Rhode Island Alliance for Retired Americans®

RI ARA

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"Fighting for the future of our members."
"NOW, more than ever!!!"

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Message from Alliance *for* Retired Americans Leaders

AFSCME Commemorates Anniversary of 1968 Sanitation Strike with New Podcast

Robert Roach, President, ARA

April 4 was the 55th anniversary of the death of Dr. Martin Luther King Jr. He was assassinated while in Memphis to support sanitation workers who were represented by the American Federation of State, County & Municipal Employees (AFSCME) Local 1733 during their important "I AM A MAN" strike.

To honor Rev. King's sacrifice and the strike's legacy, AFSCME released a special podcast about the events that transpired in Memphis in 1968. The **I AM** Story podcast features new interviews with strikers involved in the struggle, including Rev. James Lawson, Martin Luther King III and many others.

"Memphis sanitation workers were subjected to inhuman conditions on the job while making just $0.65 per hour," said **Robert Roach, Jr., President** of the Alliance. "When conditions turned from hazardous to deadly, they said enough was enough. We should all remember their sacrifice as we continue the struggle for safe working conditions and fair pay." The podcast is available in both **audio** and **video** formats.

Rich Fiesta, Executive Director, ARA

Americans Could Lose $20,000 in Retirement Savings if GOP Refuses to Raise the Debt Ceiling

The Joint Economic Committee (JEC), a congressional group that reviews economic policy, recently released a **report** analyzing the consequences of failing to raise the debt ceiling. Based on a study of the 2011 debt limit negotiations, the analysis finds that Americans could lose $20,000 in retirement savings. Private student-debt loads could also surge.

The nation could run out of extraordinary measures to pay its bills as soon as July — meaning there is a risk of unprecedented, severe financial consequences. The debt ceiling was raised three times during President Trump's term with bipartisan support. This year, however, Congressional Republicans say President Biden must satisfy their fiscal demands before they'll vote to raise the debt limit again. To date, Speaker Kevin McCarthy **has not specified** what his caucus' demands are and whether 218 House Republicans would vote for whatever those demands turn out to be.

Joseph Peters ARA Sec.-Trea.

"The JEC study shows just another way that Americans, especially retirees, could suffer if Republicans continue to play partisan games with the economy," said **Richard Fiesta, Executive Director** of the Alliance. "This is irresponsible, and older Americans must continue to demand action to prevent an economic catastrophe."

Need for Escorts Following Relatively Minor Medical Procedures Questioned

Following even basic screenings and operations, patients often must arrange for **someone to help deliver them home** — and liability fears have led many health care providers to say that a taxi or rideshare driver taking you to your sidewalk is not sufficient. For many older people, finding someone to escort them back inside their residence is burdensome — and some patient advocates think it is required more frequently than it should be.

Older people across the country describe maddening efforts to find "door-through-door" escorts for outpatient surgery and screenings that involve anesthesia, especially if facilities require those escorts to remain on the premises until the patient's discharge. Patient advocates say these requirements lead many to skip important preventive care like colonoscopies.

"Health care providers need to think about the consequences of their policies and whether they are actually required," said **Joseph Peters, Jr., Secretary-Treasurer** of the Alliance. "When doorthrough-door escorts are medically necessary, they should at least assist patients by providing them with trusted services that are willing to perform this service at a reasonable cost."

Did You Know…

Social Security and Income Taxes According to the **Social Security Administration** (SSA), you must pay taxes on up to 85% of your Social Security benefits if you file a:

- Federal tax return as an "individual" and your "combined income" exceeds $25,000.
- Joint return, and you and your spouse have "combined income" of more than $32,000.

According to SSA, most Americans who are married and file a separate return pay some income taxes on their earned benefits. For more information visit the **IRS website** or consult with a tax advisor

RI ARA Member Organizations

Davis Vision is pleased to provide the Rhode Island Alliance *for* Retired Americans members and their spouse with significant discounts on frames and lenses through the Value Advantage Program.
No monthly premium for member and spouse. For more information visit

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HHS quietly trims inaugural list of price capped Medicare drugs from 27 to 20

The Department of Health and Human Services' (HHS') **highly publicized list** of the first Medicare Part B prescription drugs hit with rebates under the Inflation Reduction Act discreetly dropped from 27 to 20, prompting critiques from the pharma lobby over the Biden administration's swift implementation of the legislation's drug controls.

As spotted by **Endpoints**, the press release and accompanying guidelines released by HHS were updated on March 30 with the removal of several previously listed drugs: Gilead's Yescarta and Tecartus, Bausch + Lomb's Xipere, Acrotech Biopharma's Folotyn, Shionogi's Fetroja, Kamada's WinRho and Stemline Therapeutics' Elzonris.

Drugs included on HHS' list were those with price increases that outpaced the rate of inflation. Under last year's legislation, the manufacturers of those products are required to repay Medicare the difference via rebates, the savings from which the Centers for Medicare & Medicaid Services would then pass along to enrollees.

The discounts were also heavily touted by President Joe Biden as a major victory against the pharma industry's "exorbitant profits at the expense of the American people."

"You name the drug you have to take, and I can take you to France and get it a hell of a lot cheaper, [or] to Canada and throughout Europe," Biden **said during a March 15 speech** to reporters. "It's not fair. But after decades of trying to take on Big Pharma, we finally, finally won."

In an emailed statement, the Centers for Medicare and Medicaid Services said the change was the result of a "standard procedure" in which the the agency releases the Average Sales Price public files ahead of the quarter before they go into effect for public review and potential adjustment.

"Last week, CMS issued a restatement correcting the calculation of the coinsurance adjustment percentage for Part B rebatable drugs," the agency wrote in its statement. "We have updated the files and supplemental materials to reflect the accurate calculations and updated the list of now 20 drugs for which reduced coinsurance applies."

The agency now expects Medicare enrollees could save anywhere from $1 to $372 per average dose of their prescriptions during the period begun April 1 as a result of the price cap—a slight adjustment from the $2 to $390 range highlighted back in March.

HHS has not publicly stated why it walked back the initial list of affected drugs. Fierce Healthcare has reached out to the department for any additional comment.

In an emailed statement, a representative of industry group PhRMA said "it's fair to ask what else the administration may be getting wrong" as it "races to implement an unprecedented government price-setting scheme with little time. It's also further evidence of why it's critical to have a robust and timely process in place to address concerns with the law's implementation."

The statement also reiterated PhRMA's earlier talking points that the vast majority of Part B treatments, about 95%, are unaffected by the administration's rebate cutoff. The group said that Part B-covered medicines "have long grown below the rate of inflation … because prices for medicines under Part B already benefit from robust negotiations that take place in the private market."

HHS plans to send invoices for the remaining 20 listed products to drug manufacturers "no later than fall 2025."

Meanwhile, the administration is targeting 2026 for the implementation of another Inflation Reduction Act-permitted price control, the Medicare Drug Price Negotiation Program.

