Given that the Medicare Advantage plans are now overpaid tens of billions of dollars a year, this slow-down in the rate of per person spending has helped to strengthen Medicare.

In 2011, Medicare spent \$13,159 per enrollee. Passage of the Affordable Care Act in 2010 appears to have controlled per person spending since then. If this spending had continued to

grow at the same rate as it had been growing, Medicare would spend an average of \$22,006 per person today.

Instead, it is spending less, \$12,459 per person on average.

Medicare spent about \$3.9 trillion less than projected since 2010. Part of the explanation for the reduction in spending is that Congress reduced payments to hospitals and to Medicare Advantage plans through the Affordable Care Act. But, that can hardly be all of it as our government is **overpaying Medicare Advantage plans to the tune of some \$75 billion a year at this point**.



The Times suggests that spending has leveled off in part because older adults are experiencing

fewer heart attacks, possibly because more of them are taking cholesterol and blood pressure medicines. The Times also suggests that there are few blockbuster costly new drugs that drive up prices. But, Aduhelm is now available to people with Alzheimer’s and is incredibly expensive. And, if Medicare approves coverage of Ozempic for weight loss, that would also drive up Medicare spending.

Some argue that Medicare spending per person has barely

increased in more than a decade because hospitals and other health care providers are focused on cost-containment. But, that focus could be denying people access to needed treatments. Life expectancy among older adults is falling.

Of course, Covid-19 also kept people out of the hospital and from getting other costly care. So, the pandemic also contributed to savings.

And, while the New York Times story does not say so, high out-of-pocket costs keep a lot of people from getting Medicare services they otherwise would be getting.

Most States Have Yet to Permanently Fund 988. Call Centers Want Certainty.

Since the National Suicide Prevention Lifeline transitioned a year ago to the three-digit crisis phone number 988, there has been a 33% increase in the number of calls, chats, and texts to the hotline.

But even with that early sign of success, the program’s financial future is shaky.

Over the past two years, the federal government has provided about \$1 billion from the American Rescue Plan and Bipartisan Safer Communities acts to launch the number, designed as an alternative to 911 for those experiencing a mental health crisis. After that infusion runs out, it’s up to states to foot the bill for their call centers.

“We don’t know what Congress will allocate in the

future,” said Danielle Bennett, a spokesperson for the federal Substance Abuse and Mental Health Services Administration, which oversees 988. “But the hope is that there will be continued strong bipartisan support for funding 988 at the level it needs to be funded at and that states will also create funding mechanisms that make sense for their states.”

Only eight states have enacted legislation to sustain 988 through phone fees, according to the National Alliance on Mental Illness, which is tracking state funding for the system. Others have budgeted short-term funding. But many predominantly rural states, where mental health services are in



short supply and suicide rates are often higher than in more urban states, have not made long-term plans to provide support.

According to a **KFF analysis** of Lifeline data, since last summer 988 has received almost 5 million contacts, including calls, texts, and chat messages. And state programs managed to answer a high percentage of 988 calls instead of routing them to call centers elsewhere.

Mental health advocates and state 988 operators say that to keep those in-state staffers answering phones, promises of long-term funding are critical.

In the earlier version of the National Suicide Prevention

Lifeline, “call centers, basically, were not paid,” said Chuck Ingoglia, president and CEO of the National Council for Mental Wellbeing, which advocates for sustained investment in 988. “There is a growing recognition that we’re making it easier for people to contact and, therefore, we need to build more infrastructure.”

In Ohio, where **data from spring 2023** shows local operators responded to 88% of calls, lawmakers recently acknowledged the need for stable funding. In July, Republican Gov. Mike DeWine approved \$46.5 million for 988 in the state’s biennial budget. But that support will last only two years....**Read More**

CMS unveils new model aimed at chronic disease

The Centers for Medicare & Medicaid Services (CMS) is partnering with states to revamp regional healthcare delivery through the **AHEAD Model**, or the States Advancing All-Payer Health Equity Approaches and Development Model.

Participating states will have increased access to primary care services and lower healthcare costs for patients as well as put expenditures on a "more sustainable trajectory," according to a news release. The model also includes payment streams for hospitals and primary care practices, while patients should be able to get more screenings and referrals to community resources like housing and transportation.

Health insurers will pay a fixed amount to participating hospitals, on top of traditional Medicare and Medicaid. Primary care providers will also be able to participate and offer care management payments.

"In our current health care system, fragmented care contributes to persistent, widening health disparities in underserved populations," said CMS Administrator Chiquita Brooks-LaSure. "The AHEAD Model is a critical step towards addressing disparities in both health care and health equity while improving overall population health."

