Inflation Reduction Act Gains Traction As it Heads Toward a Vote

As the Senate moves toward a vote on the Inflation Reduction Act of 2022, a new poll shows that the bill’s provision to lower drug prices is favored by an overwhelming majority of Americans of both parties.

More than 70 percent of those polled reported support for prescription drug price provisions, including allowing Medicare to negotiate lower prices, placing caps on out-of-pocket costs, and limiting drug price increases. More than 50 percent also supported extending Affordable Care Act premium subsidies for an additional three years.

Sen. Chuck Schumer (NY) said Thursday that he plans to try to advance the bill as soon as this weekend and that all Democratic members are currently on board with the legislation.

“Lowering drug prices is a top priority for all voters, just like it is for our members,” said Alliance President Robert Roach, Jr. “Congress must listen to the American public and pass this critical legislation as soon as possible.”

You can help by sending a message to your Senators urging them to vote yes when it comes to the floor for a vote.

Anti-Retiree GOP Candidates Win Primaries

Many candidates who advanced in primaries this week can be added to the list of those running this November who have publicly attacked Social Security and Medicare, including in important races like Arizona and Washington.

Blake Masters, a Trump-backed candidate who won the Republican primary for Senate in Arizona, has called for the privatization of Social Security, even going so far as to say that he expects this essential earned benefit to not be there for future generations. He will face Sen. Mark Kelly (AZ) this November.

In Colorado and Washington, Republican candidates Tiffany Smiley and Joe O’Dea seek to unseat Democratic Senators Patty Murray (WA) and Michael Bennett (CO), respectively.

O’Dea has said he supports “cutting entitlements,” code words for cuts in Social Security and Medicare. Both candidates are strongly backed by the National Republican Senatorial Committee, chaired by Sen. Rick Scott (FL), whose election-year campaign plan would sunset Medicare and Social Security in five years.

Several prominent Republicans have publicly supported Sen. Scott’s plan, including Sen. Marco Rubio (FL) and Sen. Ron Johnson (WI). Sen. Johnson said he favors an even more extreme plan this week, saying that Social Security and Medicare should be re-approved on an annual basis by Congress, ending the earned benefits program as we know it.

“The number of dangerous schemes to cut or end Social Security and Medicare being discussed by Republican politicians is alarming,” said Alliance Executive Director Richard Fiesta. “It’s clear that Social Security and Medicare are on the ballot this November and seniors need to pay attention or risk losing the benefits they have earned over a lifetime.”

Retirees Applaud Strong Senate Action to Lower Drug Prices

Statement by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding passage of the Inflation Reduction Act (IRA) by the U.S. Senate:

“Today 50 members of the U.S. Senate and Vice President Kamala Harris voted to put the needs of older Americans ahead of drug corporation profits.

“Americans pay the highest drug prices in the world. The end of that sad distinction starts today. One in four Americans reports not taking at least one drug as prescribed because they can’t afford it. In a country as wealthy as the United States, no one should have to choose between taking medicine or putting food on the table.

“This bill will help lower prices by:

- Requiring Medicare to negotiate lower prices for some of the highest priced prescription drugs, using its enormous purchasing power on behalf of seniors and taxpayers;
- Capping out of pocket costs for insulin at $35 per month for Medicare beneficiaries;
- Making all recommended adult vaccines free for Medicare beneficiaries beginning in 2023;
- Prohibiting drug corporations from increasing the price it charges Medicare for a drug by more than the rate of inflation; and
- Capping out of pocket drug spending at $2,000 per year for Medicare Part D.

“This bill’s passage sends a strong message to seniors that help paying for their prescriptions is on the way. Now that the Senate has voted, we call on the House of Representatives to deliver lower drug prices for the American people without delay.”
Republican lawmakers on Sunday successfully stripped a $35 price cap on the cost of insulin for many patients from the ambitious legislative package Democrats are moving through Congress this weekend, invoking arcane Senate rules to jettison the measure.

The insulin cap is a long-running ambition of Democrats, who want it to apply to patients on Medicare and private insurance. Republicans left the portion that applies to Medicare patients untouched but stripped the insulin cap for other patients. Bipartisan talks on a broader insulin pricing bill faltered earlier this year.

The Senate parliamentarian earlier in the week ruled that part of the Democrats’ cap, included in the Inflation Reduction Act, did not comply with the rules that allow them to advance a bill under the process known as reconciliation — a tactic that helps them avert a GOP filibuster. That gave the Republicans an opening to jettison it.

“Republicans have just gone on the record in favor of expensive insulin,” said Sen. Ron Wyden (D-Ore.). “After years of tough talk about taking on insulin makers, Republicans have once again wilted in the face of heat from Big Pharma.”

Some Republicans did support the price cap in the 57-43 vote for the measure, but not enough joined Democrats in support of it to meet the threshold for passage. More than 1 in 5 insulin users on private medical insurance pay more than $35 per month for the medicine, according to a recent analysis from the Kaiser Family Foundation. Some 7 million Americans require insulin daily. A Yale University study found that 14 percent of those insulin users are spending more than 40 percent of their income after food and housing costs on the medicine.

Despite an adverse ruling from the chamber’s parliamentarian, Democrats opted to keep the full price cap provision in the bill anyway. That gave Republicans, led in debate by Sen. Lindsey O. Graham (R-S.C.), an opening for a challenge on the Senate floor. Democrats would have needed 60 votes — their entire caucus plus the support of 10 GOP members — to beat back that challenge. They came up short.

The fight was a policy loss for Democrats, but it was also a political win, as lowering the price of drugs like insulin is popular with voters.

“The only way it doesn’t pass is if folks on the other side of the aisle decide to block it,” said Sen. Raphael G. Warnock (D-Ga.), who had previously put forward legislation calling for a price cap.

GOP lawmakers had earlier tried to offer their own, more scaled-back version of an insulin price limit, but Democrats rejected it as too narrow.