In mid-March, the administration **released initial guidance** on how it would select and negotiate "maximum fair prices" for up to 10 Medicare Part D drugs, with more products to follow in later years. It is currently seeking public comments on the proposed process.

New Estimates Released on Medicare Solvency

Each year the Social Security and Medicare Boards of Trustees release a report about the financial health of both Medicare and Social Security. The good news is that Medicare's hospital insurance trust fund, which helps pay for "Part A" inpatient hospital care, could be able to pay full benefits until 2031, three years later than last year's projection.

According to the trustees, Medicare gained three extra years of solvency compared to 2022, meaning its funding will run out in 2031.

Once the reserves from Medicare's Hospital Trust Fund are depleted, it would only be able to cover 89 percent of the expected costs.

As reported by *The Hill* newspaper in Washington, the board cited the evolving impact of the COVID-19 pandemic as part of this change, and "lower health care utilization through 2032" as one of the largest reasons for this change.

In what can only be seen as a tragedy, it was the fact that older and sicker individuals died during the COVID-19 outbreak, meaning Medicare beneficiaries are expected to be healthier on average and require fewer services to be paid for.

Hospital bills represent only a fraction of total Medicare costs. The report also looked at the projected costs for covering doctors' visits and prescription drugs.

The expected effects of the drug price negotiation provisions included in the Inflation Reduction Act are expected to contribute to substantially lower projected spending on Medicare Part D.

President Biden proposed to extend the lifetime of Medicare's Hospital Insurance fund into the 2050s as part of his budget rollout earlier last month. The plan included proposals to lower costs for beneficiaries and impose a higher tax rate on high earners.

Unfortunately, the report on Social Security was not as good. According to the trustees, Social Security's finances continue to deteriorate. The recent surge in inflation worsened Social Security's finances relative to the 2022 report, leading insolvency to occur a year earlier.

Social Security is 11 years from insolvency. If it reaches that point Social Security will not be able to pay full benefits to most current retirees under the law. The Trustees project the Old-Age and Survivors Insurance (OASI) trust fund will deplete its reserves by 2033.

Including Social Security Disability Insurance (SSDI), the theoretically combined trust funds will be insolvent by 2034, when today's 56-year-olds reach the full retirement age and today's youngest retirees turn 73. Upon insolvency, all beneficiaries will face a 20 percent across-the-board benefit cut.

With insolvency looming, refusal to touch Social Security is an endorsement by our elected officials in Washington of a sudden 20 percent across-the-board benefit cut imposed on beneficiaries of all ages and incomes.

TSCL strongly believes that instead of playing political games and demagoguing efforts to save Social Security and Medicare, policymakers should come together and negotiate legislation that will save Social Security and Medicare. Congress must keep the promises about those programs that were made to America's seniors and TSCL will keep fighting to make sure that happens

CMS Finalizes 2024 Medicare Advantage Payment Policies

The 2024 Advance Notice **released** last week by the Centers for Medicare & Medicaid Services (CMS) makes small but important adjustments to Medicare Advantage (MA) payment methodology. The Medicare Rights Center welcomes the provisions that would begin to rein in soaring, unnecessary MA costs and **continues** to urge additional, comprehensive reforms.

CMS projects its updates will increase MA payments by 3.32% in 2024. Though greater than initially **proposed,** this is a lower growth rate than in recent years—an essential step towards correcting the decades-long problem of MA overpayments. The amounts inappropriately paid to MA plans are significant. The Medicare Payment Advisory Committee cataloged **$140 billion** in overpayments during the past 12 years, and CMS estimates that in 2021 alone, plans improperly received **$23 billion.** Independent research consistently finds these excess payments are **negatively impacting** Medicare's finances and long-term sustainability, **as well as** driving up beneficiary premiums and taxpayer costs. Addressing this wasteful spending becomes more urgent by the day.

Expert **analysis** indicates overpayments will only grow as MA plan and enrollment numbers do, and both are **surging**. Policymakers must effectively respond to these realities and to the concerns many current and future beneficiaries have about **rising Medicare costs, the program's future**, and the **need for solutions.**

In our **comments** on the draft Advance Notice, we encouraged CMS to do just that by adopting key MA Risk Adjustment Model changes and more sufficiently accounting for coding differences between Original Medicare and MA.

While CMS finalized the Risk Adjustment changes, the agency has decided to phase them in over three years instead of one, allowing problematic overpayments to continue in the interim. Once fully in place, these modernizations will more closely align MA with current health care practices and yield more accurate payments.

We were also disappointed that CMS will again apply the 5.9% statutory minimum coding intensity adjustment in 2024. Unchanged since 2018, this minimum amount is **not keeping pace** with coding intensity or the resulting excess plan payments. In **2020**, risk scores for MA enrollees were already 9.5% higher than they should have been, generating $12 billion in overpayments. By 2021, the scores and payments had **jumped** to 11% and $17 billion, respectively. Due to the inadequate 5.9% coding intensity rate, Medicare is **projected** to overpay plans by $44 billion in 2022 and 2023 and by $25 billion in **2024**. CMS must meaningfully intervene without delay.

We applaud CMS for finalizing a 2024 Advance Notice that largely recognizes beneficiary priorities and flaws in MA financing. We strongly urge the Biden administration and Congress to build upon these policies to more fully improve payment accuracy, insurer accountability, and access to care.

Data Shows Susceptible Seniors Living Alone

Nearly ninety percent of the senior citizens across the U.S. prefer to age in place and grow old at home. Professionals believe that's the place where people can afford to live over other costly places like nursing homes. But even staying home raises concerns, like the ones that block healthy aging. The most significant are lack of transportation, affordable housing, and isolation.

When adults have little access to shopping and social activity, isolation becomes a high risk factor that plays havoc on their health. Here's what few seniors from my Facebook group says about aging at home with little support and connection — the comments illustrate the challenges.

"Budget, transportation, and health are the main causes of my isolation. I had to give up driving because of severe glaucoma. Also, having a rare autoimmune disease makes me exhausted most of the time."

"Loneliness and isolation are a real problem. Our culture is different than most Asian and Latin cultures where no older person has to worry about being alone."

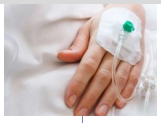
What's troubling when studying the U.S. Census, is the high numbers of older residents living alone. Across America, close to 30 percent of the 65 and over, live at home without support, totaling over 11 million, and of these, 71% are female….**Read More**

Doctors Say Prior Authorizations Harm Patients

An American Medical Association survey found that 33% of primary care physicians and specialists report that prior health insurance authorizations led to a serious adverse event in patients under their care.

Health insurance pre-authorization (PA) is obtaining approval from a **health insurance** company before receiving specific medical treatments or services. For example, companies typically require a PA for expensive procedures or treatments with a high risk of complications.

