

## July 31, 2022 E-Newsletter

### Message from the Alliance *for* Retired Americans Leaders



**GAO Investigation Finds Failures in Appeals Process for Social Security Disability Benefits**

The Government Accountability Office (GAO) released a [study](#) on Monday that revealed inconsistencies in the expedited appeals process for Social Security disability benefits.



Robert Roach, Jr.  
 President, ARA

The findings were released after a [previous report](#) found that almost 110,000 people died in the past decade while awaiting a benefits appeal decision. About 48,000 people filed for bankruptcy while waiting for a decision from 2014 to 2019.

The new GAO report was requested by House Ways and Means Social Security Subcommittee Chairman John B. Larson (CT) and Senate Budget Committee Chairman Bernie Sanders (VT). It found that while the Social Security Administration (SSA) expedited most critical cases, there was inconsistent policy in considering the documentation of "dire needs." Cases that do not qualify for fast-tracking



regularly wait more than a year or years for a hearing about their appeals.

Rep. Larson and Sen. Sanders called the administrative failures "unacceptable" for the 10 million beneficiaries who rely on Social Security Disability Insurance.

"It is outrageous that so many Americans suffered and died waiting for their disability claims to be adjudicated," said Alliance President Robert Roach, Jr.

"This report underscores why Congress must provide full funding for the Social Security Administration so that Americans can get the help they need in a timely manner."

#### Drug Corporations Hike Prices Again While Senate Democrats Continue to Work on Legislation Allowing Medicare to Negotiate Lower Prices



Rich Fiesta,  
 Executive Director, ARA

A new [report](#) from Patients For Affordable Drugs revealed accelerating price gouging from pharmaceutical corporations, with 1,186 price increases and a median price increase of five percent already

recorded this year. And while only half of Americans can afford to cover a \$1,000 expense, many are already spending their entire paychecks on drugs they depend on. New drugs now carry a median annual cost of \$180,000, a monumental leap from \$2,000 in 2008. Pfizer increased the price of 23 drugs, more than any other corporation.

The Senate could vote in early August on a budget reconciliation package to lower drug prices for Medicare and extend expanded subsidies for people who purchase health insurance on the Affordable Care Act exchanges.

"Each week the evidence mounts and the case for taking real action to lower drug prices grows stronger," said Richard Fiesta, Executive Director of the Alliance. "Retirees are bearing the brunt of high drug prices and need relief now. There is not a moment to lose."

#### Study Finds American Men Are Less Healthy Than Their Counterparts

The public health non-profit The Commonwealth Fund released a new [report](#) that suggests American men are in poorer health than those living in



Joseph Peters, Jr.  
 Secretary  
 Treasurer ARA

other developed nations. Men in the United States experience higher rates of chronic illnesses, such as diabetes and heart disease, than their counterparts in Switzerland, Norway, New Zealand, Germany, Australia, the U.K., France, the Netherlands, Canada and Sweden. They also suffer more avoidable deaths, defined as deaths before age 75, than other countries.

The study showed that income disparities play a major role. Men with lower incomes tend to partake in unhealthy habits more frequently, such as drinking and smoking, leading to chronic conditions. Low-income earners are also least likely to afford adequate care and can't visit the doctor regularly, which contributes to worsening health issues.

"This study provides further evidence that we need a stronger safety net and universal health coverage for all Americans," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "The United States remains the only country without universal care."

### What's in the Manchin-Schumer deal

Sen. Joe Manchin and Senate Majority Leader Chuck Schumer on Wednesday clinched an [unexpected deal on a bill](#) that includes energy, health and tax policy, potentially moving forward their party's stalled

agenda ahead of the November midterms.

The deal, coined "The Inflation Reduction Act of 2022," would "fight inflation, invest in domestic energy production and manufacturing, and reduce



carbon emissions by roughly 40 percent by 2030," Manchin (D-W.Va.) and Schumer said in a statement. The Democrats said the legislation, which they project would reduce the deficit by \$300 billion, would be

brought to the Senate floor next week.

Here's what's in the agreement, with estimates from the Joint Committee on Taxation and the Congressional Budget Office:...[Read More](#)

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Senator Reed

Last weekend, '9-8-8' became active for the National Suicide Prevention Lifeline. This new three-digit number, which I helped designate, is an important part of the comprehensive effort to address the national mental health

epidemic, which claims over 45,000 lives each year. This week, I had a chance to speak on the Senate floor about the Lifeline and other legislation that I am pursuing to help eliminate suicide as a leading cause of death in the United States.



Over the last several years, we have all become aware of the increasing mental health needs of our communities and in our country. We must continue to work to help people get the mental health care services they need and prevent more Americans from falling victim to

suicide. You can view my full remarks at <https://go.senate.gov/445J>. You can also learn about the new '9-8-8' National Suicide Prevention Lifeline here, and find more information on my efforts related to mental health and suicide prevention here. Jack Reed, United States Senator

**Dr. Amazon will see you now**

Amazon's latest move to further entrench itself in health care will stoke heated competition by other major retailers to capture new customers by delivering primary care.

**Driving the news:** Amazon announced Thursday, a **\$3.9 billion all-cash deal** to purchase One Medical, which would add a brick-and-mortar network of clinics to a health portfolio that already includes wearables, an online pharmacy and virtual care.

