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Celebrating 10 Years of the RI ARA E-Newsletter

Thank You for Your Support

Analysis: January 6, 2021, may be only a preview of a deeper democratic rupture

Analysis by Stephen Collinson, CNN

If January 6, 2021, was just one infamous day in history, its stain on the American story would still reverberate through generations.

But **the US Capitol insurrection** was far from a self-contained day of rage. It was both the culmination of the rule of an aberrant, demagogic President and a catalyst for the most enduring onslaught on America's system of elective governance in decades. It legitimized violence as a tool of political expression among millions of citizens and cast the haunting possibility that as horrific as that day was, it may be only a preview of a deeper democratic rupture to come. The aftermath of hours of terror ignited by Donald Trump inciting a mob to **"fight like hell"** to deny the will of voters revealed that large chunks of the Republican Party had rejected the principle of an expansive, unified democracy for which its first President, Abraham Lincoln, had died. Far from destroying the mythology of Trumpism, Republicans clambered onto the metaphorical wreckage in the Capitol to launch a **nationwide voter-suppression scheme** that could make it easier to steal future elections without the need for a baying mob to storm the Capitol.

A year on, the assault on Congress that interrupted nearly two-and-a-half centuries of peaceful transfers of power is one of those dates whose notoriety allows it to stand alone. If September 11, 2001, was the day that destroyed an age-old illusion underpinning US power -- that the mainland was immune to outside attack -- January 6 brought an epiphany that democracy may not actually be forever. It revealed that the authoritarian forces that preoccupied the founders, and that have simmered below American civil society ever since, are unleashed.

"We came perilously close to losing our democracy," Rep. Bennie Thompson, the Mississippi Democrat heading **the House committee** probing the insurrection, told CNN.

A still-shocking turn of events

So much misinformation and propaganda have been spewed by Trump, his Republican henchmen and conservative media that it's worth dwelling on what actually unfolded before the eyes of the world. The House panel, which offers the best chance of a historic record of that day, **seems to be getting ever closer** to uncovering what happened behind the scenes in the White House. But it began with a President whose explosive ego and scorn for constitutional guarantees made it impossible for him to admit defeat and who falsely claimed victory in the 2020 election...**Read More**

Keeping Track of Our Progress to Repeal the WEP/GPO

Social Security Fairness

SSFairness.org believes that the only just way to deal with the Offsets is total repeal. Denying fully-earned benefits to people who have contributed to Social Security as required is grossly unfair. Other bills before Congress propose to make the Offsets work by balancing them against pensions that are paid for and taxed differently in different states, creating another level of injustice.

Here is a list of where Congress stands now on the Windfall Elimination Provision and the Government Pension Offset (For continuing details on the two WEP/GPO repeal bills we follow, please click on the links at the top of our website, **ssfairness.org**. For information on the other bills below go to congress.gov/bill/117th-congress and add the bill number)

House Resolution — "H.R."
Senate Bill — "S."

REPEAL BILLS

- **H.R. 82** – Social Security Fairness Act of 2021 – To repeal WEP and GPO was introduced on 1/4/2021 by Rep. Rodney Davis (R-IL-13)
- **H.R. 82** has a total of **240** Co-Sponsors (183 Dem, 57 Rep)
- **S. 1302** – Social Security Fairness Act of 2021 – The Senate bill to repeal WEP and GPO was introduced by Sen. Sherrod Brown (D-OH) on April 22, 2021
- **S. 1302** has a total of **37** Co-Sponsors (31 Dem, 2 Ind, 4 R)
- **H.R. 5723** –Social Security 2100: A Sacred Trust – introduced by John B. Larson (D-CT-1). Introduced on October 26, 2021, originally known as, "To Protect our Social Security system and improve benefits for current and future generations"
- **H.R. 5723** has a total of **196** Co-Sponsors, (All Dem)

FIX-IT BILLS

- **H.R. 5834** – Equal Treatment of Public Servants Act of 2021 – Kevin Brady (R-TX-8) When this bill was introduced on November 3rd, it had a working title, "To amend title II of the Social Security Act to replace the Windfall Elimination Provision with a formula equalizing benefits…)
- **H.R. 5834** now has 42 Co-Sponsors, 35 Rep, 3 Dem (Texans)
- **H.R. 2337** – Public Servants Protection and Fairness Act, introduced by Ways and Means Chair Richard Neal
- **H.R. 2337** continues with **185** Co-Sponsors (All Dem)
- Repeal Petition now has over 86,000 signers. The Petition link is below.

ADD YOUR NAME

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

Social Security recipients are getting a big raise — but also are falling further behind

RETIRE BETTER

What Social Security giveth, the grocery store, landlord and pharmacy taketh away.

In October, the Social Security Administration announced that recipients would get a **cost-of-living raise of 5.9%**. That means the average recipient will get an estimated $1,674 a month beginning with the January check, equal to $20,088 a year.

But weeks later, Labor Department said the inflation rate—the cost-of-living index—jumped 6.8% for the 12 months ended Nov. 30, the fastest inflation rate since 1982. Food, housing, all the basics, are shooting up.

The math's not hard here. If you're getting 5.9% more, but the cost of living is up 6.8%, you've lost ground. Which means millions of Americans are being squeezed.

The danger here is that Social Security was designed to supplement income for retirees. In reality, it's the only source of income that many of them have. According to the Social Security Administration:

- Among elderly Social Security beneficiaries, 37% of men and 42% of women receive 50% or more of their income from Social Security.
- Among elderly Social Security beneficiaries, 12% of men and 15% of women rely on Social Security for 90% or more of their income.

In an ideal world, retirement finances are supposed to resemble a three-legged stool: One leg represents pension income, the second personal savings, and the third Social Security. But as the above bullet points show, that's fantasyland for all too many seniors.

On top of this, Social Security, which is now paying out more than it's taking in, is scheduled to use up its vaunted reserve fund by 2033. After that, the Social Security Trustees say, they'll only be able to pay recipients about 76 cents on the dollar.

Think about that. Inflation's going up. Cost-of-living hikes aren't keeping up. And, on the not-too-distant horizon, giant cuts loom.

Absent action to shore up Social Security, why will it be forced to make a 24% cut in 2034? The most basic explanation is this: Baby boomers are retiring in droves, and there aren't enough younger taxpayers coming into the system to replace them.

On the first point, even before the pandemic, an estimated 10,000 Baby Boomers (born between 1946 and 1964) were leaving the workforce each day. Now, flush with gains from soaring stock and home prices, others are joining them. Any of these folks 62 or older is also eligible for Social Security (at reduced rate if claimed before full retirement age); the result has been an increase in the number of recipients.

