

January 23, 2022 E-Newsletter Celebrating 10 Years of the RI ARA E-Newsletter

Retirees Applaud HHS Secretary Becerra's Directive that CMS Reconsider 14% 2022 Medicare Premium Hike

Statement by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding reports that Xavier Becerra, Secretary of the U.S. Department of Health and Human Services, has ordered the Centers for Medicare and Medicaid Services (CMS) to reconsider the massive Medicare Part B premium hike scheduled for this month.

"Medicare beneficiaries were rightly shocked to learn that their Medicare Part B premiums will go up by \$21.70 per month, a 14.55% increase over last year's premium. The higher premiums, which are deducted from

beneficiaries' Social Security checks, will cost consumers a significant portion of this year's 5.9% cost-of-living increase. Seniors simply cannot afford it. "We are grateful that Secretary Becerra has done what Alliance members asked: tell CMS to reconsider its decision. More than half of this increase is due to the exorbitant price of just one prescription drug for Alzheimer's, Aduhelm, that has not even been approved for use by Medicare.

"Americans pay the highest prices in the world for prescription drugs, and seniors are bearing the brunt of it. It is

wrong that pharmaceutical corporations have already hiked prices for hundreds of drugs by nearly 5% this year. It is unconscionable for Medicare premiums to increase this dramatically because of one corporation's greed.

"This illustrates why Congress must take strong action to rein in the drug corporations and allow Medicare to negotiate lower drug prices for the American people."

Background:

A CMS official told **CNN** on November 16 that \$10 of what amounted to the planned \$21.70 Medicare premium increase was due to the price of the new drug

Aduhelm, which costs \$56,000 per year per patient, and could cost Medicare \$29 billion in just one year.

Aduhelm has sparked heated controversy since it was first approved by the Food and Drug Administration in June. At first, FDA researchers said there wasn't enough evidence of the drug's effectiveness to merit its approval, and three members of the FDA's Central Nervous System Advisory Committee even resigned in protest.



Rich Fiesta, Executive Director, ARA

Why Social Security's Huge 2022 Raise Still Isn't Enough

In 2022, Social Security retirees will see a 5.9% increase in their Social Security benefits, thanks to the largest cost of living adjustment (COLA) in around 40 years.

This raise may seem generous at first glance, but the reality is that it's likely to fall short of actually helping seniors to maintain their standard of living.

There's a simple reason for that, and it's one every current and future retiree needs to understand so they can have a realistic idea about what Social Security benefits will do for them throughout their later years.

Even a big raise won't help seniors maintain their buying power

The sad reality for seniors is that benefits have been **losing buying power for decades**, so retirees are starting out behind. And while it may seem large on paper, this year's raise is likely to once again fall below the level of

inflation seniors actually experience in 2022.

Social Security's annual COLA is set based on the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). For many years, CPI-W has provided retirees with a smaller benefits bump than would be necessary for them to keep up with price increases they're experiencing, because CPI-W doesn't accurately mirror what they spend their money on.

CPI-W has weighted certain expenses too heavily, such as entertainment costs, and not given enough weight to things seniors are more likely to spend an outsized share of their money on, such as healthcare and housing. This is a natural consequence of the fact that the price index is designed to mirror how urban wage earners spend their money, a demographic



group with different priorities than seniors who have left the workforce. The Senior Citizens League projects that benefits have lost about 30% of their buying power since 2000 as a result of this ill-fitted formula being used to calculate COLAs. One big raise in 2022 isn't going to reverse decades of declining benefit value.

That's especially true since while this year's benefits bump appears to be a large one, a 5.9% benefits increase may not be enough to account for how fast prices are going up on goods and services.

Recent estimates suggest costs have gone up close to 7% year over year. High costs on essentials such as food and housing likely mean seniors will still struggle to afford their expenses, which will increase at a faster pace than their monthly income does.

President Joe Biden has recognized this problem and has **proposed a fix to Social Security** that would involve providing a one-time benefits bump to long-living retirees who have been damaged by the decline in the value of their benefits over the years. He also wants to change the formula by which COLAs are calculated to a different pricing index that's a better match for actual spending habits among the elderly.

But with lawmakers struggling to pass meaningful legislation, it's unclear if any of President Biden's proposals will become a reality. Unless or until they do, retirees need to cope with the reality that the 5.9% raise they're getting this year still won't be enough to allow them to maintain their standard of living unless they also increase income from other sources.

ADD YOUR NAME

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

Several Recent Actions Point to a Possible Lowering of the 2022 Part B Premium

In November, the Centers for Medicare & Medicaid Services (CMS) **announced** the Medicare Part B standard monthly premium would jump by 15% (\$21.60) in 2022, from \$148.50 to \$170.10. As **expected**, the potential costs associated with covering the **controversial** new Alzheimer's drug Aduhelm—for which a Medicare coverage decision is expected this spring—factored in significantly, accounting for nearly half (\$11.00) of the total premium increase.

Notably, CMS's cost calculation was based on Aduhelm's **initial annual list price of \$56,000**. In December,

citing slow uptake and the desire to "facilitate patient access," the drug's manufacturer lowered its yearly cost to \$28,000.

In response, on Monday HHS Secretary **Becerra instructed** CMS to "reassess the recommendation for the 2022 Medicare Part B premium." He noted, "the 50% price drop of Aduhelm on January 1" was a compelling reason to do so.

The following day, CMS **issued** its draft Aduhelm coverage decision, **recommending** that Medicare only cover it for people who are enrolled in qualifying



clinical trials. A final decision is expected by April 11. If finalized as written, fewer people with Medicare may be eligible for Aduhelm than originally thought. CMS may be able to consider this as part of any Part B premium "reassessment" it undertakes.

We support revising the 2022 Part B premium based on the price reduction or coverage decision. But doing so would not solve the underlying problem of high and rising drug prices. Without more systemic reforms, future drugs could have similar impacts on Medicare costs and affordability. Accordingly, we

urge policymakers to pursue meaningful solutions, including those in the latest version of the budget reconciliation bill that would allow Medicare to negotiate drug prices, limit annual price hikes and out-of-pocket costs, and realign financial incentives. We also strongly support making Medicare's low-income assistance programs—the **Medicare Savings Programs (MSPs) and the Part D Low-Income Subsidy (LIS)**—more available and accessible. Together, these reforms would allow Medicare to best fulfill its promise of affordable coverage and care.

COVID Cases Surge Again in U.S. Nursing Homes

Residents of nursing homes have been a particularly at-risk group throughout the pandemic, and the advent of the fast-spreading Omicron variant has them facing another wave of infections and deaths, new data shows.