- ◆ Amazon is part of a cohort including CVS, Walmart and Walgreens, that have been building consumer-centric digital health care delivery platforms, as well as primary care clinics across the nation.

**What they're saying:** Amazon will face plenty of regulatory hurdles and some challenges in gaining consumer trust. But it's positioned to capitalize on its ability to cater to consumers' whims, as well as patients' frustration with the status quo.

- ◆ "If you ask the majority of American consumers what they think of the current health care system, their experience is terrible. They don't trust the

system anymore," said Elizabeth Mitchell, the president and CEO of the Purchaser Business Group on Health.

- ◆ "Self-insured employers are paying the bill for our health care system and they simply don't get the value they should and, to date, it's been frustrating to try to work through the existing players and the big incumbents in the market," Mitchell said.
- ◆ "I do expect to see more of this because frankly, the industry hasn't been responsive."

**State of play:** One Medical has an enthusiastic patient base with its membership-based services, attractive offices and tech-enabled connectivity to doctors. But its viability has been called into question **after it posted heavy losses** quarter after quarter.

- ◆ This deal gives One Medical a massive war chest to further expand its reach nationally, **Forbes reports**.
- ◆ And it gives Amazon a bigger foothold into health care delivery and patient data, including access to One



Medical's **employer relationships** and its book of Medicare business.

**Between the lines:** This is part of a bigger puzzle Amazon has been piecing together.

- ◆ "This definitely gives Amazon a leg up and gives them enough assets to begin to really impact a different care model," said Jim Fields, a partner in the health and life sciences practice at consulting firm Oliver Wyman.
- ◆ "If you could align that with the PillPack delivery model of getting you the drugs with the Whole Foods better healthier food model and health care information and smart prompts, that starts to deliver on this vision of a connected health care world."

**Reality check:** In the short term, this won't shake up health care but will kick up sparks in financial markets as people "grossly overreact to the news kind of like they did with Haven," Fields said.

- ◆ "You saw a trillion of value wiped out from health care stocks overnight and, within three years, Haven doesn't exist," Fields said, referring to

Amazon's **defunct health care partnership** with JP Morgan Chase and Berkshire Hathaway.

- ◆ Despite Amazon's behemoth status in the U.S. economy, it's still a relatively minor player in health care. And, Fields said, "while One Medical has a decent presence in the major markets around the country, this is a gnat within the scale of health care."

**Yes, but:** "Typically when you see Amazon innovate, it changes whatever industry they're in. Whether it's mail order medication or grocery delivery, they have a track record," Mitchell said.

**The bottom line:** Convincing self-insured employers to buy in and put One Medical in-network will make the difference in whether this deal is transformative or just a blip.

- ◆ "If it works, they'll be very successful. If it doesn't, they're not," Robert Andrews, the CEO of Health Transformation Alliance said.

**Blindsided veterans erupt in fury after Senate Republicans suddenly tank PACT Act**

Blindsided veterans erupted in anger and indignation Thursday after Senate Republicans suddenly tanked a widely supported bipartisan measure that would have expanded medical coverage for millions of combatants exposed to toxic burn pits during their service.

Supporters of the Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics Act — or PACT Act — overwhelmingly expected the House-passed bill to

sail through to the president's desk for signature.

But in a move that shocked and confused veteran groups Wednesday night, 41 Senate Republicans blocked the bill's passage, including 25 who had supported it a month ago.

"We really expected yesterday to be a procedural vote that would go with easy passage," said Jeremy Butler, CEO of Iraq and Afghanistan Veterans of



America, a nonprofit veterans' organization. "That was the absolute expectation."

The PACT Act would have expanded VA health care eligibility to more than 3.5 million post-9/11 combat veterans who were exposed to toxins while serving in the military.

The Senate passed the original legislation 84-14 in June. It underwent minor changes when it moved to the House, where it

passed 342-88. When the bill returned to the Senate, the bill had not changed much but the view — and vote — of 25 senators did.

While it's unclear what prompted the flip, veterans believe the move was political... "We've seen partisanship and games within Congress for years," Butler said. "But what is shocking is that so many senators would literally be willing to play with veterans' lives so openly like this." **Read More**

## Congress Heads Toward August Recess with Much Left to Do

This week is the final week the House of Representatives will be in session before the annual August congressional recess. The Senate is scheduled to stay in Washington one week longer.

This annual occurrence is a continuation of something that began before the invention of air conditioning. August in Washington, D.C., is typically very hot and humid and members of Congress left town for the month because conducting business was so miserable. Of course, those from states farther south went home to even hotter temperatures.

But even with the invention of air conditioning, the tradition continues.

It has been argued that with so much left to do, Congress should stay in town and work on passing legislation that is needed but the opportunity to go home and campaign at county fairs and other events is too strong to resist, especially in an election year.

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## Senate Democrats Push to Finalize Drug-Price Bill

Reporting on legislation to lower prescription drug prices has been like riding a seesaw. One week, things look good and the next week it all falls apart.

The latest news is that Senate Democrats seem to finally have the votes they need to pass the bill to lower drug prices but there are more hurdles they must cross before they get there.

As has been the case from the beginning of the Biden administration and the evenly split Senate, Republicans and the powerful pharmaceutical industry are fiercely opposed to any bill that lowers drug prices. Add to that the resistance of Senator Joe

Manchin (D-W.Va.) and one or two other Democratic Senators to the various pieces of legislation that have contained provisions to lower prices, and we have been on a roller coaster ride for months in the effort to pass the needed legislation.

