



Message from the Alliance for Retired Americans Leaders

Deciding When to Retire is Not Always About How Much You've Saved, Report Finds



Robert Roach,
 President, ARA

Members of U.S. households over the age of 55 control 74% of investable assets, but the amount of their assets has little to do with

whether or not they are retired, according to a new **report** from the research firm Hearts & Wallets. The company analyzed U.S. Census Bureau and Federal Reserve data and conducted a survey of 5,993 people in August and September 2022. "Investable assets" are the things you own that can be easily liquidated and invested.

The report found that more than a third of households with people aged 55 to 64 were retired. Within that age group, 27% are within five years of stopping full-time work and 37% expect to continue working full-time for more than five years.

About a third of people in that age group who have less than \$50,000 in investable assets described themselves as retired.

Hearts and Wallets CEO and Founder Laura Varas wrote in the report that the decision to retire "is more about having the financial house in order by paying off debt and scaling back lifestyle than reaching an asset target."

Certified Financial Planner Carolyn McClanahan, a member of the CNBC Financial Advisor Council, weighed in on the findings as an expert. She cited two categories of older workers:

One group loves to work, finds that work brings them meaning, and can't imagine not doing work. Others may believe they have enough in assets, but cannot predict whether they will live another four decades.

"The decision about when to retire is personal. But this report did not discuss the needs of many Americans who have not earned enough to pay off their debts or who are physically unable to work as long as they want to," added **Robert Roach, Jr., President of the Alliance**. "We must continue our work to expand Social Security and increase benefits so that all Americans can retire in dignity after a lifetime of hard work when they are ready."

Florida Alliance Lawsuit: Federal Judge Issues Injunction Against State's Latest Election Law, Citing Discrimination



Rich Fiesta,
 Executive Director, ARA

Following a hearing last week, a federal judge **issued a preliminary injunction** targeting aspects of Florida's new election law. The Florida Alliance is one of the plaintiffs in the case.

Judge Mark Walker of the Northern District of Florida ruled in favor of the plaintiffs — which also includes the Florida State Conference of Branches and Youth Units of the NAACP, Equal Ground Education Fund, Voters of Tomorrow, Disability Rights Florida, Alianza for Progress, Alianza Center, and

UnidosUS — against provisions in SB 7050, which restricts what third-party voter registration groups are able to do.

Walker stated that the law "imposes harsh new restrictions and penalties" on third-party voter registration groups "engaging in voter registration and voter engagement activities and makes it harder for eligible Floridians — and in particular voters of color and voters with disabilities — to participate in the State's elections."

"We agree with Judge Walker that Florida's new election law is 'a solution in search of alleged problems,'" said **Richard Fiesta, Executive Director of the Alliance**. "The Alliance will continue to fight to protect the right to vote for all Americans, especially seniors."

Alliance Members Join HHS Secretary Becerra in Ohio To Highlight Biden Administration Efforts to Lower Drug Costs



Joseph Peters
 ARA Sec.-Trea.

Ohio Alliance members Semanthie Brooks and Dean Hudson joined Xavier Becerra, Secretary of the U.S. Department of Health and Human Services, in

Cleveland Thursday. They spoke at an event highlighting the provisions of the Biden-Harris Administration's Inflation Reduction Act that lower prescription drug prices. Secretary Becerra toured the Broadway Pharmacy in Cleveland, where he was also joined by Rep. Shontel Brown

and Cleveland Mayor Justin Bibb.

Ohio Alliance president Norm Wernet and vice president Wynne Antonio also attended the event.

Ms. Brooks is a community volunteer and leader in the Senior Voice coalition, which works on issues that make life after a life of work possible through voter education. She retired from the Benjamin Rose Institute on Aging in Cleveland and is a licensed Independent Social Worker and Supervisor. She stated that Medicare will soon be at the negotiating table with the drug corporations that sell ten high priced drugs.

Ms. Hudson takes the blood thinner Xarelto to reduce the risk of stroke. In January she paid \$700 for the drug, and each month since she's paid hundreds of dollars for it. She described the financial hardship the situation brings and noted that Xarelto, one of the most expensive drugs on the market, is the kind of drug that HHS is considering to be part of the first group subject to price negotiation.

"Ms. Brooks and Ms. Hudson put a personal face on the issue of high drug prices in this country," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "We thank them and Secretary Becerra for helping to raise awareness about how the **Inflation Reduction Act** is delivering lower prescription drug costs."

ADD YOUR NAME

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

Biden takes aim at ‘junk’ insurance, vowing to save money for consumers being played as ‘suckers’

President Joe Biden on Friday rolled out a new set of initiatives to reduce health care costs: a crackdown on what he called “junk” insurance plans that play consumers as ‘suckers,’ new guidance to prevent surprise medical bills and an effort to reduce medical debt tied to credit cards.

Biden is building on [previous initiatives](#) to limit health care costs, with the Department of Health and Human Services releasing new estimates showing 18.7 million older adults and other Medicare beneficiaries will save an estimated \$400 per year in prescription drug costs in 2025 because of the president placing a cap on out-of-pocket spending as part of last year’s [Inflation Reduction Act](#).

Gearing up for [his 2024 reelection campaign](#) as inflation remains a dominant concern for voters, the Democratic president has emphasized his policies to help families manage their expenses, as well as a spate of government incentives to encourage private sector

development of electric vehicles, clean energy and advanced computer chips.

Republican lawmakers have criticized Biden’s policies by saying they have spurred higher prices that hurt the well-being of families.

Biden said his administration was taking aim at what he called “junk” insurance plans, such as short-term policies that can deny basic coverage as people transition between employers and still need temporary health care coverage.

The new proposed rules aims to close loopholes that allow insurers to offer products that can discriminate based on pre-existing conditions and market to consumers coverage that provides little or no coverage.

“In America, it sounds corny, but fairness is something we kind of expect,” Biden said. “And I don’t know anybody who likes to be viewed as having been played for a sucker.”

Biden invited Cory Dowd to tell his story at the White House event to spotlight the initiative.



Dowd in 2019 purchased a high-deductible health care plan when he returned stateside after serving in the Peace Corps in Ghana but

before he started graduate school and was able to get on a student health plan. He thought the plan would protect him in the case of a medical emergency.

But just weeks before he started school, he had to have emergency surgery to remove his appendix. Months later, the hospital called him to tell him his insurer would only cover a small portion of his bill and that he would have to pay more than \$37,000 out of pocket.

“For me, there was both a financial and emotional cost,” said Dowd, who added that the insurer relented after news coverage about his situation. “I’ve always considered myself a very responsible person. But this really took a toll on my self-esteem and my identity.”

Biden also announced new guidance on medical billing stemming from 2020’s [No](#)

[Surprises Act](#). The guidance would limit the ability of insurers that contract with hospitals to claim provided care was not in network and have customers pay more money. Health plans also would need to disclose facility fees that are increasingly charged to patients and can surface as an unexpected cost in a medical bill.

