

September 5, 2021 E-Newsletter

Why Do We Celebrate Labor Day?

Labor Day, an annual celebration of workers and their achievements, originated during one of American labor history's most dismal chapters.

In the late 1800s, at the height of the **Industrial Revolution** in the United States, the average American worked 12-hour days and seven-day weeks in order to eke out a basic living. Despite restrictions in some states, children as young as 5 or 6 toiled in mills, factories and mines across the country, earning a fraction of their adult counterparts' wages.

People of all ages, particularly the very poor and recent immigrants, often faced extremely unsafe working conditions, with insufficient access to fresh

air, sanitary facilities and breaks.

As manufacturing increasingly supplanted agriculture as the wellspring of American employment, labor unions, which had first appeared in the late 18th century, grew more prominent and vocal. They began organizing strikes and rallies to protest poor conditions and compel employers to renegotiate hours and pay.

Many of these events turned violent during this period, including the infamous **Haymarket Riot** of 1886, in which several **Chicago** policemen and workers were killed.



Others gave rise to longstanding traditions: On September 5, 1882, 10,000 workers took unpaid time off to march from

City Hall to Union Square in **New York City**, holding the first Labor Day parade in U.S. history.

The idea of a "workingmen's holiday," celebrated on the first Monday in September, caught on in other industrial centers across the country, and many states passed legislation recognizing it. Congress would not legalize the holiday until 12 years later, when a watershed moment in American labor history brought workers'

rights squarely into the public's view. On May 11, 1894, employees of the Pullman Palace Car Company in Chicago went on strike to protest wage cuts and the firing of union representatives.

On June 26, the American Railroad Union, led by **Eugene V. Debs**, called for a boycott of all Pullman railway cars, crippling railroad traffic nationwide. To break the Pullman strike, the federal government dispatched troops to Chicago, unleashing a wave of riots that resulted in the deaths of more than a dozen workers.

House Passes Budget Resolution Agreement & John Lewis Voting Rights Act

On Tuesday, the House **passed the John R. Lewis Voting Rights Advancement Act** (H.R. 4) with a 219-to-212 vote. Rep. **Terri Sewell** (AL) introduced the bill earlier this month and more than 190 members signed on as co-sponsors.

The bill reinstates key portions of the 1965 Voting Rights Act that the Supreme Court struck down in 2013. Specifically, it will restore the requirement for Southern states to get "pre-clearance" from the U.S. Attorney General or federal judges before making election or voting law changes. Another important piece of voting rights legislation, the For the People Act (H.R. 1), has been stalled in the Senate after a Republican filibuster in June.

Eighteen states have already enacted voter suppression laws restricting the availability of drop boxes, voting by mail and other voting procedures used by older voters. "The right to vote is sacred and no one should have to face unnecessary barriers to cast a ballot," said Executive Director **Fiesta**. "The Senate must pass the John R. Lewis Voting Rights Advancement Act and other crucial voting rights legislation like H.R. 1."

House Passes the John R. Lewis Voting Rights Act

The House **passed a \$3.5 trillion budget blueprint** on Tuesday with a 220-212 party-line vote, paving the way for Democrats to pass a robust spending package that will invest



Rich Fiesta,
ARA Executive Director

in families, retirees, and seniors. The package will include allowing Medicare to negotiate lower drug prices, adding guaranteed hearing, dental and vision benefits to Medicare, and healthcare expansion.

It will also **provide funding** to expand home-based health care for seniors under Medicaid. The Biden administration has emphasized the need to allow Medicare to negotiate lower drug prices and the idea has support from voters of all ages from both parties. Further, according to a recent poll commissioned by the Alliance, a majority of seniors, regardless of their political affiliations, want savings from negotiated drug prices to be invested in expanding Medicare benefits.

The House also approved a September vote for the \$1 trillion infrastructure bill that has already passed the Senate. This bill will include funding for physical infrastructure projects like modernizing the nation's passenger rail system, repairing roads and bridges, and improving public transit and ensuring internet access for Americans.

"The house votes are important steps toward getting relief for older Americans. But we know that the pharmaceutical and health insurance corporations want to block or weaken the drug negotiation and Medicare expansion provisions," said **Richard Fiesta**, Executive Director of the Alliance. "We need to keep fighting until these priorities are signed into law."

ADD
YOUR
NAME

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

Social Security's Finances Remain Strong, Annual Trustees Reports Show

Retirees Call on Congress to Strengthen Both Medicare and Social Security

The following statement was issued by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding the Trustees reports on the Social Security and Medicare Trust Funds released today:

"Social Security remains strong and solvent with enough money to cover all payouts and expenses until 2033, while the Medicare Part A Trust Fund for hospital care now has sufficient funds to cover its obligations until 2026.

"Americans have worked a lifetime to earn the Social Security and Medicare they rely on, and should feel confident that

those benefits will be there for them.

"The best way to strengthen Social Security is to lift the cap on earnings subject to the 6.2% payroll tax, which is currently \$142,800. If we remove this cap on contributions by the wealthiest Americans, we can expand Social Security benefits and strengthen this earned benefits program for the future.

"Regarding Medicare, Congress and the Centers for Medicare and Medicaid Services should do more to ensure that insurance corporations offering Medicare Advantage plans get their costs under control. These wealthy corporations made commitments to deliver health



Rich Fiesta, ARA Executive Director

care services at a lower cost per beneficiary than traditional Medicare. Their failure to do so cost the Medicare Trust Fund **\$7 billion in 2018** alone.

"The Trustees also noted that Medicare Part D prescription drug costs continue to increase faster than the rate of inflation. Americans pay the highest prices in the world and Congress must act now to lower those costs. Medicare must be allowed to negotiate lower prices for consumers and taxpayers. "It's critical to strengthen Medicare and Social Security without breaking the sacred promise made to current and future retirees. The TRUST Act, S. 1295 and H.R. 2575, introduced by Sen. Mitt Romney

(UT) and Rep. Mike Gallagher (WI), which some in Congress have suggested incorporating into legislation to raise the debt ceiling, paves the way for cuts to both of these earned benefit programs.

"Congress must not hide behind special committees meeting behind closed doors to determine the future of the benefits retirees have earned without public input. Any changes to the benefits Americans have earned through a lifetime of hard work should be discussed and debated in the light of day so the public knows where their representative and senators stand."