During **the week ending Jan. 9**, U.S. nursing homes reported more than 32,000 COVID-19 cases and 645 deaths among its residents, according to the U.S. Centers for Disease Control and Prevention. That's a sevenfold

increase in cases from a month earlier and a 47% increase in deaths.

About 57,200 nursing home workers also had COVID-19 that same week, a tenfold increase from a month earlier, the CDC said.

"We need to build a Fort Knox around protecting nursing homes, but we're not doing that right now, and that's why cases are surging," Eric Feigl-Ding, an epidemiologist and senior fellow at the Federation of American



Scientists, told *the Associated Press*. "We're going to have exponential numbers of hospitalizations and deaths."

Still, vaccination efforts may have made a real impact in saving lives: Even with the dramatic increases in cases, the death toll from COVID-19 at nursing homes is still a fraction of those in December 2020, when the CDC says about 6,200 deaths per week were recorded.

About 87% of nursing home

residents have been fully vaccinated, **the CDC says**, and 63% have received their third doses. Among staff at care facilities, about 83% are fully vaccinated and 29% have their boosters.

To further protect residents, Feigl-Ding recommends vaccines, mandatory boosters, testing visitors, using medical-grade masks (such as N95s) and using high-efficiency air filters....**Read More**

The IRS Is Now Warning You to Do This, Starting Jan. 24

DOING THIS SOONER RATHER THAN LATER CAN HELP PREVENT ANY ISSUES.

Filing taxes can be a headache all in itself, but the pandemic has exacerbated many issues with the overall system. While the Internal Revenue Service (IRS) often faces some sort of backlog every year, the agency closed last year's tax season with an unprecedented 35 **million unprocessed returns** due to budget cuts and staff shortages amid the COVID pandemic, per *The Washington Post*. In order to prevent this type of issue from affecting taxpayers this year, the IRS has just issued new guidelines, advising all taxpayers to do one thing soon. Read on to find out what the agency is recommending you do, starting

in just a few weeks. The U.S. **tax season will start** on Jan. 24, which is "when the tax agency will begin accepting and processing 2021 tax year returns," the IRS said in a Jan. 10 announcement. This is more than two weeks earlier than the agency started the **filing season last year**, according to *USA Today*.

"Planning for the nation's filing season process is a massive undertaking, and IRS teams have been working non-stop these past several months to prepare," IRS Commissioner **Chuck Rettig** said in a statement. "The pandemic continues to create challenges, but the IRS reminds people there are important steps they can take to help ensure their tax return and refund don't face



processing delays." The agency is advising you file your returns as early as possible. In order to prevent delays and help the tax season flow more smoothly, one of the steps you can take is filing your returns as early as possible in accordance with the Jan. 24 start date. The IRS free filing program will open on Jan. 14, allowing taxpayers the opportunity to begin filing returns through the agencies' partners earlier in order for them to be transmitted to the IRS starting Jan. 24. "It's never too early to get ready for the tax-filing season ahead," the agency says.

And getting ahead will help you navigate another troubling year ahead for the IRS. Treasury Department officials warned on

Jan. 10 that the IRS will still be facing "enormous challenges" during this year's tax filing season, which will likely make it another "frustrating season" for taxpayers, per *The Washington Post*.

"In many areas, we are unable to deliver the amount of service and enforcement that our taxpayers and tax system deserves and needs. This is frustrating for taxpayers, for IRS employees and for me," Rettig said. "IRS employees want to do more, and we will continue in 2022 to do everything possible with the resources available to us. And we will continue to look for ways to improve. We want to deliver as much as possible while also protecting the health and safety of our employees and taxpayers."

What is a lump sum Social Security payment?

Social Security is typically thought of as a programmer that offers monthly payments for retired Americans and other groups to help towards the cost of essentials. However, few know that recipients can also claim a proportion of the support in a **lump sum**, provided they satisfy certain requirements.

Individuals can begin claiming Social Security payments from the age of 62, but will have to wait until at least the age of 66 (for those born between 1943 and 1954) to receive their full monthly entitlement.

This **retirement threshold** increases in two-month increments for those born after 1954, culminating with an upper threshold of 67 years old for those born in 1960 or later.

To be eligible for the lump sum Social Security payment you must have reached full retirement age; here's

everything you need to know about claiming it...

How does the Social Security lump sum payment work?

The Social Security Administration (SSA) oversees the retirement benefits programme and offers eligible individuals the chance to increase their monthly entitlement by delaying the support until after their full retirement age. Doing so will see your **monthly payment increase** until you reach the age of 70, at which point your entitlement will remain the same.

However if you opted not to begin your Social Security claim at your designated retirement age, you do still have the option to request a **back-payment worth up to six months** of your full benefit.

For example if your full retirement age was 66 and you initially chose not to claim



Social Security at that point, your future monthly entitlement would increase. However if you then decided that you wanted to initiate the payments, you could also opt to receive up to six months' worth of back payments in the form of a lump sum.

If your full retirement age benefit was \$2,000 per month then you could claim up to \$12,000 in a lump payment, provided you had deferred your Social Security payments for at least six months. Of course, doing so would **reduce your delayed retirement credits** and affect the size of your future payments accordingly.

How would a Social Security lump sum payment affect my tax returns?

While the thought of a lump sum payment is tempting, you should bear in mind the impact that this could have on your **tax**

situation. Typically, up to 50% of Social Security benefits are taxed if your combined income exceeds \$25,000, and up to 85% if it exceeds \$34,000. To be clear, these figures relate to the proportion of payments that are subject to federal income tax, not the rate at which they will be taxed.

Ordering a lump sum Social Security payment could tip you into a higher tax category and mean that you are forced to pay tax a significantly larger part of your income. If the payment pushes your annual income above \$85,000 then you will see an increase on your Medicare premiums too.

For more information on how to claim a retroactive payment and the related terms, check out the **Retroactive Supplemental Security Income Help Page** from the SSA.

8 Services You Didn't Know Social Security Offers

What is the Social Security Administration good for? A typical first response would be "helping seniors weather the costs of retirement," and that's certainly true. But that's not all it does.

As **with Social Security itself**, many Americans don't understand exactly how the agency running the program works — or how to take full advantage of it.

Following are several services you may not have realized the SSA provides.

1. Benefits for non-retirees

If you know nothing else about the SSA, you probably know it provides retirement benefits to people of a certain age. That's what Social Security is all about, right?

But it also provides benefits to many others — widows, parents, children, the disabled and the blind.

2. Help with Medicare drug costs

Medicare, the federal health insurance program for seniors, is technically administered by the Centers for **Medicare and Medicaid Services**.