“Folks, that’s not health insurance,” Biden said. “That’s a scam. It has to end.”

The Consumer Financial Protection Bureau and Treasury Department also are seeking information on third-party credit cards and loans that are specifically used to pay for health care. The higher costs and interest charges can discourage people in need of treatment from seeking care.

The president in his remarks also highlighted previous efforts to reduce health care costs, including a plan allowing Medicare to negotiate lower prices for prescription drugs and a \$35 monthly price cap on insulin for people in Medicare Part B.

What You Need to Know About the Drug Price Fight in Those TV Ads

In recent months ominous ads about prescription drugs have flooded the TV airwaves. Perhaps by design, it’s not always clear who’s sponsoring the ads or why.

Or, for that matter, why now?

The short answer is that Congress is paying attention. House and Senate members from both parties have launched at least nine bills, parts of which may be packaged together this fall, that take aim at pharmacy benefit managers, companies that channel prescription drugs to patients. Here’s a primer to help you decipher what’s happening.

What are pharmacy benefit managers? Known as PBMs, these companies were created in the 1960s to help employers and insurers select and purchase medications for their health plans.

How big is the PBM industry? There are around 70 PBMs in the U.S. Through mergers, three of them — CVS Caremark, Optum Rx, and Express Scripts — have come to

control 80% of the prescription drug market

Why am I seeing all these ads about PBMs? Other sectors of health care are alarmed by the power of the PBMs and are appealing to the Biden administration and Congress to rein them in.

Why am I seeing all these ads about PBMs? Other sectors of health care are alarmed by the power of the PBMs and are appealing to the Biden administration and Congress to rein them in.

What’s Congress doing about it? Members from both parties talk indignantly about PBM behavior and have fired up bills to address it. The Senate Finance Committee, whose jurisdiction over Medicare and Medicaid gives it a lead role, has [introduced a bill](#) that would prohibit PBMs from collecting rebates and fees calculated as a percentage of a drug’s list price, to discourage PBMs from favoring expensive drugs

Sen. Bernie Sanders, who leads the Senate Health, Education,



Labor and Pensions Committee, [introduced a bill](#) that bans spread pricing, while

measures [in the Senate](#) and House [would crack down](#) on PBM practices [seen as harming](#) independent and rural pharmacies. [Other measures](#) require more transparency or [limit patient waits](#) for drug approvals. Meanwhile, [several states](#) have taken a pragmatic path to lower PBM-related costs, using high-tech auctions to get the best deals for their employee health care plans.

What’s the bottom line? While the PBMs’ secrecy, ubiquity, and power make them a target of outrage, they generally operate on behalf of their customers, which are insurance plans and employers, whose goal is to hold down prices. The PBMs do that by extracting painful concessions, a double-edged sword.

“PBMs are the only thing we have to lower brand-name drug prices and prevent the drug

industry from charging whatever they want,” said Benjamin Rome, an internist and health policy researcher at Harvard Medical School.

If those drug prices were 100% covered by insurance, that might sit fine with consumers, but it would further blow up health care spending, already [nearly a fifth](#) of the economy. Hospitals, insurers, the drug industry, and PBMs all point fingers at one another to shift blame, but they all benefit from the system. The smarmy PBM guy in the suit may prevent you from getting the drug your doctor ordered, but that’s only because the maker of another drug gave him — and therefore your insurance company — a better deal.

On the other hand, the vertical integration of the PBMs — an issue the Federal Trade Commission is studying but that is not the subject of any bill in Congress — enables unfair competition. “My concern with any bills is the unintended consequences,” Rome said.

Understanding the Long-Term Implications of Medicaid Unwinding

The current news cycle is filled with stories about **Medicaid unwinding**, as well as the efforts to help. From hospitals to President Joe Biden to federal and state agencies to private sector businesses, many are making enormous efforts to mitigate the damage we are starting to see in states such as Florida, where **nearly 303,000 people have already lost coverage**.

These efforts — largely based on consumer awareness campaigns — will absolutely prevent some people from losing their coverage. But they are not enough. With **1.5 million Americans already disenrolled**, it's time to talk about the ramifications of pulling the rug

out from the low-income and disabled individuals who rely on Medicaid's basic healthcare services.

We need to think ahead to what our already strained healthcare system will look like if unwinding continues at this pace.

What to expect if Medicaid is fully unbound

What's especially challenging is that so many of the people who rely on these state programs aren't even aware of what's happening. They may not find out they have lost coverage until they show up at the pharmacy counter to pick up a medication and are told they'll have to foot the entire bill because they are no longer insured.

I picked medications as an



example because they present a powerful case study in just how hard it is to navigate our system.

Most people assume that individuals who use prescription discounts like GoodRx at the pharmacy don't have insurance, whether it's from a commercial insurer or a public program like Medicaid.

However, the data show that the majority of those looking for financial support are, in fact, insured, but they still can't afford their medications. In 2021, **8.2% of adults aged 18–64 who took prescription medication in the past 12 months reported not taking medication as prescribed due to cost.**

Medications are just one way

that Americans manage their health, and if they're having trouble taking them as prescribed due to cost barriers — even when they have insurance — then imagine what the picture looks like for keeping up with primary and preventive care, or follow-through on referrals to specialists to manage chronic conditions. It's not a pretty picture, and it becomes even darker when we focus on the Medicaid population. During the COVID-19 pandemic, when many more people enrolled in the Medicaid program, we saw great improvements in health outcomes. The thought of losing all of this progress is devastating....[Read More](#)

Medicaid payment proposal for health aides rankles home health companies

Home health agencies say they could be driven out of business by a Biden administration proposal that would require them to spend the majority of their Medicaid dollars on higher pay for direct care workers.

Why it matters: The proposal aims to improve stability in the home- and community-based care workforce, which is **shrinking** as the demand for services increases.

- 1 in 6 direct care aides lives below the poverty line, according to a **2022 report** from the Economic Policy Institute.

Catch up quick: Back in April, the Centers for Medicare

and Medicaid Services proposed requiring at least 80% of Medicaid payments to home health agencies for personal care, homemaker and home health aide services go toward direct care workers, rather than company overhead or profits.

- "Supporting and stabilizing the direct care workforce will result in better qualified employees, lower turnover, and a higher quality of care," CMS explained in the proposal.
- Researchers at the University of Pennsylvania have **found** that the number of home care workers per 100 recipients fell by 11.6%



between 2013 and 2019. They concluded that investments in the workforce are necessary to reverse the trend.

- More than a dozen states already have some kind of pass-through payment system for direct workers, **according** to the Medicaid and CHIP Payment and Access Commission.

Where it stands: Home health agencies said passing 80% of Medicaid rates onto their employees would be untenable and urged CMS not to finalize the policy. Medicaid is the primary payer for long-term care services.

- Coco Sellman, co-owner of a

home care agency in Connecticut, **wrote** that the new requirement would leave her with \$10.01 per patient per hour to operate the business under her state's current Medicaid reimbursement rate.