"Primary care is the foundation of a high-performing health



system and essential to improving health outcomes for patients and lowering health care costs," said Deputy CMS Administrator and Innovation Center Director Liz Fowler, Ph.D. "For that reason, the CMS Innovation Center has invested significant time and resources over the years testing models to strengthen primary care and improve care coordination and linkages to organizations that address health-related social needs."

CMS said the AHEAD Model was partially based on the Maryland Total Cost of Care Model, the Vermont All-Payer ACO Model and the Pennsylvania Rural Health

Model.

Eight selected states could receive up to \$12 million from CMS for model implementation. Three separate cohorts are available since some states may be more ready to implement the model than other states. Application requirements will be released in late fall. States will participate in the AHEAD Model as early as January 2026 to December 2034, while some states will be given pre-implementation access.

In August, CMS published new changes to the ACO REACH Model including reducing the beneficiary alignment minimum for entrant ACOs and expanding criteria to include more beneficiaries.

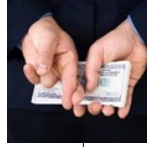
Did Congress Steal Trillions From Social Security? The Answer Might Surprise You

Among America's numerous social programs, none lifts more people out of poverty each year than **Social Security**. As of 2021, the Center on Budget and Policy Priorities estimates that 21.75 million people, including nearly 15.4 million seniors aged 65 and over, were being lifted above the federal poverty line due to their monthly Social Security benefit.

Unfortunately, this vital program that provides benefits to approximately 66.7 million people each month -- 49.6 million of which are retired workers -- finds itself on shaky ground.

The 2023 Social Security Board of Trustees Report

estimates that America's top retirement program is **facing a funding obligation shortfall of a whopping \$22.4 trillion** through 2097. In plain English, the Trustees believe the Social Security program won't collect enough revenue to meet outlay obligations (benefits and administrative expenses) over the next 75 years. What's more, the Trustees Report estimates that the **asset reserves** -- the excess revenue collected since inception -- of the Old-Age and Survivors Insurance Trust Fund (OASI) could be exhausted by as early as 2033. Should this



happen, **sweeping benefits cuts of up to 23% may be necessary** for retired workers and survivor beneficiaries to sustain

their payouts through 2097 without the need for any additional reductions.

It's not the rosiest of outlooks for a program that's crucial to the financial well-being of our nation's retired workers. However, the reason(s) behind this \$22.4 trillion long-term funding obligation shortfall may not be what you think.

Has Congress pilfered trillions of dollars from Social Security's coffers?

Just as the sun rising in the Eastern sky every day is a fundamental truth, every prominent Social Security article on the internet with a comments section is destined to be filled with claims that the program's shaky foundation is the result of "Congress stealing trillions from Social Security and not paying interest on what they've taken."

This thesis claims that if Congress were to return the trillions they've taken, with interest, Social Security would no longer be facing a budgetary shortfall. But is there any truth to these claims?...**Read More**

Joe Biden's Biggest Proposed Social Security Change Could Be More Likely to Happen Than Ever With This Latest News

Joe Biden has achieved several of the promises he made during the 2020 presidential campaign. He worked with Congress to pass a major infrastructure bill. He nominated the first African American woman to the U.S. Supreme Court. Medicare can now negotiate the prices of high-cost prescription drugs.

Those are a few of the biggies Biden has checked off the list. But there are still plenty of campaign promises that haven't been fulfilled so far. Putting Social Security on a path to long-term solvency ranks as one of the most important incomplete objectives.

However, there's still some time remaining in Biden's first presidential term. He also hopes to win reelection to, in his words, "finish this job."

And Biden now has a reason to be at least a little encouraged about the potential for moving forward with his plan to bolster Social Security. His biggest proposed Social Security change could be more likely to happen than ever with this latest news.

What Biden wants to do Several of the proposals that Biden made when he ran for president in 2020 would increase Social Security's costs rather than



put the program on a firmer financial footing. For example, he called for directly increasing benefits in several ways. Biden also argued for changing the inflation metric used to calculate cost-of-living adjustments (**COLAs**).

Biden did promote one major Social Security reform, though, that would go a long way toward making the federal program solvent. He campaigned on a promise to make all earnings above \$400,000 subject to the payroll taxes that help fund Social Security.

The current payroll tax maximum is \$160,200. Biden's

proposal would create a "doughnut hole" where earnings between that level and \$400,000 would not be subject to the Social Security payroll tax. Over time, that "doughnut hole" would shrink as the payroll tax maximum gradually increases.

