

Message from the Alliance *for* Retired Americans Leaders



Senate Democrats Continue to Eye July Deadline to Pass Lower Drug Price Bill



Robert Roach, Jr.
 President, ARA

After long negotiations, Senate Democrats have pushed forward a plan that will allow Medicare to negotiate lower prescription drug prices, moving to revive President **Biden's** economic program to rein in the soaring cost.

As talks between Sen. Majority Leader **Chuck Schumer** (NY) and Sen. **Joe Manchin** (WV) continue, language sent to the Senate Parliamentarian Wednesday continues to include mandating that the Secretary of Health and Human Services (HHS) negotiate prices beginning in 2023; limiting Medicare premium increases; capping out-of-pocket costs for Medicare patients at \$2,000 per year; and making more vaccines free to Medicare patients.

All future Secretaries of HHS must also continue to negotiate on Medicare drug prices. Other possible provisions are still being negotiated, including tax reform and proposals to address climate change and energy. Senate Minority Leader **Mitch McConnell** (KY) threatened to stand in the way of critical, unrelated bipartisan legislation that addresses a national semiconductor shortage so long

as Democrats continue movement on their package that includes drug price limits. However, the likelihood of that threat remaining an impediment appears to have **diminish**

"We may be inching ever closer to critical legislation to lower drug prices, but we must keep up our activism and let Congress know we need help now," said Richard Fiesta, Executive Director of the Alliance. "We know that Minority Leader Mitch McConnell and the drug industry will do anything they can to block progress."

"There is no more urgent issue facing retirees," Fiesta continued. "Americans continue to pay the highest prices in the world for their medications every day that we do not reach the finish line. It's time for Congress to finally deliver for seniors and not drug corporations."

Alliance Calls for Change in Wake of Mass Shooting at Fourth of July Parade in Illinois

Seven people were tragically killed and dozens more were wounded in a **shooting** during a Fourth of July parade in Highland Park, Illinois on Monday.

Police say twenty-one year old Robert Crimo III used an AR-15 -type rifle in the attack. He had legally obtained multiple guns between 2020 and 2021, passing four background checks in spite

of a prior suicide threat that led to the confiscation of several knives and a sword from his home in 2019. He had no criminal history but was known to post violent imagery online.



Rich Fiesta,
 Executive Director, ARA

Crimo drove to Madison, Wisconsin immediately following the shooting in Highland Park and reportedly considered attacking another celebration. There were also numerous other shootings throughout the country over the holiday weekend, including the wounding of two Philadelphia police officers during the July 4 fireworks in their city.

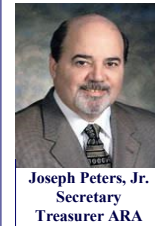
"Acts of once unimaginable violence are becoming commonplace in our country," said Robert Roach, Jr., President of the Alliance. "The members of the Alliance join with all those who were devastated by this horrific crime in calling for an end to gun violence."

"President Biden recently signed legislation to help address this urgent problem. But we can't stop there. We must build on that by also stopping the proliferation of assault weapons."

Florida Alliance Denounces Sen. Marco Rubio's Plan to Cut Social Security

In the wake of the U.S. Supreme Court's decision to

overturn *Roe v. Wade*, Sen. Marco Rubio (FL) unveiled his "New Parents Act", a plan that many advocates for seniors were quick to criticize.



Joseph Peters, Jr.
 Secretary Treasurer ARA

Sen. Rubio's plan offers paid parental leave but forces parents to take money out of their future Social Security earnings, either delaying retirement or seeing cuts in Social Security benefits for up to five years.

Florida Alliance (FLARA) President Bill Sauers called Sen. Rubio's plan "uncaring, heartless, and unnecessary," condemning its disruption of Social Security benefits.

Janice Poirier, regional vice president for FLARA and president of the Florida Sen. Rubio Education Association's retired chapter, stated, "Rubio's plan forces parents to pay for family leave with their own Social Security benefits. That's not a pro-family agenda, that's a scam."

Alliance Secretary-Treasurer Joseph Peters, Jr. echoed their sentiments. "This is yet another thinly-veiled attempt to undermine Social Security," he said. "We will not allow these attacks against the programs that our seniors depend on to gain traction in Congress."

Time is running out, PLEASE sign the PETITION below, NOW!!!!
You don't have to be affected by the WEP/GOP to sign, however, you can help support those that are.

ADD YOUR NAME **Get The Message Out: SIGN THE GPO/WEP PETITION!!!!**

Seeking to Kick-Start Biden's Agenda, Schumer Unveils a Bill for Medicare Drug Price Negotiations

Democratic senators on Wednesday took a formal step toward reviving President Joe Biden's economic agenda, starting with a measure to let Medicare negotiate prices with drugmakers and to curb rising drug costs more broadly.

A similar proposal died in December when Sen. Joe Manchin (D-W.Va.) decided to oppose Biden's \$1.9 trillion Build Back Better bill, which also included provisions allowing for Medicare drug negotiations.

Reining in drug costs has long been wildly popular with the public, with **more than 80%** of Americans in support of steps such as allowing Medicare to negotiate and placing caps on drug price inflation.

The bill revealed Wednesday would do both, as well as limit annual out-of-pocket drug costs for Medicare beneficiaries to \$2,000, make vaccines free for people on Medicare, and provide additional help for lower-income

seniors to afford their drugs.

The heart of the bill is the negotiation provisions. Under the legislation, Medicare could start the new pricing procedures next year, with the secretary of Health and Human Services identifying up to 10 drugs subject to bargaining. The resulting prices would go into effect in 2026. As many as 10 additional drugs would follow by 2029.

Expert observers said the plan was both politically impressive, considering the competing interests at stake, and important for consumers in Medicare — the federal health insurance program for older adults and some people with disabilities — and beyond.

"They did an amazing job of threading the needle to get all 50 [Democratic] senators. I mean, it was a herculean task to get everybody on board on this," said [Gerard Anderson](#), a



professor at the Johns Hopkins Bloomberg School of Public Health. Several Democrats in the House and Democratic Sen. Kyrsten Sinema of

Arizona had balked at earlier versions of the drug provisions in the defunct Build Back Better bill, threatening to oppose them or the bill. They agreed with drug industry arguments that limiting profits would stifle drug innovations. Eventually, most Democrats coalesced around a version of the Build Back Better bill. When asked about the bill revealed Wednesday, a spokesperson for Sinema did not comment directly but pointed to the [Arizonan's embrace](#) of the final Build Back Better provisions.

Although negotiations between Medicare and manufacturers would focus on a maximum of 20 drugs, they could easily have an outsize impact, Anderson said. "A relatively small number of drugs

are responsible for a large portion of [Medicare] Part D spending, and if they tackle those, they will do a significant job of controlling drug prices," he explained.