- "My agency values the hard work and dedication of our direct care service team and makes every effort to pay them as much as we can; however, based on current reimbursement rates, program requirements, and state and federal mandates on my agency, in my state, the 80% requirement is not achievable," Sellman wrote....[Read More](#)

Eligibility for Spousal Benefits

*By Cheryl Tudino
Social Security Public
Affairs Specialist*

Social Security helps you secure today and tomorrow with financial benefits, information, and tools that support you throughout life's journey. If you don't have enough Social Security credits to qualify for benefits on your own record, you may be able to receive benefits on your spouse's record.

To qualify for spouse's benefits, you must be one of the following:

- 62 years of age or older.

- Any age and have in your care a child who is younger than age 16 or who has a disability and is entitled to receive benefits on your spouse's record.

If you wait until you reach full retirement age, your full spouse's benefit could be up to one-half the amount your spouse is entitled to receive at their full retirement age. If you choose to receive your spouse's benefits before you reach full retirement age, you will get a permanently reduced benefit. You'll also get a full spouse's benefit before full



retirement age if you care for a child who is entitled to receive benefits on your spouse's record.

If you're eligible to receive retirement benefits on your own record, we will pay that amount first. If your benefits as a spouse are higher than your own retirement benefits, you will get a combination of benefits that equal the higher spouse benefit. For example, Sandy qualifies for a retirement benefit of \$1,000 and a spouse's benefit of \$1,250. At her full retirement age, she will receive her own \$1,000 retirement benefit. We will add

\$250 from her spouse's benefit, for a total of \$1,250.

Want to apply for either your or your spouse's benefits? Are you at least 61 years and nine months old? If you answered yes to both, visit www.ssa.gov/benefits/retirement to get started today.

Are you divorced from a marriage that lasted at least 10 years? You may be able to get benefits on your former spouse's record. For more information, please visit our website at www.ssa.gov/planners/retire/divspouse.html.

Home care industry group sues to block 2023, 2024 Medicare payment cuts it claims are unlawful

Days after the Biden administration proposed hundreds of millions in 2024 pay cuts for home health providers, an industry association is suing the government over similar adjustments at the heart of 2023's final rule.

Filed Wednesday in the U.S. District Court for the District of Columbia, The National Association for Home Care and Hospice (NAHC)'s complaint petitions the court to strike down and vacate the Home Health Prospective Payment System (Home Health PPS) final rule for 2023, and to withhold applying the 2024 proposal released last Friday.

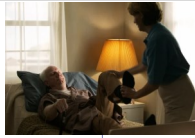
NAHC alleged that the pay cuts included in both rules contradict directions Congress gave the Centers for Medicare and Medicaid Services (CMS) in the Bipartisan Budget Act of 2018, "arbitrarily and capriciously" set payment rate adjustments that "will result in substantial financial harm to numerous home health agencies across the

country" and, ultimately, stymie access to home care.

"We have done everything possible to get Medicare to understand the disastrous consequences of its actions," NAHC President William Dombi said in a release. "We have presented hard facts, deep legal analyses, and extensive data to Medicare that demonstrate the errors in its policies to no avail. As a last resort, we have filed this lawsuit to protect Medicare beneficiaries and the home health agencies that care for them."

The 2018 law aimed to distance payment incentives away from the volume of therapy sessions delivered and, to account for resulting changes in care patterns, required CMS to create and periodically confirm payment assumptions about behavioral changes in home health, which it began to do in 2020.

In the **CY2023 Home Health PPS**, that permanent behavior adjustment of -3.925% (-\$635



million) largely offset other payment increases and left aggregate Medicare payments to home health agencies at an estimated 0.7% (\$125 million) year-over-year increase, per CMS.

In the **CY2024 Home Health PPS proposal** released last week, CMS floated a -5.1% (\$870 million) permanent behavior assumption adjustment that would outpace other upward adjustments for an estimated aggregate change of -2.2% (-\$375 million) compared to CY2023. That proposal has been largely panned by industry groups that said it would lead to reduced beneficiary access to home healthcare services.

NAHC was among those critics and took their dissent to a new level with Wednesday's filing. In it, the group noted that Congress instructed CMS to make its adjustments in a way that would be "budget-neutral, ensuring that the adoption of the new payment system would result in neither a

net increase nor a net decrease in total Medicare payments."

CMS' approach "unlawfully rebases home health payment rates to reduce overall expenditures," the group wrote.

Additionally, the CY2023 final rule still "ties the payment adjustment to the amount of therapy actually provided" against Congress' intent, NAHC alleged, and despite CMS' messaging "does not measure either assumed or actual behavior changes at all, and it certainly does not calculate the difference of their impact on aggregate expenditures."

Unless they are corrected, CMS' approach to home health payment adjustments "will leave numerous Medicare beneficiaries with limited or no access to vital home health services, directly contrary to Congress's intent," the group wrote.... [Read More](#)

Proposed Medicare cuts jeopardize access to care for patients and communities

A confluence of unprecedented challenges over the last three years, including workforce shortages, skyrocketing costs of providing care and supply chain disruptions, poses a serious risk to America's hospitals' and health systems' ability to do what communities across the country rely on them for — providing quality and accessible care 24/7 to all who need it. These headwinds also include an aging population in need of medical care and the necessity to invest in newer facilities and technological upgrades, such as those to fight against growing cybersecurity threats and to ensure patients have access to the latest cutting-edge scientific breakthroughs.

With all that is at stake, now is not the time to expand flawed policies that undermine the unique services hospitals provide for their patients and the critical roles they play in their communities.

Congress is considering **several pieces of legislation** that would impose billions of dollars in additional Medicare payment cuts for services provided by hospital

outpatient departments (HOPDs). If enacted, these misguided so-called "site-neutral" policies would reduce patient access to vital health care services, particularly in rural and other medically underserved communities.

Here are five reasons these proposals are flawed and should be rejected.

Site-neutral payment policies are based on an erroneous assumption that hospitals are overpaid for outpatient services provided to Medicare patients.

The reality is *Medicare severely underpays hospitals* for the cost of caring for patients. In fact, **AHA survey data shows** hospitals received payment of only 84 cents for every dollar spent caring for Medicare patients in 2020. Even without these newly proposed cuts, Medicare outpatient margins are **already a staggering negative 17.5 percent**. Meanwhile, **hospitals' expenses increased by 17.5 percent** between 2019 and 2022, while Medicare rates for



outpatient care increased by only 7.5 percent during this period.

Patients, particularly those in rural and medically underserved communities, could lose access to local hospital care. Most rural hospital funding comes from government payers, and Medicare comprises nearly half of their revenue. Medicare's chronic underpayments have contributed to **at least 149 rural hospitals closing or converting to another type of provider** since 2010.

Additionally, other types of sites of care often do not locate at all in rural or urban areas where the commercial insurer patient mix is lower. Further site-neutral cuts would lead to devastating financial hardship, reduced access to essential services and programs, and additional hospital closures.