In 2022, the University of Maryland's Program for Public Consultation analyzed several Social Security proposals. It calculated that making all wages above \$400,000 subject to the payroll tax would eliminate around 61% of the projected Social Security shortfall....**Read More**

Humana sues government in effort to keep its overpayments

For no good reason, our federal government pays Medicare Advantage plans a set amount per enrollee regardless of the amount these health plans spend on care and regardless of whether they inappropriately **delay and deny care** and **payments to providers**. Moreover, our government pays the insurance companies extra if they add diagnosis codes to patient records, even when patients have not received treatment for those diagnoses. Now, **FierceHealthcare** reports that Humana is challenging the government's new standards for getting some of the overpayments

back.

It seems reasonable that if the government found that it was overpaying Medicare Advantage plans, it could get its money—taxpayer dollars—back. Not so. It turns out that the government's payment system not only overpays Medicare Advantage plans collectively tens of billions of dollars a year, but it struggles to recoup any of these overpayments.

Humana's recent lawsuit challenges the government's new Medicare Advantage auditing standards. It argues in its lawsuit against the Centers for Medicare



and Medicaid Services (CMS), which administers Medicare, that if the government recouped overpayments, Medicare Advantage plans and their enrollees could be harmed.

Put simply, Humana likes the overpayments and wants to keep them. As it is, the government's new standards for recouping overpayments have an extremely short look-back period, to 2018. So, billions in government overpayments—our Medicare dollars—through 2017 already belong to the health insurers.

Humana's legal challenge

centers on the fact that the government's final rule regarding its ability to recoup overpayments to Medicare Advantage plans does not allow the Medicare Advantage plans to keep any of the overpayments they receive. "CMS abused its discretion by concluding that retroactive application of the final rule is necessary to comply with statutory requirements," says Humana.

If Humana prevails, it is yet another reason why the Medicare Advantage payment system needs an overhaul. It is wasteful and inefficient.

How Much Is Long-Term Care Insurance?

Long-term care (LTC) insurance helps pay for long-term care like nursing homes, hospice care, adult day care and getting assistance with activities of daily living, such as bathing, dressing and eating.

Long-term care insurance costs differ based on multiple factors. LTC rates aren't set and can increase as you age. People with pre-existing conditions or health problems may have trouble finding long-term care insurance or face hefty long-term care insurance costs.

Average Cost of Long-Term Care InsuranceThe average cost of long-term care insurance is \$1,200 a year for a 60-year-old man for \$165,000 coverage, according to the American Association for Long-term Care Insurance (AALCI). The average long-term care insurance cost for a 60-year-old woman is \$1,960 for the same coverage.

Married couples can buy a joint

policy, which can be more affordable than two separate policies. One drawback with that tack is the coverage limit is combined for the couple rather than two separate limits. Married couples who are 60 years old pay \$2,550 annually on average for a joint policy with \$165,000 coverage.

LTC costs increase over the years. Long-term care insurance policies can factor in future inflation costs, such as adding 1% to 5% to the benefits each year. Adding that provision increases your LTC rates, but provides a bumper to help offset inflation growth.

Buying a long-term care insurance policy doesn't mean that's the rate you will pay for the next 20 or 30 years, though. LTC insurance costs may increase over the years and rate hikes can be significant.

Factors That Affect the Cost of LTC Insurance

How much is long-term care



insurance depends on multiple factors, such as:

- ◆ **Your age:** Costs increase as you age. The younger you buy coverage, the less you will pay for coverage initially.
- ◆ **Your health:** If you have pre-existing conditions, long-term care insurance companies may deny coverage or charge you more coverage than a healthier person.
- ◆ **Your gender:** Women pay higher long-term care insurance rates because they live longer than men and are more likely to need long-term care.
- ◆ **Amount of coverage:** Long-term care insurance policy specifics influence costs, including a policy's pre-set daily limit, maximum benefits and the elimination period.
- ◆ **Riders:** Long-term care insurance policies may have riders that provide additional coverage. One example is inflation protection, which

increases long-term care coverage amounts based on an annual percentage, such as 1% or 5%.

◆ **Whether you have individual or joint coverage:** If you're married, a joint long-term care insurance rather than two individual policies can save money. The difference is that a joint policy is one pool of money a couple can use to pay for long-term care insurance. Having two individual LTC insurance policies costs more because they are two separate policies with separate coverages.

◆ **The insurance company:** Just like other types of insurance, long-term care insurance rates vary by company. It's wise to get quotes from multiple long-term care insurance companies for the same level of coverage, so you can compare costs accurately....[Read More](#)

Red Cross Appeals for Donors During National Blood Shortage

The American Red Cross said Monday that it urgently needs blood donations because the national blood supply has dropped nearly 25% since early August.

Back-to-back climate-related disasters have hampered blood collection efforts, and a summer shortfall has made the shortage worse.