However, in a December 2022 American Medical Association (AMA) survey of 1,001 physicians, 25% of physicians report that a PA has led to patient hospitalization, 19% report it led to a life-threatening event that required intervention, and 9% say a PA led to permanent damage or death of a patient.



What's more, an overwhelming 89% of doctors surveyed by the AMA say PAs have a somewhat or significant impact on their patient's clinical outcomes, 80% report PAs have caused their patients to abandon treatment, and 94% claim PAs have delayed their patients from getting the care they need.

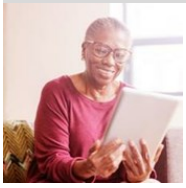
Although health plans indicate they use peer-reviewed, evidence-based studies when designing PA protocols, 31% of doctors say that PA criteria are rarely evidence-based. According to the survey, in addition to the impact PAs have on patients, they also result in higher utilization of health care resources, including excessive use of ineffective treatments, additional office visits, and emergency room visits.

The time it takes for healthcare providers and their staff to manage PAs is also an issue. On average, healthcare practices complete 45 PAs per week, and physicians and their staff spend two business days on those tasks.

"The byzantine system of authorization controls is rife with opportunities for reform, and the AMA continues to work with federal and state officials on legislative solutions to reduce waste, improve efficiency, and protect patients from obstacles to medically necessary care," Resneck says.

Reforming the prior authorization issue is part of the AMA Recovery Plan for America's Physicians. The plan highlights the need to address clinical validity, transparency and fairness, continuity of care, timely access, administrative efficiency, and alternatives and exemptions in the PA process. In addition to PA reform, this plan proposes to reform Medicare payment, support telehealth, and reduce physician burnout

Slam the scam with Social Security



By Cheryl Tudino, Social Security Public Affairs Specialist

The Social Security Administration and its Office of the Inspector General (OIG) continued to raise public awareness about Social Security imposter scams during the fourth annual "Slam the Scam" Day held in March. Social Security scams — where fraudsters pressure victims into making cash or gift card payments to fix alleged Social Security number problems or to avoid arrest – are an ongoing government imposter fraud scheme. For several years, Social Security impersonation scams have been one of the most common government imposter scams reported to the Federal Trade Commission. We've made concerted efforts to address this issue, through extensive outreach and investigative initiatives. These efforts have made a significant impact, reducing money reported lost to Social Security scams by 30 percent from 2021 to 2022.

"I am proud of the work we have done to combat Social Security imposter scams and raise public awareness," said Kilolo Kijakazi, Acting Commissioner of Social Security. "We will continue to use every tool at our disposal to protect the public and their critical benefits. We urge Americans to remain vigilant, do not give out personal information or money, and report any scam attempts."

Scammers use sophisticated tactics to trick potential victims into disclosing personal and financial information. Typically, they use the five P's – Pretend, Prize or Problem, Pressure, and Payment. For example, scammers pretend they are from Social Security in phone calls or emails and claim there is a problem with the person's Social Security number. The scammer's caller ID may be spoofed to look like a legitimate government number. Scammers may also send fake documents to pressure people into complying with demands for information or money. Other common tactics include citing "badge numbers" and using fraudulent Social Security letterhead to target individuals for payment or personal information.

Tell you that your Social Security number is suspended.

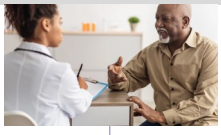
- Contact you to demand an immediate payment.
- Threaten you with arrest.
- Ask for your credit or debit card numbers over the phone.
- Request gift cards or cash.
- Promise a Social Security benefit approval or increase in exchange for information or money.

Our employees do contact the public by telephone for business purposes. Ordinarily, we call people who recently applied for benefits, are already receiving payments and require updates to their record or requested a phone call from us. If there is a problem with a person's Social Security number or record, we will mail a letter.

"Working with our law enforcement and private sector partners to inform consumers about scammers and their deceptive practices remains a priority for my office. We will continue promoting National Slam the Scam Day to help protect consumers from these predators. Slamming the scam begins with consumers quickly taking a step to hang up the phone, or delete suspicious texts and emails, without responding to the scammers," said Gail S. Ennis, Inspector General for the Social Security Administration. "That remains the easiest and most effective method to avoid falling prey to these vicious scams."

To report a scam attempt, go to **oig.ssa.gov**. For more information, please visit **www.ssa.gov/scam** and **www.ssa.gov/antifraudfacts**.

For 'Near Poor' Seniors, Medicaid 'Cliff' Could Keep Health Care Out of Reach



The so-called "Medicaid cliff" is a perennial threat for millions of American seniors whose incomes put them just above the poverty line.

While impoverished seniors often have Medicaid to help cover their health care expenses, seniors who make just a little bit more have to pay the higher out-of-pocket costs of Medicare themselves.

The upshot: They're much less likely to go to the doctor or fill prescription medicines. And a new study blames this "cliff" for increasing racial and ethnic disparities, noting that Black and Hispanic adults whose annual income is just above the federal poverty level are more likely to experience cost-related barriers to care.

White seniors are more likely to have savings to draw on for out-of-pocket medical costs, researchers said.

"Chronic disease risks among older adults of color often go unaddressed due to cost-related barriers to care, and our research shows that this Medicaid cliff contributes to these barriers," said researcher **Eric Roberts**, assistant professor of health policy and management at the University of Pittsburgh School of Public Health.

"Fixing this so that people on Medicare don't face substantially higher copays above the poverty threshold could lessen health care inequities among our nation's seniors," Roberts said in a university news release.

He offered a possible alternative.

"One option is to turn the 'cliff' into a 'gentle hill,' by tapering Medicaid assistance for seniors with incomes slightly above the federal poverty threshold," Roberts said.

Medicare is the federal health care insurance program for folks who are 65 and older as well as individuals with disabilities. It has high cost-sharing, including deductibles and copays.

Medicare beneficiaries who make no more than about $14,600 a year receive supplemental Medicaid insurance to help them offset these costs. They also get a subsidy to lower out-of-pocket prescription drug costs.

While other federal programs taper off aid on a sliding scale, Medicaid cuts off recipients with incomes that are even slightly above the poverty line, according to the study.

For the study, researchers reviewed data on 8,144 Medicare beneficiaries, comparing health care use on either side of the Medicaid eligibility line. They also compared outcomes for white beneficiaries, Black recipients and Hispanic recipients.

The study tied being just above the poverty line, and therefore ineligible for Medicaid, to a 21% drop in annual outpatient visits.

Black people and Hispanic folks on Medicare also filled 15% fewer prescriptions, while the study found barely any change for white people.

"We found -- and other research supports -- that white beneficiaries are more likely to have savings to draw upon to cover medical costs," Roberts said. "The income that the federal government looks at to determine Medicaid eligibility may make it appear that Black and Hispanic beneficiaries have the same ability as their white peers to pay for care. But the reality is that they don't have the same reserves -- and we're seeing the impact of that in their forgoing doctor's visits and needed medications."