“The cost of insulin isn’t just out of control, it is devastating for people,” Sen. Patty Murray (D-Wash.) said on the Senate floor, imploring the GOP not to strip the price cap from the bill. “This should not be a hard vote to cast.”

Senior Citizens League Update Week Ending August 6, 2022

Senate (Finally) Passes Historic Bill to Lower Seniors’ Drug Costs

After over a year of negotiations and near-death experiences, the Senate has managed to pass historic legislation that could, among several other things, lower prescription drug costs for seniors on Medicare.

If passed by the House of Representatives, for the first time, Medicare will be allowed to negotiate with drug-makers on the price of prescription medicines.

It would cap the out-of-pocket costs that seniors pay annually for prescription drugs at $2,000 and would ensure that seniors have access to free vaccines. There would also be a rebate should price increases outpace the rate of inflation.

The new law would apply to 10 drugs initially, beginning in 2026, and then expand to include more drugs in the following years.

An added benefit is that the bill is projected to save the federal government billions of dollars.

To pass the bill, it required the votes of all 50 Democrats in the Senate, plus the tie-breaking vote of Vice President Harris, who presided over the Senate during the marathon voting. The Constitution makes the Vice President the presiding officer in the Senate who can vote in the case of a tie.

All 50 Republicans in the Senate voted against the bill.

TSCL applauds this action by the Senate, and we urge the House of Representative to quickly follow and pass the bill.

While the legislation does not do everything, we believe must be done to help seniors, it is historic in nature, and we hope it is only the beginning of what is needed to provide a fair and decent retirement for all of America’s seniors.

Legislation Lowers Insulin Cost to $35 per Month — but Only for Seniors

The bill that just passed the Senate originally had a provision that would have capped the cost of insulin at $35 per month for all diabetics who the drug, but because of a ruling by the Senate rule-maker, that provision needed 60 votes to pass instead of the 51 votes of a simple majority. As a result, only 7 Republican Senators voted to cap insulin at the $35 level for non-Medicare diabetics, meaning the provision failed. Only 3 more Republican votes were needed but they were nowhere to be found.

Congressional Research Service Fairness Act, which now has more than 260 cosponsors and under U.S. House rules must be brought forward for consideration.

The Social Security Fairness Act would eliminate both the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO), two provisions of the Social Security Act that unfairly reduce or eliminate Social Security benefits for millions of Americans who have devoted much of their careers to public service — including police officers, firefighters, federal employees, and educators.

In a press release about the event, TSCL Chairman Rick Delaney was quoted as saying, “The rationale for both the WEP and the GPO — that the Social Security benefit formula is overly generous to these individuals is unjustifiable today. We need to stop penalizing public service employees by taking the Social Security benefits they rightfully paid for.”

Also last week, TSCL’s senior analyst for Social Security and Medicare, Mary Johnson, was featured in an interview with an ABC television station that also appeared in an article on MSN.com.
Government asks public how to improve Medicare Advantage

Amidst a slew of government and other expert reports decrying Medicare Advantage for costing more and offering no better quality than traditional Medicare, as well as for engaging in widespread inappropriate delays and denials of care, the Centers for Medicare and Medicaid Services, which oversees Medicare, is asking the public how to improve Medicare Advantage. Just Care, Social Security Works and Public Citizen are all working on responses, and we’d love your input. If you have a comment to share, please post it in the comments section of this post.

It might be the case that Medicare Advantage is not fixable. Its problems are rooted in the way Medicare Advantage plans spend money, unrelated to the amount Medicare Advantage plans spend on care—and run too deep to be fixed. But, if Congress were willing to overhaul the payment system and standardize coverage policies, including prior authorization policies, Medicare Advantage would improve significantly. The fixes are:

◆ Create a financial incentive for MA plans to deliver high-value care to people with complex and costly conditions: The government should pay MA plans so that they are not penalized financially if they cover care for a disproportionate number of people with costly and complex conditions. Right now, the government’s capitated payment system means that if MA plans attract too many people with cancer or another expensive condition and provide them with needed care, they could lose a lot of money. Put differently, they can maximize profits by enrolling a disproportionate number of people in good health and delaying and denying care for people in poor health. That’s why they rarely contract with centers of excellence for high-cost care and never advertise or promote programs for people with costly conditions.

◆ Make MA cost-effective: The government should significantly limit the amount of profit MA plans can generate. Right now, they technically must spend at least 85 percent of the money they receive on medical services. However, they can game the system in ways that permit them to spend less and profit more. The government should pay them an administrative fee to coordinate care, cover the cost of all services delivered, and put them on a global budget. MA currently costs taxpayers and the Trust Fund way more than traditional Medicare, as a result of the risk-adjusted capitated payment system. That system allows plans to “upcode,” charging more for some patients than appropriate, and delay and deny care inappropriately. They can pocket much of the money they save, profiting from not covering people’s needed care.

◆ Identify the MA bad actors and hold them accountable for their bad acts: The government should disclose publicly the Medicare Advantage plans engaged in high rates of inappropriate delays and denials of care so people can make a meaningful choice to join them, and, to save lives and promote good health. It should cancel contracts with those plans if they don’t correct their ways. Meaningful penalties for contract violations are critical. Similarly, the government should end star-ratings for all MA plans that fail to provide complete and accurate patient encounter data, as required by law, which is needed to assess quality of care. To date, the agency charged with assessing quality in MA has been unable to do so because it lacks the data. The government should not allow these MA plans to participate in the Quality Bonus Program. And, it should cancel its contracts with those that do not correct their ways and turn over accurate and complete data, to save lives and promote good health.

◆ Offer a supplemental policy to people in MA that picks up all out-of-pocket costs: Right now, too many enrollees are skipping care because they cannot afford the deductibles and copays. A supplemental policy would allow people to better budget for their care. Out-of-pocket costs jeopardize the health and well-being of enrollees, with particularly poor outcomes for Latinx and BIPOC communities. In addition, out-of-pocket costs present a large barrier to care for people with low incomes.