Government Pension Offset & Windfall Elimination Provision Petition



Current Legislative Activities in the 117th Congress (2021-2022). There

are two Bills that were introduced. The Social Security Fairness Act, (H. R. 82) by Representative Rodney Davis. (R) (IL) and S. 1302 by Senator Sherrod Brown (D) (OH) these

two pieces of Legislation would completely repeal the WEP/GOP and **both these Bills have bipartisan support.**

These Offsets MUST be Repealed, NOW!!!!

This is a national problem because people move from state to state after retirement, there are affected individuals everywhere. The number of people impacted

across the country is growing every day as more and more people reach retirement age.

Help us make the repeal of WEP/GPO happen now by encouraging your members, or any retiree, affected by the WEP/GPO to sign the **REPEL THE WEP/GPO PETITION**

This Petition now has 81,000 signers and with your help, we

would like to have **100,000 signers** for Representative Davis to submit.



TOGETHER, WE CAN DO IT!!!!!!

[Petition link](#)

Dear Marci: What are the marketing rules for Medicare plans?

Dear Marci,
Every fall I receive mail from insurance companies trying to sell me a Medicare Advantage Plan or Part D plan. Are they allowed to do this? What are the marketing rules for Medicare plans?

-Wilma (Dover, DE)

Dear Wilma,

As Fall Open Enrollment begins, it is normal to get mail from different insurance companies about the plans that they offer. You can use this marketing information to help you compare your options.

A plan must follow certain rules when marketing their plans, though. These guidelines are made by the Centers for Medicare & Medicaid Services (CMS) to protect beneficiaries from manipulative sales and enrollment tactics. Most

guidelines primarily focus on acts and materials related to agents, brokers, and direct plan communication, rather than television and radio commercials or advertising. A fundamental principle of these guidelines is that marketing cannot be conducted under the guise of education.

Under these guidelines, a plan cannot:

- ◆ Use language that suggests their plan is preferred by Medicare
- ◆ Represent itself as coming from or sent by Medicare, Social Security, or Medicaid
- ◆ Call or text you if you did not ask them to do so
- ◆ Leave information (such as leaflets, flyers, door hangers, etc.) on your car or at your home if they come from a



Dear Marci

company that did not have an appointment with

you

- ◆ Provide information that is inaccurate or misleading
- ◆ Require attendees to provide contact information as a prerequisite for attending a marketing event
- ◆ Call marketing event attendees later without permission
- ◆ Call prospective enrollees to confirm receipt of mailed information

Approach beneficiaries in public common areas, such as parking lots, hallways, lobbies, or sidewalks

If you believe a company has violated Medicare marketing rules or is using manipulative sales tactics, you can call your local **Senior Medicare Patrol (SMP)** to report

the incident. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect and report health care fraud, errors, and abuse.

If you are thinking about changing your plan this fall, know that you do not have to make the decision right away. You should take your time to review your choices and make an informed decision, and you should be cautious of anyone making you feel rushed or pressured to make a decision. You can consult with a representative from your **State Health Insurance Assistance Program (SHIP)** for individualized counseling around these decisions, and you may also consult with 1-800-MEDICARE to compare Medicare Advantage or Part D plans offered in your area. -Marci

Why Social Security Increases aren't Really 'Raises'

Motley Fool **recently noted** that Social Security has been overly stingy in the past with the COLA adjustments.

There are **strong indications that**, due to rising inflation, next year's cost-of-living raise for Social Security recipients will be the largest in years.

The latest estimate from the **Senior Citizens League** found a possible 6.2 percent cost-of-living adjustment for **Social Security** recipients for 2022. That was up from the organization's previous estimate of a 6.1 percent increase.

"The estimate is significant because the COLA is based on the average of the July, August, and September CPI data," Mary Johnson, a Social Security policy analyst for the Senior Citizens League, said in a statement. The COLA in 2021

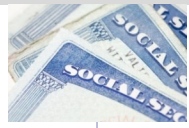
was only 1.3 percent, which represented only a negligible increase for most beneficiaries.

Motley Fool **recently noted** that Social Security has been overly stingy in the past with the COLA adjustments.

"Seniors on Social Security are entitled to an annual raise known as a cost-of-living adjustment or COLA. The purpose of COLAs is to help seniors maintain their buying power when living expenses inevitably rise," according to Motley Fool.

However, the question is whether it's actual proper to refer to such increases as a "raise." One expert says no.

Retirement expert Elizabeth Bauer said in an op-ed published **this week in Forbes** that "raise" is not a term that should be used for



Social Security's annual increases.

"The reality, of course, is this is not actually good news," Bauer wrote, in reaction to several news headlines positioning the expected benefit increase as a "raise."

"These adjustments to Social Security benefits are merely meant to keep benefits in line with inflation, and workers themselves will expect pay increases that match inflation to be owed to them, and deem a raise at CPI level to be no real 'raise' at all," Bauer said.

She also noted that the inflation that's leading to the increased benefits are not actually a good thing for Social Security recipients.

"Despite the decline in pensions for new workers, traditional defined benefit pensions remain an important

source of retirement income, with 56% of retirees reporting a pension in a **Federal Reserve study in 2017**," she wrote.

"Although states like Illinois are notorious for their guaranteed, fixed annual increases, not all states offer CPI adjustments, and CPI adjustments are exceedingly rare in the private sector."

Bauer also noted that the 6.1 percent increase in CPI also represents a "loss in value, in fixed pensions and investments, of 6.1%."

"The bottom line is that a high Social Security annual increase is not something to celebrate," Bauer wrote. "It's time to stop calling it a 'raise' and treat it as what it is, an adjustment meant to hold retirees harmless, which may or may not be effective at its goal depending on personal circumstances."

4 things couples need to know about Social Security survivors

When it comes to preparing for the inevitable, it's quite possible that couples might not contemplate the **Social Security benefit a surviving spouse might receive**. But they should. And they should do so far in advance of claiming benefits based on their own record.

What married couples should know about **survivor benefits** – while both are still alive – is that the surviving spouse's income will depend on when the higher-earning spouse claims their benefit, says Elaine Floyd, the

director of retirement and life planning at **Horseshoeth**, a provider of educational material to financial advisers.

If they claim at 62, the **survivor benefit will be 82.5%** of that higher earner's primary insurance amount, she says. And, if they claim at 70, it will include delayed credits and **could be as much as 124%** of the primary insurance amount.

The **primary insurance**



amount, according to Social Security, is the benefit a person would receive if he/she elects to begin receiving retirement benefits at his/her normal retirement age. This amount is not reduced if you retire early or increased if you delay retirement.

Floyd gives this example: If the higher earner's PIA is \$3,000, for example, the survivor benefit could range from \$2,475 to \$3,720 depending on when that spouse claims.