However, it appears we may finally be closing in on a bill that can pass. The new bill would allow Medicare to negotiate lower prices for 10 drugs per year starting in 2026 and 20 starting in 2029.

Under that deal, Medicare negotiation can only apply after a drug has been on the market for a certain period of time: nine years for many drugs and 13 years for complex "biologic" drugs.

The bill would impose a steep tax of up to 95 percent on drug companies that refused to come to the table and would also impose a ceiling that the negotiated price could not rise above, features that critics have used to argue that the bill is really just "price controls" rather than "negotiation."

Other provisions would prevent drug companies from raising prices faster than the rate of inflation beginning this year and cap out-of-pocket drug costs for seniors on Medicare at \$2,000 per year starting in 2025.

The Congressional Budget Office (CBO) finds the drug pricing provisions would save about \$288 billion over 10 years while extending the increased ACA subsidies for two years would cost about \$40 billion.

Republicans are opposed to the bill for the same reasons they have stated all along, including that it is "socialism" and the claim that it would result in less innovation and fewer new cures. This is the same excuse being pushed by the drug companies.



The Congressional Budget Office (CBO) has evaluated the bill and estimated that there would be a modest reduction in new drugs being developed: perhaps 15 fewer drugs out of 1,300 expected to be approved over the next 30 years.

So, the fact remains that with a razor-thin margin in a 50-50 Senate, the absence of any Democratic senators due to COVID-19 or other reasons could throw off the party's plans.

With the news today that Senator Manchin has Covid-19, the uncertainty of passing the bill has been amplified. Add to that the fact that Sen. Patrick Leahy (D-Vt.) still has not returned to the Senate after a hip replacement surgery, it means Democrats are currently down at least two needed votes to pass the drug bill. That makes it all but certain the legislation will not pass this week and unclear if it will be able to pass prior to the Senate leaving town for the August recess in two weeks.

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## House to Vote on Extending Medicare Telehealth Bill

The House of Representatives is scheduled to vote this week on a bill that would allow Medicare to continue to offer telehealth services, which were originally permitted during the Covid-19 public health emergency, through Dec. 31, 2024.

The bill was co-authored by Reps. Debbie Dingell (D-Mich.) and Liz Cheney (R-Wyo.).

The telehealth extension would take effect after the expiration of the emergency, which Health and Human Services Secretary Xavier Becerra extended for another 90 days on July 15.

The provisions covered by the bill would allow:

- ◆ Medicare patients to receive

authorized telehealth services regardless of location.

- ◆ Federally qualified health centers and rural health clinics to continue providing telehealth services.
- ◆ Telehealth for mental health services.
- ◆ Audio-only telehealth services for professional consultations, office visits, and office psychiatry services.
- ◆ Hospice physicians or nurse practitioners to use emergency telehealth in lieu of the face-to-face recertification requirements for continued hospice care eligibility.
- ◆ Occupational therapists, physical therapists, speech-language pathologists, and audiologists to provide telehealth services.

Congresswoman Cheney released this statement when the bill was originally introduced last year.

*"This bill will allow Americans to utilize telehealth services even after the emergency declaration has ended. COVID-19 presented unprecedented challenges, including the facilitation of a safe environment for our seniors to receive high quality health care. Fortunately, Congress was able to remove many of the barriers that prevented seniors from utilizing telehealth services from the comfort and safety of their homes. As a result, telehealth use among seniors has continued to rise and this legislation would continue this successful trend well after the pandemic is over by permanently cutting burdensome red tape, while allowing Medicare to adapt to the ever-changing innovation in medical technology."* -Rep. Liz Cheney (Wyo.)

## Nursing Homes Are Suing the Friends and Family of Residents to Collect Debts

Lucille Brooks was stunned when she picked up the phone before Christmas two years ago and learned a nursing home was suing her.

"I thought this was crazy," recalled Brooks, 74, a retiree who lives with her husband in a

modest home in the Rochester suburbs. Brooks' brother had been a resident of the nursing home. But she had no control over his money or authority to make decisions for him. She wondered how she



could be on the hook for his nearly \$8,000 bill. Brooks would learn she wasn't alone. Pursuing unpaid bills, nursing homes across this industrial city have been routinely suing not only residents but their friends and family, a KHN review of court

records reveals. The practice has ensnared scores of children, grandchildren, neighbors, and others, many with nearly no financial ties to residents or legal responsibility for their debts.... [Read More](#)

# Democrats Ready to Go It Alone to Strengthen Medicare & Lower Prescription Drug Costs



Senator Reed

With the U.S. on the verge of advancing historic legislation to drive down prescription drug costs and level the playing field for seniors and working families, U.S. Senator Jack Reed is joining health experts and advocates on Friday, July 22 at 11:00 a.m. to discuss how pending legislation would help Rhode Islanders save on health care costs by empowering Medicare to negotiate lower drug prices, capping out-of-pocket prescription drug costs, and limiting pharmaceutical price increases to the rate of inflation.

Currently, Americans on average pay **three times more for prescription drugs than people in other developed countries**

, forcing millions to choose between affording their medications and paying for essentials like food or rent. On the national level, Medicare accounts for about one-third of prescription drug spending.