The bill also would require drug companies to pay rebates if they raise prices too swiftly. "If this bill becomes law, it would be a clear win for people with Medicare and private insurance," since prices would be prevented from increasing more than inflation, said [Tricia Neuman](#), executive director of KFF's Program on Medicare Policy. The lobbying and public policy agency for the drug industry, PhRMA, criticized the bill, saying its provisions are worse than those in the original Build Back Better legislation. [Debra DeShong](#), PhRMA's executive vice president of public affairs, [repeated concerns](#) about innovation and said the Democratic plans "went from bad to worse for patients."...[Read More](#)

Dems want to tax high earners to protect Medicare solvency

Senate Democrats want to boost taxes on some high earners and use the money to extend [the solvency of Medicare](#), the latest step in the party's election-year attempt to craft a scaled-back version of [the economic package that collapsed last year](#), Democratic aides told The Associated Press.

Democrats expect to submit legislative language on their Medicare plan to the Senate's parliamentarian in the next few days, the aides said. It was yet another sign that Majority Leader Chuck Schumer, D-N.Y., and Sen. Joe Manchin, D-W.Va., could be edging toward a

compromise the party hopes to push through Congress this summer over solid Republican opposition. Manchin scuttled last year's bill.

Under the latest proposal, people earning more than \$400,000 a year and couples making more than \$500,000 would have to pay a 3.8% tax on their earnings from tax-advantaged businesses called pass throughs. Until now, many of them have been using a loophole to avoid paying that levy.

That would raise an estimated \$203 billion over a decade,



which Democrats say would be used to delay until 2031 a shortfall in the Medicare trust fund that pays for hospital care. That fund is currently projected to start running out of money in 2028, three years earlier.

Most U.S. businesses are pass throughs, which include partnerships and sole proprietorships and range from one-person law practices to some large companies. Owners count the profits as income when they pay individual income taxes, but such companies do not

pay corporate taxes — meaning they avoid paying two levels of taxation.

Democrats this week also sent the parliamentarian a separate 190-page piece of the emerging Schumer-Manchin compromise aimed at [lowering prescription drug costs](#) for patients and the government. Provisions include requiring Medicare to negotiate drug prices, limiting beneficiaries' out-of-pocket costs to \$2,000 annually and increasing federal subsidies for copays and premiums for some low-income people....[Read More](#)

Newsom: California to develop low-cost insulin

California is ready to make its own insulin.

Included in the recently signed budget package was nearly \$101 million to develop and manufacture low-cost biosimilar insulin products. The undertaking is designed to increase the affordability and availability of insulin in California.

"In California, we know people should not go into debt to receive life-saving medication," Gov. Gavin Newsom said in a video Thursday.

About half of the funding is earmarked for the development of low-cost interchangeable biosimilar insulin products with



another \$50 million designated for a California-based manufacturing facility.

The rest of the money, about \$2.8 million over four years, is set aside for contract partnerships, monitoring, legal compliance and other operations, according to the budget summary.

A biosimilar product, as defined by the U.S. Food and Drug Administration, is one that is "highly similar" without any meaningful clinical differences from an existing FDA-approved product. Like a generic drug, a biosimilar product could be a more affordable option....[Read More](#)

Pharmacists Can Prescribe Pfizer's Covid Pill Under FDA Order

Pharmacists will be permitted to prescribe **Pfizer Inc.'s** Paxlovid under a move by US regulators aimed at providing prompt access to the widely used Covid treatment.

State-licensed pharmacists can prescribe Paxlovid to eligible patients, subject to certain limitations to assure appropriate treatment, the Food and Drug Administration said Wednesday in a statement.

"Since Paxlovid must be taken within five days after symptoms

begin, authorizing state-licensed pharmacists to prescribe Paxlovid could expand access to timely treatment for some patients," Patrizia Cavazzoni, director for the FDA's Center for Drug Evaluation and Research, said in the statement.

People who test positive for Covid should first consider seeking care from their regular doctor or through a **Test-to-Treat site** in their area, the FDA said.



Those seeking drug from their pharmacy should bring a complete list of medications so the pharmacist can review potential drug interactions, as well as a blood test result from within the last 12 months, the agency said.

Pharmacists should refer patients to doctors or other primary care providers if the patient's existing medication regimen needs to be modified due to possible drug interactions, the FDA said, or if there are

questions about the patient's kidney or liver function.

"We believe that providing patients with a variety of options for obtaining treatment – whether through a physician, nurse practitioner or pharmacist – will help to expand access to Paxlovid and reduce health inequities," Pfizer said in an emailed statement. The shares rose 1.7% as of 3:07 p.m. in New York.

Senior Citizens League Update for Week Ending July 9, 2022

New Senate Bill would Lower Drug Prices – Extend Social Security

Last week we told you that Senate Democrats have revealed they will make one last try to pass a bill to lower prescription drug costs before Congress goes on its annual August recess. That effort starts this week when both houses of Congress return to Washington after their July 4th recess to begin a 4-week marathon to finish as much important legislation as they can prior to August 8, the scheduled beginning of that August recess.

Since President Biden's plan to lower prescription drug prices was announced nearly a year ago the main problem has been a few members of his own party in the Senate – mainly Sen. Joe Manchin of West Virginia, but also 1 or 2 others.

Because the Senate is evenly divided and no Republican will vote for Biden's plan, every Democratic vote is needed and Manchin, until now apparently, has refused to agree to support the plan.

However, Senate Majority Leader Charles Schumer (D-N.Y.) has been working with Manchin to try and produce a bill Manchin can support.

According to reports, they have reached a tentative agreement on legislation to lower drug costs and extend the solvency of Social Security, but it is part of a larger bill that still is not finalized. That bill contains contentious details on energy spending and tax provisions that are still being negotiated, but Democrats hope to unveil deals on those this

week.

The new bill is expected to raise about \$1 trillion in revenue, half of which would be used on new spending and half on cutting the deficit over a 10-year period.

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Social Security Solvency

Extending the solvency of Social Security, along with lower prescription drug prices, has been at the top of TSCL's agenda for several years so we are pleased the Senate is addressing those issues in this bill.

The way the bill would extend solvency is complicated and has to do with closing a tax loophole frequently used by law firms and other partnerships.

Under current law, the Medicare hospital trust fund is to become insolvent by 2028. Reportedly, this new legislation would provide funding to extend that to 2031. While that is better than nothing, it falls far short of the kind of solution that is really needed to protect and preserve Social Security for years to come.

Once the new bill is released TSCL will carefully review it to determine whether we will support it.

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Insulin Costs Not Included in New Bill

One of the goals of many members of Congress has been to lower the cost of insulin. However, the latest bill to lower prescription drug prices removes a provision to cap patients' insulin costs at \$35 per month.

That was done because there is some question as to whether the insulin cap could comply with the



complicated Senate rules governing the process for bypassing what most expect to be a Republican filibuster of the legislation to lower prescription drug costs.