The study said Black beneficiaries and Hispanic beneficiaries are more likely than their white counterparts to have chronic diseases such as diabetes and heart disease that can be managed with medications.

The authors called for expanding Medicaid eligibility for older adults and tapering assistance above the poverty threshold. They said such moves could complement provisions in the Inflation Reduction Act that were designed to make drug costs more affordable for seniors.

Senate Commerce Committee Approves Bill to Combat Rising Prescription Drug Prices

The Senate Committee on Commerce, Science, and Transportation has recently passed the bipartisan Pharmacy Benefit Manager Transparency Act to increase transparency in prescription drug pricing and hold pharmacy benefit managers (PBMs) accountable for deceptive and unfair practices that drive up prescription drug costs. The bill was approved 18-9 and now heads to the full Senate for a final vote.

According to a preliminary estimate by the Congressional Budget Office, the legislation would reduce the deficit by $740 million over the next 10 years.

While pharmacy benefit managers (PBMs) were initially formed to process claims and negotiate lower drug prices with drug makers, today they administer prescription drug plans for hundreds of millions of Americans and three PBMs control nearly 80 percent of the prescription drug market.

They serve as middlemen, managing every aspect of the prescription drug benefits process for health insurance companies, self-insured employers, unions, and government programs. They operate out of the view of regulators and consumers — setting prescription costs, deciding what drugs are covered by insurance plans and how they are dispensed – pocketing unknown sums that might otherwise be passed along as savings to consumers, and undercutting local independent pharmacies.

This lack of transparency makes it impossible to fully understand if and how PBMs might be manipulating the prescription drug market to increase profits and drive-up drug costs for consumers.

This new legislation generally prohibits PBMs from engaging in certain practices when managing the prescription drug benefits under a health insurance plan, including charging the plan a different amount than the PBM reimburses the pharmacy.

The bill also prohibits PBMs from arbitrarily, unfairly, or deceptively (1) clawing back reimbursement payments, or (2) increasing fees or lowering reimbursements to pharmacies to offset changes to federally funded health plans.

Further, PBMs must report annually to the Federal Trade Commission (FTC) certain information about payments received from health plans and fees charged to pharmacies.

This is one of the few bi-partisan pieces of legislation that Congress could pass this year and we will do all we can to see that it succeeds.

Dear Marci: *Does Medicare cover second opinions?*

Dear Marci,

My doctor is recommending I get surgery. I do trust them but I want to get another opinion before agreeing to something so big. Will Medicare cover a second opinion, even if another doctor recommends the same thing?

-Rana (El Paso, TX)

Dear Rana,

For our other readers, a second opinion is when you ask a doctor other than your regular doctor for their view on symptoms, an injury, or an illness you are experiencing in order to better help you make an informed decision about treatment options.

Dear Marci

There are countless reasons why someone would want a second opinion, but here are just a few examples:

- You have a rare condition with which another doctor may have more experience or training.
- Your doctor recommends a treatment that is risky, invasive, involves surgery, or has lifelong consequences.
- You want assurance that you've considered all treatment options.
- You believe your diagnosis could be incorrect.

Original Medicare covers second opinions if a doctor recommends that you have surgery or a major diagnostic or therapeutic procedure.

Medicare will also cover a third opinion if the first and second opinions are different from each other.

The second and third opinions will be covered even if Medicare will not ultimately cover your procedure. Do note, however, that Medicare does not cover second and third opinions for **excluded services**, such as cosmetic surgery.

If you have a **Medicare Advantage Plan**, your plan may have different cost and coverage rules for second and third opinions. Contact your plan for more information about costs and restrictions.

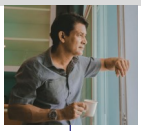
Some people may feel uncomfortable or nervous asking their doctor for a second opinion. Doctors are professionals and most will respect your want for a second opinion. Many consider it standard medical practice to get another opinion. In fact, your doctor may even be ready to give you referrals for a second opinion. Trust yourself and remember that you are your strongest advocate!

-Marci

Social Security 2023: 4 Things Gen X Can Expect

Sandwiched between their baby boomer parents and their millennial juniors, Generation X often gets lost in the social and political rivalry between the bookend demographics. But in terms of **Social Security**, middle-aged Americans are staring down turmoil that the boomers won't encounter and the younger sets don't yet have to worry about.

Born between 1965-1980, the oldest Gen Xers are now just four years away from being eligible for Social Security in 2027. The youngest will have to wait until at least 2042. Either way, the Social Security program that awaits all of them might look much different than the one they were promised.



In many ways, **it already does**.

Congress Sealed Gen X's Fate in 1983

Eligible workers can claim their Social Security benefits as young as 62, but claiming early comes with the tradeoff of smaller payments. Only those who wait until their full retirement age get 100% of what's coming to them.

Unlike the baby boomers, all Gen Xers become eligible for their full Social Security benefits at the same age — 67.

The minimum age for receiving full benefits was 65 from the dawn of the program in 1935 and remained the same for nearly half a century. Then, Congress drafted the **Social Security Amendments of 1983**, which mandated a new retirement age of 67 phased in over 22 years.

Gen X is the first generation of Americans that become eligible for full benefits at the new higher age without exception.

Two years might not seem like a lot, but every 12-month increase in the full retirement age translates to a roughly 6.5% reduction in benefits.

Gen X and the Countdown to 2035

Gen Xers who are 50 today will become eligible for early Social Security benefits when they turn 62 in 2035. Those who are 55 will be 67, and therefore eligible for full retirement benefits that same year. However, "full" might look much different then.

Social Security is funded by trusts, which the SSA says will be depleted in 13 years. When that happens, incoming taxes will be enough to pay for only 75% of scheduled benefits unless something changes. That change — whatever it may be — can only come through Congressional action.

So, What's in Store for Gen X in 12 Years? ….**Read More**

The Parts of Medicare Explained: What They Cover and What They Don't

It's important to know what Medicare parts A, B, C and D cover.

Medicare is a health insurance program sponsored by the federal government for people aged 65 and older, and for individuals under 65 with specific medical conditions, says Salama Freed, an assistant professor of health policy at the Milken Institute School of Public Health at George Washington University in the District of Columbia. As of October 2021, about 64 million people overall were enrolled in **Medicare**, according to the **Centers for Medicare & Medicaid Services**

Medicare is split into **parts A, B, C and D**. Everyone who works contributes, through their payroll taxes, to the funds that pay for Medicare. Anyone over age 65 with 40 quarters of work history is eligible for Medicare Parts A and B, Freed says. Depending on how many years you or your spouse worked, most individuals do not have to pay a premium for Part A, however you still have to sign up. Everyone pays a premium for Part B. Sign up for Medicare starts 3 months prior to turning age 65 and enrollment continues for 3 months after turning age 65.

Those eligible for Medicare include:

- Individuals age 65 or older.