Delay claiming

Social Security until 70

Ultimately, what survivors should know is that their survivors benefit will depend on when they claim it, says Floyd. Taking it before full retirement age will reduce their benefit.

They can maximize their survivors benefit by starting it at their full retirement age, or later. In fact, Floyd's "number-one advice for married couples is for the higher-earning spouse to claim their own retirement benefit at 70."...**Read More**

Hiring Staff for Your Home Care Franchise

As a home care franchise owner, there will come a time when you need help handling your workload. While many home care franchise owners spend their first months as their company's primary or sole caregiver, an expanding client base means that you'll soon need to expand your workforce. H

There are lots of qualities you can use to screen and evaluate caregiver candidates for your home care franchise. At Visiting Angels, our corporate team

regularly guides new **home care franchise** owners through the staffing process – giving them tips on how to find strong candidates, what screening procedures to use, and what criteria to rely on for your ultimate decision. Here are some of the things you should consider when hiring new staff for your home care franchise:

The Right Credentials
Start off by searching for



caregivers who carry the proper certification to work as care providers in your region. Certification requirements change state by state, and you should be familiar with what kinds of certification your new staff members will need.

The Right Experience
A candidate with plenty of existing senior care experience is (almost) always preferable to one without. But finding a

caregiver with the right kind of experience profile makes a big difference. Check the amount of time this caregiver has spent with individual companies and clients, ask about what kinds of care environments he/she has worked in, and learn what kinds of a care he/she has helped assist with. Look for candidates with a breadth of experience and a strong track record....**Read More**

Confirmed: Private insurance is full of ugly surprises

Thank god that Medicare regulates provider rates for older and disabled Americans and gives people a meaningful choice of public insurance—traditional Medicare—that covers virtually all medically reasonable and necessary care from the doctors and hospitals you want to use. Private health insurers have tremendous freedom to decide when care is needed and what you'll pay and no obligation to disclose their policies. That's why private health insurance is usually full of ugly surprises.

Sarah Kliff reports for the **New York Times** on the highly varying prices hospitals charge health insurers for the same service. Kliff's story underscores two huge issues with health care coverage in the US for working people: People cannot choose a corporate health plan that's right for them, since they cannot predict their out-of-pocket costs. The high and highly varying rates

that health insurers negotiate with providers presumably benefit them, but add no value for their members.

Kliff's piece, which examines the different prices different insurers pay for different services reveals once again that, in many cases, corporate health insurers are either unwilling or unable to rein in provider rates. She shows that, for example, at the University of Mississippi Medical Center, people without insurance pay \$782 for a colonoscopy, about 35 percent of what someone with coverage through Aetna pays, \$2,144, and almost 50 percent of what someone with coverage through Cigna pays, \$1,463.

Kliff is only able to report this story now because the Trump administration mandated the disclosure of hospital negotiated provider rates. Many hospitals are not yet complying with the



requirement or are burying the information so that it is extremely difficult to find. The Biden administration is threatening to penalize hospitals who are not open and transparent about their rates.

Kliff also uncovers that some people in PPOs pay higher rates for the same services than their counterparts in HMOs offered by the same insurer. The same insurer offering a PPO and an HMO product might negotiate far higher rates for the same services offered through the PPO than through the HMO. Why would that be?

People living in different states, with the same insurer, receiving the same service at the same hospital also might pay wildly different rates. At the Hospital at the University of Pennsylvania, a pregnancy test for New Jersey patients in the Blue Cross PPO is \$93, while

the test is \$58 for New Jersey patients in the Blue Cross HMO. For the same test, patients who live in Pennsylvania pay \$18. And, the hospital charges uninsured patients \$10.

People with United Healthcare's PPO pay \$4,029 for an MRI at Aurora St. Luke's in Milwaukee. People with United Healthcare's HMO pay \$1,093 for the same service. This craziness hurts patients and prevents them from being able to protect themselves financially.

If this story tells us anything is that the health care market is broken. Congress must step in to protect Americans from a totally irrational health care pricing system. The simplest way to do so is to do what every other country does, all-payer rate-setting—setting rates for all providers.

Most retirees will need long-term care. These are the best ways to pay for it

As retirees live longer, many worry about outliving their savings. However, many older Americans haven't planned for a looming expense: the cost of long-term care.

The median cost of a private room in a nursing home was \$105,850, and in-home care costs were \$53,768 to \$54,912 annually, according to Genworth's **2020 Cost of Care Survey**.

Of course, these costs vary by location. While private room nursing homes charged a median

of \$13,535 per month in Massachusetts, retirees shelled out \$7,619 per month in Tennessee in 2020, Genworth **reported**.

"Long-term care is a major challenge," said certified financial planner Brett Koeppel, founder and president of Eudaimonia Wealth in Buffalo, New York.

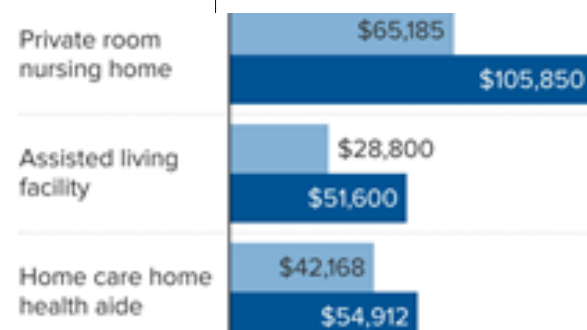
Although it's tough to predict a retiree's needs, the odds of requiring some type of long-term care services are high — almost a 70% chance for the average 65

-year-old, according to the U.S. **Department of Health and Human Services**. Men typically need 2.2 years of care, and women may require 3.7 years.

However, it can be tricky to prepare and pay for services, financial experts say.

Typically, advisors start by reviewing the cost of

long-term care in a client's area. While some retirees can pay out-of-pocket, others may prefer to share the risk by purchasing an insurance policy...**Read More**



Big Agenda – but Little Time to get it Done

The wheels of government usually grind very slowly. That's by design, but it also reflects the diversity of the country. Citizens living in rural areas have different needs and wants than those in urban or suburban areas.

As we have seen, residents of Louisiana, Mississippi, Texas and Florida have different needs from those in California or Maine or Minnesota. That means different priorities in Congress for the Senators and Representatives who those voters

send to Washington.

Once Congress does officially return they have a major amount of work to do with little time to do it.