Democratic leaders say the bill to lower insulin costs will be handled in a separate bi-partisan bill authored by Sens. Jeanne Shaheen (D-N.H.) and Susan Collins (R-Maine), which is moving forward and could get a vote in the Senate this month.

Because of Senate rules, the Shaheen-Collins bill will require support from at least 10 Republican senators to clear a filibuster and pass. However, it is far from clear that 10 Republicans can be found to support the bill. Some are citing fears of interfering with the free market as the reason for their opposition to the bill.

Democrats also claim the Republicans will attempt to block any bill to lower drug costs to deny them a legislative victory in this election year when control of Congress is on the line.

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Government Agency may Join Effort to Lower Drug Prices

The Federal Trade Commission (FTC) is considering the use of a rarely used anti-price discrimination law to potentially crack down on dominant companies' unfair use of market power. The Federal Trade Commission is ramping up enforcement against illegal bribes and rebate schemes involving pharmacy benefits managers, it announced in a June enforcement policy statement.

It gave as an example the sky-

rocketing cost of insulin. In its statement it explained its action this way:

"We [are taking this action] by highlighting insulin, which many have cited as one prominent example of a prescription drug impacted by high rebates and fees to PBMs and other intermediaries. Insulin is a life-sustaining treatment for roughly 8 million Americans who rely on it to control diabetes. Research indicates that the wholesale price of insulin nearly tripled between 2009 and 2017, increasing out-of-pocket costs for both insured and uninsured patients. The list price for a year's supply of insulin has risen to nearly \$6,000, with out-of-pocket costs for insulin alone averaging \$1,288 for uninsured patients and \$613 for insured patients as of 2017.

Patients with diabetes have described how rising insulin costs have rendered this essential product unaffordable and harmed them in different ways. 10 The increased cost of insulin has caused many patients to ration it, 11 causing suffering, severe illness, and death.

In addition to other factors, some have suggested that high rebates and fees to PBMs and other intermediaries may incentivize higher list prices for insulin and discourage coverage of the lowest-cost insulin products."

TSCL hopes that between legislative action in Congress and regulatory actions by various parts of the Executive branch, the costs of prescription drugs will finally begin to come down.

Can Social Security Payments Be Garnished?

If you collect Social Security, your payments are subject to the same garnishment rules that apply to other types of income. This means your benefits can be withheld to enforce your legal obligation to pay child support, alimony or restitution, according to the Social Security Administration website.

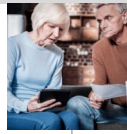
State laws determine a valid garnishment order, the SSA said on its website. By law, the agency can garnish current and continuing monthly benefits. You can't appeal to Social Security to challenge a garnishment, either. For that, you'll need to contact an attorney or representative in the jurisdiction where the court issued the order.

In addition to garnishing your benefits for child support, alimony or restitution, the U.S. Department of the Treasury can

withhold Social Security benefits to collect overdue federal tax debts. The Treasury Department can use either a Notice of Levy or the Federal Payment Levy Program to collect overdue federal taxes. This allows the department to withhold up to 15% of your monthly Social Security benefits until you repay the debt.

Again, you can't appeal a tax garnishment to Social Security. Instead, you will need to contact the Internal Revenue Service at 1-800-829-7650 to discuss your appeal rights.

The Department of the Treasury can also withhold Social Security benefits to collect delinquent non-tax debts owed to other federal agencies. There is no appeal available under the Social Security Act, so if you



find yourself in this situation you can contact Treasury staff at 1-800-304-3107.

If there are any changes to your garnishment order, you should go to your local Social Security office with a new court order that changes the garnishment of your benefits.

There are limits on how much of your Social Security payment can be garnished, according to the AARP. In addition to the 15% limit on overdue federal taxes, the following limits also apply:

◆ **Student loans:** The garnishment rate for defaulted student loans is also 15%. With student loans, however, the garnishment can't leave you with monthly benefits of less than \$750.

◆ **Court-ordered child support or alimony:** The federal Consumer Credit Protection Act allows garnishment of up to 50% of your benefits if you are supporting a spouse or child apart from the subject of the court order, and up to 60% if you are not. Another 5% can be withheld if you are 12 or more weeks in arrears.

Most states follow the CCPA, the AARP said, but some have their own regulations on how much income can be garnished for child support or alimony. If there is a conflict, the lesser amount applies.

Your Social Security benefits are not subject to garnishment when it comes to private debt such as medical costs, car loans and credit card bills.

DHL strike in Rhode Island for livable wages and affordable health care

DHL strike in Rhode Island for livable wages and affordable health care meets with violence on picket line

About 70 delivery drivers struck DHL's operations in Pawtucket, Rhode Island, on June 22 in a fight for wages to keep up with the cost of living, affordable health care, retirement benefits and safety issues.

International logistics behemoth DHL contracts out its delivery operations to Northeast Transportation Services at the DHL ServicePoint, which serves Rhode Island and southeastern Massachusetts. Teamsters Local 251 kept workers on the job when the DHL contract expired



in March, and a federal mediator entered the negotiations in May. Workers say Northeast has hired scabs to run deliveries, some of whom are being paid as much as \$55 an hour compared to the starvation wages the striking drivers have been making.

Reporters from *Uprise RI* report being shown a video of a man allegedly "threatening DHL workers while driving erratically and throwing objects at their automobile." *Uprise* was also told that a scab was arrested for allegedly threatening to kill unionized workers....[Read More](#)

Seniors on Social Security Could Get a Huge Boost in 2023 -- but There's a Catch

Tens of millions of U.S. seniors depend on Social Security, and as inflation continues to surge, it's growing more challenging for many retirees to make ends meet.

Early this year, Social Security beneficiaries received a 5.9% cost-of-living adjustment, or COLA, to account for how inflation rose in late 2021. Because costs have continued to soar throughout 2022, next year's COLA will likely be even higher. Here's why that may not be as promising as it sounds.

How much will your benefits increase?

At this point, it's unclear exactly how big the 2023 COLA will be. The final number will depend on what inflation looks like throughout the rest of 2022.

Earlier this year, researchers from the Senior Citizens League estimated that next year's COLA

could be as high as 8.6%. But new research from the nonpartisan Committee for a Responsible Federal Budget suggests that it could potentially be as large as 10.8%, which would be the biggest cost-of-living adjustment since 1981.

A nearly 11% raise would result in many retirees collecting hundreds of dollars more in benefits each month. While that would make it easier for them to afford the ever-increasing costs of goods and services, a higher COLA isn't necessarily a good thing.

The downsides of a higher COLA

Social Security's cost-of-living adjustments are designed to help retirees keep up with **inflation**. Historically, though, those annual adjustments haven't done a great



job of keeping up with the real cost increases seniors have faced. Retirees received a 5.9% increase in benefits in 2022, for example. But over the past year, inflation has increased by 8.6%, according to the most recent data from the Bureau of Labor Statistics.