Other reforms also are needed to strengthen Medicare and improve care for older adults and people with disabilities, including ensuring MA plan networks are adequate or eliminating them altogether and ensuring their marketing practices are not misleading or, worse still, fraudulent. And, Congress needs to level the playing field between traditional Medicare and Medicare Advantage to ensure traditional Medicare remains a meaningful option.

Retired Americans PAC Releases New Digital Ads Highlighting Blake Masters Plan to Gut Social Security

Retired Americans PAC launched its first digital ad campaign of the 2022 midterm in Arizona today. The ads, entitled “Privatize” will educate older voters about the existential threat millionaire Republican candidate Blake Masters’ poses to the Social Security benefits they earned.

The six-figure ad campaign uses Masters’ own words calling for “Privatizing” Social Security during the Freedom Works debate on June 23, 2022. Masters went on to say “we have to cut the knot sometime” and “get the government out of it.” “Blake Masters said the quiet part out loud. He’s ready to risk the retirement security of millions of current and future Arizona retirees and let his friends on Wall Street gamble with their benefits,” said Richard Fiesta of Retired Americans PAC. “Millionaires like Blake Masters may not care about Social Security, but 1.3 million Arizonans, including 993,000 seniors, rely on the modest benefits they earned over a lifetime to make ends meet.” “Arizona needs a senator who will defend and strengthen Social Security, not one who is running for the benefits they earned over a lifetime of hard work,” Fiesta continued.

Masters is one of a growing number of Republican senators and Senate candidates who have put forward or said they support privatizing and or cutting Social Security, including Sens. Ron Johnson (WI), Marco Rubio (FL), and Rick Scott (FL).

WATCH THE 30-SECOND VERSION OF “PRIVATIZE” HERE

◆ VOICEOVER: What does multi-millionaire Blake Masters want to do with your retirement security?
◆ MASTERS FROM VIDEO: Privatize Social Security, right! Private retirement accounts...

◆ VOICEOVER: Blake Masters wants to send your retirement benefits to his Wall Street buddies to make money off the benefits you’ve earned.
◆ MASTERS FROM VIDEO: Privatize Social Security.
◆ VOICEOVER: We’ve earned our Social Security benefits over a lifetime of work.
◆ Blake Masters is a risk that Arizona seniors just can’t afford.
◆ Retired Americans PAC is responsible for the content of this ad.
Congress proposes reforms in Medicare Advantage

A bill in the US House of Representatives is designed to improve the prior authorization process and ensure timely access to care in Medicare Advantage, the corporate health insurer-administered arm of Medicare. Right now, doctors, hospitals and patients are stuck with a prior authorization system that is different for each Medicare Advantage plan and can create hurdles that waste a lot of time, deny people needed care and keep physicians from getting paid for their services. Under the prior authorization system, people die needlessly awaiting approval for critical care.

What exactly is prior authorization and why are corporate health plans, including Medicare Advantage plans, allowed to use it? Prior authorization is a system insurers create to oversee the care treating physicians prescribe. It is intended, at least in theory, to protect people from overtreatment and mistreatment.

But, prior authorization assumes that the folks at an insurance company know better the care patients need than their treating physicians. And, there is little basis for believing that in the overwhelming majority of instances. What’s worse is that insurers can and do appear to use prior authorization as a tool for maximizing their profits, limiting the amount they spend on care and, often, delaying if not denying needed care.

Hospitals and physicians have come together to oppose the way prior authorization works, both procedurally and substantively. They have polled their members to establish that prior authorization too often causes injury to patients if not needless death, is burdensome on them and rules are often out of sync with standard medical practice. For this reason, members of Congress on both sides of the aisle say they want to improve prior authorization.

Indeed, the bipartisan House legislation, Seniors’ Timely Access to Care Act, is quite comprehensive, focused on both the process for securing prior authorization and the services for which it is required. It has more than 300 cosponsors. But, the bill still permits each Medicare Advantage plan to set its own rules for when to require prior authorization and establishes no penalty for MA plans that do not comply with the law. It lacks any teeth.

If the bill were to become law and Medicare Advantage plans were to comply with its provisions, each Medicare Advantage plan would establish an electronic system for providers to seek prior authorization, saving them a lot of time and energy. Of course, the better law would require the Centers for Medicare and Medicaid Services (CMS), which oversees Medicare, to design the electronic system that everyone used so that it was standardized across all plans and any glitches were transparent and easily fixed. But, for reasons that are unclear, that simple solution is not on the table.

---

Happy 87th Birthday Social Security. THANK YOU!!!

August 14, 2022, marks the Social Security program’s 87th year providing retirement and disability benefits to workers and their families as well as survivor benefits to the spouses and dependents of deceased workers. Here are reasons to celebrate Social Security on its birthday and every day:

**Fast Facts About Social Security**

Cost-of-Living Adjustment (COLA) For 2022: 5.9 percent

Number of Workers with Earnings Covered by Social Security: 177 million

Percentage of American Workers Covered by Social Security: 94 percent

Number of People Receiving Social Security:

- Total Old Age, Survivors, and Disability Insurance Beneficiaries: 65.2 million
- Retirees and their families: 50.1 million
- Survivors of deceased workers: 5.8 million
- Disabled workers and their families: 9.3 million

**Estimated Average Monthly Benefit — 2022**

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired worker</td>
<td>$1,657</td>
</tr>
<tr>
<td>Retired couple</td>
<td>$2,753</td>
</tr>
<tr>
<td>Disabled worker</td>
<td>$1,358</td>
</tr>
<tr>
<td>Spouse and One or More Children</td>
<td>$2,383</td>
</tr>
<tr>
<td>Aged widow or widower</td>
<td>$1,553</td>
</tr>
<tr>
<td>Widow mother with two children</td>
<td>$3,187</td>
</tr>
</tbody>
</table>