People with Lou Gehrig's disease, which is also called amyotrophic lateral sclerosis, or ALS. Lou Gehrig was a star player for the New York Yankees in the 1920s and 30s whose career and life was cut short by the disease.

People with **end-stage renal disease**, a permanent **kidney failure** that requires dialysis or a transplant.

People receiving Social Security Disability Insurance for at least 24 months.

What Are Medicare Parts A, B, C and D?

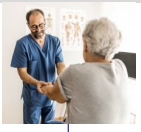
Deciphering Medicare Parts A, B, C and D can be confusing for many consumers. Here is a rundown on each of the parts of Medicare, and how they work:

Medicare Part A

This part of Medicare is often referred to as original Medicare and pays for an array of services.

Here is what Medicare Part A can cover:

- Ambulance services.



- Hospice care.
- **Hospital** stays.
- Skilled **nursing facility** stays.
- Short term home health care.

Medicare Part A Costs

Most people don't pay a monthly premium for Medicare Part A. However, for people who have not paid into Medicare through taxes long enough to be eligible for a free premium, the rate to buy in is $278 or $506 in 2023, depending on how long you, or your spouse, paid Medicare taxes. The annual deductible for Medicaid Part A for visiting the hospital will be $1,600 in 2023. That's the amount you'll have to pay before coverage kicks in.

Medicare Part B

Medicare Part B is voluntary for consumers, there's no automatic enrollment at age 65 or any other age. However, there is a penalty for not enrolling as soon as you can (more on that shortly). Part B covers 80% of allowable charges for covered services once you've paid the Part B annual deductible.

Here's what Medicare Part B covers:

- **medical equipment**.
- Th**Ambulance services**.
- **Certain equipment**. Canes, walkers and wheelchairs.
- **Durable** is includes hospital beds, pressure mattresses, prostheses, orthotics and other health care devices and products.
- **Doctor's office visits**. Appointments with physicians are typically covered.

Diabetic medical equipment. This includes **diabetes** insulin pumps that individuals can use at home.

Medically necessary physical therapy. Part B pays for **physical therapy** if your doctor or another health care provider certifies you need it.

- **Medically necessary occupational therapy**. Part B pays for occupational therapy if your doctor or other health care provider certifies you need it.

Preventive services. Health care to prevent illnesses like **the flu** or detect illness at an early stage when treatment is likely to work best is also covered. Preventive services are fully covered if you get the services from a provider that accepts Medicare.….**Read More**

Trustees Project Three-Year Gain in Medicare Trust Fund Solvency

Last week, the Medicare Trustees released their **annual report** on the financial status of Medicare's trust funds, **projecting** that the Hospital Insurance (HI) trust fund will be partially depleted and able to pay only 89% of benefits in 2031. This projected date is three years later than in last year's report. To explain this improvement, the Trustees flagged lower-than-expected costs and higher-than-expected revenues.

As its name suggests, the HI trust fund helps pay for inpatient hospital care for people with Medicare. In addition, the HI fund helps cover hospice, skilled nursing facility care, and home health services that follow a **qualifying hospital stay**.

The HI trust fund is financed primarily by payroll taxes, which means that changes in the number of workers and their average wages change the revenues. For 2022, the economy recovered from several COVID-19 workforce challenges more quickly than the Trustees expected. Their projections for HI payroll tax income increased 16.6% over 2021 because of those higher employment and wage rates.

HI expenses were lower than expected because the COVID-19 pandemic made accurate projections impossible. The previous report assumed there would be a sharp uptick in services due to pent-up demand during the pandemic, but such an uptick did not occur. Despite these improvements, Medicare Advantage **overpayment** continu es to play a role in **driving up Medicare spending and depleting the HI trust fund.**

The report also addresses the Supplemental Medical Insurance (SMI) trust fund, which covers Part B and some of Part D. The SMI trust fund is financed through a combination of premiums and general revenue amounts that change each year to account for projected spending. This means the SMI trust fund does not have the same funding pressure as the HI trust fund despite being responsible for more Medicare spending. Importantly, the Trustees project that the Inflation Reduction Act's prescription drug changes will curtail some SMI spending for Part B and Part D and offset costs of the law's Part D redesign. They note their long-range expenditure projections are "lower in the current report largely due to the projected impact of drug price negotiations and other price growth constraints included in the provisions of the IRA."

The Trustees are careful to point out the uncertainties surrounding all Medicare projections. The 3-year extension of the trust fund compared to last year's report shows that their estimates of spending and revenue are indeed just estimates. Looking ahead, COVID-19, potential economic changes, and health inflation could all play major roles in Medicare financing.

At Medicare Rights, we support commonsense reforms to Medicare financing that do not put the physical and financial health of beneficiaries at risk by cutting coverage or increasing out -of-pocket costs. The Inflation Reduction Act was a good first step. Policymakers should continue efforts to lower prescription drug prices and costs, fill gaps in coverage, and ease access to low-income assistance programs. These commonsense reforms would improve individual and systemic outcomes.

Read the 2023 Medicare trust fund report and **fact sheet**.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Race Could Matter When It Comes to Parkinson's Severity

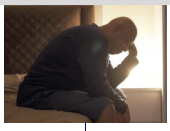
It's safe to say that the debilitating loss of motor control that typifies Parkinson's disease is bound to undermine any patient's quality of life.

But new research now suggests that race complicates the equation, with quality of life found to be worse overall among Black, Hispanic and Asian Parkinson's patients, when compared with their white peers.

Still, study author **Dr. Daniel Di Luca**, a clinical fellow in movement disorders with Toronto Western Hospital at the University of Toronto in Canada, said that the racial quality-of-life gap his team observed is "probably best described as small."

Yet, at the same time, Di Luca stressed that the gap was "clinically meaningful."

For example, he said that racial and ethnic minority patients experienced greater hardship not only in terms of worse mobility skills but also in terms of worse emotional well-being, increased stigma, greater pain and insufficient social support.



Roughly 1 million Americans have Parkinson's, the study authors noted.

In their study, they focused on more than 8,500 patients receiving care at 19 different specialty movement disorder centers across the United States.

In all, 9 in 10 of the patients were white, 6% were Hispanic, 2% were Asian and 2% were Black.

At least once between 2009 and 2020, all of the patients were asked to characterize the degree of struggle they faced when trying to perform routine physical tasks, including housework, cooking and moving about in public.

Patients were also asked about anxiety, depression, loneliness and the inability to communicate.

After considering each person's age, gender, the length of time since diagnosis and the presence of other serious health concerns — such as diabetes or high blood pressure — each received a quality-of-life score. The lower the score, the higher the quality of life.

As a group, white patients scored an average of 23.

By comparison, Black patients scored 29, while Asians scored 25 and Hispanic patients scored 27.

As to what's driving the differences, Di Luca explained that the study was not designed to ascertain what might explain the apparent racial gap, so "we are unable to make specific comments on such factors." More research will be needed, he acknowledged, particularly given that only 10% of the overall patient pool was not white.