In fact, even with annual COLAs, Social Security benefits have lost roughly 40% of their buying power since 2000, according to the Senior Citizens League. While it's safe to say next year's Social Security boost will be hefty, those bigger benefit checks still may not go as far as they used to.

How to prepare

Because Social Security benefits are steadily and incrementally losing buying power, it's more important than

ever to have a healthy nest egg built up before you retire.

If you haven't yet retired, try your best to **increase your savings** and your investment portfolio much as possible. Investing just a little more each month can have a big impact over the long term, and the more robust your retirement fund, the less you'll need to rely on Social Security.

If you're already retired, it may be tougher to increase your savings. But it could be worthwhile to consider cutting some expenses, if possible, to help your money last longer. The more you're able to depend on your own nest egg, the better off you'll be -- regardless of what happens with inflation or the 2023 COLA.

2 Ways Working During Retirement Could Cost You Big-Time Social Security Benefits



If you are planning to work during your retirement while collecting Social Security, you may be faced with an unpleasant surprise. Depending on your age and how much you earn, it's possible your paychecks could cause you to lose some Social Security income -- either temporarily or permanently.

You don't want to find out as a retiree that your combined income from Social Security and your job is a lot smaller than expected, so be sure you're aware of these two possible ways earning money could affect the retirement benefits you bring home.

1. Working could make Social Security benefits taxable

One of the biggest issues, when you work while collecting Social Security, is that you could end up earning so much that you start to get hit with taxes on **Social Security** income.

Your benefits are not taxable

on a federal level as long as your provisional income doesn't exceed a certain threshold.

Provisional income, or countable income, is half your Social Security benefits plus all taxable income and some non-taxable income. If you earn money from a job, it will be taxable income. That means it will count in this calculation and could render your Social Security benefits subject to tax.

The income at which the IRS begins taking a cut of your benefits is not very high, so this could be a huge issue even for middle-income retirees earning a paycheck to supplement Social Security. You could be taxed on up to 50% of your benefits with a provisional income between \$25,000 and \$34,000 for single tax filers or between \$32,000 and \$44,000 for married joint filers. And once countable income goes above these thresholds, you could be taxed on up to 85% of benefits.

As if this isn't enough, **12**



states also tax Social Security but usually exempt lower earners. So if working puts you above your state's threshold at which benefits become taxable, you could lose even more of your Social Security checks due to your job.

2. You could forfeit some of your benefits if you haven't hit your full retirement age

There's another possible reason working could cause you to lose some of your Social Security income. Under the rules of the program, you forfeit benefits if you earn too much before hitting your **full retirement age** (which is between 66 and four months and 67 for those who are 66 or younger in 2022).

If you are collecting benefits and won't hit FRA at all over the course of the year, you will find yourself giving up \$1 in Social Security for every \$2 earned above \$19,560. This is the 2022 limit, and it can change annually due to inflation.

If you hit FRA at some time during the year, you still could lose Social Security benefits if you work before it. You'll lose \$1 for every \$3 earned above \$51,960. But the good news is, after reaching full retirement age, you can work as much as you want and not forfeit benefits.

Unlike when your job causes your benefits to become taxable, the hit to your Social Security from earning above these thresholds is temporary. At full retirement age, your benefits are recalculated, and you're given credit for the income you didn't get. This means your future monthly payment amounts go up. But it takes time to break even and make up all the missed benefits.

Before you work, you should be aware of these two possible consequences for your Social Security checks. You could find yourself with less money than you expect -- and that could affect your financial security as a retiree.

In America, Cancer Patients Endure Debt on Top of Disease

RAPID CITY, S.D. — Jeni Rae Peters would make promises to herself as she lay awake nights after being diagnosed with breast cancer two years ago.

"My kids had lost so much," said Peters, a single mom and mental health counselor. She had just adopted two girls and was fostering four other children. "I swore I wouldn't force them to have yet another parent."

Multiple surgeries, radiation,

and chemotherapy controlled the cancer.

But, despite having insurance, Peters was left with more than \$30,000 of debt, threats from bill collectors, and more anxious nights thinking of her kids. "Do I pull them out of day care? Do I stop their schooling and tutoring? Do I not help them with college?" Peters asked herself. "My doctor saved my life, but my medical bills are stealing from my children's lives."



Cancer kills about 600,000 people in the U.S. every year, making it a **leading cause of death**.

Many more survive it, because of breakthroughs in medicines and therapies.

But the high costs of modern-day care have left millions with a devastating financial burden. That's forced patients and their families to make gut-wrenching sacrifices even as they confront a grave illness, according to a KHN-NPR investigation of

America's sprawling medical debt problem. The project shows few suffer more than those with cancer.

About two-thirds of adults with health care debt who've had cancer themselves or in their family have cut spending on food, clothing, or other household basics, a **poll conducted by KFF** for this project found. About 1 in 4 have declared bankruptcy or lost their home to eviction or foreclosure....**Read More**

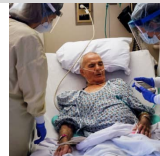
Covid hospitalizations have doubled since May as omicron BA.5 sweeps U.S.

People hospitalized with **Covid-19** have doubled since early May as the even more transmissible omicron BA.5 subvariant has caused another wave of infection across the country, U.S. health officials said Tuesday.

But deaths from Covid still remain relatively low given the number of infections right now, the officials said. Dr. Ashish Jha, who coordinates the Biden administration's Covid response,

said deaths from the virus are not increasing at the same rate they once did due to the availability of vaccines and the antiviral treatment Paxlovid.

"Even in the face of BA.5, the tools we have continue to work. We are at a point in the pandemic where most Covid-19 deaths are preventable," Jha told reporters during a pandemic update Tuesday. But he said the number of deaths still remains



unacceptably high given the fact that the U.S. has vaccines and treatments to prevent the worst outcomes.

More than 16,600 total patients were hospitalized with Covid across the U.S. as of Saturday, according to data from the Centers for Disease Control and Prevention. Currently, an average of more than 5,000 people have been admitted to the hospital with Covid every day

compared with an average of more than 2,000 daily admissions for the week ended May 1, according to the CDC.

The U.S. is currently reporting an average of nearly 104,000 Covid infections per day as of Sunday which is almost double the number of reported cases at the start of May, according to the data....**Read More**

Whistleblower says CVS won't cover some low-cost generics

Ed Silverman reports for **Stat News** on a whistleblower **lawsuit** against CVS. The lawsuit alleges that CVS won't cover some low-cost generics, driving up costs for people in the CVS SilverScript Medicare Part D prescription drug plan, while boosting CVS profits. It sounds like CVS is engaged in a big bait and switch with its Medicare enrollees.