**Maximum Social Security Benefit**:

- $3,345/month

**Retirement Earnings Test Exempt Amounts**:

- Under full retirement age:
  - 2021: $1,960/year — $1,580/month
  - 2022: $1,960/year — $1,630/month

**NOTE**: One dollar in benefits will be withheld for every $2 in earnings above the limit.

- The year an individual reaches full retirement age:
  - 2021: $50,520/year — $4,210/month

**Maximum of 4 credited per year**

**Full Retirement Age Schedule by Year of Birth**:

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Full Retirement Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1938 – 65/2 months</td>
<td>65/8 months</td>
</tr>
<tr>
<td>1939 – 65/4 months</td>
<td>65/6 months</td>
</tr>
<tr>
<td>1940 – 65/6 months</td>
<td>65/8 months</td>
</tr>
<tr>
<td>1941 – 65/8 months</td>
<td>65/10 months</td>
</tr>
</tbody>
</table>

**Social Security and Medicare Tax Rate**

- Weekly tax rate by employer: $7.65 percent (Hospital Insurance)
- Weekly tax rate by employer: $7.65 percent (Hospital Insurance)

**Social Security and Medicare Tax Rate**

- Total tax rate paid by employer: $7.65 percent (Hospital Insurance)
- Total tax rate paid by employer: $7.65 percent (Hospital Insurance)

**Maximump tax rate paid by self-employed**: 15.3 percent (Self-Employment)
Important WEP/GPO Information For AFT Members

Meeting Summary 8/2/22: AFT President Randi Weingarten

Following the unanimous passage of Resolution 45: WEP/GPO Repeal at the 87th American Federation of Teachers Convention on the morning of July 17, 2022, the WEP/GPO Repeal National Task Force met the following day for its weekly meeting. Following the convention resolution report by Roger, who drafted the resolution, and Dennis Cox who helped to usher its passage with other AFT Retiree delegates at the convention, the Task Force decided to send a letter to President Weingarten to begin AFT engagement on the resolution. Roger drafted the letter with feedback from Dennis and Jane Roth, CT AFT. The letter was vetted and approved by the TF Steering Committee on Wednesday, with Roger making the committee-requested changes following the meeting and adding the names and affiliations of the SC members. The letter was emailed to Randi as high importance at 11:49 a.m. on Thursday, 8/21, by Roger; Randi responded at 12:01 p.m with CC’s to the AFT Legislative Dept. Through a following set of emails, it was agreed that a meeting would be scheduled with the AFT Legislative Department, Randi, and a sub-committee of the SC to discuss next steps.

The following week, Roger was in communication with AFT Legislative Director Tor Cowan and Meg Stockhausen, who specializes in Social Security issues for the department. A meeting call with Randi was arranged for Tuesday, August 2, 2022, at 10:30 a.m Steering Committee members on the call, besides Roger, were Suzie Dixon, CalRTA; Bonnie Cediel, Social Security Fairness.org; Mary Elia, CT AFT; Paula Cooper, TX AFT. Bette Marafino, CT ARA, had difficulty making the call but was debriefed later by Roger. The thirty-minute call was both productive and encouraging.

Roger emphasized the need for a two-pronged approach: educational outreach to AFT in-service members for awareness and engagement, to which Randi responded that the first step would be develop a campaign to communicate to those members in the 15 affected states; the second and more immediate AFT engagement involves pending legislation around which many AFT members and their organizational counterparts have been engaged themselves. Randi indicated that, not only was the AFT committed to act because of the resolution, but that she was now personally committed to fix this issue. She vowed not to leave her position until this was accomplished. She recognized that this issue was responsible for “not only teachers who are being screwed”, but that full repeal would benefit so many other public employees. She directed the legislative staff, which has an excellent relationship with Speaker Pelosi and her staff, to “get to the bottom of what is holding up pending legislation”. She expressed suspicions that whatever is occurring behind the scenes, notwithstanding what our folks are being told by legislative staffers and legislators with whom we have developed good relationships, needs to be uncovered in order for a strategy to be developed to overcome an roadblock.

The meeting concluded with a commitment to get together with Randi mid-August, after her staff has had an opportunity to investigate behind the scenes. In the interim, Roger remains in frequent contact with AFT staffers assigned to our issue.

Respectfully submitted to the Task Force Steering Committee an Task Force Members-at-large, on behalf of the Steering Sub-Committee, Roger P. Boudreau, President RI AFT/R Local 8037r ARA Sub-Region 1 Northeast Executive Board Representative

WRIarajap@hotmail.com • http://www.facebook.com/groups/354516807278/

Meeting Summary 8/2/22: AFT President Randi Weingarten

After ‘a Lot of Doors Shut in Our Face,’ Crusading Couple Celebrate Passage of Burn Pit Bill

The battle was just beginning for Le Roy Torres and his wife, Rosie, when the Army captain returned to Texas in 2008, already starting to suffer from the toxic substances he’d inhaled from the 10-acre burn pit at Camp Anaconda in Balad, Iraq. Along the way, Le Roy would lose the job he loved as a Texas state trooper and take his fight all the way to a Supreme Court victory. He would be rushed to the emergency room hundreds of times, be denied health benefits by the Department of Veterans Affairs for years, attempt suicide, and seek experimental cures for the damage done to his lungs and brain.

Amid all that, Le Roy and Rosie founded an organization to help others and push Congress to fix the laws that allowed the suffering of veterans to go on, and ultimately enlist people like comedian and activist Jon Stewart, who helped them win a dramatic showdown in the Senate last week.

Their struggle will never really be over. But the Torreses’ campaign to make sure no other veterans experience what they had to end Aug. 10, when they are set to join President Joe Biden as he signs a law to guarantee that 3.5 million American warriors exposed to similar hazards can get care.

“I mean, to think that 13 years ago we were walking the halls [of Congress] — it’s really emotional,” Rosie said recently, halting to collect herself and wipe back tears, “because I think of all the people that died along the way.”