On the second point, there aren't enough younger taxpayers coming into the system to pay for this new flood of recipients. The U.S. birthrate now stands at a multi-decade low—**the lowest, in fact, since the government began tracking this**. At the same time, immigration—since America's founding a rich source of eager workers laden with ideas, energy and entrepreneurial vision—has plunged. State Department data shows, for example, a 90% plunge in legal immigration from abroad during the second half of 2020.

How to fix Social Security?

More people applying for Social Security. Not enough workers paying Social Security taxes. Something's got to give. Thus: the grim forecast that payroll taxes will only be able to pay 76% of benefits come 2034.

"Congress must address this problem," Alicia H. Munnell, director of the Center for Retirement Research at Boston College, tells me. "It's vital that we maintain confidence in Social Security and avoid these drastic cuts."

Meanwhile, Mary Johnson, Social Security and Medicare policy analyst for The Senior Citizens League, a Washington-based advocacy group, points out that shoring up Social Security isn't—or at least shouldn't be—a partisan issue in Congress.

"Congress may be divided, but older constituents are not," Johnson says. "A national survey we conducted found that survey participants equally divided among those who identify as Democrats, Republican and Independents, agreed that Social Security must be shored up."

Of course, the main reason that Social Security hasn't been shored up yet is because it involves doing something that no politician wants to do: inflict pain on voters. Lawmakers could, for example, lift the cap on income that's subject to payroll taxes. The cap for 2022 will be $147,000. But lifting it is a de facto tax hike; good luck pushing that through Congress, particularly if as expected, Republicans take back the House next autumn.

Lawmakers could also raise the minimum eligibility age for Social Security, currently 62, or the eligibility age for full benefits, which currently depends on when you were born. But this is a de facto benefit cut—again a pain that no politician is eager to inflict on voters.

It's for reasons lie this that Social Security, and entitlement programs in general, are called the "third rail of American politics." No one wants to touch them. And so the problem lingers.

NOTE: Rep. John Larson's Social Security 2100 addresses a lot of concerns related to Social Security. Read the Bill Here

This Is Elder Abuse: Types, Warning Signs, and How to Report It

Have any types of elder abuse ever affected you or anyone you know? Have you ever suspected that you or a vulnerable senior in your life might be suffering from neglect or mistreatment? Do you feel conflicted, afraid, embarrassed, or unsure of what to do about it? Each day, millions of older people in America and around the world are negatively impacted by elder abuse. It's an ugly problem that needs to be better understood and taken more seriously by everyone, in every community. Nobody deserves to be neglected, exploited, or abused.

Unfortunately, the warning signs of abuse are often missed, ignored, or rationalized away—even by well-meaning people.

In fact, it's likely that most cases of elder mistreatment go unreported, which means that Adult Protective Services, law enforcement agencies, and other relevant authorities often don't get the chance to intervene on behalf of seniors who need help. As a result, countless older adults experience a poorer quality of life and worse health outcomes than they otherwise would. (For victims of elder abuse, the risk of death is estimated to be three times higher than for seniors who haven't been abused, according to the National Center on Elder Abuse.)

By learning more about this subject, you can better protect yourself or those you care about. Plus, our communities need more advocates for the elderly. People like you can be lights who shine hope in the darkness and help create positive change. This article will teach you what constitutes abuse and neglect, who and what to pay attention to, how to report elder abuse, and how to potentially prevent it from happening.

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What to Expect From Social Security in 2022

Over 50 million Americans currently rely on Social Security for at least a portion of their retirement income. When you also consider that around 180 million have paid into the system overall, it's clear that Social Security serves as the foundation of many Americans' retirement plans.

Despite the key role that it plays, Social Security's future is anything but certain. For instance, Treasury Secretary Janet Yellen indicated its payments were at risk if the debt ceiling didn't get raised earlier this year. In addition, the program's Trustees warn that Social Security's payments *will* be slashed by 2034 if Congress doesn't act to shore up its finances. With that at-risk future in mind, here's what to expect from Social Security in 2022.

No. 1: Payments will increase by 5.9% -- but it won't cover inflation

Due to its annual **cost-of-living adjustment,** existing Social Security recipients will see their *gross* benefits increase by 5.9% in 2022. Although this is the highest adjustment in decades, it won't actually be enough to keep up with the overall inflation we faced in 2021. According to the Bureau of Labor Statistics, the general Consumer Price Index increased by 6.8% in the 12 months through November 2021.

As if trailing **inflation** weren't enough of a problem, many Social Security recipients won't see all that increase in their *net* benefit checks. Medicare Part B premiums are increasing by more than 14%, to $170.10 per month from $148.50 per month. People who are signed up for both Social Security and Medicare have their Part B premiums paid directly from their Social Security benefit. As a result, those folks will likely see less of an increase in their take-home benefit amount than they might expect.

No. 2: Taxes on higher-income earners will go up to help fund the program

In 2022, the wage base on which Social Security taxes are levied will increase from $142,800 to $147,000. That exposes an additional $4,200 of income to Social Security's 12.4% tax rate (half paid by employees, half paid by employers). That adds as much as $520.80 per employee in tax burden for people whose incomes are high enough.

No. 3: The program's trust funds will tick closer to emptying

Despite that higher tax burden to fund the program, simply by virtue of the calendar advancing a year, the date that Social Security's trust funds are projected to empty will get closer. After all, 2034 is only 12 years away from 2022, while it's 13 years away from 2021.

In addition to the passage of time, there's good reason to believe that inflation will put additional pressure on Social Security's trust funds, **potentially bringing that day of reckoning even sooner**. This is because Social Security's trust funds are invested exclusively in U.S. Treasuries. Those bonds are earning only around 2.4%, which doesn't come anywhere close to keeping up with current inflation.

When they projected the trust funds would last until 2034, Social Security's trustees assumed an inflation rate of 2.4%. With the 2022 payments increasing by 5.9% -- more than twice that assumed inflation rate -- and the trust funds unable to earn enough to keep up, it adds substantial risk to the trust funds' longevity.

No. 4: Congress will bicker -- and likely *do nothing* to shore up Social Security

Social Security has earned a reputation as the "third rail of American politics." It borrows that name from electrified train tracks -- where touching the electricity-carrying third rail could potentially kill a person (or in Social Security's case, a person's political career).

Unfortunately, that reputation means that neither side wants to seriously advance reforms to the program until the trust funds are so close to emptying that they realistically have no other choice. The last major Social Security reform, for instance, took place in 1983, *just before* the trust funds were expected to empty the last time.