We don't have the numbers, but many people throughout the US in the CVS SilverScript Medicare Part D plan complain about being forced to buy a higher-cost brand-name drug rather than the generic drug equivalent if they want CVS to cover their medication. CVS kept at least twelve popular low-cost generics off its formulary. The generic drugs treat a multitude of conditions, including high eye blood pressure, dementia, ulcerative colitis and hepatitis C.

For example, a Part D SilverScript drug plan did not cover a generic form of Advair, an asthma medicine, on its formulary. Instead, CVS required people to buy the brand-name medicine at a much higher cost.

CVS is charged with keeping its Medicare Part D enrollees from getting generic drugs in order to profit more from covering brand-name drugs beginning in 2015. You would expect CVS to do everything in its power to maximize profits. So, why doesn't the Centers for Medicare and Medicaid Services (CMS) require all Medicare Part D plans to cover all generic alternatives to any brand-name drug they cover? Moreover, why doesn't CMS require Part D plans to cover drugs their enrollees secure through **Mark Cuban's Cost Plus Pharmacy** and other outlets,



when they offer the lowest price for generic drugs? CVS can profit more from covering brand-name drugs because their manufacturers send CVS rebates for including their brand-name drugs on its formulary. CVS could redistribute these rebates to its enrollees through lower premiums and copays. But, it can also keep the rebate money for itself. I'll leave it to you to guess what it does.

Because CVS owns retail pharmacies, a Part D prescription drug insurance plan, and a **Pharmacy Benefit Manager**, CVS has myriad ways to boost profits. For this reason, back in 2012, it agreed to maintain a firewall between its different businesses to keep it from engaging in activities that could undermine competition. The lawsuit claims it broke that commitment.

The lawsuit further claims that CVS developed formularies with fewer generic drugs for patients in Medicare's **Extra Help program**, for whom the federal government pays most or all of the copays. These people would be less likely to notice that they were forced to get a brand-name drug, since getting a brand-name drug would have little effect on their copays.

At the same time that CVS did not offer generic substitutes on its formulary, it also allegedly kept these drugs from being stocked in its pharmacies. What better way to ensure people bought brand-name drugs and not their generic drug equivalents?

SilverScript is also charged with not making enrollees aware of higher costs associated with brand-name drugs or with using their Part D drug coverage rather than paying cash for drugs.

Government watchdog agencies warns Congress about Medicare Advantage Plans

Government watchdog agencies tell Congress Medicare Advantage inappropriately restricts access to care and needs fixing.

In a June 28, 2022 **US House Energy and Commerce Oversight and Investigations Subcommittee hearing**, representatives of the HHS Office of the Inspector General (OIG), Government Accountability Office (GAO) and Medicare Payment Advisory Commission (MedPac) told Congress in no uncertain terms that Medicare Advantage—Medicare Part C, which is administered through private health insurers—needs fixing. Medicare Advantage (MA) **inappropriately restricts access to care** that traditional Medicare covers.

Subcommittee members said that they believe it is of utmost importance that Medicare Advantage delivers people the Medicare benefits they need. Nearly 27 million older adults and people with disabilities are now enrolled in MA, costing taxpayers \$350 billion a year. But, "some Medicare Advantage plans are not acting responsibly."

People in Medicare Advantage are entitled to the same services

as people in traditional Medicare, but they are not always receiving them. MA plans use their own internal criteria for determining medical necessity. Some people face serious barriers to care, and some are being denied access to necessary treatment, according to the OIG. Medicare Advantage plans have found ways to game the system.

One critical problem is the way we reimburse Medicare Advantage. We pay them more if they report that their enrollees have more serious health conditions than people in traditional Medicare. So, to maximize revenues, they send providers to enrollees' homes to find more diagnoses codes for these enrollees, even though they provide no more care to them.

MA can use **prior authorization** as a way to ensure people do not get care they do not need. But, some MA plans impose inappropriate prior authorization requirements that are out of sync with standard medical practice. Too many providers must jump through hoops to get their patients needed care and to get paid for the care



they provide. Some MA plans deny care inappropriately at high rates; when claims are appealed, they are reversed 75 percent of the time.

The GAO found that people **disenroll from MA** at twice the normal rate in their first year of life, when care is most critical,

As for quality of care, **MedPac** reports that the data on services Medicare Advantage plans provide their enrollees has been historically inadequate or difficult to substantiate. After a decade, MA plans are "not producing complete and accurate enough records needed for MedPac to conduct oversight activities, to understand differences in service use between MA and FFS, to reflect utilization management techniques, and inappropriate denial of covered care." The government needs to penalize MA plans that have failed to provide complete and accurate data, as required.

There's also no meaningful accounting as to whether people are using their supplemental benefits in Medicare Advantage, how much is being spent on

them, and whether they are delivered at a reasonable cost. More transparency is needed.

On top of that, according to MedPac, the **Quality Bonus Program**, through which the government rewards MA plans delivering better quality care is fundamentally flawed.

Agencies representatives said that private sector efficiencies have not reduced the cost of care.

Moreover, CMS audits of MA plans are not timely. CMS has not completed audits from 2011-2014.

In short, MA plan incentives are not adequately aligned with those of the people they serve or taxpayers. Substantial reforms are rapidly needed.

The Administrator of the Centers for Medicare and Medicaid Services declined to participate in the hearing, though she was invited, reports Fred Schulte of **Kaiser Health News**. CMS is supposed to be auditing health plans and recouping overpayments. Audits have shown **widespread overcharging** among Medicare Advantage plans. Still, CMS says it has not completed audits from as far back as 2011.

If you have prediabetes, Medicare can help

If you are over 65, the odds are near 50 percent that you have prediabetes, meaning that your blood sugar levels are above normal, but it's **nothing to worry much about**. Prediabetes does not mean that you are likely to get diabetes. But, if you have prediabetes, you should consider taking advantage of Medicare's Diabetes Prevention Program or rethink your diet and daily activities.

Why are older adults more inclined to have prediabetes? A lot of older adults have somewhat higher blood-sugar levels than normal because they tend to produce less insulin than younger adults. They also process insulin less efficiently. Learning how to stay healthy with less insulin can be

great for your health. **What to do if you have prediabetes?** Prediabetes is associated with a greater risk of heart disease. So, you should focus on being active, keeping a healthy weight and eating **healthy foods**, particularly more protein, reports Judith Graham for **Kaiser Health News**. Medicare's Diabetes Prevention Program is designed to help you do just that.

Medicare's Diabetes Prevention Program: Four years ago, Medicare began covering a Diabetes Prevention Program for people with prediabetes. The program offers classes in the community that teach people with Medicare how to eat healthy, lose weight and

DIABETES



exercise more. Unfortunately, people do not know about the program or, if they do, most do not enroll.