Senator Reed says if this new fast-track reconciliation bill

passes, Medicare will finally have the power to negotiate for lower drug prices and all Americans will be protected against outrageous and arbitrary price increases.

"We can't let the cost of prescription drugs continue to be a barrier to good health. For too long the pharmaceutical industry has overcharged Americans and dictated sky-high prices for life-saving prescription drugs that people rely on," said Senator Reed. "The federal government must take needed steps – including granting Medicare the authority to negotiate prescription drug prices – in order to lower costs for hardworking American families, seniors, and businesses. We are on the verge of passing historic reforms to hold drug companies accountable and lower the cost of health care for everyone, which will help save lives and taxpayer dollars."

Senator Reed has long advocated to require Medicare to negotiate drug prices, cap beneficiary out-of-pocket Part D drug costs at \$2,000 a year, and penalize drug manufacturers for

price hikes that outpace inflation.

According to the nonpartisan Congressional Budget Office (CBO), **these measures would save taxpayers \$288 billion over the coming decade**

, chiefly because the government would pay less for pharmaceuticals.

The U.S. Senate's budget reconciliation process, which avoids the Senate's 60-vote threshold to advance major legislation, is complicated and requires sign-off from the Senate Parliamentarian, who is currently reviewing the legislative package to ensure it doesn't break a lengthy list of procedural or parliamentary rules. If the Senate Parliamentarian gives her stamp of approval to the measure then the entire package goes to the full U.S. Senate for consideration, debate, amendments, and a final vote. Under Senate reconciliation rules, the minority party is allowed to put forward as many amendments as members want, and floor votes take place around the clock on those provisions in what is known as a 'vote-a-rama.'

According to a recent [Kaiser Family Foundation survey](#), about half of all respondents reported delaying or going without health care in the past year due to costs. Additionally, nearly one-third of households -- including 43 percent of those with annual incomes under \$40,000 -- declined to fill a prescription or skipped doses due to affordability concerns.

While the comprehensive prescription drug reform bill -- the largest and most consequential health care reform bill since the Affordable Care Act -- is closer than ever to passing, Senate Republican leaders and the pharmaceutical industry are actively opposed. According to [OpenSecrets](#)

, Big Pharma has already spent over \$101 million on lobbyists in 2022 to fight Democratic efforts to rein in prescription drug costs. That is **double** the amount of spending on lobbying compared to the next largest industry.

***Roger Boudreau, Rhode Island AFT Retirees president and Alliance for Retired Americans of Rhode Island vice president was a speaker.***

## It's time to expose the secret drug scam at the heart of American health care

A federal court recently exposed the rot at the heart of America's healthcare system.

The case, filed in the U.S. District Court for the District of Columbia, partly revolved around the many low-income, and even middle-income, patients who receive "co-pay coupons" from drug manufacturers to help them cover their out-of-pocket costs at pharmacies

For many Americans, these coupons represent the difference between filling a prescription and going without lifesaving care. But in recent years, health insurers have started to effectively steal those coupons, leaving patients on the hook for far higher expenses. As Judge Carl Nichols noted in a [May ruling](#), insurance companies "pocket for themselves at least some of the assistance."

Sadly, the practice is totally legal. And until lawmakers crack

down on this sort of grossly immoral behavior, insurance behemoths and their allies will continue shifting costs onto patients, with disastrous consequences for individuals' health and society at large. Most Americans are furious over the **price of prescription drugs**—and rightly so. Americans pay **more for medications** than the citizens of any other developed nation.

It's tempting to blame the pharmaceutical industry for this state of affairs. But in reality, drug companies—while hardly blameless—actually have very little say over the price patients pay at the pharmacy counter.

A drug's out-of-pocket cost is mostly the result of decisions made by insurance companies and the "pharmacy benefit managers" (PBMs) they hire to administer prescription drug plans and haggle with



pharmaceutical firms for discounts.

PBMs are quite good at those negotiations. In 2021 alone,

pharmaceutical firms provided a staggering **\$204 billion** in price concessions for brand-name medicines.

The problem is that PBMs aren't negotiating on behalf of patients. Pharmacy benefit managers are seeking to maximize their own profits and the profits of their insurer clients. PBMs skim off a substantial share of the negotiated savings for themselves and pass the rest to insurers. Those health insurers, in turn, use the discounts to offer more competitive premiums in a bid to attract enrollees.

But saving a few bucks a month on premiums does relatively little to help the sickest patients, who often take multiple prescriptions.

On each of those drugs, patients generally face copay or "coinsurance" payments (a fixed percentage of a medicine's cost) set by their insurance plans.

Insurers base that patient cost-sharing on the undiscounted—and undisclosed—list price of medications, rather than the sharply discounted rate that PBMs actually negotiated. This causes patients to vastly overpay for drugs.

For example, say medication lists for \$400 for a month's supply, and the insurer's PBM has negotiated a discount of 75%—a plausible scenario for many types of insulin.

And say the insurance plan's coinsurance requirement for that medication is 25%. That means the insurer would collect \$100 from the patient in coinsurance—25% of the \$400 list price. And it would turn around and pay that \$100 to the manufacturer....**Read More**

# What are the IRMAA brackets for Medicare in 2023 projected to be based on inflation?

**Question:** Do you know what the IRMAA brackets for Medicare in 2023 are projected to be based on inflation?

**Answer:** While the brackets and expected IRMAA rates for 2023 will likely be released in November, there are already some projections as to what to expect with the current market. What is IRMAA?