After all, there are really only three things Social Security can realistically do: raise taxes, reduce benefits, or change the way the money is invested in pursuit of a better potential return. If one side proposes raising taxes, the other side will call it "killing jobs." If one side proposes cutting benefits, the other side will call it "starving grandma." If one side proposes seeking a better return, the other side will call it "a giveaway to Wall Street" or "**betting Social Security in the stock market casino.**"

That fierce pushback on any reform proposals -- even ones recommended with the best of intentions -- is what makes it unlikely that Congress will do anything until the emptying trust funds force their hands. It's simply too easy to score points in opposition to any changes due to the "third rail" status that Social Security has earned.

What you can do about it in 2022

With that backdrop in place, it becomes clear that **Social Security** will be with us largely intact through 2022, but the program's structural challenges are reaching the point that they're tough to ignore. Although Congress is unlikely to act to shore up the program in 2022, you can (and should) take steps to shore up your own financial condition in 2022, so that you're prepared when the inevitable changes hit.

If taxes go up in the future to shore up the program, it'll be easier to cut back savings than to cut back on your lifestyle to handle the increased taxes you'll pay. On the flip side, if benefits get cut in the future to shore up the program, it'll be easier to spend down a nest egg than to cut your retirement lifestyle. And if Social Security gets invested differently, you'll want a larger nest egg to manage the higher uncertainties that come with the potential for greater long-run returns.

As a result, no matter what the ultimate solution is for Social Security, all signs point to you being better off if you make 2022 the year you prepare your own financial house for the program's future. Start saving and investing what you can now, so that when the changes come, you'll be better prepared to deal with them. The sooner you get started, the easier the transition will be, so make it a priority for yourself as we head into the new year.

Aging in Place: What You Need to Know About Healthy Aging

Aging in place means living in the home of your choice—safely and independently—as you get older. It's about living out your golden years in comfort. But it requires planning for how you will deal with any challenges that may arise. In essence, healthy aging involves creating the right environment and putting supports in place that allow you to meet your ongoing physical and emotional needs.

Did you know that American seniors are healthier today than they have been in years past? One study found that older adults were **14 percent more likely** to say they were in excellent or very good health in 2014 than in 2000.

Successful aging is influenced by a range of factors, including diet, lifestyle, and genetics. The reality is that you can be healthy at 50 or any other age by adopting a lifestyle that features regular exercise and a well-balanced diet. Of course, staying healthy and safe may require adapting your home to accommodate your changing needs, which you can read more about below.

This article outlines how the definition of successful aging has evolved over the past few decades. It also describes some common diseases that often come with age and explains what you can do to reduce your chances of being affected by them. And it provides practical tips on how to successfully age in place...**More**

Want Social Security Benefits? Here's Your 1 Must-Do for 2022

Tens of millions of people receive Social Security benefits every month, and nearly every American is hoping that the retirement program will still be there to provide benefits after they stop working. Yet Social Security is complex, and understanding exactly what you'll be entitled to receive when you retire can be almost impossible to figure out on your own.

To plan for retirement well, you simply have to know what **Social Security** is likely to provide. Fortunately, the federal government makes it easy to see where you stand with Social Security. Checking your Social Security statement is the first thing everyone should do to help their retirement planning in 2022, because it will give you essential information to come up with a realistic strategy to reach your financial goals.

What your Social Security statement will tell you

Your Social Security statement is the key to understanding what to expect from the program. The Social Security Administration (SSA) should have all of your earnings history throughout your career, and based on those numbers and some basic assumptions about your future, it can calculate expected figures for what you'll receive from Social Security. More specifically, the Social Security statement provides estimates for several different benefits. It will tell you what your retiree benefits will be if you retire at your full retirement age. It'll also provide your **lower monthly benefit if you claim at age 62**, as well as the **higher benefit you'll receive if you wait until age 70**.

Social Security also provides other types of benefits, and the statement goes into detail on those as well. If you become disabled during your career and qualify for disability benefits, then the statement will tell you what your monthly payments would be. Also, Social Security isn't just about you as a worker. Your family might also be entitled to benefits, and the statement discusses **what your surviving family members might receive after your death**, based on your work history.

Understanding the limits of your Social Security statement

As useful as the Social Security statement is, it's not perfect. It generally makes the assumption that you'll continue working at roughly the same income level for the rest of your career. So if you're anticipating changes -- whether it's taking a higher-paying job, retiring early, or semi-retiring with reduced work income -- you won't be able to take the statement's estimates at face value.

Moreover, you'll want to make sure the SSA has accurate information about your past work history. Sometimes, employers don't report the right information, and that can shortchange you on your hard-earned benefits.

How to get your Social Security statement

It used to be that the SSA sent a mailed copy of your Social Security statement every year. Although that practice has changed, the easiest way to get access is through the SSA website. The **mySocialSecurity page** will let you log in and see your latest statement whenever you want.

If you've never seen your Social Security statement, or if it's been a while since you saw it last, then you should make checking your latest information a priority for 2022. Given the key role that Social Security plays in nearly everyone's financial life, there's no excuse for taking just a few minutes and seeing what you've got coming from the federal retirement program when the time comes

Dear Marci: *How will Medicare costs change in 2022?*

Dear Marci,

I am working on my budget for the new year and wondering what my Medicare costs will be in 2022?

-Emma (San Jose, CA)

Dear Emma,

Your Medicare coverage and costs can change each year, so it is important to understand and review your benefits. Here is an overview of new costs in 2022.

Part A (Hospital insurance)

- Part A premium:
  - ◊ Free if you've worked 10 years or more
  - ◊ $274 per month if you've worked 7.5 to 10 years
  - ◊ $499 per month if you've worked fewer than 7.5 years
- Part A hospital deductible:
  - ◊ $1,556 each benefit period
- Part A hospital coinsurance:
  - ◊ $0 for the first 60 days of inpatient care each benefit period
  - ◊ $389 per day for days 61-90 each benefit period
  - ◊ $778 per lifetime reserve day after day 90 in a benefit period
    - ✦ (You have 60 lifetime reserve days that can only be used once. They're not renewable.)
- Skilled nursing facility insurance:
  - ◊ $0 for the first 20 days of inpatient care each benefit period
  - ◊ $194.50 per day for days 21-100 each benefit period

Part B (Medical insurance)

- Part B premium: $170.10
  - ◊ If your annual income is higher than $91,000 for an individual ($182,000 for a couple), you will pay a higher Part B premium
- Part B deductible: $233 per year
- Part B coinsurance: 20% for most services Part B covers

Part D (Prescription drug coverage)

- National average Part D premium: $33.37 per month
- Part D maximum deductible: $480 per year
- **Coverage gap** beings: $4,430
- **Catastrophic coverage** begins: $7,050

Note that if you have a **Medigap policy**, your budgeting may look a little different. You pay a monthly premium for the Medigap policy, which in turn pays part or all of certain costs after Original Medicare pays.