The bill provides a new entitlement program for veterans who served in a combat zone in the past 32 years. If they are diagnosed with any of 23 conditions identified in the legislation — ranging from specific cancers to breathing ailments — they would be deemed automatically eligible for health coverage. The Congressional Budget Office estimated the new benefits would cost $280 billion over the next 10 years…Read More

Lawsuit Could End Free Preventive Health Checkups

When Congress passed the Affordable Care Act in 2010, its authors cited three overarching goals: to improve access to health care, to slow rising medical costs and to improve health outcomes.

One of the main vehicles for achieving all three missions was a requirement that health insurers provide preventive health care services at no cost to patients. If there were no financial barriers, backers argued, patients would be more likely to get preventive services, from colonoscopies to vaccines to heart disease screenings, which would help keep people healthier and out of the hospital and, consequently, lower health care costs.

As a result of that requirement, more than 150 million Americans now have access to scores of preventive health measures at no cost, sparing many from illness and catching diseases early for others.

Now, a federal lawsuit heard in Texas last month could upend or even eliminate the preventive care requirement in the law, known as Obamacare or the ACA. A group of patients and employers are arguing that the requirement is unconstitutional. They also contend that some preventive health measures violate protections under the Religious Freedom Restoration Act of 1993 that prohibit federal and state rules from unduly burdening one’s exercise of religion…Read More
As much as we might wish for an end to the coronavirus, it continues to rear its ugly head, mutating along the way. What’s new? A booster shot better suited to new versions of the virus, along with some evidence that a dose of Paxlovid to treat the virus may lead to a Covid recurrence. So, if you have not yet been able to fight the virus may lead to a Covid infection at bay. This all said, the administration’s position appears to be that if you are over 50 and have not yet gotten a booster shot, you should get it now. Covid infections are on the rise. I assume the administration is trying to keep Covid-19 infections at bay.

N.B.: Officials are warning against getting two booster shots in close proximity. If you get one now, don’t get one in September. There is a rare heart disease, myocarditis, that can be a side effect. Getting two shots in a row increases the risk of this side effect. Experts also say that getting a second shot soon after the first is of no benefit. You already have your antibodies from the first shot. Those antibodies keep the second shot from working.

If you do get Covid, talk to your doctor about getting Paxlovid, especially if you’re over 60. Paxlovid, an anti-viral, is intended for people at risk of serious illness from Covid. It is designed to reduce the likelihood of hospitalization. It’s the drug President Biden took to treat his virus. It should quell your symptoms, but with a big catch. Some people who take the drug, and then test negative, experience a Covid rebound—they get Covid again a few days later!!! That’s what happened to President Biden, who tested positive, after taking Paxlovid and testing negative, but had no symptoms the second time round.

The government says not to be concerned if you take Paxlovid, test negative and a few days later test positive. And, no one is suggesting you need to take another round of Paxlovid if that happens.

New Yorkers Warned of Possible Community Spread of Polio

New Yorkers who aren’t vaccinated for polio should get their booster shots, state public health officials warned Thursday after the virus was found in seven wastewater samples in two neighboring counties.

The finding comes after an unvaccinated adult in Rockland County last month became the first person known to be infected with polio in the United States in a decade. Officials also found the virus in wastewater samples in neighboring Orange County.

"New Yorkers should know that for every one case of paralytic polio observed, there may be hundreds of other people infected," New York Health Commissioner Dr. Mary Bassett said in a statement. "Coupled with the latest wastewater findings, the department is treating the single case of polio as just the tip of the iceberg of much greater potential spread," Bassett said. "As we learn more, what we do know is clear: the danger of polio is present in New York today. We must meet this moment by ensuring that adults, including pregnant people and young children by 2 months of age, are up to date with their immunization – the safe protection against this debilitating virus that every New Yorker needs."

Rockland and Orange counties are known for having residents who are resistant to vaccines.

While statewide about 79% of children have received their polio vaccination series by age 2, in Orange County the rate is 59% and in Rockland County it’s 60%. Enforcement of a requirement that all school children in New York be vaccinated against polio is lax in some areas, according to the Associated Press.

Polio vaccines have been available in the United States since the mid-1950s. The disease has been considered eliminated in the United States since 1979. The Rockland patient experienced paralysis from the disease. Most people have no symptoms, but can still spread the virus to others for day or weeks. Polio paralyzes a small percentage of those infected and is fatal for about 5% to 10% of those who experience paralysis.

"It is concerning that polio, a disease that has been largely eradicated through vaccination, is now circulating in our community, especially given the low rates of vaccination for this debilitating disease in certain areas of our County," said Orange County Health Commissioner Irina Gelman. "I urge all unvaccinated Orange County residents to get vaccinated as soon as medically feasible."

Could Quit-Smoking Meds Help You Quit Drinking, Too?

Could treatments normally used to help smokers kick the habit also help heavy drinkers cut back on alcohol? According to a new study, the answer appears to be yes.

The finding follows several months spent working with 400 smokers who were also heavy drinkers.

Investigators determined that both the prescription smoking cessation medication varenicline (Chantix) and standard over-the-counter and prescription nicotine replacement therapies (NRT)—including patches, gums, lozenges, inhalers, and nasal sprays—were highly effective at enabling patients to quit smoking and curtail drinking at the same time.

So too was another prescription medication called cytosine, which is similar in chemical composition to Chantix. Though the drug is not approved for use in the U.S., it is in wide use across eastern Europe, including in Russia where the study was conducted.

Among smokers with "risky drinking” habits, "we found that people reduced their alcohol intake and quit smoking at about the same rate, regardless of which medication they were assigned to," explained study lead author Dr. Hilary Tindle.

That rate, said Tindle, amounted to just over 20% of patients who had stopped drinking altogether three months into treatment, and between 15-19% who had stopped smoking 6 months out….
Inflation is putting Americans' health at risk, with nearly 2 in 5 struggling to pay for the care they need, according to a new West Health-Gallup poll.