IRMAA stands for “Income-Related Monthly Adjusted Amount,” and this is an additional surcharge for higher-income beneficiaries. The government believes that higher-income individuals can afford to pay more for their Medicare premiums; therefore, this charge is added to the monthly Medicare Part B and Medicare Part D premium.

How is IRMAA calculated?

IRMAA is determined through your taxes and your adjusted gross income. IRMAA goes back two years to determine your surcharge. For example, your 2023 Medicare Part B and D premiums will be based on your tax return from 2021.

IRMAA rates for 2022

In 2022, Medicare Part B saw a high increase of premium of 14.5% (jumping from \$148.50 in 2021 to \$170.10), which led to higher premiums for higher-income beneficiaries.

There are five IRMAA income brackets depending on your income and filing status. Here are the brackets for 2022:

While 2023 IRMAA rates



haven’t been finalized, we expect they will increase slightly. We also expect the IRMAA threshold will increase to more than \$91,000 for individuals and \$182,000 for joint filers. In addition, we expect to have an increase to the penalty amount for these brackets.

The Medicare Part B premium for 2023 will be released shortly after the Social Security Administration announces its Cost-of-Living Adjustment (COLA), usually in November or December. Since these adjustments consider inflation, we expect that Medicare IRMAA brackets and penalties will as well.

Appealing IRMAA fees  
Because the 2023 IRMAA fees

will be based off your 2021 adjusted gross income, you can appeal these fees if you’ve had a “life-changing” event. This could include a significant decrease in income (usually through a retirement), a work stoppage or reduction, a marriage or divorce, a loss of income-producing property, and others.

To appeal these fees, you need to complete Form SSA-44 (Medicare Income-Related Monthly Adjustment Amount – Life-Changing Event”), which is available online.

*Below chart Provided by SeniorsMatterText Description automatically generated with medium confidence  
Projected IRMAA brackets for 2023*

Individual	Married Filing Jointly	Married Filing Separate	Part B Monthly Premium	Part D Monthly Premium
\$91,000 or less	\$182,000 or less	\$91,000 or less	\$170.10	Your Premium Only
Above \$91,000 – \$114,000	Above \$182,000 – \$228,000	N/A	\$238.10	Plan Premium + \$12.40
Above \$114,000 – \$142,000	Above \$228,000 – \$284,000	N/A	\$340.20	Plan Premium + \$32.10
Above \$142,000 – \$170,000	Above \$284,000 – \$340,000	N/A	\$442.30	Plan Premium + \$51.70
Above \$170,000 – \$500,000	Above \$340,000 – \$750,000	Above \$91,000 and less than \$409,000	\$544.30	Plan Premium + \$71.30
Greater than \$500,000	Greater than \$750,000	\$409,000 or more	\$578.30	Plan Premium + \$77.90

## Ad Targeting Manchin and AARP Mischaracterizes Medicare Drug-Price Negotiations

**Sen. Joe Manchin and AARP “support government price-setting schemes” to divert money from Medicare to “unrelated government programs or pad big insurers’ profits.”**



A snappy **political advertisement** from the conservative advocacy group **American Commitment** bluntly charges Sen. Joe Manchin (D-W.Va.) with supporting a legislative plan that would drain “billions in funds” from Medicare.

Specifically, the ad claims that Manchin and AARP, the well-known advocacy group for people 50 and older, “support government price-setting schemes that’ll give liberal politicians billions in funds meant for Medicare to spend on unrelated government programs or pad big insurers’ profits.” Here, “price-setting” is a reference to a policy proposal that its backers say would give Medicare the ability to rein in the prices it pays for some prescription drugs so they are

more in line with prices in other industrialized countries.

American Commitment didn’t respond directly to KHN’s request for comment, but its president, Phil Kerpen, **took to Twitter to react** to our email inquiry. Kerpen tweeted on July 14 that “CBO shows Manchin/Schumer drug price controls raid Medicare for \$287 billion, most of which is expected to be sent to insurance companies as supersized Obamacare subsidies.”

This is a reference to the **Congressional Budget Office’s July 6 cost estimate** of the prescription drug policies in an economic package — a type of legislation known as a **reconciliation bill** — that Senate Democrats, led by Majority Leader Chuck Schumer, hope to bring to the floor in the coming weeks. The CBO found those policies would save \$287.6 billion over 10 years as a result of Medicare’s reduced spending on drugs. More on this later.

Both Manchin and AARP dismissed the ad’s message.

“This ad funded by Big Pharma is blatantly lying about Sen. Manchin’s record,” said Sam Runyon, Manchin’s communications director. “West Virginia seniors know Sen. Manchin has worked tirelessly to protect Medicare and reduce prescription drug costs.” American Commitment received **\$505,000** from PhRMA, the drug industry’s trade group, in the 2020 election cycle, according to **OpenSecrets**.

In the days after the ad began airing, **Manchin announced** he would support only a slimmed-down version of the reconciliation bill, although his support for Medicare drug-price negotiations has remained steady.