Still, his team did highlight some contrasts in patient group characteristics — including educational background and caregiver status — that could play a role.

The researchers noted that, on average, white patients had attained higher educational achievements, compared to Black and Hispanic patients. Black patients were also the least likely to have a regular caregiver at home.

The team also noted higher income levels among white patients; worse thinking scores among other minorities; and differences in treatment plans between the groups.

The findings were published online April 5 in the journal *Neurology.*

Dr. Michael Okun is a medical advisor to the Parkinson's Foundation, and director of the Norman Fixel Institute for Neurological Diseases at University of Florida Health.

Okun was not involved in the study, but he said "the differences in Parkinson's disease outcomes across racial and ethnic groups found in this study is a critically important observation."

He added, "We should pay attention to the finding that minority groups reported worse health-related quality of life compared to white non-Hispanic patients. [And] we need to ask 'why?'"

Sleep Apnea Might Directly Harm the Brain, Study Finds

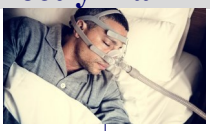
Sleep apnea is a very disruptive breathing disorder that's believed to rob millions of Americans of sound, restful sleep.

Now, a small, new study suggests the disorder may also prompt a decline in brain health among middle-aged men who have no other significant health issues.

That decline can manifest as significant memory loss, less impulse control, impaired spatial reasoning, and/or an inability to focus and think clearly.

"Sleep apnea is when your breathing stops and starts while you sleep, due to partial or full occlusion [blockage] of your upper airway," explained study author **Dr. Ivana Rosenzweig,** head of the Sleep and Brain Plasticity Centre at King's College London, in the United Kingdom.

Prior research has consistently chalked up any mental impairment observed among obstructive sleep apnea (OSA) patients "to diseases that frequently present jointly with OSA, such as high blood pressure, high cholesterol, obesity, diabetes, cardiovascular and other metabolic diseases," she said.



"Our study findings suggest that having obstructive sleep apnea may be sufficient for thinking capacity changes to occur as early as in middle age, even in otherwise healthy individuals," Rosenzweig added.

The research team noted that between 15% and 30% of all men have sleep apnea. Meanwhile, 10% to 15% of women also struggle with the disorder, though Rosenzweig noted that it's less common among premenopausal women relative to their male peers. That gender gap, however, evaporates after menopause.

For the study, the researchers decided to track the mental status of 27 male OSA patients who did not have any additional medical issues of note. No women were included in the analysis.

All were between the ages of 35 and 70. Sixteen patients were diagnosed with mild OSA and 11 had severe sleep apnea. None had a current smoking habit or drinking problem, and no one was obese.

The study authors conducted a battery of what they described as "very sensitive" thought-processing tests among the pool of OSA patients, as well as among a comparison group of seven men who did not have sleep apnea.

The result: patients with either mild or severe sleep apnea fared notably worse on the tests compared with the men who didn't have OSA.

Specifically, OSA patients scored more poorly in terms of short-term visual memory skills, the ability to remain vigilant, the ability to plan and make decisions, and the ability to "read" emotions and social situations.

The more severe their sleep apnea, the worse the OSA patients performed, according to the report.

Rosenzweig emphasized that the investigation is a small "proof-of-concept" study, making it impossible to pin down cause and effect.

Still, the "study suggests that OSA itself is sufficient to kickstart thinking capacity change," she added.

"This will of course need to be proven in much larger studies, which will follow patients for a longer period of time," Rosenzweig said….**Read More**

New RSV Vaccine May Prevent Illness in Infants, Seniors

An RSV vaccine developed by Pfizer provides safe and effective protection in both seniors and newborns, clinical trial results show.

The vaccine is 86% effective in protecting older adults against RSV infections severe enough to cause three or more symptoms, according to **findings published** April 5 in the *New England Journal of Medicine*.

And the same vaccine is 82% effective in protecting newborns from hospitalization with a respiratory infection if an expectant mother receives the jab in her second or third trimester, says a **companion report** in the journal.

The Pfizer vaccine is on track to be approved this year for use in seniors and pregnant women, said **Dr. Bill Gruber**, senior vice president and head of clinical vaccine research and development for Pfizer in New York City.

"For me personally, this is a dream come true," said Gruber, a co-author of both *NEJM* clinical trial reports. "I've been working in this field looking for a major advance in RSV for probably 40 years. This is a really fantastic advance, I think, for world health."

Respiratory syncytial virus (RSV) typically is a mild respiratory virus that causes the sniffles in most people.

But RSV is the most common cause of bronchiolitis and pneumonia in children under age 1 in the United States, according to the U.S. Centers for Disease Control and Prevention.

Each year, between 58,000 and 80,000 children under age 5 are hospitalized due to an RSV infection, the CDC says. RSV also poses a risk to older adults, particularly those in poor health. The CDC estimates that 60,000 to 160,000 U.S. seniors are hospitalized and between 6,000 and 10,000 die from RSV infection annually.

"RSV is the last of the major respiratory viruses for which we don't yet have a licensed vaccine, and we appear to be on the threshold of that," said **Dr. William Schaffner**, medical director of the National Foundation for Infectious Diseases in Bethesda, Md.

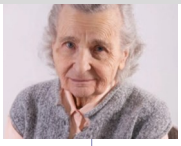
RSV hit the U.S. particularly hard during the last cold and flu season, as pandemic social isolation restrictions were lifted. The virus tore through populations of young children who had never been exposed to it, and, therefore, had weak immunity against it.

A key advisory committee for the U.S. Food and Drug Administration recommended approval of the Pfizer vaccine for seniors last week, based on these clinical trial results. The committee also gave its nod to a competing RSV vaccine developed by GlaxoSmithKline.

Pfizer expects an FDA decision on the RSV vaccine for seniors by May and for pregnant women by August, company officials said.

The Pfizer and GSK vaccines both target RSV's F protein, which the virus uses to attach to and invade human cells**….Read More**

Immune System May Hold Secret to Living to 100



Centenarians might live 100 years or more thanks in part to a more agile and adaptive immune system, a new study reveals.

Blood tests of seven centenarians -- average age 106 -- found they possess highly functional immune systems that adapt readily to infections and illnesses, according to researchers.

"What we basically found is that centenarians manifest a history of exposure to natural environmental immunogens that made them more resilient and more resistant to potential harmful factors," said co-researcher **Stefano Monti**, an associate professor of medicine and biostatistics with Boston University.

For the study, researchers performed genetic analyses on a broad category of immune cells that circulate in the bloodstream, Monti explained.

They then compared the centenarians' cells with two publicly available databases containing immune cell genetic analyses of another seven centenarians as well as 52 other people ranging in age from 20 to 89. The results were published March 31 in ***The Lancet*** medical journal.