Patients in need of transfusions as part of cancer and sickle cell disease treatments face the

potential danger of not having the blood supply they need, the Red Cross said.

The organization asked for people of all blood types to donate. Platelet donors and those with type O blood are especially needed.

"For so many patients living with urgent medical care needs, crises don't stop with natural disasters," **Dr. Pampee Young**, chief medical officer for the



American Red Cross, said in a [news release](#).

"In fact, in some instances the stress of a disaster can lead to a medical crisis for some individuals battling sickle cell disease," Young added. "The need for blood is constant. Every two seconds, someone in the U.S. needs blood — an often-invisible emergency that the rest of the world doesn't see behind closed hospital doors. Now, that urgency has only heightened."

August donor turnout was likely low because of summer travel and back-to-school activities, according to the Red Cross. This contributed to a 30,000-donation shortfall in August alone.

Then, Hurricane Idalia recently caused more than 700 units of blood and platelets to go uncollected, according to the Red Cross, which is now monitoring for any impact from Hurricane Lee....[Read More](#)

Survey Shows American Men Less Healthy Than They Believe

Most American men think they're leading a healthy lifestyle, possibly picturing themselves as a Hollywood leading man type.

But their actual health habits are those of a schlubby sidekick, a new Cleveland Clinic [survey](#) reveals.

The national poll found that four out of five (81%) American men believe they are leading a healthy lifestyle. But nearly half do not get a yearly physical (44%) and do not take care of their mental health (44%), researchers found.

Only half said they follow a healthy diet (51%), and about a quarter (27%) admit to being couch potatoes who watch TV more than five hours a day, on average.

"What they found was that the majority of men in the survey really felt like they were living a

very healthy lifestyle," said **Dr. Raevti Bole**, a urologist with the Center for Men's Health in the Glickman Urological & Kidney Institute at the Cleveland Clinic. "But when you ask some of those more specific questions and got them to think about it, they found that some of those behaviors weren't in alignment with what they had initially thought about how healthy their lifestyles were."

Cleveland Clinic issued the survey as part of its eighth annual MENTION It educational campaign. The campaign is meant to draw attention to the fact that men often do not mention health issues or take steps to prevent them.

For example, 83% of men said that they've experienced stress in the past six months, the poll



found. Despite this, two out of three (65%) said they are hesitant to seek

professional help for mental health concerns such as stress, anxiety and depression.

"It's important for men to recognize that stress is something everyone's going through and that is something that can affect them physically," said Bole, who was not part of the survey. "It can actually be associated with different sorts of physical health conditions, like [high] blood pressure or even development of diabetes or weight gain."

"Emotional health and mental health is not just something that is in your head. It can affect physical parts of your health as well," Bole continued.

One mental health expert also stressed the mind-body connection.

"In so many ways, men seem interested in their health, they go to the gym, they bulk up with their protein shakes, they maintain a mean, lean, protein-packed diet," said **Jennifer Thompson**, director of communications at Men's Health Network. "In so many other ways, men are seemingly disillusioned, uninformed and absent in their consideration for their overall health."

"A man that is having a hard time with his mental health is less likely to care for his surroundings, hygiene and overall health," she explained. "A man that doesn't focus on eating right or going to the gym could fall into mental despair....[Read More](#)

New Test Could Spot a Tough-to-Detect Cervical Cancer

A new test detects a type of cervical cancer often missed by a standard Pap test, providing an important advance in detection.

The test was developed by scientists at Montefiore Einstein Cancer Center in New York City.

"Our novel test appears sensitive for detecting cervical adenocarcinoma [ADC] — which now accounts for up to 25% of cervical cancer cases — as well as its precursor lesions, adenocarcinoma in situ [AIS], that often develop into ADCs," said researcher **Dr. Howard Strickler** of the cancer center.

"Because ADCs are often missed by current screening

methods, they have higher [death] rates than the more common cervical squamous cell cancer,"

Strickler added in a cancer center news release. "Our goal is to catch the disease early, before it develops into cancer."

While widespread use of the Pap test has significantly reduced cervical squamous cell cancer over the past 60 years, cases of ADC have not decreased, likely because the Pap test is less effective at detecting it.

Testing for human papillomaviruses (HPVs) has joined the Pap test in recent years as a standard screening tool for



cervical cancer. HPVs cause virtually all cases of cervical cancer.

More than 100 types of HPV exist, but three of them — HPV 16, 18, and 45 — account for more than 70% of all cervical cancer cases and more than 90% of ADC cases.

Current HPV tests can help infected women know they face a high risk for cervical cancer.

Vaccines for preventing cervical cancer now exist for younger women, but several generations are already above the age for receiving the vaccine. One of those vaccines, Gardasil-9, protects against nine HPV

types when administered to adolescents and younger women...