Bill Sweeney, AARP’s senior vice president of government affairs, said the ad is representative of “the false attacks” that opponents of the proposal are using. “So I don’t think anything can be further [from] the truth,” he said, referring to the ad’s assertion that the Medicare program will be cut to pay for something else.

This ad is marked by charged language and opinions, and it raises the question of whether giving Medicare the power to regulate drug prices would be the price-setting scheme that American Commitment makes it out to be.

### What Are Medicare Drug-Price Negotiations?

The ad claims that Manchin and AARP “support government price-setting schemes.” And it’s true that Manchin and AARP continue to favor Medicare drug-price negotiations.

So what does that mean?

Medicare is currently prohibited from bargaining directly with pharmaceutical companies over how much it pays for certain prescription medications, so that power would be new. Supporters of the proposal say doing so would lead to significant savings for Medicare because it pays much higher prices than the rest of the world. Critics of the proposal, such as Kerpen, call the practice “price setting.”....**Read More**

# Married or Divorced? Here's How It Will Affect Your Social Security



Social Security can make up a sizable portion of your income in retirement, so it pays to know how your benefits are calculated. In some cases, your marital status could affect the amount you receive each month. Married or divorced couples can sometimes collect extra benefits based on their partner's (or ex-partner's) work record, which could amount to hundreds of dollars per month.

Not everyone is eligible for spousal or divorce benefits, and there are a few requirements you'll need to meet. Here's how to tell if you qualify.

Who is eligible for spousal benefits?

Spousal benefits are generally available to those who are married to someone entitled to

Social Security. Even if you've never worked and don't qualify for your own benefits, you can still receive spousal benefits, based on your partner's work record.

The maximum you can collect is 50% of the amount your spouse is entitled to at their **full retirement age** (FRA). For example, if your partner would collect \$2,000 per month at their FRA, the most you could receive in spousal benefits is \$1,000 per month.

If you're **entitled to Social Security** based on your own work record, you can still receive spousal benefits -- but only if your payments are less than what you'd receive based on your partner's earnings. In addition, you'll only receive the higher of the two amounts.



For example, if you're entitled to \$800 per month based on your own earnings and could receive \$1,000 in spousal benefits, you'd collect \$1,000 per month. If you were receiving, say, \$1,200 per month based on your own work record, then you wouldn't qualify for spousal benefits at all in this scenario.

Who is eligible for divorce benefits?

Divorce benefits are similar to spousal benefits in many ways, except you're claiming based on an ex-spouse's work record. To qualify for divorce benefits, your previous marriage must have lasted for at least 10 years and you can't currently be married. If you've been divorced for less than two years, you'll also need to wait until your ex-spouse files for benefits before you can begin

claiming.

Like with spousal benefits, the most you can receive is 50% of your ex-spouse's benefit amount at their FRA. Also, if you're receiving Social Security based on your own work record, you'll only collect the higher of the two amounts.

Finally, claiming divorce benefits won't affect your ex-spouse's benefit amount in any way. If your ex-partner has remarried, it will also not affect their current spouse's ability to claim spousal benefits.

If you qualify for spousal or divorce benefits, it's wise to take full advantage of them. In some cases, you could increase your retirement income by hundreds of dollars per month, which can help you enjoy your senior years as comfortably as possible.

## 'True Cost of Aging' Index Shows Many Seniors Can't Afford Basic Necessities

Fran Seeley, 81, doesn't see herself as living on the edge of a financial crisis. But she's uncomfortably close.

Each month, Seeley, a retired teacher, gets \$925 from Social Security and a \$287 disbursement from an individual retirement account. To make ends meet, she's taken out a reverse mortgage on her Portland, Maine, home that yields \$400 monthly.

So far, Seeley has been able to live on this income — about \$19,300 a year — by carefully monitoring her spending and drawing on limited savings. But should her excellent health worsen or she need assistance at home, Seeley doesn't know how she'd pay for those expenses.

More than half of older women living alone — 54% — are in a similarly precarious financial situation: either poor according to federal poverty standards or with incomes too low to pay for essential expenses. For single men, the share is lower but still surprising — 45%.

That's according to a valuable but little-known measure of the cost of living for older adults: the **Elder Index**, developed by researchers at the Gerontology Institute at the University of Massachusetts-Boston.

A new coalition, the **Equity in Aging Collaborative**, is planning to use the index to influence policies that affect older adults,



such as property tax relief and expanded eligibility for programs that assist with medical expenses. Twenty-five prominent aging organizations are members of the collaborative.

The goal is to fuel a robust dialogue about "the true cost of aging in America," which remains unappreciated, said **Ramsey Alwin**, president and chief executive of the National Council on Aging, an organizer of the coalition.

Nationally, and for every state and county in the U.S., the Elder Index uses various public databases to calculate the cost of health care, housing, food, transportation, and miscellaneous

expenses for seniors. It represents a bare-bones budget, adjusted for whether older adults live alone or as part of a couple; whether they're in poor, good, or excellent health; and whether they rent or own homes, with or without a mortgage.

Results from the analyses are eye-opening. In 2020, according to data supplied by **Jan Mutchler**, director of the Gerontology Institute, the index shows that nearly 5 million older women living alone, 2 million older men living alone, and more than 2 million older couples had incomes that made them economically insecure....**Read More**

## The Must-Read Bernie Sanders Quote on Social Security

Senator Bernie Sanders (I-VT) introduced a bill in the U.S. Senate in June that would extend the solvency of Social Security through 2096 and increase benefits by \$2,400 per year for beneficiaries.