However, Social Security

helps keep things simple by handling enrollment in Medicare Parts A and B. It also handles applications for "**Extra Help**," a program that lowers the cost of Medicare Part D for eligible seniors by about \$5,000 per year, **according to SSA estimates**.

3. Replacement Medicare cards

If you lose your Social Security card, it makes sense you'd go to the SSA to request a **replacement**.

What you might not know is that you can also request a replacement Medicare card **from the SSA online**. (You can also do this over the phone by calling **1-800-MEDICARE**.)

4. Proof of income

In certain situations, such as when applying for government assistance, an apartment, mortgage or some other loan, you might be required to provide proof of income.

One piece of evidence might come from the SSA, in what's called a Social Security Benefit Verification Letter.

Contrary to what the name suggests, you don't need to be



receiving benefits to get one. In fact, as the **SSA website** points out, these letters can also be used as proof that you don't receive benefits or haven't in the past.

5. Baby name ideas

While it may never have occurred to you, the SSA naturally has a wealth of information about the names of Americans — it has to put them on all the cards, after all.

So if you're curious about the most popular baby names in the country, the SSA has information going **all the way back to 1880**. You can find out the most frequently given names in a given year, decade, or over the past century, even broken down by state.

6. Calculators for many common questions

The prospect of retirement raises lots of questions: How long will I live? When should I stop working? How much money can I get from the government in various scenarios?

The SSA **maintains several calculators** to help with these questions and more.

7. A blast from the past

Have you ever had a "back in my day" conversation with someone about your first job?

The SSA can tell you exactly how much you earned in any given year in your online "earnings record."

Even if you're not interested in a little trip down memory lane, you should still regularly check your earnings record. As we explain in "**9 Social Security Terms Everyone Should Know**," it can get harder to correct any possible errors over time, due to the loss of your tax records and employer information.

8. Representative payees

Sometimes people become unable to manage the money they are receiving from Social Security or Supplemental Security Income. In those cases, Social Security can appoint what are called **representative payees** to manage money on their behalf.

You can designate a few people you trust to be your payee should the need arise. Or, as necessary, the SSA can choose for you among friends, family or qualified organizations.

Proposed Rule Might Reduce Out-of-Pocket Drug Costs for Some People with Medicare

Last week, the Centers for Medicare & Medicaid Services (CMS) released a *new proposed rule* that would require Medicare Part D prescription drug plans to change the way they calculate drug prices and to pass certain savings on to consumers at the pharmacy counter. These changes would likely reduce out-of-pocket costs, on average, for people with Medicare drug coverage, but by how much is unclear.

Currently, Part D plans negotiate with pharmaceutical manufacturers over how much they will pay for the products they agree to include on their list of covered drugs, known as a formulary. Plans use these numbers, called the negotiated price, to determine how much beneficiaries will pay out-of-pocket.

But the plans then take further actions to reduce their costs—

savings they rarely pass down to enrollees. They demand price concessions from the pharmacies who provide the drug, reducing what they ultimately pay. Meanwhile, beneficiaries are stuck paying a portion of the higher “negotiated price.” CMS estimates that less than 2% of plans pass through any price concessions to beneficiaries at the point of sale.

These arrangements, known as price concessions, are growing rapidly. CMS estimates that in 2010, pharmacy price concessions accounted for about \$8.9 million, or 0.01%, of total Part D drug costs, while in 2020, they accounted for about \$9.5 billion, or 4.8%, of total costs.

As a result, the difference between the negotiated price and what plans pay is widening, and negotiated prices are increasingly inaccurate as a gauge of drug



costs.

In its new rule, CMS proposes to begin to correct this by requiring plans to include all pharmacy concessions in the negotiated price calculation and to require plans to pass through concessions to beneficiaries at the pharmacy counter. The agency estimates this would save beneficiaries \$21.3 billion over 10 years. In addition, it would remove a current incentive that makes it more profitable for plans to prefer higher-cost drugs—and higher negotiated prices—when pharmacy concessions are based on a percentage of the cost.

While these changes would be likely to reduce out-of-pocket costs for people who use prescription drugs, they are also likely to increase Part D plan premiums. Currently, plans often choose to use some of the money

they reap from price concessions to reduce premiums. As people shop for plans, they may struggle to compare their out-of-pocket costs to find the best coverage for their circumstances and may rely solely on premiums that do not tell the whole story.

At Medicare Rights, we are cautiously optimistic that this proposed rule would help reduce out-of-pocket costs for people with Medicare drug coverage. We think the increase in transparency and reduction of incentives to increase negotiated prices will ultimately slow the growth in drug costs. But policymakers must do more to rein in drug prices and limit out-of-pocket spending. We will continue to urge Congress to allow Medicare to negotiate drug prices and to cap costs for people with Part D.

Update from The Senior Citizens League

Congress Returns to Washington

The members of Congress returned to Washington last week and began what is known as the Second Session of the 117th Congress. They have a full agenda to deal with including some very pressing issues that must be acted upon very soon. Considering that this is an election year and the extreme political polarization in the country, the ability of Congress to accomplish much of anything will be put to a major test.

Government Shutdown Once Again Lurks on the Horizon

The subject hasn't appeared in the media since the agreement in December on a short-term government funding bill, but Congress is working on a spending bill to keep the government open for the rest of fiscal year 2022. The short-term funding bill they passed lasts until February 18, which is only four weeks away, so getting legislation put together becomes more urgent as each day passes.

Will Prescription Drug Legislation Pass This Year?

As a reminder, the provision to reduce the costs of prescription

drugs is part of the legislative package called “Build Back Better,” which is one of the top priorities of President Biden. However, because of the Senate rule regarding a filibuster which requires 60 votes to pass a bill instead of a simple majority of 51, Democrats do not have enough votes to pass the bill at this time. No Republican supports the bill and Senators Joe Manchin (D - W.Va.) and Kyrsten Sinema (D -Ariz.) have both announced they are opposed to changing the rules regarding a filibuster.

So where does that leave the prescription drug effort?

Some Democrats are starting to talk about pulling certain provisions out of the Build Back Better legislation that are popular with the public and that some Republicans have previously come out in support of and trying to pass them as stand-alone bills.

So far, the Democratic leaders in Congress have not agreed to do this, but it is under discussion.

If that effort is not made, then the fate of lowering the costs of prescription drugs rests with the fate of the Build Back Better legislation, which right now does



not look promising.

We urge you to contact your own Senators and Representative and let

them know you want Congress to pass legislation to lower the costs of prescription drugs. Since this is an election year and control of Congress will be up for grabs, your voice can make a major difference in the fight over drug prices.