Among the things on the agenda will be passage of a fiscal year 2022 budget to fund the federal government, which is supposed to be passed by September 30, the end of the fy2021 fiscal year. However, it has become routine that the deadline is not met and instead they pass stopgap funding bills



until they can finally agree on legislation to fully fund the government – something that sometimes takes until well into the next calendar year to accomplish.

On top of that, they are facing a deadline to raise the debt ceiling, which limits the amount of money the federal government can borrow to pay its bills.

Then there is the President's infrastructure bill, which right now includes a provision to lower prescription drug prices,

and which Democrats believe is a must-pass item for them this fall. They believe it's a bill that would keep their campaign pledges to the American people and which, if not passed this year, will not pass prior to the elections next year. Since many observers think the Democrats are in danger of losing their majorities next year this is likely the last chance they'll have to accomplish this goal while they have their majorities.

But there are problems ahead.

The Sneaky Expense That Could Wipe Out Your Social Security Raise

Social Security beneficiaries routinely rely on annual raises, known as cost-of-living adjustments, or COLAs, to increase their buying power in the face of rising expenses. But in recent years, those COLAs have been notoriously stingy.

Things are looking up for 2022, though. Thanks to a recent bout of inflation, seniors on Social Security could see their benefits increase by 6.2% next year, which would mark the largest increase in decades.

Of course, we won't be able to nail down that COLA with certainty until we collect third-quarter data from the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). Once the Social Security Administration has that information, it should announce next year's COLA in October. But based on what we know so

far, a larger COLA seems very likely.

But even if 2022's raise is quite generous, seniors may not get to enjoy all of it. Here's why.

Medicare premiums could rise Medicare Part A, which covers hospital care, is generally free for enrolled seniors. But Part B, which covers outpatient and diagnostic services, charges enrollees a monthly premium that changes on a yearly basis.

Right now, the standard Part B premium is \$148.50. Higher earners, however, pay more for Part B. And because we don't yet know what Part B premiums are going to look like in 2022, it's hard to predict how much of their upcoming COLA seniors will actually manage to keep.

In recent years, Medicare Part B premium hikes have outpaced COLAs. In fact, between 2000



and 2020, COLAs averaged 2.2%, while Part B premiums rose by 5.9%.

The good news is that a provision known as hold harmless prevents seniors from losing out on benefits in a year when a Medicare Part B hike exceeds their COLA. If a given senior sees benefits increase by \$20 a month one year, but Part B premiums rise by \$21, the most that senior will have deducted from Social Security benefits to pay that increase is \$20.

But still, if next year's Medicare Part B increases are substantial, they could eat away at much of the COLA seniors are eagerly anticipating. And that's bad news for a couple of reasons.

First, many seniors have few (if any) cash reserves in the bank, and so if they don't get to

keep a large chunk of their COLA next year, they might struggle to build themselves the safety net they need. In the coming years, Social Security may need to cut benefits in the absence of adequate revenue, and so it's imperative that seniors start saving for that possibility now.

Second, the whole reason 2022's COLA is looking to be larger is that the cost of common goods and services has recently gone up -- a lot. And so seniors *need* a higher benefit to keep up with rising food costs and other expenses.

In fact, next year's COLA may really turn out to be a mixed bag. While getting a raise is always a nice thing, the reason behind that raise could render that boost highly ineffective, as could a large jump in the cost of coverage under Medicare.

Budget Resolution Process Provides Historic Opportunity to Improve Medicare

On Monday, the U.S. House of Representatives briefly returned from summer recess to approve the **Senate-passed** budget resolution. Committees in both chambers are working to draft bill language by September 15.

This **process** represents an historic opportunity to improve health care access and affordability. In addition to much-needed **Medicare reforms**, like lowering prescription drug costs and filling gaps in coverage, the budget resolution supports additional funding for Medicaid Home and Community Based Services (HCBS) that help older adults and people with

disabilities remain in their homes, stay active in their communities, and lead independent lives.

Medicaid HCBS is a lifeline for millions of Americans, but due in part to chronic underfunding, many who need these services are unable to access them. First called for by President Biden in the **American Jobs Plan** and later detailed in the Better Care Better Jobs Act (**S. 2210/H.R. 4131**), the \$400 billion investment outlined in the budget resolution would allow the program to better meet current and future needs.



Specifically, led by Senator Bob Casey (D-PA) and Representative Debbie Dingell (D-MI), the Better Care Better

Jobs Act **would** "expand home and community-based services for more than 3.2 million Americans, help more than 1.1 million family caregivers return to work, and create more than half a million new home care jobs... It would also raise wages and increase benefits for home care workers, most of whom are low-income women of color who earn a median wage of just \$12 per hour, and bolster our Nation's economy." New **fact**

sheets from Senator Casey explain the national and state-specific impacts of these reforms.

While these are important steps, there is more work to do. Final decisions about what will be in the reconciliation bill have not yet been made. We need your help to ensure that lawmakers prioritize the Better Care Better Jobs Act, along with **key Medicare advancements**, for inclusion in the package. With draft legislation expected in mid-September, now is the time to **make your voice heard**.

Moving Aging Parents into Your House

Are you considering moving an aging parent into your home? For some, moving parents into an adult child's home is an optimal solution for everyone involved, but there are things to keep in mind to secure a smooth transition.

Benefits of Living with Your Elderly Parents

Some families find living with multiple generations is beneficial for everyone. For an aging parent, it can help to decrease feelings of isolation. And adult

children can welcome the support of another adult while raising their own young children.

Even if you are looking forward to transitioning your parents from their own home into yours, remember to think of others involved. The move will have an impact on your spouse and children as well. It might also bring up issues with your siblings. Talk the transition through with everyone who is impacted.



Finances Are Part of the Equation

When we are dealing with our families and our emotions, often people ignore financial aspects to a decision. And finances when moving aging parents can mean a lot of different things, from adjusting work schedules to remodeling your home.

Do you have enough space for your parents to move into your home? Will you need to add an additional bedroom or

bathroom? When thinking of questions like these, calculate what the costs will be and if you can afford the expenses. From there, discuss with your parent (and your siblings, when applicable) if a portion of their income will be added to your household budget. In fact, you may **need to help your parent with their finances**.

.....**Read More**

Medicare Advantage Spending Continues to Outpace Original Medicare

The Kaiser Family Foundation recently released a **new issue brief** showing how growth in Medicare Advantage (MA) enrollment and overpayment caused an estimated \$7 billion in additional Medicare spending in 2019. This analysis comes just before the anticipated release of the Medicare trustee's report, an annual projection of Medicare spending and trust fund solvency.