The Social Security Expansion Act, sponsored by Sanders and Senator Elizabeth Warren (D-MA), would lift the income tax cap and apply the **Social Security** payroll tax to all income above \$250,000. Currently, the payroll tax applies

to just the first \$147,000 of a person's earnings. Sanders says 93% of households would not see a tax increase if this bill is passed.

"It is absurd that a billionaire in America today pays the same amount of Social Security taxes as someone making \$147,000 a year," Sanders said. "It's time to scrap the cap, expand benefits, and fully fund Social Security. I am proud that the Social Security Administration has estimated



that our legislation to expand Social Security benefits by \$2,400 a year will fully fund Social Security for the next 75 years by applying the payroll tax on all income -- including capital gains -- above \$250,000 a year." A 20% benefit cut is on the horizon

The subject of extending the solvency of Social Security took on greater urgency after the Social Security Board of Trustees issued its 2022 report in

June, stating that the asset reserves of the Old-Age and Survivors Insurance (OASI) trust fund, which pays benefits to retirees, is projected to be depleted in 2035. While shocking, that is not unexpected as it is one year later than projected last year. However, perhaps even more shocking is that seniors would see a **20% pay cut in 2035**, as the report said that the asset reserves would only be enough to pay 80% of benefits by then....**Read More**

## Keytruda Extends Survival for Women With an Aggressive Breast Cancer

Adding the drug Keytruda to standard chemotherapy can extend the lives of some women with an aggressive form of breast cancer, a new study finds.

The study involved women with advanced **triple-negative breast cancer**, a hard-to-treat form of the disease. Keytruda (pembrolizumab) is already approved in the United States as an option for those patients, based on evidence that it stalls the cancer's progression.

Now the new findings, published July 21 in the *New England Journal of Medicine*, show that the drug can extend some patients' lives, too.

Specifically, Keytruda improved overall survival among women whose tumors had high levels of a protein called PD-L1. For them, the drug added seven months to their median survival, compared with standard chemotherapy alone: 23 months versus 16 months.

That means that half of the women on Keytruda lived longer than 23 months, while half died sooner.

"We knew we can control the disease [with Keytruda], but that does not necessarily mean that patients live longer," said Dr. Naoto Ueno, a breast cancer



specialist at M.D. Anderson Cancer Center in Houston.

"This study proves you can also extend overall survival," said Ueno, who was not involved in the research.

Triple-negative cancers **account** for about 10% to 15% of all breast cancers, according to the American Cancer Society. They are so called because the cancer's growth is not fueled by estrogen, progesterone or a protein called HER-2.

Unfortunately, that means women with the disease have fewer treatment options, because

commonly used hormonal therapies and "targeted" HER-2 drugs do not work for them.

Instead, the traditional mainstays of treatment have been surgery and chemotherapy.

That has been changing in recent years, however. In 2020, the U.S. Food and Drug Administration **approved** Keytruda for treating women with advanced triple-negative cancer — cases where the cancer had spread beyond the breast, including distant sites in the body....[Read More](#)

## COVID Reinfections Are Now Common. Will Getting a Booster Even Help?

Everyone in the United States knows someone -- often multiple someones -- who have been reinfected with COVID-19.

Despite vaccines, boosters and natural immunity, the highly infectious Omicron variant appears capable of getting around whatever protection you might have gained against SARS-CoV-2.

Even President Joe Biden -- famously vaccinated and fully boosted -- announced July 21 that he'd contracted COVID-19 and was suffering from a runny nose, fatigue and occasional dry cough. The latest Omicron subvariant — **BA.5** — is causing **reinfections** to occur more often in prior COVID patients, according to **surveillance data** from the gene sequencing company Helix.

The share of new COVID-19 cases that are reinfections nearly doubled in recent months, rising from 3.6% during May's BA.2 wave to 6.4% as BA.5 became the dominant strain in July, according to **Helix's data as cited by CNN**.

And now BA.5 has become America's dominant strain, accounting for 80% of new infections, according to the U.S. Centers for Disease Control and Prevention.

"BA.5 is actually the most immune-evasive SARS-CoV-2 subvariant that we've seen up

until this point, which is pretty scary," said John Bowen, a researcher in the department of biochemistry at the University of Washington School of Medicine, in Seattle.

The COVID-19 virus mutates more often than first thought, and its mutations have proven more infectious than earlier strains, said Dr. William Schaffner, medical director of the Bethesda, Md.-based National Foundation for Infectious Diseases.

"We did think that once you had gotten infected, you would have fairly long-term protection — not complete, but fairly long term," Schaffner said. "This is clearly not the case with Omicron. Omicron has the capacity to be extraordinarily contagious. And in that context, it can infect people who are previously vaccinated and previously recovered from natural infection."

Vaccinations, boosters and previous infections can still help prevent more severe cases of COVID-19, but they don't provide such strong protection against initial infection and mild illness, Schaffner said.

"In order for real serious disease to take place, the virus has to leave the respiratory tract, travel through the bloodstream to other organ systems, and during that travel through the



bloodstream is when the antibodies that we create from the vaccine can glom onto the virus and prevent it from localizing throughout the body," he said.