HOPDs treat sicker, lower-income patients with more complex and chronic conditions than those treated in independent physician offices or ambulatory surgery centers. This is in part because

hospitals are better equipped to handle complications and emergencies, which often require the use of additional resources that other care settings do not typically provide, such as access to ICUs and other critical hospital services.

Site-neutral proposals do not account for key differences between HOPDs and other sites of care. The cost of care delivered in hospitals and health systems takes into account the unique benefits only they provide to their communities. This includes maintaining standby capacity for natural and man-made disasters, public health emergencies and other unexpected traumatic events. In addition, hospital facilities must comply with a much more comprehensive scope of licensing, accreditation and other regulatory requirements compared to other sites of care. Hospitals also deliver around-the-clock emergency care to everyone who walks through their doors, regardless of their ability to pay or insurance coverage. [Read More](#)

Dear Marci: How does Medicare cover ambulance rides?

Dear Marci,

Can Medicare help with transportation even if there's no medical emergency? I'm hoping to better understand Medicare's coverage of ambulance rides.
-Jiha (Baltimore, MD)

Dear Jiha,

Medicare Part B covers emergency ambulance services and, in limited cases, non-emergency ambulance services. Medicare considers an emergency to be any situation when your health is in serious danger and you cannot be transported safely by other means. If your trip is scheduled when your health is not in immediate danger, it is not considered an emergency.
Part B covers emergency ambulance services if:

- ◆ An ambulance is medically necessary, meaning it is the only safe way to transport you
- ◆ The reason for your trip is to receive a Medicare-covered service or to return from receiving care

You are transported to and from **certain locations**, following Medicare's coverage guidelines

And, the transportation supplier meets Medicare ambulance requirements

To be eligible for coverage of non-emergency ambulance services, you must:

- ◆ Be confined to your bed (unable to get up from bed without help, unable to walk,



Dear Marci

and unable to sit in a chair or wheelchair)

Or, need vital

medical services during your trip that are only available in an ambulance, such as administration of medications or monitoring of vital functions

Medicare may cover unscheduled or irregular non-emergency trips, but if you live in a skilled nursing facility (SNF), a doctor's written order may be required within 48 hours after the transport. Medicare may also cover **scheduled, regular trips** if the ambulance supplier receives a written order from your doctor ahead of time stating that transport is medically necessary.

Medicare never covers ambulette services. An ambulette is a wheelchair-

accessible van that provides non-emergency transportation. Medicare also does not cover ambulance transportation just because you lack access to alternative transportation.

Part B covers medically necessary emergency and non-emergency ambulance services at 80% of the Medicare-approved amount. In most cases, you pay a 20% coinsurance after you meet your Part B deductible (\$226 in 2023). All ambulance companies that contract with Medicare must be **participating providers**.

Note that if you are receiving SNF care under Part A, most ambulance transportation should be paid for by the SNF. The SNF should not bill Medicare for this service. I hope this helps!

-Marci

Medicare Advantage is a profit machine for insurance companies, study finds

If you watch any news programming on television, you've seen annoying ads for **Medicare Advantage** running year round. "\$0 monthly premiums!" "More benefits!" "Call to see if you qualify!"

Medicare Advantage, also called Part C of Medicare, is a private insurance option for covering hospital and medical costs. These plans bundle in Medicare Parts A and B. You will still pay Part B premiums, but the insurer may cover part of those costs. If you have Medicare Advantage, you don't need a Medigap supplement and probably won't need a Part D drug plan.

The industry argues that many

of these plans offer extra benefits, such as eyeglasses, gym memberships and dental care, not available under original Medicare. That is appealing to a lot of consumers.

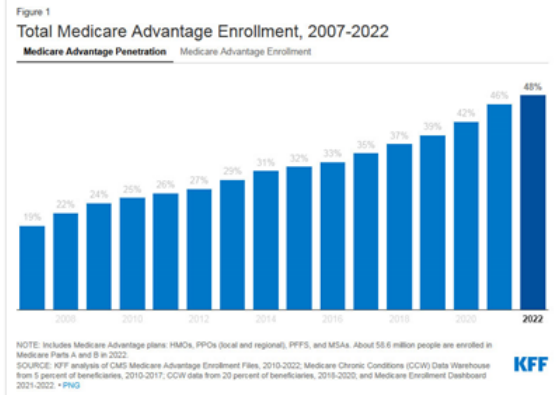
The federal government requires Medicare Advantage plans to cover everything that is covered by Medicare parts A and B, but Advantage plans may have different deductibles and co-payments. In most cases, with Medicare Advantage you can only use doctors and other providers who are in your plan's network and service area. And you may need a referral to see a specialist.

Medicare Advantage plans generally lower the monthly cost of Medicare, although total costs

can be higher if you need a lot of medical services. The TV ads focus on the lower monthly costs, of course, and the pitch is working. According to **KFF**, an independent source for health policy research, in 2022 more than 28 million people were enrolled in a Medicare Advantage plan, accounting for 48% of the eligible Medicare population.

Many people are in excellent health when they first sign up for Medicare. Later, when their health

declines, the drawbacks of Advantage plans may become apparent. These plans have limited networks of providers, and enrollees going out of network face higher costs....**Read More**



Tax the Rich? Privatize? What Are the Leading Proposals To Save Social Security?

With **Social Security** moving closer to the **depletion of a major funding source**, you'll find no shortage of proposals on how best to fix the program. There's also no shortage of people offering their two cents' worth, from lawmakers and policy advisors to academics, researchers and senior advocacy groups.

Which proposal best addresses the looming shortfall depends on who you ask. What most everyone agrees on is that something needs to be done to fix Social Security before the

program's Old Age and Survivors Insurance Trust **runs out of money**. That could happen within the next decade, leaving Social Security solely dependent on payroll taxes — which currently cover only about 77% of benefits.

President Joe Biden has rolled out his own **4-point plan** to boost the program, with much of the emphasis on getting a bigger tax contribution from **high earners and company executives**. Meanwhile, Republicans' fixes tend to focus on Social Security spending cuts or privatization



plans. Here's a look at seven leading proposals to save Social Security.

Tax the Wealthy
Most of the proposals in this area involve raising the annual income threshold on wages subject to Social Security payroll taxes. Currently, any wages above \$160,200 are not taxed. Some lawmakers recommend raising that figure to \$250,000 or higher to bring in more revenue. Under Biden's 4-point plan, the Social Security tax would apply to all earned income above \$400,000,

leaving wages between \$160,200 and \$400,000 untaxed.

Not everyone supports this idea. As **The Motley Fool recently reported**, attempts to collect additional tax revenue on the rich "would likely be met by some high earners shifting how they generate income." This might involve putting more money into assets that are not subject to payroll tax, such as dividend income, capital gains, rental income for non-rental professionals, and bond income....**Read More**

Assisted Living for Couples: What You Need to Know

Explore the benefits and challenges of assisted living for couples, including factors to consider when choosing a community, navigating care needs and maintaining a strong relationship.