MA is a private plan option that people with Medicare can choose instead of fee-for-service Original Medicare. **MA enrollment continues to grow,**

although there are clear and important **trade-offs** between the two coverage options.

Though **often assumed** to be efficient, **MA has never saved the Medicare program money.** Instead, spending per MA enrollee **continues to outpace spending for Original Medicare beneficiaries.**

The KFF issue brief shows that spending per MA enrollee was \$321 more per year than for Original Medicare beneficiaries, after adjusting for differences in health status and geographic distribution. KFF also projects



that spending for MA enrollees will grow faster than spending for Original Medicare

beneficiaries, widening the disparities at a time when policymakers will likely be looking for ways to achieve Medicare savings, potentially as part of the forthcoming budget reconciliation bill. The issue brief explores different MA spending projections, identifying potential payment reforms by showing how overall program spending would change if MA were brought more into line with Original Medicare.

At Medicare Rights, we are deeply concerned about overspending and other harmful MA trends, including **denying care, overcharging, marketing, cherrypicking** healthier enrollees, and **driving sicker enrollees out of MA.** We urge the Biden administration and Congress to investigate MA policies to ensure beneficiaries and taxpayers get what they have been promised, updating rules and guidance as needed.

Read the issue brief.

Understanding Financial Powers of Attorney – Are They a “License to Steal”?

A financial power of attorney is a valuable legal document that ensures that your financial matters will continue to be handled – should you become incapacitated and unable to do so yourself. However, placed into the wrong hands, these documents can become a license to steal.

In your power of attorney, you're called the “principal” and the person you select to have authority over your finances is called the “agent” (or “attorney-in-fact”).

A general power of attorney allows your selected agent to do everything that you could do with your assets. They can sell your home, execute a new deed and transfer title, take out a loan,

and access your bank accounts. It's a very broad and powerful document.

A special power of attorney limits your agent's authority. You might choose to grant them the ability to access only one of your bank accounts, or to sign specific real estate documents while you're out of the country.

Your agent's authority becomes effective either immediately or only when you become incapacitated. Granting immediate authority is generally not advisable (except in the limited capacity of a special power of attorney). Why give someone the authority to access and control your finances when



you're perfectly capable of doing it yourself?

A “springing power” gives your agent

financial authority only if you become incapacitated. The test to determine “incapacity” should generally require that two medical doctors state, in writing and under penalty of perjury, that they have examined you and concluded that you are unable to make sound financial decisions. Your agent's authority then “springs into being”. Your agent can then literally staple the two doctors' declarations to the back of your power of attorney, and have full authority to handle all financial matters.

You can see where this could

lead if the agent you selected turns out to be a crook.

A typical scenario is a widowed mom who is becoming more and more forgetful and is developing signs of dementia. Years earlier, she signed a financial power of attorney and named her son as her agent. At the time, all was fine because son was financially stable and trustworthy. However, he's now lost his job, his house is about to go into foreclosure, and his wife is pressuring him to use the power of attorney to access “just a little” of mom's money to get them through this hard time....**Read More**

100,000 more COVID deaths seen unless US changes its ways

The U.S. is projected to see nearly 100,000 more COVID-19 deaths between now and Dec. 1, according to the nation's most closely watched forecasting model. But health experts say that toll could be cut in half if nearly everyone wore a mask in public spaces.

In other words, what the coronavirus has in store this fall depends on human behavior.

“Behavior is really going to determine if, when and how sustainably the current wave subsides,” said Lauren Ancel Meyers, director of the University of Texas COVID-19 Modeling Consortium. “We

cannot stop delta in its tracks, but we can change our behavior overnight.”

That means doubling down again on masks, limiting social gatherings, staying home when sick and getting vaccinated. “Those things are within our control,” Meyers said.

The U.S. is in the grip of a fourth wave of infection this summer, powered by the highly contagious delta variant, which has sent cases, hospitalizations and deaths soaring again, swamped medical centers, burned out nurses and erased months of progress against the



virus.

Deaths are running at over 1,100 a day on average, turning the clock back to mid-March. One **influential model**, from the University of Washington, projects an additional 98,000 Americans will die by the start of December, for an overall death toll of nearly 730,000.

The projection says deaths will rise to nearly 1,400 a day by mid-September, then decline slowly.

But the model also says many of those deaths can be averted if Americans change their ways.

“We can save 50,000 lives

simply by wearing masks. That's how important behaviors are,” said Ali Mokdad, a professor of health metrics sciences at the University of Washington in Seattle who is involved in the making of the projections.

Already there are signs that Americans are taking the threat more seriously.

Amid the alarm over the delta variant in the past several weeks, the slump in demand for COVID-19 shots reversed course. The number of vaccinations dispensed per day has climbed around 80% over the past month to an average of about 900,000....**Read More**

Apple, Bose and Others Pump Up the Volume on Hearing Aid Options, Filling Void Left by FDA

Spurred by decades of complaints about the high cost of hearing aids, Congress passed a law in 2017 to allow over-the-counter sales, with hopes it would boost competition and lower prices.

Four years later, federal regulators have yet to issue rules to implement the law. But changes in the industry are offering consumers relief.

In August 2017, President Donald Trump signed the legislation that called for the Food and Drug Administration to issue regulations by 2020 for hearing aids that could be sold in stores without a prescription or a visit to an audiologist or other hearing specialist. That hasn't happened yet, and President Joe

Biden last month ordered the FDA to produce those rules for over-the-counter (OTC) purchases by mid-November. That means it will likely take at least until next summer for consumers to feel the direct effects of the law.

Despite the delay, consumers' options have expanded with more hearing devices entering the market, alternative ways to get them and lower prices, particularly for the largest segment of the population with impaired hearing — those with mild to moderate hearing loss, for whom the law was intended.

Leading consumer brands Apple and Bose are offering products and several smaller



companies sell aids directly to consumers, providing hearing tests and customer service online from audiologists and other hearing specialists. Even

major retailers offer hearing aids directly to consumers and provide audiology services online: Walgreens stores in five Southern and Western states sell what the chain calls "FDA-registered" **Lexie hearing aids** for \$799 a pair — far less than half the price of typical devices.

Nationally, personal sound amplification products, or PSAPs, that are smaller and customizable are now available in stores and online. These devices, which look like hearing

aids and sell for a fraction of the price, amplify sounds, but some do not address other components of hearing loss, such as distortion.