About 38% -- which translates to an estimated 98 million Americans -- said rising health care prices had caused them to skip treatments, delay buying prescription drugs or pay for their care by borrowing money or cutting back on driving, utilities or food in the past six months.

**The poll** was conducted online in June, the same month inflation reached a 40-year high of 9.1%, pollsters noted. In June, health care inflation hit 4.5%.

"We've known for decades that health care has been a financial pain for people, and that people have had to make trade-offs," said Timothy Lash, president of West Health, a nonprofit health care advocacy group. "When you layer inflation on top of that, it's like putting gasoline on a fire."

The poll revealed that:

- One in 4 Americans (26%) have cut off medical care or prescription purchases due to higher prices.
- About 17% drove less, 10% cut back on utilities and 7% skipped a meal to cover medical costs.
- About 6% had to borrow money to afford their care or pay medical bills.
- What's more, inflation is influencing health care choices at every income level, the poll revealed.
- More than half of U.S. households earning less than $48,000 a year had to curb spending due to higher health care prices, results showed.
- But nearly 20% of households pulling in more than $180,000 a year also have been forced to cut back, the poll found.
- Women are more worried than men about medical costs, 42% to 36%. Lash said that probably reflects both the gender income gap and women's tendency to use health care more often than men.
- These new results jibe with polling performed in the spring by the Kaiser Family Foundation, said Lash. "We asked earlier this year if they or another family member had not gotten a test or treatment that was recommended by a doctor because of cost," Lopes said. "We found about a third of adults say that was the case in the past 12 months. And likewise, 4 in 10 adults say that they've put off or postponed getting health care they needed because of the cost."

Inflation likely has made things even harder on American families, she said.

"There's only so many dollars that people have to spend,," Lopes said. "When they look at where to cut or potentially reduce spending, that's when you see people making these decisions of maybe not getting the health care they need, because that's an additional expense that they'll have to budget into their monthly finances."

But Lash said the fact that health care costs are pinching people at every economic level and of every political stripe could make it more likely that policymakers will do something about it.

---

### Data Shows 2 Biggest Factors for Cancer Risk

**HealthDay News** -- Smoking and older age are the two most important risk factors for cancer, a new, large study shows.

The researchers also said doctors should look at excess body fat, family history and several other factors to help patients decide if they need additional screening and preventive interventions.

"Single cancer type-specific screening recommendations are based on risk factors for that specific type of cancer," said lead study author Dr. Alpa Patel, senior vice president of population science at the American Cancer Society. "Our findings are encouraging as we are working to define subgroups in the general population who could benefit from enhanced cancer screening and prevention."

To identify factors associated with more than a 2% risk of developing cancer in five years, researchers analyzed two American Cancer Society studies that included nearly 430,000 participants with no personal history of cancer. They were followed for up to five years.

Over that time, 15,226 cancers were diagnosed.

- The relative risk of any cancer was strongest for current smokers compared with never smokers.
- Over five years, absolute risk topped 2% for nearly everyone over age 50 and some younger people. Those included current or former smokers under 50 and long-term nonsmokers who were overweight or had a parent, sibling or child with a history of cancer.
- In men, alcohol intake, family history, red meat consumption and physical inactivity were also associated with risk.
- In women, risk was associated with BMI (a measure of body fat based on height and weight), type 2 diabetes, hysterectomy and tubal ligation, family history, high blood pressure and physical inactivity.

The absolute five-year risk was as high as 29% in men and 25% in women.

"As we consider the possibility that future tests may be able to identify several types of cancer, we need to begin understanding who is most at risk for developing any type of cancer," Patel said. "These types of data are not widely available, but necessary to inform future screening options, such as blood-based multi-cancer early detection tests that could help save lives."

---

### AHA News: Is Caffeine a Friend or Foe?

Caffeine jump-starts your day and puts a bounce in your step. It can help you focus, improve your mood and maybe even help you live longer.

But how much is too much? Caffeine, a natural stimulant, can be found in a variety of foods, such as coffee beans, tea leaves, cacao beans, guarana berries and yerba mate leaves. It also can be synthetically created and added to beverages such as soda and energy drinks. Research shows that about 90% of U.S. adults consume some form of caffeine every day.

One of the most popular ways people consume it is through coffee. Because of that, most caffeine research centers around this drink, said Dr. Greg Marcus, associate chief of cardiology for research and a professor of medicine at the University of California, San Francisco... [Read More](#)
The Biden Administration on Thursday declared the monkeypox outbreak a public health emergency, a move intended to dramatically ramp up the fight against the spread of the virus. "We're prepared to take our response to the next level in addressing this virus, and we urge every American to take monkeypox seriously," said Secretary Xavier Becerra.

The number of reported monkeypox cases has grown to just over 6,600 in the United States, up from less than 5,000 a week ago. The virus is rarely fatal and typically resolves in a few weeks. In the midst of monkeypox outbreaks, Becerra said.

"We're considering an approach for the current doses of Jynneos that would allow health care providers to use an existing one-dose vial of the vaccine to administer a total of up to five separate doses," said Dr. Rochelle Walensky, director of the U.S. Centers for Disease Control and Prevention. The emergency declaration reaches beneath the skin, Walensky said.

"There are some advantages to intradermal administration, including an improved immune response to the vaccine," said Dr. Robert Califf, FDA Commissioner.承诺 that the FDA will make a final decision on the move "probably within the next few days."

Such a move would require Becerra to make a second emergency declaration that would allow federal officials to expedite potential treatments and vaccines without going through full-fledged federal reviews, Califf said.

The World Health Organization has declared monkeypox a public health emergency of international concern, its highest-level warning. Outbreaks have been confirmed in about 70 countries where the virus has not historically spread.

According to WHO tracking data, monkeypox has now spread to about 26,000 people worldwide outside of Africa, where it has long been endemic. It is so far not linked to the outbreak and potentially increase access to care to people who need it most," Walensky said.