In a perfect world, couples in happy, loving relationships would be able to stay together for as long as they wanted – in excellent health and side by side. Sadly, this isn't a perfect world, and people age at different rates. While the number of days you've spent on Earth may match closely with your spouse, your health care needs might vary widely. And therein lies a potential difficulty as you continue to age and need different levels of care and assistance later in life.

This reality raises an important question for some older couples: How can we stay together for as

long as possible?

What Are the Options?

The good news is that **assisted living** is a top-notch option for senior couples.

"**Assisted living** communities can be great for couples that are looking to continue to live together while needing some support for **daily activities**," says Alyssa M. Lanzi, a research assistant professor in the department of communication sciences and disorders at the University of Delaware in Newark.

Angela Stewart, vice president of clinical services with Touchmark, a Beaverton, Oregon-based senior living company with communities for 55-and-older adults across the country, agrees.

"It's common for couples to



stay together when moving into **assisted living**, even when they're on different health tracks," she notes.

Whether assisted living can work in your case depends on a number of factors, including:

- ◆ A desire to remain together.
- ◆ How much the higher-functioning partner wants to assist their loved one.
- ◆ The cost of funding two homes or one.

"It's common for a couple to **move** in because one is on a progressive decline, and the partner moves out or to independent living once their partner has passed away or moved to a higher level of care like **memory care** or a **nursing home**," Stewart explains.

Easing the Transition

When it's time to consider moving into assisted living with your partner, there are several strategies that can help smooth the transition. These include:

- ◆ **Start the conversation early, before health concerns become too difficult to manage.**
- ◆ **Get an assessment of the current and projected needs for each spouse.**
- ◆ **Establish a financial plan, and understand what you can afford.**
- ◆ **Research assisted living communities that can cater to your varying needs.**
- ◆ **Remember why you're staying together.**

...[Read More](#)

Types of Rooms in Assisted Living Communities

Explore the different types of rooms available in assisted living communities, including studio, one-bedroom and shared apartments.

Independent but supported living

For most people, it's inevitable: As you age and your health concerns increase, you'll probably need some help with previously easy **tasks like shopping or housekeeping**. Many families turn to **assisted living communities** to support and care for older relatives.

"An assisted living community is housing for seniors that provides **long-term senior care**, including daily support around personal care services like meals, medication management, bathing, dressing and transportation," says Sue Johansen, a San Francisco-based executive vice president with A Place for Mom, a senior referral service. These communities also offer a wide range of activities to help seniors live vibrant and enjoyable lives.

Each community is unique.

Assisted living communities are regulated at the state level, but regulations can vary significantly from state to state, says Alyssa M. Lanzi, a research assistant professor in the

department of communication sciences and disorders at the University of Delaware in Newark. Even within the same state, each community is unique in its size, layout, scale and service offerings. For example, "some communities are high-rises, and others are actual homes," she says.

While there can be a lot of variation from one community to the next, "in general, **assisted living communities** include individual or shared apartments that have a bathroom, bedroom, kitchen and living space," Lanzi says.

But, she adds, these communities also feature several shared spaces, such as a dining room, living space and place for activities.

If you or a loved one is looking to move into an assisted living community, there are a lot of **factors to consider** in choosing the right one. Among these decisions is the type of room or apartment you'll move into.

There are six of the most common types of rooms in assisted living. **Private apartments, Condos, Private rooms, Shared rooms, High-tech rooms, Memory care**



rooms
Other considerations

There is a wide range of other considerations that should guide your decision

-making when determining the best place for you or a loved one to live. These include:

- ◆ Community rules.
- ◆ Cost.
- ◆ Quality.
- ◆ Safety.

When should you or a loved one move?

Knowing **when it's time to move** isn't always straightforward.

"The move to assisted living is often triggered when people begin feeling overwhelmed with tasks that are necessary for independent living, such as grocery shopping, laundry, cleaning the home and cooking meals," Goldwater says.

Before you make a choice, Lanzi recommends reading about your state regulations for assisted living communities to learn which ones are in place and how well-enforced they are.

She also recommends starting the search process as early as possible.

"You can think of the process somewhat like buying a car," she explains. "It's better to shop for a new car while your old car is still

running, so you can be thoughtful and intentional with your search and take your time rather than having to rush to buy a car because your old car is no longer running."

In the end, it's important for families to do their due diligence when selecting the right living arrangement for a loved one.

U.S. News' **Best Assisted Living Communities ratings**, for

instance, may be helpful, and Lanzi notes that the National Center for Assisted Living has

"wonderful resources for consumers, such as guides for helping individuals find a

community in their state." Your local Council on Aging can also be a good resource for senior care questions and concerns.

YOU MAY ALSO LIKE

- ◆ [Independent Living to Assisted Living](#)
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FDA grants full approval to new Alzheimer's drug meant to slow disease

The **Food and Drug Administration** on Thursday fully approved the Alzheimer's drug **Leqembi**, amid concerns about its safety, cost and accessibility.

The move marks the first time that a drug meant to **slow the progression of the disease** has been granted full regulatory approval. Other approved drugs only target its symptoms.

"I don't think we can understate the significance of this moment," said Donna Wilcock, the assistant dean of biomedicine at the University of Kentucky.

About 6.7 million adults ages 65 and older in the United States have Alzheimer's disease, according to the **Alzheimer's Association**.

Leqembi, from Japanese drugmaker Eisai and U.S.-based drugmaker Biogen, targets a type of protein in the brain called beta-amyloid, **long thought by scientists** to be one of the underlying causes of Alzheimer's disease.

In a **phase 3 clinical trial** of 1,795 patients with mild cognitive impairment or early-stage disease, progression of the illness was slowed by 27% over an 18-month period.

"While patients still do decline on the drug, the decline is

slowed," Wilcock said.

Dr. Ronald Petersen, a neurologist at the Mayo Clinic in Rochester, Minnesota, said in an email that Leqembi is not a cure, nor does it stop the disease.

"It's a first step for hopefully more therapeutics in the future," he said.

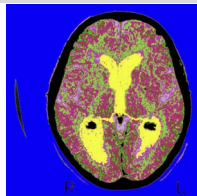
The Alzheimer's Association, which has vocally advocated for the drug's approval, praised the decision.

The treatment could "give people in the early stages of Alzheimer's more time to maintain their independence and do the things they love," Joanne Pike, president and CEO of the Alzheimer's Association, said in a statement.

"This gives people more months of recognizing their spouse, children and grandchildren," Pike said.

How does Leqembi help Alzheimer's patients?

In the phase 3 clinical trial, researchers measured cognitive decline using a **scale** that focused on how well patients performed in six categories: memory, orientation, judgment and problem solving, community affairs, home and hobbies, and personal care.



For each category, patients were rated on a 5-point scale: 0 is normal, 0.5 is questionable dementia and 1, 2 and 3 are mild, moderate and severe stages of dementia, respectively.

Patients in the placebo group scored, on average, 1.66 on the scale after 18 months. Those who got Leqembi scored, on average, 1.21, a 0.45 difference or 27% slower rate of decline.