"There are many more options than there were in 2017 when Trump signed the Hearing Aid Act into law," said Nancy Williams, president of Auditory Insight, a hearing industry consulting firm in New Haven, Connecticut. "In a sense, you can say the OTC revolution is happening without the FDA, but the difficulty is it is happening more slowly than if the FDA issued its rules on time."...[Read More](#)

Biden Administration Likely to Approve Covid-19 Boosters at Six Months

Pfizer, BioNTech have requested clearance for Covid-19 vaccine boosters that an official said could be administered six months after previous dose

Federal regulators are likely to approve a Covid-19 booster shot for vaccinated adults starting at least six months after the previous dose rather than the eight-month gap they previously

announced, a person familiar with the plans said, as the Biden administration steps up preparations for delivering boosters to the public.

Data from vaccine manufacturers and other countries under review by the Food and Drug Administration is based on boosters being given at six months, the person said.



The person said approval for boosters for all three Covid-19 shots being administered in the U.S.—those manufactured by Pfizer Inc. and partner BioNTech SE, Moderna Inc. and Johnson & Johnson—is expected in mid-September.

The Biden administration and companies have said that there should be enough supply for

boosters that they plan to begin distributing more widely on Sept. 20. The U.S. has purchased a combined 1 billion doses from Pfizer and Moderna.

A White House spokesman declined to comment. An FDA spokeswoman declined to comment on interactions with vaccine manufacturers.

Could Electrode 'Pulses' Cut Back, Leg Pain Without Drugs?

A new approach to spinal cord stimulation may drastically reduce chronic back pain, a small pilot study suggests.

The study, of 20 patients with stubborn low back pain, tested the effects of implanting electrodes near the spinal cord to stimulate it with "ultra-low" frequency electrical pulses.

After two weeks, 90% of the patients were reporting at least an 80% reduction in their pain ratings, the researchers found.

The improvement is striking, experts said. But they cautioned that the study was too small and short-term to draw conclusions.

"That improvement is almost too good to be true," said Dr. Houman Danesh, who directs

the division of integrative pain management at Mount Sinai Hospital in New York City.

Danesh, who was not involved in the study, said the results could be skewed because the patient group was so small. On the other hand, he said, it's possible the researchers "have really caught onto something."

Only larger, longer-term studies can answer that question, Danesh said.

It's not that electrical stimulation, per se, is unproven for back pain: Pain management specialists, including Danesh, already offer the approach to some patients.



It can be done non-invasively, through transcutaneous electrical nerve stimulation (TENS) — where electrodes are placed on the skin over areas of pain, to deliver electrical pulses to the underlying nerves.

Another option is spinal cord stimulation. There, doctors implant electrodes near the spinal cord, along with a pulse generator that is placed under the skin of the buttocks or abdomen. Patients can then use a remote control to send electrical pulses to the spinal cord when they are in pain.

The theory is that the stimulation interrupts the spinal

cord's transmission of pain signals to the brain.

Right now, spinal cord stimulation is reserved for certain tough cases of back pain — for example, when people continue to have pain even after back surgery, Danesh said.

The effectiveness of the approach, though, varies from person to person, and researchers have been looking at ways to refine it.

For the new study, a U.K./U.S. team tested what it's calling ultra-low frequency spinal cord stimulation....[Read More](#)

Smart Phones, Watches Can Mess With Implanted Pacemakers

Do you have an implanted defibrillator or pacemaker? Try keeping your smart watch or smart phone a few inches away from them.

New research from the U.S. Food and Drug Administration finds that your phone or watch could interfere with implanted heart devices.

Based on the new findings, heart patients and health care providers should be aware of potential risks, the research team said.

Patients can then "take simple proactive and preventive measures, like keeping consumer electronics, such as certain cellphones and smart watches, six inches away from implanted medical devices and not carrying consumer electronics in a pocket over the medical device,"

advised study author Seth Seidman. He's a research electrical engineer at the FDA's Center for Devices and Radiological Health (CDRH).

The danger comes from magnets found in implanted cardiac devices *and* in smart phones and smart watches.

The CDRH launched its investigation after reports of smart phones and watches disrupting implanted medical devices.

As the team explained, implanted defibrillators or pacemakers have a setting called "magnet mode," meant to be used when a patient is having a procedure where electromagnetic interference may occur, or when the device's functioning needs to be



suspended for medical treatment.

But, magnet mode can also be triggered accidentally by strong magnetic fields, changing how the device works and posing a risk of serious harm to the patient.

For the study, the researchers tested the magnetic field output of all iPhone 12 and Apple Watch 6 models at varying distances from implanted heart devices.

The results showed that in close proximity, the magnetic fields of the smart phones and watches are strong enough to trigger magnet mode in implanted heart devices. But that doesn't happen if a distance of six inches or more is maintained, according to the study published online Aug. 25 in the

journal [Heart Rhythm](#).

Seidman said people with implanted heart devices who also have smart phones shouldn't panic.

"We believe the risk to patients is low," he said, "and the agency is not aware of any adverse events associated with this issue at this time. However, the number of consumer electronics with strong magnets is expected to increase over time. Therefore, we recommend people with implanted medical devices talk with their health care providers to ensure they understand this potential risk and the proper techniques for safe use."

Two experts in cardiovascular care said simple steps can safeguard patients....[Read More](#)

You're Vaccinated But Get a Breakthrough Infection: What Next?

More than 171 million people are fully vaccinated against COVID-19 in the United States, but the highly infectious Delta variant has left some with "breakthrough" cases nonetheless.

These cases were anticipated, because the COVID vaccines weren't designed to eliminate all virus infections, but rather to lower a person's risk of severe illness and hospitalization.

Even now, "being vaccinated gives you a 93% chance of not landing in the hospital with COVID. Those are pretty good odds," said Dr. Luis Ostrosky, chief of infectious diseases at

McGovern Medical School at the University of Texas Health Science Center at Houston.

Nevertheless, if you're a vaccinated person who suspects you have a breakthrough infection, you probably have many questions about how to protect those around you and manage your illness.

How sick am I likely to get?

"Most of the people with breakthrough infections seem to have a particularly mild disease, complaining mostly of upper respiratory symptoms like drippy nose, a slight cough," Ostrosky said. "We see a lot of



headaches. That's about as much as most people are going to be feeling."

He added that some will also have low-grade fevers or fatigue. All these symptoms can usually be treated with over-the-counter remedies.

A much smaller percentage of people with breakthrough infections will get very sick, said Dr. Aaron Glatt, chief of infectious diseases at Mount Sinai South Nassau in Oceanside, N.Y. The risk of severe illness is higher in people with compromised immune systems or chronic health problems.