For example, a Medigap policy can cover the cost of your Part B coinsurance or inpatient hospital deductible. Medigap premiums vary throughout the country, but in general they range from $100 to $300 per month.

If you have a **Medicare Advantage Plan,** your plan administers your Medicare coverage. Remember that most people with Medicare, whether they have Original Medicare or a Medicare Advantage Plan, pay the Part B monthly premium. Some people with a Medicare Advantage Plan may also pay an additional monthly premium for that plan. If you have the same Medicare Advantage Plan in 2022 as you did in 2021, your plan should have sent you an **Annual Notice of Change (ANOC)** or **Evidence of Coverage (EOC)** notice explaining any changes for the coming year. Review this notice to understand your plan's costs, covered services, and rules. Contact your plan if you did not receive these documents in the fall or want another copy. If you chose a new Medicare Advantage Plan, you should get an EOC for the new plan and you can review that document to understand the costs associated with the plan for 2022.

I hope this helps with your budgeting!

-Marci

Record Number of Americans Sign Up for ACA Health Insurance

A record 13.6 million Americans have signed up for health coverage for 2022 on the Affordable Care Act marketplaces, with nearly a month remaining to enroll in most states, the Biden administration announced Wednesday.

President Joe Biden's top health advisers credited the increased government subsidies, which lowered out-of-pocket costs, for the surge in enrollment. They also said enhanced personal assistance and outreach helped connect more people to health insurance plans.

Some of the largest increases are in **Florida, Texas, Georgia and nine other states** that have not expanded Medicaid under the Affordable Care Act.

The **previous marketplace enrollment record** was 12.7 million in 2016, the final year of President Barack Obama's administration. Enrollment largely stagnated under President Donald Trump, who cut tens of millions of dollars in funding for navigators, who help people sign up for coverage.

Open enrollment for the marketplace began Nov. 1 and ends Jan. 15.

Through Dec. 15, **enrollment in Florida** had soared to 2.6 million people, up from 2.1 million in the same period a year earlier.

"This is a very big deal as it means we have made a dent in the uninsured pool and we are not only insuring people but keeping people signed up," said Jodi Ray, program director for Florida Covering Kids & Families. Ray has used federal grants to help Floridians sign up for private coverage on the marketplace for several years. During the Trump presidency, she said, she could help only people in half the counties in the state because of funding constraints. "You cannot overlook the impact that one-on-one assistance has in getting people through the process," Ray said.

Enrollment has jumped more in states that have not expanded Medicaid because they have more uninsured residents than expansion states. In expansion states, people with incomes from 100% to 138% of the federal poverty level — about $12,880 and $17,770 for an individual — can enroll in Medicaid. In states that haven't expanded the program, they can get subsidies to enroll in private plans through the Affordable Care Act marketplaces.

Georgia enrollment jumped to 653,990 from about 514,000 the previous year.

"That's the most we've ever had enrolled,'' said Laura Colbert, executive director of the consumer advocacy group Georgians for a Healthy Future. She said the enrollment spike helps show that Republican Gov. Brian Kemp's plan to scrap **healthcare.gov** and replace it with a privately run portal isn't needed….**Read More**

Many Cancer Patients Face Mounting Bills Despite Having Insurance

Many insured cancer patients still experience serious money problems linked to their illness, new research affirms.

For example, nearly 3 out of 4 insured patients with colon cancer have major financial hardship in the year after their diagnosis, which affects their social functioning and quality of life, according to **the study**.

"The vast majority of cancer patients face financial struggles, in spite of having health care insurance," said lead researcher Dr. Veena Shankaran, co-director of the Hutchinson Institute for Cancer Outcomes Research in Seattle.

The hardship is not limited to economically disadvantaged or uninsured patients, she added.

"As such, this is an important survivorship issue and needs to be addressed by providers, payers, clinics, health systems and policymakers," Shankaran said, adding: "It is a widespread, highly prevalent issue that requires urgent solutions."

While this new study focused on colon cancer, the financial toll of cancer care isn't limited to that cancer alone, Shankaran said.

"There is no reason to think that colon cancer is more expensive to treat or affects ability to work any more than a variety of other advanced cancers," she said. "I suspect that patients with breast, lung, lymphoma, prostate and other cancers face similar hardships."

For the study, Shankaran's team collected data on nearly 400 patients with colon cancer that had spread. Although 98% of them had health insurance, 71% had major financial problems stemming from their care, the study found. The money woes included increased debt; the need to take out new loans or refinance or even sell their home; or a drop in income of 20% or more, Shankaran said. These problems take a toll on the patient's quality of life, she noted.

And they affected all participants regardless of age, race, marital status, employment or annual income, the study found. The findings were published Jan. 4 in the ***Journal of the National Cancer Institute***.

"Many have assumed that medical financial hardship only affects households without health insurance coverage or with very low income," said Robin Yabroff, scientific vice president for health services research at the American Cancer Society. "These findings suggest that financial hardship is widespread and may affect millions of patients and their families, especially as the costs of cancer care continue to increase."

Yabroff, co-author of **an editorial** that accompanied the study, said routine and comprehensive medical financial hardship screening of patients with cancer is a must. Such screenings can help point patients to support services, she added, urging policymakers to consider it a part of quality health care.

Other research has shown that patients with cancer increasingly face high out-of-pocket costs and may need to make trade-offs between paying for their cancer care and basic needs such as food, housing and utilities, Yabroff said. **Read More**

The big-ticket drugs that have higher prices in 2022

Drug companies raised the prices on hundreds of medications on Jan. 1, with most prices up 5% to 6% on average.

Why it matters: The start of the new year is the most popular time for drug companies to hike prices, and even though high drug prices remain one of the biggest political health care issues, increases in 2022 are tracking in line with other **recent years**.

What they're saying: "We expect net prices to continue to decline due to increased rebates and discounts," a Gilead spokesperson said in response to the company's price hikes. The spokesperson did not answer specific questions about the rebates for those drugs.

"The modest increase is necessary to support investments that allow us to continue to discover new medicines and deliver those breakthroughs to the patients who need them," a Pfizer spokesperson said. When posed specific questions about Ibrance's rebates, the spokesperson said: "We do not disclose detail at the product-level."

Our thought bubble: List price increases don't tell the **entire story** about U.S. drug pricing, but drug company claims about how net prices are falling right now distort how much **prices have increased over time**

Why it matters: It's very hard to find good-faith arguments on any side of this debate. But one thing is clear: The U.S. government is currently being broadly blamed for rapidly rising prices. If inflation does decline, for any reason, then it will surely claim credit.….**Read More**

Dear Marci: From what supplier should I buy DME?