In the meantime, TSCL will continue doing our part to push Congress to act this year to bring the costs of prescription drugs down.

Will the Medicare Part B Premium be Lowered?

As you no doubt know by now, the increase in the Medicare Part B premium for 2022 is the largest ever. As we previously reported, the large increase came about as a result of Medicare preparing to pay for the cost of a new drug that supposedly helps patients with Alzheimers disease.

However, in a new draft policy announced last week, Medicare will severely restrict the number of seniors who can access the drug at all because it plans to only cover the drug for patients participating in rigorous, agency-approved clinical trials.

While the draft policy has not yet gone into effect, now is the time to put pressure on to lower the Part B premium. First, the company that makes the drug cut its cost in half. Second, because Medicare will only cover patients in approved clinical trials, the number of people receiving the drug will be many fewer than previously estimated.

While the Part B premium increase is governed by administrative procedures put in place by law, Congress can pressure the Dept. of Health and Human Services to lower the premium given the changed conditions.

Again, since this is an election year, pressure from voters can have a real impact in this regard. So we urge you to contact your Senators and Representative and tell them there is no longer a need for the huge Part B Premium increase and that the monthly premium needs to be lowered and there should be a rebate of the excess premium paid by those enrolled in Part B for however many months they pay the excess premium.

Biden says U.S. to provide high-quality masks for free to Americans

President **Joe Biden** on Thursday said the U.S. will give high-quality masks to Americans for free, as new infections from the Covid-19 omicron variant soar across the country.

Biden said the U.S. has more than tripled the national stockpile of highly protective N95 masks to make sure they are widely available to the general public. He said masks are a crucial tool to help control the spread of omicron.

"I know that for some Americans, the mask is not

always affordable or convenient to get," Biden said in addressing the nation from the White House. "Next week we'll announce how we're making high-quality masks available to the American people for free."

Sen. Bernie Sanders, I-Vt., **reintroduced legislation on Wednesday** to distribute free N95 masks to every person in the U.S. for free. Everybody would receive a package with three highly protective masks. Sanders' legislation has 50



Democratic co-sponsors in the House and Senate. "As we face the rapidly spreading omicron variant, we should remember that not all face masks are created equal," Sanders said in a statement. "Congress must demand the mass production and distribution of N95 masks, one of the most effective ways to stop the spread of the Covid virus."

Dr. Rochelle Walensky on Wednesday said the Centers for Disease Control and Prevention would soon update its masking

guidance to inform Americans about the different levels of protection different masks provide. However, Walensky said the CDC recommends that any mask is better than no mask.

"We do encourage all Americans to wear a well-fitting mask to protect themselves and prevent the spread of Covid-19, and that recommendation is not going to change," the CDC director said during a White House **Covid** update...**Read More**

You'll be able to order free at-home COVID test kits starting on Wednesday, 1/19/2022

The Biden administration announced Friday that Americans can begin ordering free at-home COVID-19 rapid tests starting Jan. 19.

Orders for up to four tests per household can be placed using the website **COVIDtests.gov**. The administration will also set up a phone number so those without access to computers or high-speed internet can place orders.

The White House said tests will usually ship within seven to 12 days of ordering, meaning most Americans won't receive them until the end of January. The White House said tests will usually ship within seven to 12 days of ordering,

meaning most Americans won't receive them until the end of January.

People ordering tests will input their name and mailing address on the website and can share an email address to get updates on their order, officials said. The website was created with help from the U.S. Digital Service, a federal program created to make federal tech better in the wake of the botched rollout of the HealthCare.gov website for Affordable Care Act health insurance in 2013.

"We're ready for this," an official told reporters, saying they were cognizant of the need



to make sure the website works.

Details of the website come a day after

President Biden announced that the administration will buy another 500 million at-home coronavirus tests for Americans, in addition to his plans detailed last month to order 500 million tests. He also said the White House will make high-quality masks available for free, with details coming out next week.

The U.S. Postal Service, meanwhile, is preparing to facilitate the mailing of the at-home test kits. Mark Dimondstein, president of the

American Postal Workers Union, told NPR that up to 7,000 temporary workers will be hired, some of whom were already employed as holiday help, to package and address the test kits at 43 fulfillment centers around the United States.

"We're very excited, and at the end of the day, we're here to serve the people of the country and we're dedicated to that mission," Dimondstein said. "Postal workers are ready to rock and roll."

The Postal Service would not comment on the specifics, but in a statement, Postmaster General Louis DeJoy said:

Here's What Will and Will Not Get Taxed From Your Social Security Benefit

Although tax situations are different for everyone, some individuals will be required to pay taxes on their Social Security income. The Social Security Administration (SSA) states that such benefit taxation usually only occurs if you have other substantial income in addition to your benefits. Examples of other significant income can include regular wages, self-employment income, interest, dividends and other taxable income that must be reported on your tax return.

The SSA reports that you will pay tax on only 85% of your Social Security benefits based on IRS rules. The rules for taxation apply if you:

- ◆ file a federal tax return as an "individual" and your combined income is:
 - between \$25,000 and

\$34,000 — in this event, you may have to pay income tax on up to 50 percent of your benefits.

- more than \$34,000 — in this event, up to 85 percent of your benefits may be taxable.
- ◆ file a joint return, and you and your spouse have a combined income that is:
 - between \$32,000 and \$44,000 — if this is true, you may have to pay income tax on up to 50 percent of your benefits.
 - more than \$44,000 — if this is the case, up to 85 percent of your benefits may be taxable.
- ◆ are married and file a separate tax return — in such a



circumstance, you probably will pay taxes on your benefits.

Your combined income is calculated by adding nontaxable interest and one-half of your Social Security benefits to your adjusted gross income, for the purposes of the above rules.

Every January, you will receive your Social Security Benefit Statement, Form SSA-1099, which will show you the amount of benefit you received the year prior. This form will be needed when you file your federal income tax return later in the year to find out if your benefits are subject to tax. This form is now available online through the mySocialSecurity website. By signing up and creating an account, you can

view this information online without needing to wait for it to be mailed to your home. If you already know you will need to pay taxes on your Social Security benefits, it's possible to have the taxes automatically withheld from your benefits. This can be a smart way to make sure taxes are automatically taken care of, which will make it easier for you come tax return time.

If you do not meet the above requirements, chances are you will not have to worry about your **benefits being taxed**. However, as always, you can find this out for yourself by logging onto your personal account — or contacting the social security office nearest you.