"What I tell people is if you have been identified as having had a breakthrough episode you should see your physician, and he or she should help you decide which category you fall into," Glatt said.

What if I've been exposed to someone who tested positive for COVID?

The U.S. Centers for Disease Control and Prevention says vaccinated people exposed to COVID don't have to quarantine unless they develop symptoms. They should wear a mask indoors for 14 days following exposure....[Read More](#)

Expert Panel Lowers Routine Screening Age for Diabetes to 35

The recommended age to start screening overweight and obese people for diabetes will be lowered by five years from 40 to 35, the nation's leading panel of preventive health experts has announced.

The U.S. Preventive Services Task Force (USPSTF) has decided an earlier five years of testing could help detect more people who have prediabetes, said Dr. Michael Barry, vice chair of the USPSTF.

That would give those folks a chance to avoid full-blown

diabetes by adopting a healthier diet, exercising more often and losing weight, said Barry, director of the Informed Medical Decisions Program at Massachusetts General Hospital in Boston.

Diabetes is "a major risk factor for heart attacks and strokes, but also the leading cause of blindness and kidney failure in the United States, and a major reason behind limb amputations," he said. "No one would say this isn't important."



About 13% of American adults — 34 million people — have diabetes, according to the U.S. Centers for Disease Control and Prevention.

But more than one in three (35%) have prediabetes, a condition in which blood sugar levels are higher than normal but haven't yet irreversibly harmed the body's ability to respond to insulin.

"We know that epidemiologically we see a spike in the prevalence of both

diabetes and prediabetes around age 35," Barry said.

The new recommendation and the science behind it were published Aug. 24 in the *Journal of the American Medical Association*.

The USPSTF's recommendation is important because under the Affordable Care Act ("Obamacare"), insurers are required to fully cover any screening the task force endorses, with no out-of-pocket cost to patients....[Read More](#)

He Got Help F.A.S.T. For His Stroke. His Mother Wasn't as Lucky.

It was the evening of Jan. 30, 2007, when Mike Maddux got the phone call from his stepfather.

His mother was in the bathroom with the door locked and her husband couldn't get her to come out. Could Mike help?

Mike, who lived nearby, got there within an hour. His mother still refused to open the door. So they called paramedics, who finally convinced her to open the bathroom door.

Mike's mother, who was 69 and overweight and had arthritis in her legs, had suffered a massive stroke. Too much time had passed for doctors to mitigate the damage. It left her partially paralyzed, with many complications and a personality change that caused her to occasionally lash out at family

members. She died seven years later.

Mike, meanwhile, stayed physically active throughout the years.

Because of how often he exercised, he felt he could eat whatever he wanted, including fast food. Even though the body mass index chart showed him on the edge of obesity, and his doctor told him he had elevated blood pressure, Mike figured his muscular build could handle it.

This past Jan. 30, Mike and his wife, Cindy Maddux, were in their kitchen after a morning of running errands. Cindy reached into the refrigerator to pull out a few items for lunch.

When she turned around, she saw Mike leaning against a countertop.



"What's wrong with you?" she asked.

"What do you mean?" he said.

Mike's face looked cringed; she thought he was in pain. Then Mike mumbled something she couldn't understand.

Their younger son, Trent, was home. Cindy asked him to get help while she stayed with Mike. The Maddux's daughter lived next door.

Brad Schneller, the couple's son-in-law, rushed over.

Mike was paralyzed on his left side and couldn't walk. Schneller picked up a recliner from the living room and brought it into the kitchen, placing his father-in-law on it, then called 911. Paramedics arrived within minutes.

Fourteen years to the day after his mother's stroke, Mike also had a massive stroke from a blood clot in his brain. But his case played out differently.

Mike was given clot-busting medication at his local hospital in Miramar Beach, Florida, then was sent by helicopter to a larger hospital in Pensacola. Doctors there performed a mechanical thrombectomy procedure in which they used a catheter to pluck the remnants of the blood clot from his brain.

By the time Cindy made the 90-minute drive to the hospital, the clot was gone.

The doctor who removed the brain clot showed me the scan of his brain before and after," she said. "If it hadn't been removed, it would have been really bad." ...[Read More](#)

Getting Healthy After Heart Attack Could Add Over 7 Years to Life

Heart attack survivors could gain more than seven healthy years of life if they take the right medications and improve their lifestyle, new research estimates.

Unfortunately, studies have found, heart attack survivors rarely get optimal control over their risk factors.

The new research echoes that evidence: Of more than 3,200 patients, only 2% had their blood pressure, cholesterol and blood sugar under good control one year after their heart attack or heart procedure.

Overall, 65% still had high levels of "bad" LDL cholesterol,

while 40% had high blood pressure. Things looked just as bad when it came to lifestyle -- with 79% of patients being overweight or obese, and 45% not getting enough exercise.

It all points to major missed opportunities, the researchers said.

Using a mathematical model, they estimated that if study patients' risk factors were being optimally controlled, they could gain 7.4 extra years free of a heart attack or stroke.

Why were so many patients falling short of treatment goals?



It's likely a combination of things, said researcher Tinka Van Trier, of Amsterdam University Medical Center in the Netherlands.

Most patients were, in fact, on medication, including drugs to control cholesterol and blood pressure, or to prevent blood clots.

But they may not have been on the optimal doses or combinations of medication, Van Trier said.

And then there were the lifestyle factors, she said -- which can have a particular

impact on blood pressure, cholesterol and blood sugar.

Van Trier presented the findings Thursday at the annual meeting of the European Society of Cardiology, being held online. Studies released at meetings are generally considered preliminary until published in a peer-reviewed journal.

Dr. Andrew Freeman, a cardiologist who was not involved in the research, said it begs an important question...[Read More](#)

FDA Approves First Nerve-Stimulation Device to Aid Stroke Recovery

A first-of-a-kind nerve stimulation treatment for people who have problems moving their arms after a stroke has been approved by the U.S. Food and Drug Administration.

"People who have lost mobility in their hands and arms due to ischemic stroke are often limited in their treatment options for regaining motor function," explained Dr. Christopher Loftus. He is acting director of the FDA's Center for Devices and Radiological Health's Office of Neurological and Physical Medicine Devices. An ischemic stroke is caused by blocked

blood flow to the brain.

"Today's approval of the Vivistim Paired VNS System offers the first stroke rehabilitation option using vagus nerve stimulation [VNS]," Loftus said in an FDA news release. "Used alongside rehabilitative exercise, this device may offer benefit to those who have lost function in their upper limbs due to ischemic stroke."