Dear Marci,

My doctor recently prescribed a walker for me. Does it matter where I bring the prescription now to buy my DME? Will certain suppliers be more or less expensive than others

-Laurence (Muskegon, MI)

Dear Laurence,

I am glad you asked! If you want Medicare to **help cover your durable medical equipment (DME) costs**, it is important to use the right supplier.

If you have Original Medicare, it is best to get your DME from a Medicare-approved supplier that takes assignment. You can call 1-800-MEDICARE or visit **www.medicare.gov** to find a Medicare-approved supplier in your area. On Medicare's online **DME supplier search tool**, the suppliers with a blue dollar sign are those that take assignment, meaning they charge the Medicare-approved amount (so you pay less out of pocket).

If you have a Medicare Advantage Plan, you must follow the plan's rules for getting DME. Your plan may require that you:

- Receive approval from the plan before getting your DME.
- Use a supplier in the plan's network of suppliers.
  - ◊ You may get little or no coverage if you use an out-of-network supplier.
- Use a preferred brand.
  - ◊ You may pay a higher cost when using a non-preferred brand.

You should contact your plan to learn more about its DME coverage rules before ordering your DME.

Remember that Medicare's DME benefit does not cover all medical equipment. Take time to learn the **types of DME that Medicare pays** for and about **equipment and supplies excluded** from Medicare coverage. To be eligible for Medicare coverage of your DME, your provider must certify that it is **medically necessary for use in the home**.

You can learn more about Medicare coverage of DME by contacting your **State Health Insurance Assistance Program (SHIP)**. SHIP counselors are trained to provide you with individual and unbiased counseling.

Best of luck finding your DME supplier!

-Marci

Nursing Homes: Discover Your Long-Term Care Options

"How can I find nursing homes near me?" That is one of the most common questions that people ask when they're planning for long-term care for themselves or their loved ones. And it's an important question to ask. After all, you want to be sure that you're selecting the right type of facility—one that's able to deliver high-quality care in a comfortable environment. Fortunately, we can help you do that by answering some of the most common questions about nursing homes.

Of all the different types of senior living facilities, nursing homes generally offer the highest level of long-term care. That's because nursing homes are typically for people who are no longer able to live independently at home or in assisted living settings. Nursing home residents often have greater physical and medical needs and require round-the-clock care.

According to a report from the Centers for Disease Control (CDC), there were more than 15,000 nursing homes across the country in 2014. So it's likely that you have a lot of options near you. Plus, it's great to have so many choices because it means that you can select the nursing home that is going to best support you or your loved one.

Learn more about nursing homes by checking out the following sections. They provide helpful information and answers to important questions like:

Contents

- **What is a skilled nursing facility, and is it different from a nursing home?**
- **What services do nursing homes offer?**
- **How much does a nursing home cost?**
- **Does Medicare cover nursing home costs?**

New law bans most surprise medical bills

One of the many constants of American medical care in the past few years has been the unexpected: Surprise medical bills. Around one in every six times someone checks into the hospital, or is taken to an emergency room, the treatment is followed by a surprise medical bill, a 2019 study found. But as of January 1, 2022, federal law now bans many types of surprise medical bills.

Patients with insurance will no longer receive so-called "surprise bills" following emergency medical care from an out-of-network doctor or facility. Patients will still be responsible for any deductibles and copays they normally would have to pay under their plan, but they may only be billed at their plan's in-network rate.

Patients will also be protected if an out-of-network clinician is involved in a planned procedure at an in-network hospital, like if a surgeon is called in to assist during an operation, or a patient's anesthesiologist is out-of-network.

The law also requires out-of-network providers to give patients notice of their charges 72 hours in advance of a planned procedere. Patients will have to agree to receive out-of-network care to be billed.

If a patient receives unexpected out-of-network care, health service providers and insurers will now be responsible for submitting their billing disputes to an independant arbiter.

Air ambulance services will also be banned from sending patients surprise bills for any more than the in-network cost.

However, the legislation does not affect ground ambulances, instead calling for more study of their billing. This means that patients are still responsible for any ground ambulance charges, even if they are higher than their in-network rates.

The new changes resulted from Trump-era bipartisan legislation, which lawmakers continued to work on after President Biden took office. **In May 2019**, the Trump administration urged legislators to prohibit charging more than in-network amounts in emergencies, and to mandate informing patients about out-of-network providers during non-emergency care.

In December 2020, Congress passed a $900 billion COVID-19 relief bill that included the main provisions of the law coming into effect January 1, 2022.

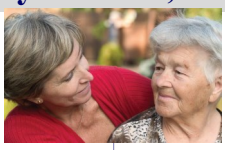
"This has been a profoundly distressing pocketbook issue for families for years," said Karen Pollitz, a health insurance expert with the nonpartisan Kaiser Family Foundation, **told the Associated Press**. "Some of these bills are onerous, and they all strike people as completely unfair."

"Generally speaking, keeping the consumer out of it and forcing the providers to be the ones to settle is a positive," said Eagan Kemp, a policy expert with Public Citizen, a liberal advocacy group, also told AP.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

More U.S. Seniors, Especially Women, Are Retaining Healthy Brains



The percentage of older Americans reporting serious problems with memory and thinking has declined in recent years -- and higher education levels may be part of the reason, a new study finds.

Researchers found that between 2008 and 2017, the proportion of older U.S. adults reporting "serious cognitive problems" declined from just over 12% to 10%. The reasons are unclear, but an increase in Americans' educational attainment over time seemed to account for part of the trend.

Many studies have linked higher education levels to a lower risk of impaired thinking and dementia, said lead researcher Esme Fuller-Thomson, director of the University of Toronto's Institute for Life Course and Aging.

One theory -- the "cognitive reserve" hypothesis -- is that people with more education are better able to withstand the pathological brain changes that mark the dementia process. That is, they can function at a higher level, for longer, than their less-educated peers with the same brain changes.

Education can also be a marker of other things that matter in dementia risk. People with more education may be less likely to smoke, more likely to exercise and have a healthy diet, and also to have fewer chronic health conditions and better access to health care.

A caveat is that the current study did not look at actual dementia diagnoses.

"We can't say this is a decline in dementia, per se," Fuller-Thomson said.

Instead, survey respondents were asked a yes/no question: "Because of a physical, mental or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?"

But that, Fuller-Thomson said, gets at how people were functioning in their daily lives, so the decline in self-reported problems is good news. It's unlikely, she noted, that people in 2017 were simply interpreting the question differently from those in earlier years.

The study is not the first to show positive trends in older Americans' brain health. Some have found a decline in dementia diagnoses in recent decades. The **Framingham Heart Study**, which followed families over three generations, found that dementia diagnoses declined 44% between 1977 and 2008.