The administration also is taking orders for another 786,000 doses and starting shipping them earlier this week, O'Connell added.

"We plan to open the next round of ordering on August 15, and as an important reminder, states and jurisdictions that have used 90% or more of their current allocation will be allowed to order additional doses sooner than August 15," O'Connell said.

Social isolation and loneliness put people at a 30% higher risk of heart attack, stroke or death from either, a new scientific statement from the American Heart Association (AHA) warns. The statement also highlights the lack of data on interventions that could improve heart health in isolated or lonely people. It was published Aug. 4 in the Journal of the American Heart Association.

"Over four decades of research has clearly demonstrated that social isolation and loneliness are both associated with adverse health outcomes," said Dr. Crystal Wiley Cené, who headed the team that wrote the statement. "Given the prevalence of social disconnectedness across the U.S., the public health impact is quite significant." Nearly a quarter of U.S. adults aged 65 and older are socially isolated, and as many as 47% may be lonely, according to AHA. The risk rises with age due to such factors as retirement and widowhood.

But a Harvard University survey suggests the loneliest generation is Gen Z — 18- to 22-year-olds — which also may be the most isolated. A possible reason: They spend more time on social media and less time engaging in meaningful in-person activities. And the pandemic appears to have made matters worse among younger and older adults, as well as women and the poor. "Although social isolation and feeling lonely are related, they are not the same thing," said Cene, chief administrator for health equity, diversity and inclusion at the University of California San Diego Health. "Individuals can lead a relatively isolated life and not feel lonely, and conversely, people with many social contacts may still experience loneliness."

Social isolation is having infrequent in-person contact with people for social relationships, such as family, friends, or members of the same community or religious group. Loneliness is when you feel like you are alone or have less connection with others than you desire.

To investigate the relationship between social isolation and heart, blood vessel and brain health, the writing group reviewed research on social isolation published through July 2021. The review found: Read More
Taking blood pressure readings from both arms and using the higher reading would more accurately capture who has high blood pressure – and is at increased risk for cardiovascular disease and death – than relying on readings from a single arm, new research suggests.

While current recommendations call for using the higher arm reading, there was previously no evidence in the scientific literature to support the practice, which isn't routinely followed, according to the study. The findings appeared Aug. 2 in the American Heart Association journal Hypertension.

"If you are only doing one arm, you can't know which is the higher-reading arm," said lead study author Christopher Clark, a clinical senior lecturer in primary care at the University of Exeter Medical School in Devon, England. "And if you don't catch high blood pressure, you can't treat it. We can now support the adoption of using the higher reading from both arms."

Nearly half of U.S. adults have high blood pressure, also known as hypertension. Blood pressure is considered high if the systolic reading – the top number – is 130 mmHg or more, or the diastolic reading – the bottom number – is 80 mmHg or more. High blood pressure is a risk factor for heart disease, heart attacks and strokes.

In a 2019 scientific statement detailing proper blood pressure measurement, the AHA recommended taking readings from both arms.

"The sooner patients with acute back pain get in to see the physical therapist, the sooner they get better and the less likely they are to need additional therapies," said Dr. Catherine MacLean, chief value medical officer at the Hospital for Special Surgery in New York City. MacLean, who was not involved in the study, said PT may directly ease back pain, and also give patients some peace of mind.

"My sense is that part of what's going on is that the physical therapy is helping," she said. "Additionally, I think reassurance that what they are experiencing is not serious and will resolve quickly is incredibly important and helpful to these patients."...Read More

### Why COPD Is Often Worse in Women Than Men

Women tend to experience more severe chronic obstructive pulmonary disease (COPD) than men, and the smaller size of their airways may be the reason why, a new study suggests.

Though men still have a higher rate of COPD diagnosis and death, both changes in smoking behavior and increasing urbanization have increased numbers of cases of the disease in women, the researchers noted.

"The prevalence of COPD in women is fast approaching that seen in men, and airway disease may underlie some of the high COPD numbers in women that we are seeing," said study author Dr. Surya Bhatt, an associate professor of medicine in the Division of Pulmonary, Allergy and Critical Care Medicine at the University of Alabama at Birmingham.

The findings were published Aug. 2 in the journal *Radiology*. "When airways narrow due to cigarette smoking, the impact on symptoms and survival is greater in women than in men," Bhatt noted in a journal news release.

"The differences in airway dimensions, even after adjusting for height and lung size, and the greater impact of changes in airway size on clinical outcomes in women, was remarkable in that women appear to have a lower reserve against developing airway disease and COPD," he said.

COPD is a group of diseases that include emphysema and chronic bronchitis. They can cause airflow blockage and breathing problems. More than 16 million Americans have COPD, according to the U.S. Centers for Disease Control and Prevention.

In this study, the researchers analyzed data from nearly 10,000 people who were enrolled in a study of current smokers, former smokers and never smokers.

The participants were ages 45 to 80 and were treated at 21 clinical centers throughout the United States between January 2008 and June 2011, then followed until November 2020.

CT scans used seven measures of airway size and function, including airway wall thickness, wall area percent, airway volume and total airway count. After calculating each airway metric, the investigators then adjusted for age, height, race, body mass index, pack-years of smoking, current smoking status and total lung capacity.

The team found that in 420 never smokers, men had thicker airway walls than women. After accounting for height and total lung capacity, airway lumen (the inside of bronchi in the lung; bronchi are the tubes that direct air towards both lungs) dimensions were lower in women than in men.

In 9,363 current and former smokers, men had greater wall thickness and women had more narrow lumen diameters. A unit change in each of the airway measurements resulted in lower lung function, more shortness of breath, poorer quality of life, lower six-minute walk distance and worse survival in women compared with men.

Bhatt said that these gender differences should be factored into development of new therapies for airway disease.