The fact that many age groups aren't eligible for these vaccines means that screening and treatment for prevention of cervical cancer will continue to be critical for several more decades.

The new test assesses HPV 16, 18 and 45 in a different way, looking specifically at what are called methylation levels

Methylation involves modifications in DNA, both viral and human. It has an important role in altering gene expression....[Read More](#)

Is It Eczema or Psoriasis? An Expert Offers Advice

Eczema and psoriasis are skin conditions that can each affect a person's quality of life.

The best way to know which one you have if you have an itchy rash or burning feeling on your skin is to see an expert.

"Both eczema and psoriasis can impact your sleep, mood and quality of life, so it's important to seek help if you are struggling with these conditions," said **Dr. Catherine Emerson**, a dermatologist at Rush University

Medical Center in Chicago.

Understanding the differences between psoriasis and eczema can ensure that you're getting the right treatment and making choices that can help you avoid flare-ups.

Both conditions can appear as dry, flaky skin with itching or burning.

Both can emerge at any age, through eczema usually begins in childhood. It often develops



along with allergic rhinitis and asthma. Together these conditions are sometimes called the "atopic triad."

Eczema tends to be itchier than psoriasis. It can appear inside the elbows and behind the knees.

"Itch is a defining feature of eczema," Emerson said in a center news release. "In fact, it is often called 'the itch that rashes.' It can present as dry patches, bumps or even fluid-filled

blisters."

While psoriasis can also cause itchiness, sometimes it doesn't. It is marked by red, thick and scaly plaques with defined edges.

"Psoriasis classically involves the scalp, elbows and knees but can also involve skin folds such as in the groin or genital region, as well as the hands and feet," Emerson said....[Read More](#)

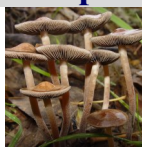
Psilocybin found to relieve depression for extended period

A small amount of psilocybin can relieve depression for an extended period, according to a new study published in **JAMA**. Annalisa Merelli reports in **Stat News** that psilocybin could be a promising treatment for people suffering from depression, for whom antidepressants and psychiatric counseling are not helpful.

Earlier research had found that psilocybin, found in some mushrooms, can lead to fast improvements in people's mental

health. This new study looks at the effects of a small dose of psilocybin on people with major depressive disorder as long as six weeks after taking one dose of the drug. The findings strongly suggest psilocybin, in combination with psychological support, can be used to treat major depression.

Psilocybin apparently lets the brain be rewired, helping people let go of old beliefs and memories and allowing them to **better**



handle their emotions.

The researchers studied 104 people between the ages of 21 and 65, giving half of them psilocybin and the other half a placebo. They also looked at the safety of taking a 25 mg dose of psilocybin in their phase 2 trial. They studied participants over an 18-month period. And, all participants received psychotherapy before, during and after the trial.

The researchers found clinically significant lessening of

depressive symptoms and functional disability within eight days of receiving the psilocybin. They found no serious side effects. Trial participants did experience headaches, nausea and stomach aches.

While psilocybin remains an illegal drug under federal law, some states are beginning to take a different view of some psychedelics for medicinal purposes. Colorado recently **legalized medicinal psychedelics**.

FDA Approves New COVID Booster Shots

The U.S. Food and Drug Administration on Monday gave the green light to new COVID boosters for Americans, setting the stage for the updated vaccines to become available within days.

The COVID-19 shots from Pfizer and Moderna will join the flu shot and newly approved RSV shots as part of a three-pronged public health strategy to tame the spread of all three viruses this coming winter. The updated COVID vaccines are each fully approved for those 12 and older and are authorized under emergency use for individuals 6 months through 11 years of age. "Vaccination remains critical to public health and continued protection against serious consequences of COVID-19, including hospitalization and death," **Dr. Peter Marks**, director of the FDA's Center for Biologics Evaluation and

Research, said in an agency **news release**.

"The public can be assured that these updated vaccines have met the agency's rigorous scientific standards for safety, effectiveness and manufacturing quality. We very much encourage those who are eligible to consider getting vaccinated."

One infectious diseases expert said the approvals matter most to vulnerable Americans.

"Having an updated booster that more closely matches circulating strains is an important tool for high-risk individuals, who still remain at risk for severe disease, hospitalization and death," said Dr. Amesh Adalja, a senior scholar with Johns Hopkins' Center for Health Security in Baltimore.

Next up? The Advisory Committee on Immunization



Practices is set to meet Tuesday to make recommendations on who should get the new booster

shots. **Dr. Mandy Cohen**, director of the U.S. Centers for Disease Control and Prevention, could sign off soon after, allowing vaccinations to begin.