Fuller-Thomson said the new findings are line with that research, and add more recent data.

Matthew Baumgart is vice president of health policy at the Alzheimer's Association. He agreed the findings align with some studies tracking dementia incidence over time.

But, Baumgart noted, those patterns are not universal. They have been seen in some high-income Western countries with high education levels.

And the prevalence of dementia -- the number of people living with the disease -- is still growing, because of the boom in the elderly population, in the United States and globally.

"Even with select studies pointing to a decrease in dementia incidence, the global Alzheimer's and dementia epidemic is growing," Baumgart said.

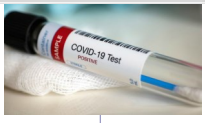
According to the Alzheimer's Association, more than 6 million Americans are living with **Alzheimer's**, the most common form of dementia. That number is projected to double to nearly 13 million by 2050.

The current findings are based on 10 years of data from an annual Census Bureau survey. In total, it involved 5.4 million Americans age 65 and older.

In 2008, 13.6% of women reported serious cognitive problems, a figure that declined to just under 11% by 2017. Meanwhile, men showed a smaller relative decline -- from 10.2% to 8.8%.

The survey did not collect information on lifestyle habits like smoking, which has declined in the United States over the years. It also lacked data on physical health conditions and several other factors that may sway dementia risk. But changes in people's educational attainment appeared to explain part of the positive trend, Fuller-Thomson said….**Read More**

Negative COVID Test May Be Required After 5 Day's Isolation Among Asymptomatic



Right now, Americans who have tested positive for COVID-19 but have no symptoms are advised by the U.S. Centers for Disease Control and Prevention to isolate for five days and then wear a mask for another five days when around others.

But they could soon be asked to also receive a negative **antigen test** before ending their isolation, Dr. Anthony Fauci said Sunday.

The nation's top infectious disease expert appeared on national news programs over the weekend, saying that the CDC is considering adding the extra safeguard after getting some "pushback" on its Dec. 27 guidance that shortened isolation times, the *Associated Press* reported.

"There has been some concern about why we don't ask people at that five-day period to get tested," Fauci said. "Looking at it again, there may be an option in that, that testing could be a part of that, and I think we're going to be hearing more about that in the next day or so from the CDC."

The **Omicron variant** is now surging across the country, with about 400,000 new cases daily and increased hospitalizations, the *AP* reported.

"We are definitely in the middle of a very severe surge and uptick in cases," Fauci said Sunday. "The acceleration of cases that we've seen is really unprecedented, gone well beyond anything we've seen before."

A "fair number" of unvaccinated Americans "are going to get severe disease," Fauci said, even with accumulating evidence that Omicron may still lead to less severe illness for many of them.

Fauci expressed concern that the variant is overwhelming the health care system and causing a "major disruption" in other essential services.

Among the evidence of that is the grounding more than 2,500 U.S. flights on Sunday and 4,100 worldwide due to the pandemic and wintry weather.

Many office workers who had planned to return in person in early 2022 will continue to work remotely for now, the *AP* reported. Dozens of colleges have moved their classes online for at least the first week of the semester. Some have warned it could stretch longer if the virus continues to spread rapidly.

"When I say major disruptions, you're certainly going to see stresses on the system and the system being people with any kind of jobs ... particularly with critical jobs to keep society functioning normally," Fauci said. "We already know that there are reports from fire departments, from police departments in different cities that 10, 20, 25 and sometimes 30% of the people are ill. That's something that we need to be concerned about, because we want to make sure that we don't have such an impact on society that there really is a disruption. I hope that doesn't happen."...**Read More**

Experts Issue Guidelines on Diabetes-Linked Nerve Damage

A leading medical group has updated a guideline for treating pain and numbness caused by diabetes.

The problems, which affect the hands and feet, are the result of nerve damage, also known **as diabetic neuropathy**. The new guideline from the American Academy of Neurology (AAN) aims to help doctors pick the best oral and topical treatments for the painful disorder.

"Living with pain can greatly affect a person's quality of life, so this guideline aims to help neurologists and other doctors provide the highest quality patient care based on the latest evidence," said guideline author Dr. Brian Callaghan, an associate professor of neurology at the University of Michigan in Ann Arbor and an AAN fellow. "Painful diabetic neuropathy is very common, so people with diabetes who have nerve pain should discuss it with their doctor because treatment may help."

Before prescribing a **treatment**, a doctor should first determine if the patient also has mood or sleep problems. Treating those conditions is also important, according to the guideline.

Doctors may offer treatments from three drug classes: tricyclic antidepressants such as amitriptyline (Elavil), nortriptyline (Pamelor) and imipramine (Tofranil); serotonin-norepinephrine reuptake inhibitors (SNRIs) such as duloxetine (Cymbalta), venlafaxine (Effexor) or desvenlafaxine (Pristiq); gabapentinoids such as gabapentin (Neurontin) or pregabalin (Lyrica); and/or sodium channel blockers such as carbamazepine (Tegretol), oxcarbazepine (Trileptal) lamotrigine (Lamictal) or lacosamide (Vimpat).

All may reduce nerve pain. "New studies on sodium channel blockers published since the last guideline have resulted in these drugs now being recommended and considered as effective at providing pain relief as the other drug classes recommended in this guideline," Callaghan said in an AAN news release.

In choosing a drug, doctors should consider cost, side effects and other medical problems the patient may have. They should check with patients after they begin a new drug to gauge whether there is enough pain relief or too many side effects, according to the guideline.

If the initial treatment isn't working or causes too many side effects, the guideline says patients should be offered a trial of another medication from a different class.

Opioids should not be considered for treatment, it adds.

"Current evidence suggests that the risks of the use of opioids for painful diabetic neuropathy therapy outweigh the benefits, so they should not be prescribed," Callaghan said.

Doctors may also offer topical treatments such as capsaicin, glyceryl trinitrate spray or Citrullus colocynthis to reduce pain. Ginkgo biloba may be helpful, as well as non-drug therapies such as exercise, mindfulness, cognitive behavioral therapy or tai chi, the guideline says.

"It is important to note that the recommended drugs and topical treatments in this guideline may not eliminate pain, but they have been shown to reduce pain," Callaghan said. "The good news is there are many treatment options for painful diabetic neuropathy, so a treatment plan can be tailored specifically to each person living with this condition."

Who's Dying Young in U.S. From Heart Attacks?

Fewer Americans are dying prematurely from heart attack compared with years ago, but progress has stalled out in the past decade, new research shows.

For the study, the researchers examined 20 years of data on heart attack deaths among Americans under 65 — deaths that are considered "premature."

The bigger picture looked good: Between 1999 and 2019, those deaths declined by 52%.