"In real-world terms, this likely means more time for the patient to be living independently, enjoying their hobbies, their friends and having a better quality of life," Wilcock said. "Time will tell how much, but the clinical trial did show significant benefit on activities of daily living measures."

Petersen said the drug appeared to slow a patient's decline for about five months.

Others, however, were less rosy about Leqembi's benefits.

Dr. Alberto Espay, a neurologist at the University of Cincinnati College of Medicine, said that the 27% slowing in the progression of the illness falls below the threshold of what would be "noticeable" to a patient.

"The odds for brain swelling

and hemorrhage are far higher than any actual improvement," said Espay, who launched a petition in June calling for the Alzheimer's treatment to not get full approval.

In its approval, the FDA included its strongest warning label — called a boxed warning — about these particular side effects, noting that they can lead to seizures and death. In addition, before starting the drug, patients should undergo genetic testing to better understand their risk for these side effects.

About 12.6% of patients who got Leqembi **in the trial** developed brain swelling, compared with 1.7% of those in the placebo group. About 17% of the Leqembi group experienced brain bleeds, compared with 9% in the placebo group. The side effect is also seen with another Alzheimer's drug, Biogen's Aduhelm, which also works by targeting amyloid in the brain.

Three deaths were also linked to the drug in the clinical trials.

Petersen said that in about 75% of people, the brain side effects, which were detected on MRI scans, did not cause symptoms...**Read More**

New Heart Implant Monitors, Treats -- and Then Dissolves Away

An experimental implant now under development could serve as a temporary monitor and pacemaker for ailing heart patients -- then dissolve away when it's no longer needed.

The soft, lightweight and transparent implant is about the size of a postage stamp, and is made of polymers and metals that are biodegradable, researchers reported July 5 in the journal **Science Advances**.

Early experiments have shown that the implant can be placed upon the heart of a lab rat, take accurate readings, and then safely dissolve and be absorbed.

The implant would be a boon for patients who have developed heart rhythm complications as a result of a heart attack, surgery or

other treatment, said co-senior researcher **Igor Efimov**, an experimental cardiologist and professor of biomedical engineering at Northwestern University in Chicago.

Those patients now have to wear sticky sensors and tote a bulky monitor so doctors can keep track of their heart as it recovers, Efimov said.

"The challenge with those devices is they're not very comfortable," he said. "They interfere with daily functioning. For example, you cannot wash in the shower very easily."

The new implant could be inserted during a person's heart surgery or procedure. It would provide data via electrodes and



optical sensors, and even could be rigged to deliver an electrical jolt to set straight any irregular heart rhythms that occur, Efimov said.

"Let's say someone just had a heart surgery. After heart surgery, about 30% of patients will get atrial fibrillation [a-fib]," he said. "We want to create an electronic device which can be implanted for the amount of time required, then dissolve."

In cases of postoperative complications like a-fib, devices would typically be required for about 10 days and then no longer be needed, Efimov said.

About one-third of the nearly 700,000 people who die from heart disease each year in the United States succumb to

complications in the first weeks or months following a heart attack or heart surgery, researchers noted.

"Many deaths that occur following heart surgery or a heart attack could be prevented if doctors had better tools to monitor and treat patients in the delicate weeks and months after these events take place," said co-senior researcher **Luyao Lu**, an assistant professor of biomedical engineering at George Washington University in Washington, D.C.

The device is made entirely of materials that have been deemed safe and biocompatible for humans by the U.S. Food and Drug Administration, Lu said...**Read More**

One Early Signal That Parkinson's Progression Could Be Swift

Patients recently diagnosed with Parkinson's disease who have early hallucinations are at greater risk of faster mental decline, according to new research on the disease.

These so-called "presence hallucinations," such as the strong sense that someone is behind you, watching you, but no one is there, are a frequent but brushed off and underreported symptoms in Parkinson's patients.

"We now know that early hallucinations are to be taken seriously in Parkinson's disease," said **Dr. Olaf Blanke**, head of the Laboratory of Cognitive Neuroscience at the Swiss Federal Institute of Technology in Lausanne.

Lead author **Fosco**

Bernasconi of the same lab agreed.

"If you have Parkinson's disease and experience hallucinations, even minor ones, then you should share this information with your doctor as soon as possible," he said in an institute news release. "So far, we only have evidence linking cognitive decline and early hallucinations for Parkinson's disease, but it could also be valid for other neurodegenerative diseases."

For the study, the researchers collected data on 75 patients between the 60 and 70 years of age. Each had been diagnosed with Parkinson's and underwent a series of interviews to assess their cognitive status and whether or



not they were experiencing hallucinations. They also underwent

electroencephalography (EEG) measurements of the brain's activity at rest.

Researchers found that cognitive decline was more rapid in the following five years among Parkinson's patients with early hallucinations.

Parkinson's and other neurodegenerative diseases are often detected after illness is advanced, limiting the impact of preventative measures and disease-modifying therapies.

These researchers would like to change that, looking for tell-tale signs and ways to promote early intervention for slowing

progression of patients' cognitive and psychiatric symptoms.

About half of patients with Parkinson's experience hallucinations regularly. In about a third of patients, early hallucinations appear before the onset of motor symptoms like trembling. While Parkinson's is typically seen as having motor symptoms, a variety of non-motor symptoms can appear early on, according to the study.

"Detecting the earliest signs of dementia means early management of the disease, allowing us to develop improved and personalized therapies that try to modify the course of the disease and improve cognitive function," Blanke said.

Nearly Half of Tap Water Americans Drink Is Tainted With PFAS 'Forever Chemicals'

"Forever chemicals" are widespread in the environment, and new research finds they can be detected in about 45% of U.S. tap water samples.

The chemicals are per- and polyfluorinated alkyl substances, or PFAS, and their spread through drinking water -- both tap and well -- may be even higher because researchers from the U.S. Geological Survey (USGS) were unable to test for all of them, *CNN* reported.

These synthetic substances have been linked to a variety of health issues, including cancer, liver damage, hormone suppression, decreased fertility, obesity, high cholesterol and thyroid disease, according to the U.S. Environmental Protection Agency.

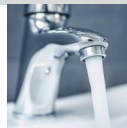
"There's been almost no place

scientists have looked where they have not found PFAS," toxicologist **Jamie DeWitt** told *CNN*. She's a professor of pharmacology and toxicology at East Carolina University in Greenville, N.C., and was not involved in the new study.

To gauge the impact on drinking water, a team led by **Kelly Smalling** of the USGS used water samples collected between 2016 and 2021 from 269 private wells and 447 public sources.

Their models suggest 45% of U.S. drinking water samples have at least one PFAS chemical. Lab tests developed by the USGS can also test for 32 compounds out of the 12,000 that exist.

"I don't think people should be afraid, but they should be aware



and [am] themselves with knowledge so that they can get information that will help them to make decisions," DeWitt said.