In its approval, the FDA recommended the following eligibilities for Americans:

- ◆ Those aged 5 and older, regardless of previous vaccination, can receive a single dose of an updated COVID vaccine at least two months since the last dose of any COVID vaccine.
- ◆ Individuals aged 6 months through 4 years who have been vaccinated against COVID can receive one or two doses of an updated COVID vaccine (depending on the previous COVID vaccine received).

- ◆ Unvaccinated individuals 6 months through 4 years can receive three doses of the updated Pfizer COVID vaccine or two doses of the updated Moderna COVID vaccine.

The boosters target the XBB.1.5 Omicron subvariant. That's no longer the dominant variant circulating, but those that are spreading widely are closely related, and health experts say this booster will still offer some protection.

"This decision comes at a time when COVID-19 cases are once again climbing. Now, most people 6 months or older in the U.S. are eligible to receive this season's COVID-19 vaccine, even if they have never been vaccinated against COVID-19 before," **Albert Bourla**, Pfizer Chairman and CEO, said in a company **news release....Read More**

Americans Who Are Deaf Can Now Use 988 Suicide Helpline

The U.S. government's 988 Suicide and Crisis Lifeline is expanding its reach to help more people.

The crisis line has now launched services in American Sign Language (ASL) to help callers who are deaf or hard of hearing.

The ASL services were launched on Friday, according to the U.S. Department of Health and Human Services.

"Individuals across America who use ASL as their primary language can now readily access the support they need during a mental health crisis," Health and Human Services Secretary Xavier

Becerra said in an agency **news release**. "With the introduction of 988 ASL services, we are taking a significant stride forward in providing inclusive and accessible support for the deaf and hard-of-hearing community."

The services use a videophone device that transmits video and audio. It can be reached by clicking "ASL Now" on **988lifeline.org**. Callers can alternatively call 1-800-273-TALK (8255) but will soon also be able to directly dial to 988 by videophone.

"After years of advocacy to ensure that 988 is available to



everyone not only through voice calls, but also texting and video for sign language users, the National Association of the Deaf (NAD) is thrilled that the 988 Suicide & Crisis Lifeline is now available to use through video calls in sign language," said NAD CEO Howard A. Rosenblum. "We encourage anyone going through a crisis or thinking about suicide to contact 988 in any way preferred -- voice, text, or sign language."

The new move is part of an ongoing effort by the HHS's Substance Abuse and Mental Health Services Administration

(SAMHSA) to add accessibility to behavioral healthcare.

An earlier update added Spanish-speaking services by text and chat.

"We're talking about mental health in a way that we have not historically talked about it," said Monica Johnson, director of the 988 & Behavioral Health Crisis Coordinating office at SAMHSA.

The 988 Suicide and Crisis Lifeline was launched last year for anyone who is experiencing a mental health crisis, emotional distress or contemplating suicide. It is an evolution from the former they had not heard of a lifetime....**Read More**

Newly integrated PCPs 'steer' patients toward systems, driving higher utilization, spending

Primary care physicians who become associated with health systems more often steer their patients toward the organization's services, increasing both utilization and care spending, according to a study published Friday in JAMA Health Forum.

The findings, which found no differences in readmission rates related to the affiliations, add new fuel to the contentious policy debates over provider consolidation and vertical integration in healthcare. The affiliations, add new fuel to the contentious policy debates over provider consolidation and vertical integration in healthcare.

"These findings raised concern

that the steering of care corresponded with insurers paying more for the same types of care visits and that this form of consolidation may be associated with overall higher costs," Harvard University public health and health policy researchers **wrote in the journal**. "Moreover, we found that vertical relationships were associated with increased specialist visits within large health systems, which warrants further study to ascertain whether these visits represent low-value care or improved access to specialists."

The analysis of more than 4



million commercially insured Massachusetts patient observations compared physicians who were newly aligned with a system—either by ownership, joint contracting or affiliation—in 2015 or 2017 to those who remained unassociated or maintained their health system association.

Between these groups, the researchers found that vertical relationships were associated with a significant, 22.6% increase in specialist visits per patient year, though there were no significant changes in total ED visits or hospitalizations.

Within the specific healthcare

system, for primary care physicians newly aligned with a system, specialist visits per patient year were 29.4% greater while within-system ED visits and hospitalizations per patient year were 14.2% and 22.4% higher, respectively.