However, after a decade of fairly rapid decline, that progress slowed down after 2011: Up until then, premature heart attack deaths had dropped by 4.3% per year, on average. After 2011, that decelerated to 2.1% per year.

And inside that overarching trend, the study found, certain groups of Americans were at particular risk of dying young from a heart attack.

Black Americans had higher death rates than their white counterparts, while people living in rural areas died at a higher rate than urban dwellers.

The findings were published Dec. 22 in the *Journal of the American Heart Association*.

The solution is not simply a matter of telling Americans to eat better and exercise, according to researcher Dr. Safi Khan, a cardiology fellow at the DeBakey Heart and Vascular Institute at Houston Methodist Hospital.

Traditional risk factors for heart attack, like high blood pressure, obesity and smoking, certainly matter — but so do the "social determinants of health," Khan said.

Broadly, that refers to the conditions of people's lives that affect their physical and mental health — such as education and job opportunities, and access to stable housing, nutritious food and health care. If a family is struggling to pay the bills, for example, a healthy diet is easier said than done; if they have no safe spaces for exercise, it's hard to be physically active.

So "systemic efforts," Khan said, are needed to address premature deaths from heart attack, including the racial and regional disparities seen in the study….**Read More**

Make 2022 Your Year for a Free Memory Screening

(HealthDay News) – When it comes to routine health screenings, resolve to include a memory assessment in 2022.

The Alzheimer's Foundation of America offers routine screenings that are both virtual and free every Monday, Wednesday and Friday.

The process is quick, taking about 10 to 15 minutes. It includes a series of questions meant to gauge memory, language, thinking skills and other intellectual functions. For the screening, you'll need a device with a webcam and internet capability, such as a smartphone, laptop or tablet.

The foundation compares the screenings to those for cholesterol, skin and blood pressure. While the results are not considered a diagnosis, they can suggest if someone should see a doctor for a full evaluation. "**Annual screenings are important**, including for our brains, which is why everyone should make getting a memory screening a New Year's resolution for 2022," said Charles Fuschillo Jr., foundation president and CEO. "Just as we regularly check other facets of our health, we should all get a checkup from the neck up, regardless of whether or not we are having memory problems."

Many conditions can cause memory issues, including those that are treatable, such as vitamin deficiencies, thyroid conditions, urinary tract infections, stress, anxiety and depression.

Early detection is also important for **dementia-related illness**, including Alzheimer's disease. It can provide an opportunity to start treatments earlier to help slow symptoms, to take part in a clinical trial or get connected to support groups and therapeutic programming.

To schedule a memory screening, call the foundation at 866-232-8484 or visit its website at **www.alzfdn.org**

J & J's Booster Brings Robust Protection Against Omicron, Study Shows

New data out of South Africa finds that a booster dose of Johnson & Johnson's COVID-19 vaccine appears to provide strong protection against severe disease caused by the fast-spreading Omicron variant.

The study, which was published online and has not yet undergone peer review, was conducted in a group of more than 69,000 South African health care workers. All of them got their boosters six to nine months after having already received one dose of the J & J vaccine.

The boosted health workers' outcomes were compared to a similar number of unvaccinated South Africans.

The study found that people who'd gotten the J & J booster shot were 85% less likely to require hospitalization due to an infection from Omicron, compared to unvaccinated people.

That compares well to **other data** from South Africa showing that a booster shot of the two-dose Pfizer vaccine cut the risk of hospitalization by 70%.

The new data flies in the face of recent recommendations from the U.S. Centers for Disease Control and Prevention. The CDC is still authorizing use of the J & J vaccine, but is **recommending that other vaccines,** such as the Pfizer or Moderna shots, be preferred as boosters. The agency based its recommendation on a raised risk of very rare but potentially life-threatening blood clots tied to use of the J & J vaccine.

In a separate U.S. arm of a trial that wrapped up in September -- when the Delta variant was still dominating -- **Johnson & Johnson found** that giving people a second dose of the vaccine two months after they'd received their first caused protection from COVID-linked hospitalization to rise from 74% before the booster to 94% after. Similar results have been seen in trials across 10 countries.

While the large majority of vaccinated Americans have received either the Pfizer or Moderna mRNA vaccines, populations in Africa and elsewhere have often relied on the one-dose Johnson & Johnson shot. So, the new findings could be a real boon to people in developing nations, experts believe.

The new South African findings on J & J boosters come as somewhat of a surprise, since laboratory experiments found the shots had little effectiveness against the highly mutated Omicron variant. However, experts believe the booster might raise levels of antibodies to robust levels, or may work on other players in the human immune system to help fight off the variant.

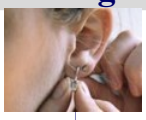
More U.S. Women Are Retaining Their Hearing as They Age

(HealthDay News) -- Hearing loss can happen with advancing age, but fewer American women appear to be affected now than in the past.

Researchers who studied **hearing loss** between 2008 and 2017 found in the earliest of those years, 16.3% of older U.S. adults reported serious hearing loss. But by 2017 that had dropped to 14.8%, or 739,000 fewer people.

"Interestingly, we found that the improvements observed are mostly among females," said co-author ZhiDi Deng, a pharmacy student at the University of Toronto.

"In fact, the downward trend in hearing loss appears to be entirely driven by declines within the female population after taking into account age and race," Deng said in a university news release.



The study used data from the American Community Survey, which each year sampled a half-million Americans 65 and older, including those who lived in different living situations, such as long-term care homes and in the community. The study included 5.4 million participants whose hearing was assessed based on their responses to the question "Is this person deaf or does he/she have serious difficulty hearing?"

"The reduction in hearing loss in older Americans has important implications for our society," said co-author Esme Fuller-Thomson, director of University of Toronto's Institute of Life Course and Aging. "Hearing loss is one of the most common **chronic problems affecting older adults.** It can negatively impact their health and quality of life."

Fuller-Thomson said the finding is encouraging as baby boomers become seniors.

"The decline in prevalence of hearing loss can partly offset the burden on families, caregivers and the health care system," she explained in the release.

While hearing loss actually rose about 2% for men, the odds of having serious hearing loss dropped 10% for women.

The same pattern was true even when researchers grouped participants by age: 65 to 74; 75 to 84, and 85 and older. The only exception was men over 75.

The reasons for these gender differences aren't known, but the authors suggested they could include differences in anatomy, smoking habits and noise exposures.

"More research is needed to understand the extraordinary differences in the 10-year prevalence of hearing loss between older American males and females," Fuller-Thomson said. "Identifying the causes and driver behind the sex differences in hearing loss can help us design preventative strategies to better support our aging population."