One way to learn more is to check your local utility website for its most recent water report to see what your community is doing to reduce contaminants.

People can also use a carbon filter on their drinking water. It will need to be changed regularly. Costly reverse osmosis filtering systems can also help, *CNN* reported.

Researchers found most contamination was from water sources near urban areas where PFAS chemicals were used or where waste was collected.

The Great Plains, the Great Lakes, the Eastern Seaboard and Central/Southern California had

the highest PFAS concentrations in their water, the study found.

These chemicals are dangerous even at much lower levels than scientists previously knew, the EPA said in June 2022.

They are used in hundreds of household items, including carpets, clothing, dental floss, vehicles and food packaging for the purpose of stain resistance and keeping things from sticking. They can be found in foods and even in household dust, *CNN* reported.

About 98% of people are believed to have PFAS chemicals in their systems.

The EPA has set proposed limits for six PFAS chemicals. After standards are finalized, water systems may need to treat their water to lower these chemicals....[Read More](#)

Loneliness Can Really Break a Heart in People With Diabetes

Loneliness might be a true heartbreaker for people with diabetes — raising their odds of a heart attack even more than unhealthy lifestyle habits do.

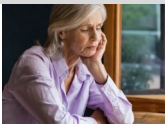
That's according to a new study of over 18,000 adults with the blood sugar disease. Researchers found that people who reported feeling lonely were up to 26% more likely to suffer a heart attack or stroke in the next decade, compared to those who felt more socially connected.

Loneliness, in fact, was more strongly linked to cardiovascular

trouble than well-known risk factors like smoking, lack of exercise and unhealthy eating habits.

Still, the study, published recently in the *European Heart Journal*, does not prove that loneliness directly harms physical health.

But it's not the first to link feelings of isolation to heart disease: Experts said that many studies have found a similar connection, and the new findings bolster that evidence.



"Loneliness is not a benign condition," said **Theresa Beckie**, a professor at the

University of South Florida College of Nursing.

Beckie, who was not involved in the study, co-wrote a 2022 scientific statement for the American Heart Association on the subject. In a review of published research, she and her colleagues found that social isolation and loneliness were linked to a 30% increased risk of heart attack and stroke, or death

from either.

To Beckie, the new study adds a particularly striking layer: Loneliness appeared to be a bigger threat than risk factors as notorious as smoking and sedentary lifestyle.

Why? That's not fully clear and needs more study, Beckie said. But, she noted, people who feel lonely may be less apt to take care of their physical health....[Read More](#)

As Seniors' Sense of Smell Declines, Their Risk for Depression Rises

Researchers have found significant new evidence of a link between a decreased sense of smell and the risk of developing depression later in life.

Known as hyposmia, or at its most profound, anosmia, the condition has been associated previously with Alzheimer's disease in older adults.

"We've seen repeatedly that a poor sense of smell can be an early warning sign of neurodegenerative diseases such as Alzheimer's disease and Parkinson's disease, as well as a mortality risk. This study underscores its association with depressive symptoms," said **Vidya Kamath**, an associate professor of psychiatry and behavioral sciences at Johns Hopkins University School of Medicine in Baltimore.

"Additionally, this study explores factors that might influence the relationship between olfaction and depression, including poor cognition and inflammation," she said in a university news release.

In the study, researchers

followed more than 2,100 community-dwelling older adults over eight years, using data from the Health, Aging and Body Composition Study (Health ABC).

These older adults were healthy and ages 70 to 73 when the study period began in 1997. They each had no difficulty walking a quarter of a mile, climbing 10 steps and performing normal activities.

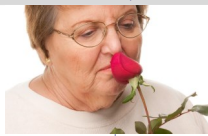
The participants were assessed in person each year and by phone every six months.

Smell was first measured in 1999, when 48% of participants displayed a normal sense of smell. Another 28% showed a decreased sense of smell and 24% had a profound loss of the sense.

Those whose sense of smell remained stronger tended to be younger than those reporting significant loss of smell.

About 25% of participants developed significant depressive symptoms during the follow-up period.

The authors found that those



with decreased or significant loss of smell had an increased risk of developing significant depressive symptoms.

During the study, researchers also identified three depressive symptom trajectories. The participants were stable low, stable moderate and stable high in depressive symptoms.

Having a poorer sense of smell was associated with an increased chance of a participant falling into the moderate or high depressive symptoms groups, which indicated that having a worse sense of smell was associated with higher depressive symptoms.

"Losing your sense of smell influences many aspects of our health and behavior, such as sensing spoiled food or noxious gas, and eating enjoyment. Now we can see that it may also be an important vulnerability indicator of something in your health gone awry," Kamath said. "Smell is an important way to engage with the world around us, and this study shows it may be a warning sign for late-life depression."

A person's sense of smell works through what are called olfactory neurons, located in the nose.

These have one odor receptor, which picks up molecules released by substances and then relays them to the brain.

That smell is processed in the brain's olfactory bulb, which scientists think interacts closely with the amygdala, hippocampus and other brain structures that regulate and enable memory, decision-making and emotional responses.

Olfaction and depression may be linked through both biological and behavioral routes, such as altered serotonin levels and reduced social function, for example, the authors said.

They plan to continue studying this in more groups of older adults. Among the areas they would like to pursue is whether individuals' olfactory bulbs are altered in people who have depression. The team also plans to investigate whether smell can be used to help treat depression late in life.

Eat These 6 Foods to Keep Your Adult Heart Strong

Certain foods are key to reducing heart disease risk, so it's important to eat them to stay healthy.

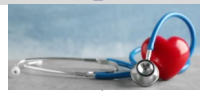
A globally focused study looked at foods commonly considered to be healthy to better understand this.

Consuming fruits, vegetables, legumes, nuts, fish and whole-fat dairy products is key to lowering the risk of cardiovascular disease (CVD), including heart attacks

and strokes. The study was led by scientists at McMaster University and the Population Research Health Institute (PHRI) in Hamilton, Ontario, Canada.

The investigators noted that there are various ways to achieve a healthy diet — for example, including moderate amounts of whole grains or unprocessed meats.

For the study, the researchers



analyzed data from multiple studies that included 245,000

people in 80 countries. They derived a diet score from PHRI's ongoing Prospective Urban and Rural Epidemiological (PURE) study. The team used that to measure health outcomes in different parts of the world and in people with and without prior heart disease.

"Previous diet scores —

including the EAT-Lancet Planetary Diet and the Mediterranean diet — tested the relationship of diet to CVD and death mainly in Western countries," senior author **Salim Yusuf**, principal investigator of PURE, said in a university news release. "The PURE Healthy Diet Score included a good representation of high, middle and low-income countries."...[Read More](#)

Learn the Differences Between Hepatitis A, B, C, D & E

Curious about what the differences are between hepatitis A, B, C, D and E? If so, you've come to the right place. Here, experts break down hepatitis infection by type to reveal what it is, the most common symptoms, how it's transmitted and the options available to treat it.