Advanced computational techniques allowed the researchers to look for differences between the centenarians and other people.

"It's almost like a detective story, because through analysis of the immune system we can deduct that they've been exposed to multiple infections and multiple sources of harm, and their immune system was capable of mounting an effective response," Monti said. "And as a consequence, of course, that allows them to live longer, but also they basically built up a more effective immune system to make them more resilient and more likely to live longer."

The researchers found the centenarians' immune profile did not follow the path associated with natural aging.

The researchers also detected cell type signatures specific to exceptional longevity, including increased expression of a gene known to be involved in the body's response to damaged DNA.

The immune system is only one factor that contributes to extreme longevity, but these types of observed differences could be occurring in all of a centenarian's cells, said **Dr. Nir Barzilai**, director of the Institute for Aging Research at the Albert Einstein College of Medicine in New York City….**Read More**

Anosognosia vs. Alzheimer's: Understanding the Key Differences

Learn the differences between anosognosia and Alzheimer's, two conditions that affect the brain.

Have you ever wondered if individuals with age-related cognitive impairment are aware of their own decline? Do Alzheimer's patients know they have it? Sometimes they don't.

A condition called anosognosia can prevent them from understanding the severity of their own diagnosis.

What Is Anosognosia?

Anosognosia, according to StatPearls, a point-of-care and clinical care tool, is "a neurological condition in which the patient is unaware of their neurological deficit or psychiatric condition."

In other words, this condition means you're unable to recognize and acknowledge your own health problems. It can be present as a result of several conditions, including:

- **Stroke**.
- **Traumatic brain injury**.
- **Aneurysm**.
- **Alzheimer's disease**.
- **Dementia**.

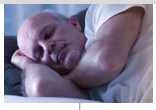
Anosognosia (pronounced uh-naa-suh-**now**-zhuh) is most commonly seen in Alzheimer's disease. Although you might hear it referred to as "anosognosia dementia" or "anosognosia Alzheimer's," it is solely a symptom that may manifest in these diseases.

Dr. Shaheen Lakhan, a neurologist, researcher and chief medical officer at Click Therapeutics in Boston, says that anosognosia is different than amnesia, which is a lack of memory processing and retrieval. Anosognosia is a lack of awareness that a problem exists. However, amnesia and anosognosia can intersect in disorders like Alzheimer's disease, especially in later **stages**.

Causes of Anosognosia

Although experts still aren't sure of the exact cause of anosognosia, there are two key components in its occurrence:...**Read More**

Your Sleep Can Affect Your Stroke Risk



Sleep problems — from snoring to sleeping too much or too little — may be associated with elevated stroke risk, researchers say.

Snorting during sleep, having poor quality of sleep and sleep apnea may also be linked with greater risk of stroke, according to study findings published online April 5 in the journal *Neurology*.

"Not only do our results suggest that individual sleep problems may increase a person's risk of stroke, but having more than five of these symptoms may lead to five times the risk of stroke compared to those who do not have any sleep problems," said study author **Dr. Christine McCarthy**, of University of Galway in Ireland.

"Our results suggest that sleep problems should be an area of focus for stroke prevention," McCarthy said in a journal news release.

For the study, the researchers looked at nearly 4,500 people, including more than 2,200 stroke survivors. They were matched with more than 2,200 people who did not have a stroke.

Participants were an average age of 62. They were asked about their sleep behaviors, including napping and breathing problems during sleep.

A total of 162 of those who had a stroke got less than five hours of nightly sleep, compared to 43 of those who did not have a stroke. Those with less than five hours of sleep were three times more likely to have a stroke than those who got an average seven hours of sleep, the investigators found.

Another 151 stroke survivors got more than nine hours of sleep a night, compared to 84 of those who did not have a stroke. The long sleepers were twice as likely to have a stroke as those who got seven hours of sleep.

In addition, people who took naps longer than one hour were 88% more likely to have a stroke than those who did not, the study found.

The researchers also reported that people who snore during sleep are 91% more likely to have a stroke than those who do not. Those who snort are nearly three times more likely to have a stroke than those who do not. Participants with sleep apnea are nearly three times more likely to have a stroke than those without breathing disruptions during sleep.

The study adjusted for other factors that affect stroke risk — including smoking, physical activity, depression and alcohol consumption — but got similar results. However, it cannot prove a cause and effect relationship, only an association.

Still, "with these results, doctors could have earlier conversations with people who are having sleep problems," McCarthy said. "Interventions to improve sleep may also reduce the risk of stroke and should be the subject of future research."

Limitations of the study include that people reported their own symptoms of sleep problems.

Discrimination Linked to Higher Risk of Death, Particularly From Cardiovascular Disease

Experiencing discrimination may increase the chance of dying, especially from cardiovascular-related causes, according to a new study that followed participants for nearly two decades.

Previous studies have found links between discrimination and conditions such as heart disease, diabetes and obesity. For the new study, published Wednesday in the American Heart Association journal Circulation: Cardiovascular Quality and Outcomes, researchers wanted to delve deeper into the relationship between discrimination and mortality to find out who it affects the most.

The study included 1,633 Black, 1,403 Hispanic and 2,473 white participants ages 45 to 84 with no prior history of cardiovascular disease. Research took place in New York City, Los Angeles, Chicago, Baltimore, St. Paul, Minnesota, and Forsyth County, North Carolina. Researchers examined participants six times between 2000 and 2018.

Participants answered questions about being treated unfairly at any point in their lives in six major areas, such as being denied a promotion or being prevented from moving into a neighborhood. Other questions covered discrimination experiences in day-to-day life, such as being treated with less courtesy or as lacking intelligence.

Lifetime discrimination was much more common among Black participants, at 61% compared to 39% among Hispanic participants and 37% among white participants.

After adjusting for age, race, income, high blood pressure, diabetes and other factors, the study found that each one-point increase in lifetime discrimination was associated with a 6% rise in all-cause mortality and a 15% increase in coronary heart disease, stroke and other cardiovascular-related deaths.

When researchers broke down the lifetime discrimination data by race and ethnicity, they found the rise in cardiovascular deaths was highest and reached statistical significance only for Black participants, who had an 18% increased risk.

Wayne Lawrence, the study's lead author and a research fellow at the National Cancer Institute, said that while he'd expected to see an overall higher death rate for people experiencing discrimination, he didn't expect it to be "so much higher for cardiovascular mortality."...**Read More**

Breakthrough CAR-T Cancer Treatments Are Boosting Patients' Quality of Life

A therapy that bolsters the immune system may not only help certain cancer patients live longer, but better, a new study finds.

The treatment, called chimeric antigen receptor (CAR) T-cell therapy, is used to fight certain types of blood cancer — including leukemia and lymphoma — that have not responded to standard treatments.

It involves removing a patient's own immune system T-cells, genetically tweaking them to target the cancer, then infusing them back into the patient.