### For Back Pain, Earlier Is Better for Physical Therapy

When people have backaches bad enough to send them to the doctor, prompt physical therapy may be a wise choice, a new study suggests.

Researchers found that when those patients had "early" PT -- within a couple weeks of seeing a doctor -- they were less likely to need other, often pricey, types of medical care.

Over the next month to year, they were less likely to see a specialist or a chiropractor, land in the emergency room, need imaging tests like MRI, or receive injection pain medication into the spine.

Experts said the findings are in line with what they see in everyday practice.

"The sooner patients with acute low back pain get in to see the physical therapist, the sooner they get better and the less likely they are to need additional therapies," said Dr. Catherine MacLean, chief value medical officer at the Hospital for Special Surgery in New York City.

MacLean, who was not involved in the study, said PT may directly ease back pain, and also give patients some peace of mind.

"My sense is that part of what's going on is that the physical therapy is helping," she said. "Additionally, I think reassurance that what they are experiencing is not serious and will resolve quickly is incredibly important and helpful to these patients."...Read More

WRhode Island Alliance for Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-480-8381
riarajap@hotmail.com • http://www.facebook.com/groups/354516807278/
Gout Flare-Ups Could Raise Heart Risk for Weeks After

When gout flares up, the joint pain is often excruciating. But that's not the only worry tied to this common inflammatory arthritic condition. A new British study warns that gout flares double the risk for heart attack or stroke over the two months that follow.

A spike in risk endures even three to four months after the gout flare-up, investigators found, though at a lower level, about 1.5 times greater than usual. No added risk was seen about 1.5 times greater than gout flare three to four months after the two preceding months. They were also 1.5 times as likely to have had a flare three to four months prior.

The finding held up even after excluding all patients diagnosed with heart disease or stroke before learning they had gout. Moreover, the gout patients who died from a heart attack or stroke had over four times the odds of experiencing a gout flare in the preceding 60 days. And the odds that a flare occurred three to four months prior doubled.

Abhishek stressed that the increased risk was temporary and subsided altogether after four months. Still, the results suggest gout flares are tied to a transient increase in cardiovascular events.

1 in 8 COVID Patients Will Develop Long COVID, Study Finds

Numerous people have reported lingering or new symptoms after a COVID-19 infection, though exactly how many people are struggling with long COVID has remained unclear.

Now, a new Dutch study finds about one of every eight (12.7%) patients who show long COVID symptoms.

The estimate is considered more reliable because researchers compared the number of people who experienced a new or increased health symptom three to five months after infection (21.4%) with those who experienced a new symptom but didn't have an infection (8.7%).

The inclusion of uninfected populations gives a more accurate prediction of long COVID symptom prevalence and improved identification of the core symptoms of long COVID, according to the study. The findings were published Aug. 5 in The Lancet medical journal.

"There is urgent need for data informing the scale and scope of the long-term symptoms experienced by some patients after COVID-19 illness," said study lead author Judith Rosmalen, from the University of Groningen in the Netherlands.

"However, most previous research into long COVID has not looked at the frequency of these symptoms in people who haven't been diagnosed with COVID-19 or looked at individual patients' symptoms before the diagnosis of COVID-19," Rosmalen said in a journal news release.

The core symptoms the study identified were chest pain, difficulties breathing, pain when breathing, painful muscles, loss of taste and smell, tingling extremities, lump in throat, feeling hot and cold, heavy arms and/or legs, and general tiredness.

The study method "allows us to take preexisting symptoms and symptoms in noninfected people into account to offer an improved working definition for long COVID and provide a reliable estimate at how likely long COVID-19 is to occur in the general population," Rosmalen said.

The researchers asked study participants to regularly fill out digital questionnaires on 23 symptoms commonly associated with long COVID.

The team sent the questionnaire 24 times to the same individuals between March 2020 and August 2021. Most of the data was collected before the COVID-19 vaccine rollout in the Netherlands, so the number of vaccinated participants was too small to analyze in this study.

Cognitive Rehab May Help Older Adults Clear Covid-Related Brain Fog

By Judith Graham

Eight months after falling ill with covid-19, the 73-year-old woman couldn’t remember what her husband had told her a few hours before. She would forget to remove laundry from the dryer at the end of the cycle. She would turn on the tap at a sink and walk away.

Before covid, the woman had been doing bookkeeping for a local business. Now, she couldn’t add single-digit numbers in her head.

Was it the earliest stage of dementia, unmasked by covid? No. When a therapist assessed the woman’s cognition, her scores were normal.

What was going on? Like many people who’ve contracted covid, this woman was having difficulty sustaining attention, organizing activities, and multitasking. She complained of brain fog. She didn’t feel like herself.

But this patient was lucky. Jill Jonas, an occupational therapist associated with the Washington University School of Medicine in St. Louis who described her to me, has been providing cognitive rehabilitation to the patient, and she is getting better.

Cognitive rehabilitation is therapy for people whose brains have been injured by concussions, traumatic accidents, strokes, or neurodegenerative conditions such as Parkinson’s disease. It’s a suite of interventions designed to help people recover from brain injuries, if possible, and adapt to ongoing cognitive impairment. Services are typically provided by speech and occupational therapists, neuropsychologists, and neuromodulating experts.

In a recent development, some medical centers are offering cognitive rehabilitation to patients with long covid (symptoms that persist several months or longer after an infection that can’t be explained by other medical conditions). According to the Centers for Disease Control and Prevention, about 1 in 4 older adults who survive covid have at least one persistent symptom.

Experts are enthusiastic about cognitive rehabilitation’s potential. “Anecdotally, we’re seeing a good number of people [with long covid] make significant gains with the right kinds of interventions,” said Monique Tremaine, director of neuropsychology and cognitive rehabilitation at Hackensack Meridian Health’s JFK Johnson Rehabilitation Institute in New Jersey.

WRhode Island Alliance for Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-480-8381
rijarajap@hotmail.com • http://www.facebook.com/groups/35451680778/