The risk of diabetes if you are found to have prediabetes: Some experts believe that you should be screened for prediabetes at 45 and again every three years. An April study by the **Centers for Disease Control** found that, in one year, just 2,500 out of 50,000 older adults with prediabetes ended up with diabetes. That amounts to a five percent risk of getting diabetes.

A 2021 study in JAMA Internal Medicine found that fewer than one in eight people with prediabetes ended up with diabetes after six and a half

years. That's less than 12.5 percent of people with prediabetes. Many more of them got their blood-sugar levels under control.

Risk factors for diabetes: You're more likely to have diabetes if you are overweight or have a family history of diabetes. Black older adults and people with low incomes are also more at risk of getting diabetes. And, men are more likely than women to have diabetes.

Should you take metformin? Don't take metformin, says one endocrinologist, if you have prediabetes. Only take it if you have diabetes and are prescribed it.

Vaccine and Testing Delays for Monkeypox Echo Failures in Early Covid Response

Andy Stone is one of the lucky ones. The New York City resident saw **a tweet** from a local AIDS activist saying that monkeypox vaccines would be available that day at a **clinic in Manhattan**. Stone, 35, and his husband booked appointments online right away and got their shots last month.

"I want to do what I can to protect myself and others," said Stone, a marketing consultant living in Brooklyn, who said his primary care doctor advised him to get the vaccine as soon as possible.

Hundreds of men who showed up without appointments and waited in a snaking line around the Chelsea Sexual Health Clinic that day weren't as fortunate. The 200 shots available went quickly, and many people were turned away, according to New York City Council member Erik Bottcher, whose district includes the neighborhood of Chelsea. When people tried to make online appointments for subsequent days, none were available, he said in **a letter to state officials** urgently requesting additional doses of the vaccine.

The first monkeypox case in

the United States was confirmed in mid-May. As the number of monkeypox cases **reached 605** nationwide as of July 6, some public health experts saw echoes of covid-19 in the government's halting response.

"We're six weeks in, and we're still having problems with availability of testing and vaccine supply, all these issues that we saw with covid," said **Gregg Gonsalves**, an associate professor of epidemiology at the Yale School of Public Health. "Now, the prospects for containment are receding quickly."

Monkeypox is not covid. Covid has killed more than 1 million Americans, but no one has died from a monkeypox infection in the United States during the current outbreak. People can't get monkeypox by simply walking into a room and breathing the same air as an infected person.

The monkeypox virus, which belongs to the same family as smallpox, typically causes **painful, pimple-like sores** on people's face, hands, feet, chest, or genitals, along with fever and swollen lymph



nodes. Until the lesions scab over and heal, **people can infect others** through close physical contact or by touching things like bedding that were in contact **with the rash**. People generally recover from monkeypox in two to four weeks.

Most infections identified so far have been in men who have sex with men, and many of the cases are in Europe. But the World Health Organization reported July 1 that cases are emerging among other groups — in some cases, among people such as household members, heterosexual contacts, and children. Up to **10% of patients have been hospitalized**, according to the WHO.

Two vaccines are available to protect people against monkeypox, Jynneos and ACAM2000. Federal officials are focused on prioritizing providing Jynneos, given in two doses 28 days apart, because it has fewer side effects and can be administered to people who are immunocompromised, which ACAM2000 cannot. The federal government has distributed more than 800 doses of the ACAM2000 vaccine to date.

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Grief Can Be Heartbreaking for People Battling Heart Failure

Can someone really die of a broken heart?

If that person has serious **heart disease**, new Swedish research suggests the answer may well be yes.

After analyzing almost three decades worth of data on nearly half a million heart failure patients, investigators concluded that those who had been struck by the grief that comes with losing a loved one faced a 5% to 20% spike in their risk of dying from heart failure over the following four years.

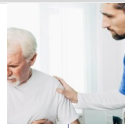
The findings may call for increased attention from family members, friends and doctors for bereaved heart failure patients, especially right after the loss, said study author Krisztina László. She is an associate professor in the department of global public health with the Karolinska Institute in Stockholm.

Heart failure, László explained, "is a progressively deteriorating chronic disease, in which the heart muscle is unable to pump sufficient blood to meet the body's blood and oxygen demands."

Her team noted that estimates suggest that more than 64 million men and women around the globe struggle with the disease.

In the study, the researchers focused on health and bereavement data pertaining to more than 500,000 patients that had been collected by the Swedish Heart Failure Registry between 2000 and 2018. They also reviewed medical information on heart failure patients that had been gathered by the Swedish Patient Register between 1987 and 2018.

The patients had been born in Sweden at some point after 1931, and many were middle-aged or



older.

In the end, nearly 59,000 of the patients (12%) suffered the loss of a loved one. And the team found a significant rise in the risk that heart failure would turn fatal, depending on the relationship the heart failure patient had to the person who died.

For example, losing a husband, wife or partner triggered a 20% rise in the risk of heart failure death, while losing a brother or sister was linked to a 13% rise in risk, and losing a child or grandchild was associated with a 10% and 5% increase, respectively.

But spikes were much higher than that in the immediate aftermath of a loss, the study authors noted, with overall risk (on average) rising 78% within seven days of losing a loved one.

Broken down by relationship, losing a child triggered a 31%

increased risk over the first week, while losing a spouse or partner prompted a 113% increase.

And losing two loved ones was worse than losing one: heart failure patients saw their risk for dying shoot up by 35% after two losses, compared with a 28% rise after the loss of one loved one.

The research team did, however, identify one big exception to the rule: losing a parent. No increased risk for dying was observed among heart failure patients following the loss of either a mother or father.

That, said László, may reflect the fact that the patients themselves were not particularly young, so "at the old age of our cohort members, the death of a parent may be in line with expectations about the life cycle..." **[Read More](#)**

Could ADHD Meds Help Treat Alzheimer's?

Could ADHD drugs also treat degenerative brain disorders, such as Alzheimer's disease?

British researchers say there is good evidence that some medications used for attention-deficit/hyperactivity disorder (ADHD) — known as noradrenergic drugs — might also help treat key aspects of Alzheimer's.

"Repurposing of established noradrenergic drugs is most likely to offer effective treatment in Alzheimer's disease for

general cognition [thinking skills] and apathy," the study authors reported. "There is a strong rationale for further, targeted clinical trials of noradrenergic treatments in Alzheimer's disease."

Led by Dr. Michael David of the UK Dementia Research Institute in London, the study team reviewed results of 19 clinical trials conducted from 1980 to 2021. The trials included more than 1,800 patients with



Alzheimer's disease or mild mental impairment. In the trials, noradrenergic drugs —

including **atomoxetine** (Strattera), **methylphenidate** (Ritalin/Concerta) and **guanfacine** (Tenex) — were used to treat thinking, memory and psychiatric symptoms in people with **neurodegenerative disease**.