Withdrawing More Money to Cover Inflation? Beware This Social Security Risk

You've probably heard that inflation is surging. And even if you haven't seen the scary headlines, you've assuredly noticed the costs of groceries, gas, heating, and many other household necessities have gone up.

If you're retired, this **inflation** can hit you hard, since chances are good you're living on a fixed income. While Social Security benefits were **increased by 5.9% this year**, that big cost-of-living adjustment (COLA) may not be enough by itself to maintain your standard of living amid rising prices. As a result, you may be forced to increase the amount you withdraw from savings.

If you increase your income in 2022 to help you maintain buying power during this time of high inflation, there's one risk to be aware of that could affect the amount of Social Security income that you bring home.

How a higher household income could affect Social

Security benefits

When your household income goes up, bringing in this extra money could have financial consequences when it comes to your **Social Security checks**. There's a simple reason for that: Once your income creeps up enough, you risk facing more taxes on Social Security benefits.

Benefits aren't taxed at all with income up to a specific threshold, but up to 85% of your benefits could become subject to federal taxation once your income reaches a certain level. There are also **13 states that tax Social Security benefits** but usually make an exception for lower earners.

If you take more money out of your accounts in 2022 because prices have gone up on the goods and services you're buying, there's a greater chance your income will fall above the limit where part of your benefits becomes taxable. And if you were already paying tax



on some benefits, a higher household income could mean being taxed on more of them.

How high can your income go without owing Social Security taxes?

The big question to ask yourself when your household income goes up is, exactly when do your Social Security benefits become subject to taxation?

When you're talking about federal taxes, only some income counts. The Social Security Administration looks at "provisional" income, which is half your Social Security checks, all taxable income, and some nontaxable income. If your provisional income exceeds certain limits, here are the tax rules you face:

- ◆ Single tax filers with a provisional income between \$25,000 and \$34,000 will owe taxes on up to 50% of benefits.
- ◆ Single tax filers with a provisional income above

\$34,000 will owe taxes on up to 85% of benefits.

- ◆ Married joint filers with an income between \$32,000 and \$44,000 will owe taxes on up to 50% of benefits.
- ◆ Married joint filers with an income above \$44,000 will owe taxes on up to 85% of benefits.

The thresholds at which benefits become partly taxed **aren't subject to adjustment each year** as a result of wage growth and **inflation**. That means while you may need to increase income to maintain buying power this year, the IRS won't take that into account when deciding whether your benefits will be taxed.

Make sure you understand both these federal rules, as well as the rules within your own state, so you can prepare for what new taxes you may owe if you've been forced to increase household income this year.

Dear Marci: Am I eligible for a transition fill?

Dear Marci,

I have been enrolled in the same Part D plan for years. Today I learned that it's no longer covering a prescription I have been taking. Am I eligible for a transition fill while I figure out what to do next?

-Ralph (Nallen, WV)

Dear Ralph,

A transition refill, also known as a transition fill, is typically a one-time, 30-day supply of a drug that you were taking:

- ◆ Before switching to a different Part D plan (either stand-alone or through a Medicare Advantage Plan)
 - ◆ Or, before your current plan changed its coverage at the start of a new calendar year
- Transition refills are not for new prescriptions, though. You can only get transition fills for drugs you were already taking before switching plans or before your existing plan changed its coverage.

The following situations describe when you can get a transition refill if you do not live in a nursing home (there are different rules for **transition refills for those living in nursing homes**):

- 1. Your current plan is changing how it covers a Medicare-covered drug you have been taking.** If your plan is taking your drug off its formulary or adding a coverage restriction for the next calendar year for reasons other than safety, the plan must either:
 - ◆ Help you switch to a similar drug that is on your plan's formulary before January 1
 - ◆ Or, help you file an exception request before January 1
- 2. Your new plan does not cover a Medicare-covered**



Dear Marci

drug you have been taking.

- ◆ If a drug you have been taking is not on your new plan's formulary, this plan must give you a 30-day transition refill within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your **appeal rights**.
- ◆ If a drug you have been taking is on your new plan's formulary but with a coverage restriction, this plan must give you a 30-day transition refill free from any restriction within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your appeal rights.
- ◆ In both of the above cases, if a drug you have been taking is not on your new plan's formulary, be sure to see

whether there is a similar drug that is covered by your plan (check with your doctor about possible alternatives) and, if not, to file an exception request. (If your request is denied, you have the right to appeal.)

Remember: All stand-alone Part D plans and Medicare Advantage Plans that offer drug coverage must provide transition fills. When you use your transition fill, your plan must send you a written notice within three business days. The notice will tell you that the supply was temporary and that you should either change to a covered drug or file an exception request with the plan.

I hope this helps you determine if you are eligible for a transition fill at this time! Best of luck.

-Marci

COVID Fatigue: Are You Among the 'Vaxxed & Done'?

You've gotten vaccinated. You've gotten boosted. You wear your mask, maintain social distancing, wash your hands — you do everything you've been asked to do to protect yourself and others.

And you are completely fed up.

If that description sounds like you, you might be part of a contingent of people who consider themselves "vaxxed and done" with the **COVID-19 pandemic**.

The term was coined by *Atlantic* writer Derek Thompson, in an essay describing a growing rift among the people who've taken COVID seriously throughout the pandemic.

The "vaxxed and done" bunch are willing to keep getting boosted, but they want to reap the rewards of their good behavior rather than maintain masking and other measures that largely protect the unvaccinated, Thompson wrote.

"COVID is becoming something like the seasonal flu for most people who keep up with their shots, so I'm prepared to treat this like I've treated the flu: by basically not worrying about it and living my life normally," Thompson wrote in describing the "vaxxed and done" mindset.

Public health and mental health officials agree that "vaxxed and done" is a real phenomenon, in that some vaccinated Americans are becoming exasperated with COVID-19 safety mandates that many fear will never lift.

"There's certainly a level of frustration I think that people have at individuals who have made choices to not get vaccinated, and how that has continued to extend the crisis," said Vaile Wright, a licensed psychologist and senior director of health care innovation for the American Psychological Association.

"But I think people are also frustrated with the system, and

the way in which the system has truly let down individuals who have for the most part tried to do the best that they can to keep themselves and others safe," Wright added.

Pandemic fatigue setting in

The way that the COVID-19 pandemic has unfolded feeds directly into the feeling of "vaxxed and done," explained Dr. Georges Benjamin, executive director of the American Public Health Association.

"It's very, very difficult to keep people constrained on an emergency basis, no matter what you do," Benjamin said. "We've had at least three situations where we thought this thing was going to go away."