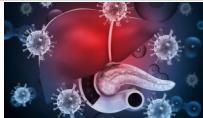
Hepatitis A

Hepatitis is a viral infection of the liver that causes liver inflammation, according to the [U.S. Centers for Disease](#)

Control and Prevention.

A hepatitis A infection is caused by the [hepatitis A virus](#) (HAV), which is very contagious, although there is a vaccine available to prevent it.

"Hepatitis A is spread through contaminated food and water, not through blood or sexual intercourse," explained [Dr. Melissa Jenkins](#), chief of the division of infectious diseases at Cleveland's MetroHealth Medical Center.



The CDC notes that HAV may also be transmitted through close contact with

someone who has been infected with the virus.

Hepatitis A symptoms may last up to two months and include:

- Fatigue
- Nausea
- Abdominal pain
- Jaundice

"There are no treatments for hepatitis A, except for supportive

care [such as] medication for nausea [and] intravenous fluids," explained Jenkins, who is also an associate professor at Case Western Reserve University School of Medicine, in Cleveland.

She added that "hepatitis A does not cause a chronic infection like hepatitis B and C. Once people recover from hepatitis A, they do not have any long-term liver complications and are immune."...[Read More on Hepatitis A, B, C, D & E](#)

As Pickleball's Popularity Rises, So Do Related Injuries

Pickleball has burst onto the scene, inspiring people of all ages to pick up a paddle.

But as with any sport, it's possible to get hurt. Some best practices can help prevent injuries, according to a sports medicine expert.

For pickleball players, the most common injury is to the rotator cuff tendon in the shoulder.

This can cause shoulder pain, especially with movement and use. Problems range from tendonitis and bursitis to a tear of the tendon itself. Bigger tears can create weakness. Someone might not be able to use their arm.

"The unfortunate reality of the rotator cuff is that everyday use can cause tearing and damage," said **Dr. Bruce Moseley**, an orthopedic surgeon from Baylor College of Medicine in Houston. "You don't necessarily have to do anything wrong or abnormal to

get a rotator cuff tear -- in many instances it just happens as a consequence of living."

Most adults who use their shoulders are at risk. For many people, rotator cuff damage appears over time.

In pickleball, reaching overhead requires a lot of force from this tendon, which can worsen rotator cuff injuries.

These tears are not preventable. But the shoulder does better when it's flexible and strong. Moseley suggests stretching and doing light to moderate strengthening.

"If you warm up and stretch before your activity and ice down afterwards, your shoulder will be better prepared for the activity and will recover quicker," he said in a college news release.

Surgery is the only way to treat a torn rotator cuff. The alternative is living with it, which can be



both painful and limiting.

As the tear enlarges, it can also become more difficult to repair. Even though small tears may not cause many symptoms, they are persistent and can progress to massive.

"The success rate of surgery to permanently fix the problem goes down as the size of the tear goes up, so if you're having lingering shoulder pain that isn't getting better over time and the pain is getting worse as the activity continues, I recommended seeing a specialist," Moseley said. "If we can get to the tear and fix it while it is small, the success rate is much higher."

Other injuries can include tears to the meniscus, the connective tissue between the knee bones; and tendon ruptures. Pickleball can also aggravate arthritic knees.

Avoid these injuries by

warming up and icing down after pickleball, Moseley suggested.

When warming up, you should sweat lightly. A brisk walk, jog or cycling can be enough.

Stretch your shoulders, lower back, leg muscles and joints to try to get them as flexible as possible.

Apply ice for 20 minutes on any body part that is achy or sore, Moseley said. Recover completely before playing again.

Over-the-counter pain medications, such as Advil, Aleve or Tylenol, can also help.

"Considering seeing a physician if you have pain that gets progressively worse in the shoulder or pain that persists for a long time after your activity," Moseley said. "These may be warning signs of a torn rotator cuff tendon, so make sure to get it checked."

Diabetes Medications: Choosing Which Ones Are Best for You

You have been diagnosed with type 2 diabetes. What are your medication options?

That depends on what type of diabetes you have and what risk factors you carry.

In type 2 diabetes, the body becomes resistant to the insulin and the pancreas has to make more. Insulin resistance can be caused by obesity, lack of exercise, medication, stress or hereditary factors. Initially, the pancreas will make more insulin to compensate, but eventually the pancreas will tire and not be able to make enough insulin. Diet,

exercise, weight loss and medication can help you manage your glucose.

Let's focus on the medications that can help manage type 2 diabetes.

Symptoms of diabetes include excessive urination, excessive thirst, urinary tract infection, genital yeast infections, weight loss, blurry vision and fatigue. But the most common symptom of diabetes or high glucose is *no symptoms at all*.

That's why it is important, particularly if you have risk



factors, to be screened for diabetes. Risk factors include obesity, family history, personal history of gestational diabetes, use of steroid or HIV medications, fatty liver disease, prediabetes, polycystic ovarian syndrome (PCOS), or high triglycerides (a type of blood fat).

With 12 classes of diabetes medications, each with its own mechanism of action and many with nearly impossible names to pronounce, there's no wonder patients may be confused about which diabetes medication is

right for them.

The American Diabetes Association (ADA) recommends that the decision on which medications to use be between the patient and his or her doctor, considering factors like cost, other beneficial effects on heart and kidney disease, long-term risk of hyperglycemia (high blood sugar), including life expectancy and desire for pregnancy, and risk of hypoglycemia (low blood sugar) ... [Read More](#)

Heat: How Much Can the Human Body Stand?

Record-breaking heat waves are pummeling the United States and the world, causing many to wonder how much of this a body can take and still survive.

The limit is somewhere between 104 and 122 degrees Fahrenheit if you're sitting perfectly still, according to a small study conducted in the United Kingdom.

Researchers say they are starting to hone in on the high temperatures that begin to overwhelm the human body's defenses against heat, or what they call the upper critical temperature.

"We find that some individuals, but not others, exhibit an increase in metabolic rate at rest when ambient

temperature gets high," said senior researcher **Lewis Halsey**, a professor at the University of Roehampton School of Life and Health Sciences in London.

"An increase in metabolic rate will increase heat generated by the body," Halsey said. "Those people exhibiting a substantial increase in metabolic rate are going to be less well-adapted to being in the heat, because when things get hot outside their



bodies produce even more heat."

The study also found that humidity makes things worse, because it causes your sweat to be less effective in cooling off the body, Halsey added.

"When it's hot and humid, if there are increases in metabolic rate, those increases tend to be bigger," he said.

Halsey planned to present his latest findings this week at the Society for Experimental Biology's annual meeting, in Edinburgh, Scotland.

This upper critical temperature

for humans will be critical to understand as climate change causes searing heat domes to settle over different parts of the world, said **Dr. Christopher Lemon**, an assistant professor of emergency medicine with Johns Hopkins University School of Medicine.

"We're going to be operating in extreme heat, and understanding a little bit more about the effects on the body and at what point we push too far sounds like that would be extremely important for us moving forward," Lemon said. ... [Read More](#)