Total medical expenditures rose 6.3%, or just over \$350, per patient-year following a primary care physician's entry into a vertical relationship. There were no significant differences in the probability of admission to a "high-price" hospital, readmission or admission to a hospital with low readmission rates between the study groups....**Read More**

The Shrinking Number of Primary Care Physicians Is Reaching a Tipping Point

I've been receiving an escalating stream of panicked emails from people telling me their longtime physician was retiring, was no longer taking their insurance, or had gone concierge and would no longer see them unless they ponied up a hefty annual fee. They have said they couldn't find another primary care doctor who could take them on or who offered a new-patient appointment sooner than months away.

Their individual stories reflect a larger reality: American physicians have been abandoning traditional primary care practice — internal and family medicine — in large numbers. Those who remain are working fewer hours. And fewer medical students are

choosing a field that once attracted some of the best and brightest because of its diagnostic challenges and the emotional gratification of deep relationships with patients. The percentage of U.S. doctors in **adult primary care has been declining** for years and is now **about 25%** — a tipping point beyond which many Americans won't be able to find a family doctor at all. Already, more than 100 million Americans don't have usual **access to primary care**, a number that has nearly doubled since 2014. One reason our **coronavirus vaccination rates** were low compared with those in countries such as China,



France, and Japan could be because so many of us no longer regularly see a familiar doctor we trust.

Another telling statistic: In 1980, **62% of doctor's visits** for adults 65 and older were for primary care and 38% were for specialists, according to Michael L. Barnett, a health systems researcher and primary care doctor in the Harvard Medical School system. By 2013, that ratio had exactly flipped and has likely "only gotten worse," he said, noting sadly: "We have a specialty-driven system. Primary care is seen as a thankless, undesirable backwater." That's "tragic," in his words — studies show that a strong foundation of

primary care **yields better health outcomes** overall, greater equity in health care access, and lower per capita health costs. One explanation for the disappearing primary care doctor is financial. The payment structure in the U.S. health system has long rewarded surgeries and procedures while shortchanging the diagnostic, prescriptive, and preventive work that is the province of primary care. Furthermore, the traditionally independent doctors in this field have little power to negotiate sustainable payments with the mammoth insurers in the U.S. market....**Read More**

Is It Eczema or Psoriasis? An Expert Offers Advice

Eczema and psoriasis are skin conditions that can each affect a person's quality of life.

The best way to know which one you have if you have an itchy rash or burning feeling on your skin is to see an expert.

"Both eczema and psoriasis can impact your sleep, mood and quality of life, so it's important to seek help if you are struggling with these conditions," said **Dr. Catherine Emerson**, a dermatologist at Rush University Medical Center in Chicago.

Understanding the differences between psoriasis and eczema can ensure that you're getting the right treatment and making

choices that can help you avoid flare-ups.

Both conditions can appear as dry, flaky skin with itching or burning.

Both can emerge at any age, through eczema usually begins in childhood. It often develops along with allergic rhinitis and asthma. Together these conditions are sometimes called the "atopic triad."

Eczema tends to be itchier than psoriasis. It can appear inside the elbows and behind the knees.

"Itch is a defining feature of eczema," Emerson said in a center news release. "In fact, it is often called 'the itch that



rashes.' It can present as dry patches, bumps or even fluid-filled blisters."

While psoriasis can also cause itchiness, sometimes it doesn't.

It is marked by red, thick and scaly plaques with defined edges.

"Psoriasis classically involves the scalp, elbows and knees but can also involve skin folds such as in the groin or genital region, as well as the hands and feet," Emerson said.

It's easy for a dermatologist to tell the difference between the two.

Genetics and environmental factors underlie both conditions.

They also result from overactive immune responses that lead to inflammation.

"We think that eczema is related to a defective skin barrier that doesn't do a good job of keeping water in and irritants and allergens out," Emerson said.

Both overly hot showers and harsh soaps that remove oil from the skin can cause eczema to flare up. Wool, fragrances in laundry detergent or perfumes can also be triggers.... **Read More**

Some With Glaucoma May Not Even Know They Have It

New Swedish research suggests that up to 5% of 70-year-olds have glaucoma, and half of those diagnosed didn't even know they had the disease.

"Of those who were diagnosed with glaucoma via the study, 15 people -- or 2.7% of all participants -- were unaware that they had the disease before being examined," said study author **Lena Havstam Johansson**, a PhD student at the University of Gothenburg and a specialist nurse at Sahlgrenska University Hospital, both in Gothenburg, Sweden. "So half of those who turned out to have glaucoma were diagnosed because they took part in the study."

Those who received this diagnosis were able to start treatment with daily eye drops that lower the pressure in the eye and slow optic nerve damage.

Researchers noted that those with glaucoma had similar levels of physical activity and did not smoke more or drink more alcohol than those without the disease. Their overall quality of life was as good as the others.

They were not more tired or more depressed.