Americans have emerged from lockdowns related to one variant, only to be told to mask up for the next. They've gotten fully vaccinated so they could resume normal lives, only to be told that they needed to maintain safety measures to protect the unvaccinated and the medically vulnerable. They've gotten boosted due to waning immunity, only to find that Omicron is so infectious they'll probably get it anyway.

"We're rapidly approaching the three-year mark of this pandemic, and people's lives have changed so much in that time," said Dr. Vivian Pender, president of the American Psychiatric Association.

"There's this kind of new normal, but the new normal keeps changing. Just when it started to feel like things were going to go back to the way it used to be, along comes **Omicron**," Pender said.

Benjamin added that "people are just tired of it. They're all trying to figure out what personally they're going to do. I think most people have reconciled that I'm not going to get really sick and die, but I may get the Omicron variant, and I'm hoping if I get the Omicron variant I won't get real sick. I



think there's a resignation that, OK, if that happens, fine. I'll still do stuff to be careful, but if it

happens I'm not going to panic over it."

Wright doesn't believe people feeling "vaxxed and done" have abandoned safety procedures and masking wholesale, but it has led them to seriously re-evaluate how they're going to spend the rest of their lives with a virus that shows no signs of ever going away.

The problem is that drawing a hard line and declaring yourself "vaxxed and done" carries similar psychological costs to those paid by the unvaccinated, Wright said.

"To the degree that people can be flexible in their thinking and acknowledge that uncertainty will continue and you're just trying to make the best decisions for you and your family, and focusing on what's within your control, I think that will lend itself to better emotional well-being," Wright said.

"For individuals who want to continue to fight the situation by either not complying with protective measures or engaging in what I see as a lot of judgment against others as to how they're doing, I think those individuals are going to continue to really struggle," Wright continued.

Preparing for the next 'new normal'

Thoughtful and responsible people who've reached their "vaxxed and done" limit should consider that wearing a mask and maintaining social distancing will help health care workers who are being slammed by the Omicron surge, Pender said.

Hospitals in at least two dozen states are nearing capacity as the Omicron variant washes across America, according to the **U.S. Department of Health and Human Services**.

"It's important to bring down the hospitalization rates. The hospitals are overwhelmed, and

regular health care is taking a hit," Pender said, because people aren't able to get care for non-COVID emergencies due to the rush of Omicron hospitalizations.

Masking also helps protect people who are at increased risk through no fault of their own, Pender added.

"There are people in our lives who are vulnerable from COVID. Even people who have been vaccinated and boosted may have an underlying condition that they don't know about," Pender said.

"Crystal ball" predictions based on the outbreaks in South Africa and Britain lead Benjamin to believe that within a month or so the Omicron surge will start to wane, and state officials will face the choice of lifting mask mandates and other safety measures.

Now is the time to start planning for how to deal with the understandable frustrations of the "vaxxed and done" once this pandemic enters yet another new normal, Benjamin said.

"As a society, we now need to figure out how we live with this post-Omicron," Benjamin said. "We still need to deal with this. It's still bad. It's still clogging up our hospitals. But we need to figure out where we go from this, when this thing nadirs."

The Mayo Clinic has more about the mental health effects of the **pandemic**.

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AHA News: Obesity Harms Brain Health Throughout Life – Yet Scientists Don't Know Why

(American Heart Association News) -- Anyone who has put on a few too many pounds knows they can slow you down. Over time, if those pounds grow into obesity, they may do serious harm, putting you at risk for a wide range of illnesses.

But too much weight on the body also can harm the brain.

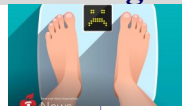
Research shows obesity impacts brain health from childhood well into adulthood, affecting everything from executive function skills – the complex ability to initiate, plan and carry out tasks – to substantially raising dementia risk. By middle age, the consequences of excess weight are substantial. Several studies have shown middle-aged adults who have a body mass index (BMI) at or above 30, which qualifies as obesity, are more likely to get dementia than their healthy-weight peers.

Yet, researchers are still

teasing out how and why the extra pounds harm the brain, and whether the higher dementia risk is cumulative over a lifetime or if obesity affects the body differently at different stages of life.

It's also possible cognitive challenges come first, contributing to poor eating behaviors beginning in childhood, said Alexis Wood, an assistant professor of pediatric nutrition at the Children's Nutrition Research Center at Baylor College of Medicine in Houston. The center is operated in partnership with the Agricultural Research Service of the U.S. Department of Agriculture.

"There is pretty robust and substantial evidence that goes across the whole of childhood, from toddlerhood to adolescence, that shows a higher weight status is associated with



lower cognitive functioning, particularly in the area of executive function," she said.

"Why that is, is the subject of much debate."

With obesity steadily rising in the United States, it also is a subject of much concern.

According to the Centers for Disease Control and Prevention, more than 42% of adults qualified as obese in 2018 – and nearly 45% of them were 40 to 59 years old. Among children and teens, obesity rates rose with age: more than 13% of children under 5; 20% of 6- to 11-year-olds and 21% of those 12 to 19.

And the pandemic hasn't helped slow those statistics.

The CDC said in September 2021 that the rate at which BMI was increasing roughly doubled during the pandemic compared with the period preceding it. The greatest jumps were seen in children aged 6-11 and in those

already overweight before the pandemic.

Some studies trace the beginnings of the relationship between diet, weight and brain health all the way back to the womb. By toddlerhood, there's already an association between excess weight and a child's ability to control and direct behavior; integrate new information; plan; and solve problems, Wood said. It's just not clear which comes first.

For example, a study published in the American Journal of Epidemiology found children with higher verbal and executive function skills in preschool were less likely to become overweight later in childhood. Other research shows young children who are overweight or obese are less able to control impulses than those at a healthy weight.

Opioid Misuse Keeps Rising Among Older Americans

The opioid addict you know might not be the college kid who has always dabbled in alcohol and drugs.

It could be your grandparent.

Opioid misuse doesn't discriminate by age — and rates are rising steadily among adults aged 55 and up, **new research** shows.

"You can still use recreational drugs at an older age. You can have STDs at an older age, but we don't think about it, I think, because of stereotypes about what it means to be an older adult," said researcher Maryann Mason. She is an associate professor of emergency medicine at Northwestern University's Buehler Center for Health Policy and Economics, in Chicago.

Mason and a team from Northwestern's Feinberg School of Medicine took a closer look at opioid use and deaths in older Americans, breaking the issue down by age, gender, race and ethnicity.

The researchers found that between 1999 and 2019, nearly 80,000 Americans aged 55 and older died of an opioid overdose, with a low of 0.9 per 100,000 in

1999 and a high of 10.7 per 100,000 in 2019. That's an increase of 1,886% in just 20 years.