For some people with advanced blood cancers, CAR T-cell therapy is able to wipe out the malignant cells and keep the disease at bay for years.

But there has been relatively little known about patients' quality of life post-treatment, said study author **Dr. Patrick Connor Johnson**, an oncologist at Massachusetts General Hospital, in Boston.

"That's obviously very important to patients," he said.

While CAR T-cell therapy can send cancer into remission, Johnson said, it's also an intensive treatment that requires about two weeks in the hospital. That's, in part, to monitor patients for potentially severe side effects.

One of the most concerning is cytokine release syndrome, where the infused T-cells flood the bloodstream with chemicals called cytokines — which can cause problems like high fever, a rapid drop in blood pressure and breathing difficulty. Severe cases can be fatal.

In addition, some patients develop problems with the nervous system, like headaches, confusion, balance issues and difficulty speaking.

For the most part, Johnson said, those side effects appear in the first 10 days or so.

In the new study, he and his colleagues found — not surprisingly — that patients receiving CAR T-cell therapy had a diminished quality of life before starting the treatment. Their average quality of life was worse than the typical American's (by their own ratings), and it took a further dive in the first week after their CAR T-cell infusion….**Read More**

Stress, Stomach Pain: Diarrhea, Constipation, Ulcers & More

You may be struggling with stomach pain and digestive distress without understanding why, thinking it might be something you ate.

Can stress cause stomach pain?

Stress, especially chronic stress, can indeed increase your risk for gastrointestinal (GI) problems.

"Stress and anxiety are common causes of stomach pain and other GI symptoms," **Dr. Nina Gupta**, a gastroenterologist at University of Chicago Medicine, said recently in an **article**. Stress impacts the digestive system through the nervous system, and can affect food movement and the gut's bacterial balance. Stress can also cause people to eat poorly, smoke and/or drink too much alcohol or caffeine — all habits that can trigger stomach pain.

Outside the brain, the gut has the greatest area of nerves. This component of the autonomic nervous system — known as the enteric nervous system — is sometimes referred to as the "second brain." According to **Harvard Health**, "neurons lining the digestive tract signal muscle cells to initiate a series of contractions that propel food farther along, breaking it down into nutrients and waste."

The enteric nervous system communicates with the central nervous system and is known as the "brain-gut axis." This connection explains why stress may cause digestive problems.

According to the **American Psychological Association,** stress may increase the risk for or exacerbate symptoms of the following gut diseases or dysfunction:

- Bloating, burping, gas
- Heartburn, acid reflux or gastroesophageal reflux disease (GERD)
- Nausea and vomiting
- Diarrhea
- Constipation
- Ulcers

Inflammatory bowel disease or irritable bowel syndrome

Bloating, burping, gas

Stress can contribute to bloating, burping or gassiness by making swallowing foods difficult or increasing swallowed air, per the American Psychological Association.

It can also slow the digestive process, allowing gut bacteria to create gas. For treatment, gastroenterologist **Dr. Roshini Rajapaksa** of NYU Langone Health in New York City recommends exercise: "**Exercise actually helps your colon start moving and it moves that gas along, so it's not going to stay in your system**," she said recently. She also suggested to avoid chewing gum, using straws or drinking carbonated beverages, to keep you from swallowing extra air….**Read More**

Fasting Diet Could Help Keep Type 2 Diabetes at Bay

Intermittent fasting is all the rage due to its laundry list of potential health benefits -- from weight loss to longevity.

Now, new research suggests that it may beat low-calorie diets when it comes to preventing type 2 diabetes in high-risk people.

Folks who only ate between 8 a.m. and noon for three days a week and ate normally for the other four days showed greater improvements in blood sugar metabolism for at least six months when compared with people who followed a low-calorie diet. Interestingly, folks in both groups lost the same amount of weight during the study period.

"Our study indicates that meal timing and fasting advice extends the health benefits of a restricted calorie diet, independently from weight loss, and this may be influential in clinical practice," said study author **Xiao Tong Teong**, a postdoctoral researcher at the University of Adelaide in Australia.

For the study, researchers compared a time-restricted intermittent fasting diet to a low-calorie diet in more than 200 people, to see which had a greater effect on the risk for developing type 2 diabetes. They looked at postprandial blood sugar, a measure of glucose in the bloodstream after eating. If these levels are too high, it suggests a greater risk of type 2 diabetes, the form of the disease most closely related to obesity.

Previous studies suggested eating earlier improves health, but no study has looked at ideal fasting timing, Teong noted. "Our study findings add to the growing body evidence on meal timing with prolonged fasting is key to improve postprandial glucose metabolism in adults at increased risk of developing type 2 diabetes," she said.

Participants were allowed to change to a weight-maintenance plan after six months or stick with their initial diet. More people in the low-calorie arm stayed on their plan. The blood sugar benefits first seen in the fasting group were lost at 18 months….**Read More**

8 Drug-Free Tips to Fight Spring Allergies

Spring allergies can be brutal, and many -- but by no means all -- sufferers reach for synthetic medications to combat their symptoms.

Many others want something more natural, however.

"These allergies cause unpleasant symptoms such as runny noses, sneezing, itchy eyes and nasal congestion," said **Dr. Jo Reed**, an expert in allergy, asthma and immunology from Ochsner Health in Louisiana.

"Of course, you can take various synthetic medications for allergies, but many sufferers prefer to use natural remedies," Reed said in an Ochsner news release.

Here, Reed offers some options:

An herb known as **butterbur** is one option, according to several scientific studies. In one, Swiss researchers found butterbur is a strong antihistamine that can control hay fever.

"It also does not cause drowsiness, unlike some over-the-counter allergy medications," Reed said.

Green tea contains a substance that can block certain allergic responses in the body, according to studies by Japanese scientists. It may reduce sneezing and itchy eyes.

Spicy food, including cayenne pepper, could help. It contains capsaicin, known to reduce nasal congestion. Also, allicin, found in garlic, is an anti-inflammatory that can reduce swelling and inflammation.

A **neti pot**, with its long, thin spout, can help clear clogged sinus passages. Fill the pot with warm, sterile water and salt before tilting your head back and allowing the solution to enter your nasal passages through a nostril. Continue until the solution flows out of the other nostril.

Seasonal allergies can cause dryness in your nose and sinuses, leading to congestion and swelling.

"One great way to counteract the dryness is to use a **humidifier**," Reed said. "This device releases water vapor into the air and helps moisturize your dry nasal and sinus passages, resulting in less congestion and discomfort."

Eucalyptus oil, from the leaves of eucalyptus trees, has been found in studies to reduce inflammation-caused allergies. Add a few drops to a bowl of steaming water and breathe in the vapors.

Your vacuum should have a **high-efficiency particulate air filter**, so you can rid your home of pollen with regular cleaning. These filters effectively minimize the amount of symptom-causing pollen inside your house.

You can also wear **protective clothing** to reduce your pollen exposure when outside, Reed advised.