Physicians Lack Knowledge About Responsibilities Under ADA

71.2 percent of the physicians answered incorrectly about who determined reasonable accommodations for patients with disability

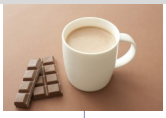
More than one-third of U.S. physicians report knowing little or nothing about their legal responsibilities to patients with disability under the Americans with Disabilities Act (ADA), according to a report published in the January issue of *Health Affairs*.

Noting that the ADA mandates that patients with disability receive reasonable accommodations, Lisa I. Iezzoni, M.D., from Harvard Medical School and Massachusetts General Hospital in Boston, and colleagues surveyed 714 U.S. physicians in outpatient practices to examine knowledge relating to their legal responsibilities under the ADA.

The researchers found that 35.8 percent of physicians reported knowing little or nothing about their legal responsibilities under the ADA. Overall, 71.2 and 20.5 percent of the physicians, respectively, answered incorrectly about who determined reasonable accommodations and incorrectly identified who pays for these accommodations. In addition, 68.4 percent felt that they were at risk for ADA lawsuits. The likelihood of reporting little or no knowledge of their responsibilities under the law was increased for physicians who felt that lack of formal education or training was a moderate or large barrier to caring for patients with disability; they were also more likely to believe they were at risk for an ADA lawsuit.

"Our survey findings suggest that there is considerable work to do in educating physicians and making health care delivery systems more accessible and accommodating to achieve equitable care and social justice for patients with disability," the authors write.

Love Black Coffee & Dark Chocolate? It Could Be in Your DNA



If you like your coffee black, it could be that your grandpa or your great-aunt did, too.

A preference for black coffee and also for dark chocolate seems to lie in a person's genes, scientists report.

It's not the taste that these individuals actually love, but it's because their genes enable them to metabolize **caffeine** faster and they associate the bitter flavor with mental alertness.

"That is interesting because these gene variants are related to faster metabolism of caffeine and are not related to taste," said study author Marilyn Cornelis, an associate professor of preventive medicine in nutrition at Northwestern University Feinberg School of Medicine in Chicago. "These individuals metabolize caffeine faster, so the stimulating effects wear off faster as well. So, they need to drink more.

"Our interpretation is these people equate caffeine's natural bitterness with a psycho-stimulation effect," Cornelis said in a university news release. "They learn to associate bitterness with caffeine and the boost they feel. We are seeing a learned effect. When they think of caffeine, they think of a bitter taste, so they enjoy dark coffee and, likewise, dark chocolate."

Dark chocolate also contains a small amount of caffeine but predominantly theobromine, a caffeine-related compound, which is also a psychostimulant.

Past research on coffee's benefits have relied on epidemiological studies that showed an association with the benefits rather than a causal link. This new research shows that these genetic variants can be used more precisely to study the relationship between coffee and health benefits, according to the study.

Previously, scientists were using the genetic markers for coffee drinkers in general, but the new findings suggest they are stronger markers for particular types of coffee drinkers, such as black coffee drinkers.

"Drinking black coffee versus coffee with cream and sugar is very different for your health," Cornelis said. "The person who wants black coffee is different from a person who wants coffee with cream and sugar. Based on our findings, the person who drinks black coffee also prefers other bitter foods like dark chocolate. So, we are drilling down into a more precise way to measure the actual health benefits of this beverage and other food."

Benefits attributed to dark chocolate and two to three cups of coffee per day include a lower risk of **Parkinson's disease, type 2 diabetes, heart disease** and several types of **cancer**.

Black Men Get Better Outcomes From Radiation Rx for Prostate Cancer

A new analysis uncovers a racial paradox in prostate cancer care: While Black men are often diagnosed later and with more aggressive disease than white men, radiation therapy seems to work better for them than for their white peers.

To come to that conclusion, researchers reviewed seven trials comprising more than 8,800 men with **prostate cancer**. Of these, 1,630 men were Black. Black men were younger than white men (68 versus 71, respectively) and had more advanced disease when they enrolled in these trials. All men received either standard or high-dose radiation therapy, and some also underwent hormonal treatments for the disease.

When compared with white men, Black men were 12% less likely to experience a recurrence of prostate cancer and 28% less likely to have their cancer spread to other organs or to die from prostate cancer after slightly more than 10 years of follow-up.

Calling the findings "unexpected," study author Dr. Amar Kishan said that access to care may play a role in the historically poor prostate cancer outcomes seen among Black men.

"When Black men with prostate cancer get the same standard of care treatment and are followed the same way as white patients, the survival differences at the very least go away and may even flip," said Kishan, who is vice chair of Clinical and Translational Research in the Department of Radiation Oncology and chief of Genitourinary Oncology Service at the University of California, Los Angeles.

It's also possible there is something about prostate cancer in some Black men that makes the cancer cells more sensitive to the effects of **radiation therapy**, Kishan noted. "The results would be at least the same if the major problem was barrier to care, but we don't have an explanation for the fact that outcomes were better yet," he noted.

Importantly, some of the trials included in the new review dated back to the 1980s. "These trials did not necessarily use cutting-edge radiation technology, which means that results may be even better with newer technology," Kishan said.

The study was published Dec. 29 in the journal ***JAMA Network Open…***.**Read More**

Is Shingles Contagious?

Shingles is caused by the same virus that causes chickenpox and can be contagious to certain people.

Most people of a certain age can recall having had a bout of chickenpox as a kid. The illness, which is caused by the varicella-zoster virus, can spread like wildfire through elementary schools and causes an itchy rash and flu-like symptoms.

Most kids who contract chickenpox don't have serious complications and go on to feel better in a week or two. In fact, in the past, before a vaccine against chickenpox had been developed, so-called chickenpox parties would purposefully put a bunch of well children into close contact with an infected child so that the well children could get the illness and put that milestone of childhood behind them.

However, some kids who contract chickenpox can have more serious illness and may develop lasting scars from the itchy lesions. Today, such parties are no longer recommended. Instead, a safe and effective **vaccine** is now available beginning at 12 months of age.

Chickenpox In Childhood, Shingles In Adulthood

No matter the severity of the case of chickenpox in childhood, anyone who's been infected with the varicella virus is at risk of developing a potentially more serious illness later in life called **shingles**, or herpes zoster.

"When we're younger and have had chickenpox, the virus resides in nerve endings and can come out later in life in the form of shingles," says Dr. Randell Wexler, a primary care physician at the Ohio State University **Wexner Medical Center** in Columbus

The virus can lie dormant in the body for years and may reemerge decades after the initial chickenpox infection to cause shingles. The Centers for Disease Control and Prevention reports that one in three people develop shingles during their lifetime. Many people never develop shingles, but some unlucky people can experience it more than once…..**Read More**