Among those who died during those years, nearly 59% were men and nearly 80% were aged 55 to 64 years, according to the report published online Jan. 11 in **JAMA Network Open**.

By 2013, trends began to diverge by race. By 2019, it meant opioid overdose deaths for non-Hispanic Black men were about four times the overall rate for others the same age.

Mason said the context is important. Black Americans have traditionally been under-medicated for their pain because of discriminatory medical practice. And they disproportionately live in communities with less access to treatment programs and are offered less access to effective medication-assisted care.

The trend may also owe in part to the fact that this age group includes people exposed to drugs while serving in the Vietnam War, Mason suggested.

Dr. Lawrence Brown Jr., who leads START, a nonprofit



organization that is New York's largest independent drug treatment agency, reviewed the study findings.

He pointed out that Black Americans are a diverse group and that treatment solutions may vary quite a bit depending on individual perspectives. The average age of START's clients is 55 and most are from minority groups.

Brown noted that older adults may also be more likely to be prescribed painkillers because of medical conditions that are more common as they age, including cancer. So they may be more exposed to addictive opioids through "legitimate pathways" than younger people, he said.

Because START offers primary medical care, it is able to keep an eye on treatment of multiple diseases, not just substance abuse, he added.

"I would say to our counselors, 'To what extent are you having your treatment plan address the other co-occurring medical problems that our senior population may have related and unrelated to their substance use disorder?'" Brown said. "So, in

other words, if they don't have a primary care provider, how are we helping to connect them to a primary care provider?"

Mason said older adults are at higher risk for bad outcomes from opioid use because people metabolize drugs differently as they age. They may die from a lower dose than they would have as a younger person.

The researchers said their findings suggest a need for increased screening of older adults for substance use disorder. The study recommends adapting outreach and treatment models to this age group.

"This actually comes at a good time with Medicaid expansion, being able to maybe offer health care insurance to those in the pre-Medicare age, like 55 to 64," Mason said.

With the ability to see more people in health care settings, she said it is also important to do more screening for substance misuse.

More information

The U.S. National Institute on Drug Abuse has more on **opioids**.

9 Best Exercises for Preventing Falls in Older Adults

Stay safe by regularly practicing exercises to improve your strength, flexibility and balance.

Fall causes and risks

Getting older increases the chance of lots of health problems, **such as heart disease**, dementia and diabetes. And here's another major health risk in our golden years: falls. One in 4 people age 65 or older suffers a fall each year, and 3 million wind up in the emergency room for taking a spill. Why is falling so common once we reach a certain

age?

It's typically due to a number of factors. "Side effects from prescription medications can cause drowsiness and dizziness, resulting in falls," says Tim Schuckers, a physical therapist based in Portland, Oregon. "Gradual muscle weakness in the lower legs from sedentary lifestyles can also result in legs giving way easily when walking and standing."

Other fall causes can include:

- ◆ Underlying conditions, such



as arthritis or neuropathy (pain, numbness or tingling in the extremities that makes it hard to sense the ground).

- ◆ Balance problems.

- ◆ Declining reaction times.

- ◆ Vision problems.

- ◆ Hearing loss.

Environmental hazards, such as floor clutter, throw rugs or slippery bathroom floor tiles.

Fall consequences are alarming. The Centers for Disease Control and Prevention notes that 1 in 5 falls results in a

serious injury, such as a broken hip or traumatic head injury. Falls also cause 32,000 older adult deaths every year.

So what can you do to prevent falls in older adults? You'll need to talk to your doctor about treating underlying conditions. You may need an eye exam or a hearing test. You'll need to remove fall hazards in your home. And you'll have to start a regular exercise program... **Click here to scroll through the exercises.**

You Don't Have to Be a Smoker to Get Lung Cancer

(HealthDay News) -- Think you're safe from lung cancer because you've never smoked? Think again.

While cigarette smoking is the main cause of lung cancer, it's possible to get the disease without ever lighting up.

"Anyone with lungs can get lung cancer," said Dr. Missak Haigentz Jr., chief of Thoracic and Head and Neck Medical Oncology at Rutgers Cancer Institute of New Jersey in New Brunswick.

In fact, a new U.S. National Cancer Institute study estimates 10% of men and 20% of women who develop lung cancer have never used tobacco products. There are three types of **lung cancer in nonsmokers**, according to the study.

"What we know already is that lung cancers, despite appearing similar under the microscope, may develop differently in never-smokers, and this information on molecular differences has already had a tremendous impact in the way we treat the disease with targeted cancer therapies," Haigentz said in a Rutgers news release.

Lung cancer in nonsmokers results from other known exposures, including **radon gas** or **secondhand smoke**. **Asbestos exposure** carries a risk for mesothelioma, a rare type of cancer affecting the thin tissue that covers the majority of a person's internal organs.

"Anything that we inhale can



potentially expose our airways and our lungs to damaging agents that may give rise to cancer -- we have not yet identified all of these," Haigentz said.

In smokers, it's often caused by years of exposure to cancer-causing substances in tobacco smoke. These substances cause multiple genetic changes in cells that line the lungs.

Haigentz said this new research helps scientists understand how smokers and never-smokers can benefit from treatments such as targeted cancer therapeutics.

Based on the molecular features of lung cancers, scientists have recently developed several effective treatment options targeting its

biology, Haigentz said. More advances are anticipated.

Nonsmokers who are worried about lung cancer can take a number of steps, according to Haigentz.

Most important, never start smoking. Experts now recommend lung cancer screening with yearly low-dose CT scans for those who have had significant exposure to smoking, including former smokers. And test your home for radon gas.

"Most importantly, we need to remove the stigma of lung cancer; understand that there are people who have smoked their whole life and never develop cancer, and there are people who have never smoked at all who develop lung cancer," Haigentz said.

Quality of Home Health Care Varies Between Urban, Rural Areas

Need in-home health care? Know this: The quality of your care may depend on where you live.

That's the takeaway from a new study from New York University that gave agencies in urban areas high marks for keeping patients out of the hospital. It found that home health agencies in rural areas, meanwhile, get care started sooner.

"Our study highlights the persistence of disparities in quality of **home health care**," said study author Chenjuan Ma, an assistant professor at NYU's Rory Meyers College of Nursing.

For the study, her team analyzed performance measures

from the U.S. Centers for Medicare and Medicaid Services between 2014 and 2018.

Limited improvements have been made over time, and gaps in quality of care did not significantly shrink over the period, researchers found.