The researchers then pooled results of 10 of the trials, including 1,300 patients. They

looked at measures of participants' day-to-day ability to function, including orientation/attention, memory, verbal fluency and language.

Those trials found a small, but significant, benefit of noradrenergic drugs on overall mental skills, according to the report published online July 5 in the ***Journal of Neurology, Neurosurgery & Psychiatry***.... **[Read More](#)**

Family's Hereditary Heart Condition Discovered After Her Father and Two Sisters Died Young

(American Heart Association News) -- DeAnn Bartram was 16 when her father felt like he had a virus he couldn't shake.

Doctors said he had cardiomyopathy, a condition where the heart muscle can thicken, interfering with normal blood flow. Make a will, they said. Then they recommended he get a heart transplant.

Nicholas Cirino was 37 and owned a landscaping business in Cleveland. He and his wife, Reba, flew to California to wait for a new heart. It took six months. Nicholas lived 14 more years, celebrating birthdays, holidays and other milestones

with Reba and their five daughters.

At the time, doctors told DeAnn and her family that her dad's form of cardiomyopathy was rare. He'd probably caught a virus that set it off. They also said it wasn't hereditary.

"So we went on about our lives," said DeAnn.

Nicholas was still alive when DeAnn's sister, Michelle, who was in college studying to become a nurse, kept fainting. Doctors couldn't find anything wrong.

Michelle got married. On her honeymoon, she had more



fainting spells. It turned out to be cardiomyopathy.

Michelle started medication and spent time in the hospital on and off being treated for low potassium and heart palpitations. When she got pregnant, doctors feared her heart was too weak to handle it. She opted to continue, delivering a healthy but preterm baby at 29 weeks, with no complications for her either. She later adopted another son.

At 33, Michelle was jogging and one of her sons was biking next to her when she collapsed. She lived for three days on life support before dying.

Doctors checked the four remaining sisters' hearts and found no issues.

Five years later, Gina was cheering on one of her three sons at his middle school track meet. She jogged back to her van to retrieve his water. Upon returning to the track, she collapsed in front of her son. She died immediately at age 40.

"Enough's enough!" friend and nurse Stacey Mazzurco told DeAnn. "You guys have to come in to get checked out again."

This time, doctors ran genetic tests on DeAnn and her remaining sisters Joelle and Christa.... **[Read More](#)**

How Effective (and Safe) Is Shoulder Surgery?

(HealthDay News) -- If your doctor has told you that you need **shoulder surgery** and you're worried about complications, a new British study indicates you can relax.

Only 1.2% of more than 260,000 patients suffered from complications following arthroscopic surgery to repair shoulder injuries, the researchers reported. Further, only 1 in 26 patients required further surgery in the coming year, either because the procedure didn't work or they developed a complication.

"The findings of this study suggest that risks of serious adverse events associated with common shoulder arthroscopy procedures are low," said University of Oxford researchers led by Dr. Jonathan Rees, from the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences.

"Nevertheless, serious complications do occur, and include the risk of re-operation in 1 in 26 patients within one year," they said.

The researchers analyzed U.K.



National Health Service hospital data on 288,250 arthroscopic shoulder procedures performed on 261,248 patients aged 16 or older between April 2009 and March 2017.

They found the most common complication of the surgery was **pneumonia**, with 1 in 303 patients at risk.

Other serious adverse events included death, blood clots in the lung, heart attack, acute kidney injury, stroke and urinary tract infections, the study found.

Repeat operations due to

infection were rare (1 in 1,111 patients), but tended to occur more frequently in rotator cuff repairs (1 in 526 patients).

The study was published July 6 in the **BMJ**.

"As the numbers of other arthroscopic shoulder procedures continue to increase, this study provides real-world generalizable estimates of serious adverse events and re-operation rates that should better inform surgeons and patients," Rees and his colleagues said in a journal news release.

Common, Crucial Medical Device Often Gives Wrong Readings for Black Patients

Early in the pandemic, scores of Americans bought **pulse oximeters** to help determine how sick they were while infected with COVID-19, but new research finds the devices often miss dangerously low blood oxygen levels in Black veterans.

This is not the first time such inaccuracies have been spotted in Black patients: The problem is serious enough to have prompted the U.S. Food and Drug Administration to **announce** it will hold a public meeting of its Medical Devices Advisory Committee to discuss the accumulating evidence and make recommendations for the use of pulse oximeters. No date has been set for the meeting yet.

The latest research, which culled data from over 100 VA hospitals throughout the United States, follows up on the team's **original study** in 2020.

In the new study, the oximeters were recorded as being off by at least 4 percentage points from **arterial blood gas readings**, on average. Blood gas readings, where blood is drawn from an artery to measure blood oxygen levels, was used by the University of Michigan researchers to compare against oxygen levels read by the pulse oximeters.

The study authors likened the inaccuracies to grades in school: if you're scoring high A's, a



couple of points don't matter much — a 96 and a 100 are still an A grade. But there's a big difference between an 88 and a 92, a B+ and an A-, respectively. With blood oxygen levels, any reading below 92 is considered dangerous.

"This is about your brain not getting enough oxygen," said senior study author Dr. Theodore Iwashyna, a professor of internal medicine at the University of Michigan.

Still, some experts argue that the data might be biased because of the nature of its control group.

"In some ways, I would say the blood gas [reading] is not an appropriate control," said Dr.

Arjun Venkatesh, chief of the section of administration of emergency medicine at Yale University School of Medicine, in New Haven, Conn. Venkatesh noted that the ideal setting for this test would be in a clinic or hospital using people with normal breathing rather than those in critical care.

"Otherwise, we're looking at a very select group of people who happened to get an arterial blood gas when there's some sudden rapid change happening or when you're already on a ventilator," he explained. ... **Read More**

Aching Backs in Seniors: An Expert's Guide to Pain Meds

Back and neck pain are often an unfortunate part of aging, but older adults can safely find relief with various medications, a new research review concludes. **The review** of 138 clinical trials breaks down the evidence on medication options for seniors with **"spine-related" pain** — essentially any aches along the neck and back.

An overarching point is, there is no one-size-fits-all remedy, according to senior researcher Dr. Michael Perloff, a neurologist at Boston University School of Medicine and Boston Medical Center.

Medication choices, he said, depend partly on the underlying cause of the pain. But particularly with older adults, any co-existing health conditions

and medications they are taking are also a factor.

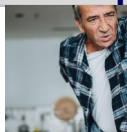
"You do have to be careful about medication interactions and side effects," Perloff said.

At the same time, those issues should not bar older adults from getting pain relief, he stressed.

"If you're an older person and you've been told there are no options for managing your pain, you may need to see a pain specialist," Perloff noted.

"There's a lot we can do with the weapons of medication, injections, physical therapy and, in some cases, surgery," he added.