The Vivistim System is a prescription therapy for ischemic stroke patients who have moderate to severe difficulty moving their arms and hands.



Used either at home or in a clinic, the system electrically stimulates the vagus nerve, which runs from the brain to the abdomen.

An implantable generator that produces a mild electrical pulse is implanted just under the skin in the chest of the patient. A wire that's attached to the generator is also implanted under the skin and sends pulses to electrodes that are placed on the left side of the neck, where the vagus nerve is located, the FDA explained.

The system also includes laptop software and a wireless

transmitter to be used only by the patient's health care provider.

The FDA approval of the system was based on a clinical trial of 108 stroke patients in the United States and United Kingdom. Patients were asked to complete 300 to 400 physical therapy exercises for 90 minutes a day, three times a week for six weeks, but only the treatment group received an appropriate level of vagus nerve stimulation. A "control group" received only a very low level of stimulation...[Read More](#)

A Mentally Challenging Job Could Help Ward Off Dementia

While every worker would prefer a fun, mentally stimulating job, new research reveals an added bonus: Such work could help prevent dementia in old age.

On-the-job intellectual stimulation appears to lower levels of certain proteins that block brain cells from forming new connections -- and doing so could help prevent or postpone dementia, the study's authors said.

"This is an important study and adds to the body of research that suggests cognitive stimulation is good for the long-term health of the brain," said Claire Sexton, director of scientific programs and outreach at the Alzheimer's Association, who reviewed the

findings.

Exactly how lifestyle and work can help lower dementia risk isn't clear, she said, but keeping your brain active might well be a part of keeping it healthy.

For the study, an international team compared levels of dementia in people with highly stimulating jobs to those whose jobs provided less of a workout for the brain.

Based on those comparisons, a mentally stimulating job may postpone the onset of dementia by about two years, said lead author Mika Kivimaki, a professor of social epidemiology at University College London.

His team cautions that this



study doesn't prove that having a mentally stimulating job prevents dementia, only that the two factors seem to be

linked.

What jobs are mentally stimulating? Researchers said they're those that involve demanding tasks and decision-making. Non-stimulating jobs have low demands and little job control.

Sexton welcomed the findings.

"While the jury is still out on the exact lifestyle recipe for dementia risk reduction, there are things we can do today that may decrease our risk of cognitive decline as we age," she said. "Eating a heart-healthy diet,

exercising regularly and staying cognitively engaged are just a few."

Kivimaki's team collected data on nearly 108,000 men and women who took part in seven studies from the IPD-Work consortium, which includes 13 European groups.

They also looked at mental stimulation and proteins in more than 2,260 participants from one study and at proteins and dementia risk among more than 13,600 participants in two other studies.

Researchers measured mental stimulation at work at the outset and tracked participants for an average of 17 years....[Read More](#)

Too Much Screen Time Could Raise Your Odds for Stroke

You've heard the warnings about kids who are forever glued to their screens, but all that screen time can have devastating health effects for grown-ups.

If you're under 60, too much time using a computer, watching TV or reading could boost your risk for a stroke, Canadian researchers warn.

"Be aware that very high sedentary time with little time spent on physical activity can have adverse effects on health, including increased risk of stroke," said study author Dr. Raed Joundi, a stroke fellow at the University of Calgary, in Alberta.

For the study, which was [published Aug. 19](#) in the journal *Stroke*, Joundi's team looked at 143,000 Canadian adults who had no history of stroke, heart disease or cancer.

Over about nine years, these adults averaged 4.08 hours a day of sedentary leisure time (hours on a computer, reading and watching TV). Those 60 and younger devoted 3.9 hours a day to such activities; 60- to 79-year-olds, 4.4 hours; and those 80 and older, 4.3 hours a day.

Adults 60 and under who were inactive and reported eight or more hours a day of sedentary



leisure time had more than four times the risk of stroke compared to those whose inactive leisure was under four hours a day.

Those in the least active group — eight or more hours of sedentary time and low physical activity — were seven times more likely to have a stroke compared to those who were more active and spent less than four sedentary hours a day, the study found.

"Physical activity has a very important role in that it reduces the actual time spent sedentary, and it also seems to diminish the

negative impact of excess sedentary time," Joundi said in a journal news release.

Doctors' recommendations and public health policies should emphasize the importance of being active in young adulthood as well as other healthy habits that lower stroke risk, the study authors suggested.

U.S. adults spend an average 10.5 hours a day using media such as smartphones, computers or TV, and 50- to 64-year-olds spend more time doing so than any other age group, according to the American Heart Association....[Read More](#)

Daily Coffee May Protect the Heart

The latest buzz on coffee? It may be good for your heart, a new, large study suggests.

Drinking light to moderate amounts -- up to three cups a day -- may lower the risk of stroke, fatal heart disease and all-cause death, researchers found.

"Regular coffee consumption of up to three cups per day is associated with a lower risk of all-cause mortality, cardiovascular mortality and stroke," said lead researcher Dr. Judit Simon, from the Heart and Vascular Center at Semmelweis University in Budapest, Hungary.

These benefits might be partly explained by positive alterations

in heart structure and function, she said.

Better yet, all types of coffee -- caffeinated, decaf, brewed and instant -- may offer heart benefits, Simon said.

"In a sub-analysis on types of mostly consumed coffee, decaffeinated coffee was associated with lower risk of all-cause and cardiovascular deaths, but not with lower stroke incidence, suggesting that caffeine is not the main or only component that is responsible for these favorable outcomes," she said.

Instant coffee was associated with a lower risk of all-cause



death, while ground coffee was linked with reduced risk of all-cause and cardiovascular death and lower stroke incidence, she said.

For the study, Simon and her colleagues collected data on nearly 470,000 men and women listed in the U.K. Biobank. At the study's start, participants had no signs of heart disease and were an average age of 56. They were followed for up to 15 years.

Compared with non-coffee drinkers, those who drank light to moderate amounts had a 12% lower risk of all-cause death. Their odds for stroke were

reduced by 21% and fatal heart disease by 17%, the researchers found, though only an association rather than a cause-and-effect link was seen.

The findings remained after the researchers accounted for age, sex, weight, height, smoking status, physical activity, high blood pressure, diabetes, cholesterol, income and diet.

Using cardiac MRIs, Simon's group also looked at the effect daily coffee consumption had on the structure and function of the heart among nearly 31,000 people who were followed for 11 years on average....[Read More](#)