They analyzed data from 7,908 home health agencies, of which nearly 20% were in rural areas. Quality measures included timely initiation of care, a process measure, and hospitalization and ER visits, which are outcome measures.

Researchers found that rural agencies consistently began home care quickly — either upon a doctor's orders or within two



days of hospital discharge or referral.

But urban agencies consistently performed

better on preventing hospitalization and emergency room visits for home care patients.

Over the five years studied, ER visits rose for both urban and rural home health agencies, however.

The geographic gaps were steady over time except for hospitalization, which narrowed slightly, researchers said.

Home health care is **delivered in the home of a patient**, typically by nurses. It is among the fastest-growing health care sectors in the United States.

In 2018, more than 5 million Medicare beneficiaries received **home health care**. About 9% lived in rural areas.

"Providing early, intensive visits to patients during a home health episode has been shown to be effective in reducing hospitalization and improving functional status, so timely initiation of care is a critical component of quality home care for patients," Ma said in a university news release. "Strong relationships between rural home health agencies and local hospitals, as evidenced in previous research, may be facilitating the timely initiation of home health care to rural patients."

What to know about B12 deficiency anemia

Vitamin B12 deficiency anemia refers to a condition where the body does not have a sufficient amount of healthy red blood cells due to a lack of vitamin B12. Without enough B12, the body may not be able to produce enough red blood

cells to supply the body with oxygen comfortably.

Vitamin B12, or cobalamin, is an important **B vitamin** that plays a crucial role in a number of bodily functions, including the production of red blood cells (RBCs). As a lack of



vitamin B12 may decrease the number of healthy circulating RBCs, a person without enough B12 may experience anemia. This can occur due to malabsorption, an underlying condition, or diet. Treatment typically involves

supplementation of vitamin B12. In this article, we will discuss B12 deficiency anemia, including the different types, causes, and treatments.

Definition • **Causes** • **Symptoms** • **Diagnosis** • **Treatment** • **Contacting a doctor** • **Summary**

Don't Snow Shovel Your Way to a Heart Attack

Shoveling snow may trigger a heart attack if you're not careful, especially if you already have risk factors, an expert warns.

The combination of shoveling and **cold weather** can cause your arteries to spasm and constrict, explained Dr. Sam Kazzuha, chief of cardiovascular services at Henry Ford Macomb Hospital in Detroit.

"During the snow season we do get heart attack victims who were exposed to the cold weather while doing strenuous activities like shoveling snow," Kazzuha said in a news release from the Henry Ford Health System.

Most are middle-aged people who ignore their pre-existing risks for a heart attack, he noted.

The **risk** is higher for folks who have had previous heart

attacks or who suffer from any type of heart or vascular disease, high blood pressure, diabetes or high cholesterol.

"Those people are at higher risk of having blockages in the arteries of the heart," he explained.

Kazzuha said folks "absolutely underestimate" how strenuous shoveling snow can be.

"People over 65 take the approach that they'll just push a little bit of snow from their doorstep," he said. "But they don't realize that it may be much more stressful than they think, especially if it's wet, heavy snow."

People in their 50s who think they're in good shape but have heart disease and other risks also



tend to overdo it. The heart attack risk for people with heart disease is even higher if they have a large meal or drink alcohol before shoveling, Kazzuha warned.

Certain high-risk people should avoid shoveling altogether, Kazzuha said. That includes those who have had a heart attack, coronary bypass surgery or who have coronary stents; and those with personal or family history of heart disease.

Typical symptoms of a **heart attack** include chest tightness or pressure; a feeling of indigestion; neck or jaw discomfort; lightheadedness; shortness of breath; tingling, pain or discomfort down the arms; cold sweats; or feeling

nauseous. Women are just as likely to have a heart attack as men are, but women are more likely than men to die from one, researchers have found.

Kazzuha offered some safety tips for safer shoveling:

- ◆ Dress warm and in layers. Be sure to wear a hat, gloves and snow boots. Cover your mouth and nose to limit the **cold air** you inhale.
- ◆ Don't shovel large areas all at once. Clear small sections, one at a time, and take regular breaks.
- ◆ Push the snow using quick, short strokes instead of lifting it. If the snow is deep, clear it in layers to avoid fatigue.
- ◆ The best option may be to give the job to a snow clearing service or a neighborhood kid.

What Heart and Stroke Patients Need to Know About COVID-19 in 2022

Two years into the pandemic, researchers have learned a lot about how COVID-19 affects people with heart disease and stroke survivors. But like the coronavirus itself, what everyone needs to know keeps evolving.

"You can't assume that what was true three months ago is true now," said Dr. James de Lemos, a cardiologist at UT Southwestern Medical Center in Dallas. Thanks to the omicron variant, "it's a fundamentally different pandemic than it was at Thanksgiving."

Early data suggests omicron causes less severe illness but spreads more easily than its predecessors. So heart and stroke patients need to protect themselves, starting with understanding that COVID-19 still is a threat to their health.

"Early on, we recognized that

the risk was higher for those with pre-existing cardiovascular disease," said Dr. Biykem Bozkurt, a cardiologist at Baylor College of Medicine in Houston. According to the Centers for Disease Control and Prevention, people with conditions such as heart failure, coronary artery disease and possibly high blood pressure may be more likely to get severely ill from COVID-19. So can people who have diabetes, are overweight or are recovering from a stroke.

SARS-CoV-2, the virus that causes COVID-19, also has been linked to increased risk of several cardiovascular conditions. According to a September 2021 report from the CDC, people with COVID-19 are nearly 16 times more likely to have heart inflammation, or myocarditis, than uninfected



people. The report found about 150 cases per 100,000 people with COVID-19 versus about nine cases per 100,000 people without the virus.

In addition, an August 2021 study in the New England Journal of Medicine showed people with the coronavirus may have a significantly higher, albeit rare, risk of intracranial hemorrhage, or brain bleeding; heart attack; and having an arrhythmia, or abnormal heartbeat.

Researchers don't have full data on omicron's effects yet, Bozkurt said, but it's still affecting people who are vulnerable. "And that's why the hospitals right now are full."

The risks of any one person having a severe problem from the new variant are relatively small, de Lemos said. "But the

flipside is, given how many people are getting infected right now, the cumulative number of people with COVID-19 complications is still very large."

De Lemos, who helped create the American Heart Association's COVID-19 Cardiovascular Disease Registry, said omicron "is obviously wildly more infectious and able to evade the vaccine to some extent, although it does appear that the vaccine seems to prevent severe infections and hospitalizations."

And overall, "we don't know a ton about specifically why certain patients with heart disease do less well," he said, although understanding has evolved over time....**Read More**