With younger adults, back and neck aches are often muscle-related. While that can be true for older adults, too, Perloff said,



they often have pain related to **degenerative changes in the spine** — such as wear-and-tear breakdown in the discs or cartilage cushioning the spinal joints.

For that type of pain, common painkillers, including nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen, can help, the review found.

NSAIDs, like ibuprofen and naproxen (Motrin, Aleve), are more effective than acetaminophen (Tylenol), Perloff said. But acetaminophen may be the safer choice for some seniors, including those who are at increased risk of stomach bleeding, or who have kidney or heart disease.

With NSAIDs, limited use is

key. Perloff's team recommends that older people take them for two or three days during a pain flare-up, but avoid using them for weeks at a time.

"With chronic pain, it's often up and down," Perloff noted. "So your treatment needs are different at different times."

In some cases, pain stems from a pinched nerve. One example is **sciatica**, where the sciatic nerve is compressed — often by a disc in the lower spine that slips out of place. That can cause pain that radiates from the lower back down the back of the leg.

NSAIDs can help ease sciatica, the review found. But another option, Perloff said, is medication specific to nerve pain — namely, gabapentin and pregabalin. **Read More**

How Childhood Abuse Can Haunt the Senior Years

Poor mental and physical health among older adults can sometimes trace back to childhood abuse, a Canadian study suggests.

The study, published online July 7 in the journal *[Aging and Health Research](#)*, found that people who were physically abused during childhood were twice as likely to experience anxiety and depression later in life. They were also significantly more likely to develop physical illnesses such as diabetes, cancer, migraines, arthritis and heart disease.

"Sadly, our findings suggest that the traumatic experience of childhood physical abuse can influence both physical and

mental health many decades later," said lead author Anna Buhrmann, a research assistant at the Institute of Life Course & Aging at the University of Toronto. "It also underlines the importance of assessing for adverse childhood experiences among patients of all ages, including older adults."

Buhrmann began the research at McMaster University in Hamilton, Ontario, Canada, for her undergraduate thesis.

The data, from a Canadian community health survey, included a sample of adults aged 60 and older in British Columbia. It compared just over 400 older adults with a reported history of childhood physical abuse to



nearly 4,700 of their peers who were not abused during their early years. Links between childhood abuse and poor physical and mental health were apparent even after Buhrmann and her thesis advisor, Esmé Fuller-Thomson, accounted for other life-defining characteristics, such as income, education, smoking and alcohol use.

"Health professionals serving older adults need to be aware that it is never too late to refer people for counseling," said Fuller-Thomson, director of the Institute of Life Course & Aging.

"A promising intervention, [cognitive behavioral therapy \[CBT\]](#), has

been tested and found effective at reducing post-traumatic stress disorder, and depressive and anxiety symptoms among survivors of childhood abuse," she added in a university news release.

[The study](#) was unable to determine the specific ways in which experiencing physical abuse in childhood directly affects health later in life. But [other studies](#) suggest that [childhood abuse](#) changes a person's biology, affecting how one's body regulates stress. Future research aims to investigate how physical and mental illnesses disrupt these systems.

You Can Take Too Much Vitamin D -- One Man Found Out the Hard Way

Vitamin D supplements are often touted for their health benefits, from boosting the immune system to guarding against cancer. But as one British man found out, it *is* possible to get too much of a good thing.

Vitamin D overdosing -- clinically called [hypervitaminosis D](#) -- is linked to a range of potentially serious health issues, say doctors reporting a recent case study about a man hospitalized for the condition.

"Globally, there is a growing trend of hypervitaminosis D, a clinical condition characterized by elevated serum vitamin D3 levels," the authors wrote. Women, children and surgical patients are most likely to be affected.

Dr. Alamin Alkundi, of East Kent Hospitals University NHS Foundation Trust in England, was

the lead author of the case study. It was published July 6 in *[BMJ Case Reports](#)*.

It reported on a middle-aged man who was hospitalized after complaining of recurrent vomiting, nausea, abdominal pain, leg cramps, ringing in the ear, dry mouth, diarrhea and weight loss.

The symptoms, which had been happening for three months, began a month after he started a vitamin regimen recommended by a nutritional therapist. The regimen included more than 20 over-the-counter daily supplements.

The patient had previously had a number of health issues, including tuberculosis, an inner ear tumor, a buildup of fluid in the brain, bacterial meningitis and chronic sinusitis, according to the case study.

Once his symptoms began, he



stopped taking the supplements, which included 50,000 mg of daily vitamin D, but his symptoms persisted. The recommended daily requirement for vitamin D is about 600 mg for adults.

Blood tests found that the man had very high levels of calcium, slightly raised levels of magnesium and a vitamin D level about seven times above that required for sufficiency.

Scans and X-rays checked for cancer but found nothing abnormal. The man had acute kidney injury.

During eight days in the hospital, he was given intravenous fluids to flush out his system and treated with [bisphosphonates](#). These drugs can strengthen bones or lower excessive blood levels of calcium.

Testing two months after he

was discharged found normal calcium levels, but still an abnormally high vitamin D level.

"Given its slow turnover [half-life of approximately two months], during which vitamin D toxicity develops, symptoms can last for several weeks," the authors said in a journal news release.

Recommended vitamin D levels can be obtained from exposure to sunlight, supplements and certain [foods](#), including salmon, sardines, tuna, beef liver, and fortified milk, cereal and orange juice.

The authors said people may not realize that it's possible to overdose on vitamin D, or the potential consequences of doing so....[Read More](#)

Your Salt Shaker May Prove Deadly, Study Finds

People who douse their meals in salt may have a shorter life than those who rarely reach for the salt shaker, a large new study suggests.

The study, of more than 500,000 British adults, found that those who always sprinkled salt on their food at the table were 28% more likely to die prematurely than people who rarely added salt to their meals.

On average, salt lovers shaved about two years off of their life expectancy at age 50.

The findings do not *prove* the salt shaker is a deadly weapon. But they do support going lighter on the condiment, said lead researcher Dr. Lu Qi, of Tulane University School of Public Health and Tropical Medicine in New Orleans.

"It's a simple behavior people can modify," Qi said.

Processed foods and ready-to-go meals are often [heavy in sodium](#), and best limited. But, Qi noted, it can be tricky to avoid the



sodium lurking in prepared foods. Resisting the salt shaker on your kitchen table is straightforward.

Health experts have long advised limiting sodium in the diet -- largely to help [control blood pressure levels](#). Yet studies have been mixed as to whether that lengthens people's lives. One likely reason is the way that studies measure sodium intake, Qi said.

Some have measured sodium in participants' urine samples, which

only reflects their recent salt intake. Others have asked people about the foods they've eaten in the past month or so, which is also an imperfect estimate.

In contrast, Qi said, a habit of topping every meal with salt says something about a person's long-term taste preferences....[Read More](#)