"This was a positive surprise, and was a finding that I hope can bring comfort to many people who have been diagnosed with glaucoma. It's hard to live with a disease that gradually impairs vision, but life can still be good in many ways," Havstam Johansson said in a University of Gothenburg news release.

Yet, those who had glaucoma did report that their vision-related quality of life was poorer.

"It's harder to climb stairs, see curbs in the evening and notice things in your peripheral vision. This means that people with glaucoma may avoid visiting others, or going to restaurants or parties, and instead stay at home. They lose their independence, and may feel frustrated about it," Havstam Johansson noted.

This research was part of the H70 study at the University of Gothenburg, which is examining the health of older people. It includes physical and cognitive exams.

There were 1,203 70-year-olds



included in the glaucoma study. Most of the participants answered written questions about their eye health and the presence of glaucoma in their family. Eye specialists at Sahlgrenska University Hospital also examined 560 of the participants.

This confirmed hereditary factors behind the disease. Those diagnosed with glaucoma were more likely to have a close relative with the same diagnosis. While glaucoma involves higher eye pressure, a majority of those who were newly diagnosed, 67%, still had normal eye pressure.

The findings were published recently in the journal *Acta Ophthalmologica*.

The reason people may believe their vision is still normal even after the early stages of disease begin is that the healthy eye can compensate for vision loss.

Given that, what are the signs of glaucoma?

Open-angle glaucoma is the most common type, where the eye does not drain fluid as well as it should, according to the

American College of Ophthalmology. Eye pressure begins to build and starts to damage the optic nerve. This type of glaucoma is painless and causes no vision changes at first. Regular eye exams are the best way to find early signs of damage to the optic nerve.

Meanwhile, angle-closure glaucoma happens when someone's iris is very close to the drainage angle in their eye, the academy says. When the drainage angle gets completely blocked, eye pressure rises very quickly. This is called an acute attack. It is an emergency, and you should call your ophthalmologist right away or you could go blind.

Here are the signs of an acute angle-closure glaucoma attack:

- ◆ Your vision is suddenly blurry
- ◆ You have severe eye pain
- ◆ You have a headache
- ◆ You feel sick to your stomach
- ◆ You throw up
- ◆ You see rainbow-colored rings or halos around lights

Most Folks Who Need Colon Cancer Screening Aren't Reminded by Doctors

Many Americans are behind on recommended colon cancer screenings -- and their doctors often fail to remind them, a new study suggests.

The study, by the American Cancer Society, focused on a nationwide sample of more 5,000 Americans who were overdue for colon cancer screening. All had been to a routine checkup in the

past year, but only about one-quarter said their provider had advised them to get screened.

And that figure was particularly low among Asian, Black and Hispanic patients, as well as those who lacked insurance or a high school diploma.

Experts said the findings were



disappointing, given the importance of colon cancer screening.

It can catch the disease at its most treatable stages, or -- when screening is done by colonoscopy -- prevent cancer by removing pre-cancerous growths. Primary care providers are well aware of that, too.

"We know clinicians overwhelmingly support colorectal cancer screening," said **Jordan Baeker Bispo**, lead researcher on the study. "So we were really surprised by how few people received a screening recommendation."...[Read More](#)

Surgery Soon? Use These 3 Tips to Manage Post-Surgical Pain

When someone has surgery, pain may be top of mind.

An expert in managing post-op pain offers three tips for keeping it under control, safely.

"Pain can inhibit recovery, but good pain control can be an accelerator of a patient's recovery," said **Dr. Jonah Stulberg**, a member of the American College of Surgeons (ACS) Patient Education Committee and vice chair of research for the Department of Surgery at the University of Texas Health Sciences Center of Houston.

While for most people pain will be either mild or relieved within a few days following surgery, some patients have lingering pain that may develop into chronic pain.

First, patients should begin by discussing pain control with their health providers before surgery.

"Bringing up pain control with your care team before surgery will help you come up with a plan and understand how much pain you can expect to have after surgery," Stulberg said in an ACS news release. "Having these



conversations upfront can save you a lot of time and a lot of headaches after surgery, and it definitely helps with safety."

Stulberg recommends asking a series of questions:

- ◆ How much pain should I expect after my surgery?
 - ◆ How should I manage that pain after surgery?
 - ◆ When do I call if the pain is becoming too much or if I'm having trouble completing my daily activities?
- Second, know your medication

or therapies.

Some effective ways to manage pain that don't include taking opioids are taking over-the-counter medications, such as acetaminophen or ibuprofen. These can be taken separately or together, and they have been shown to be as effective as opioids for managing pain.

"But these medications also need to be limited in certain instances and should only be used as prescribed," Stulberg added....[Read More](#)