"But the virus attaching to the back of the throat, to the nose, to the bronchial tubes, that's a very easy thing to do," Schaffner continued. "It turns out that's a much harder thing to prevent than the transport of the virus through the bloodstream."

Bowen led a study recently published online in the journal *Science* that came to one reassuring conclusion — all existing vaccines provide pretty good protection against the Omicron variants.

"Even despite how immune evasive this thing is, vaccines actually do still do a pretty good job of neutralizing the virus, and we know neutralization is correlated with protection," Bowen said of the BA.5 variant. "So we think people are going to be pretty decently protected."

Another piece of mixed news comes from Helix, which found that the average time between COVID-19 infections has increased in recent months.

Even though reinfections are more common, a person on average had 270 days between COVID infections in July, compared with 230 days between infections in April.

"This indicates that the vast majority of reinfections are still occurring in people that were originally infected before the Omicron wave," Helix wrote in a report. "However, the rate of reinfection (or how often people are getting reinfected) is rising faster than before, likely because of waning protection from vaccines and previous infections."

Folks need to get used to the idea of COVID becoming an illness you will likely acquire from time to time, just like influenza, said Schaffner and Dr. Aaron Glatt, chief of infectious diseases at Mount Sinai South Nassau in Oceanside, N.Y.

"There's an excellent chance that this will become a chronic viral infection that maybe or maybe not you'll have to get an annual booster for, we don't know that yet," Glatt said. "And it will constantly mutate and have variants that may or may not be of different severity, a different communicability, and different potential illness causes."

As with the flu, annual COVID vaccine boosters will help protect you against serious illness, but won't be able to prevent a mild infection, Schaffner and Glatt said....[Read More](#)

## Regular Screening Pays Off for People at High Risk for Pancreatic Cancer

Pancreatic cancer often has a dismal prognosis, but a new study finds that screening high-risk people can catch the disease early and extend lives.

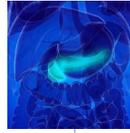
Researchers at eight U.S. medical centers found that annual screening tests paid off for patients at high risk of pancreatic cancer due to genetics. Of those diagnosed with the cancer through screening, most had it caught at an early stage, and more than 70% were still alive five years later.

That's a significant achievement, researchers said, in a disease as deadly as pancreatic cancer. Even with some treatment advances in recent years, only about 10% of patients survive for five years.

That's largely because pancreatic cancer is hard to catch early, and most people are diagnosed only after it has spread. Unlike the case with some other cancers, there is no test that can be used to routinely screen symptom-free people for pancreatic tumors.

But for more than 20 years, researchers at Johns Hopkins University have been studying ways to screen people who are at high risk. That includes individuals who carry inherited gene mutations that raise susceptibility to pancreatic cancer, and those with a strong family history of the disease.

Screening involves yearly imaging tests -- either MRI scans or endoscopic ultrasound -- to



look for early signs of the cancer.

"We've been incrementally developing these data for many years," said senior researcher Dr. Michael Goggins, a professor of pancreatic cancer research at Johns Hopkins.

The latest findings were published recently in the *Journal of Clinical Oncology*. They confirm that regular screenings can often catch pancreatic cancer in its earliest stage. And when that happens, patients can live many years longer.

"If you're diagnosed with stage 1 pancreatic cancer through screening, the outcome is dramatically different," Goggins said.

Right now, screening for high-risk people is done in research

programs at certain big medical centers. But in the future, Goggins said, "we absolutely want this to be rolled out widely."

The new findings are based, in part, on nearly 1,500 patients who enrolled in screening programs at Hopkins or one of seven other medical centers starting in 2014. Nearly half harbored gene mutations tied to pancreatic cancer. The rest carried no known mutations but had a strong family history of the disease -- most often affecting two or more first-degree relatives (parent, sibling or child), or one first-degree and at least one second-degree relative. (Second-degree relatives include aunts, uncles, grandparents, grandchildren, nieces, nephews or half-siblings)...[Read More](#)

## Biden Administration Announces New Division to Deal With Pandemics

The Biden administration announced Thursday that it will create a new division in the U.S. Department of Health and Human Services (HHS) focused solely on coordinating responses to pandemic threats and other health emergencies.

The office of the existing Assistant Secretary for Preparedness and Response (ASPR) will become its own operating division called the Administration for Strategic Preparedness and Response.

This federal agency will be at the same level as the U.S. Centers for Disease Control and

Prevention and the U.S. Food and Drug Administration, *The New York Times* reported.

Its role will include responsibility for oversight of the **Strategic National Stockpile**, which stores reserve medical supplies, and for contracting for and distributing vaccines in an emergency.

"This change allows ASPR to mobilize a coordinated national response more quickly and stably during future disasters and emergencies, while equipping us with greater hiring and contracting capabilities," Dawn



O'Connell, the assistant secretary for preparedness and response, wrote to employees in an **email** Wednesday, the *Washington Post* reported.

At the moment, the CDC, the FDA and the U.S. National Institutes of Health manage different parts of the U.S. government's emergency response efforts to public health emergencies.

And elevating the HHS division's role may create tensions among the agencies, the *Times* said.

Lawrence Gostin, a former

CDC adviser who directs the O'Neill Institute for National and Global Health Law at Georgetown University in Washington, D.C., told the *Times* the announcement was vague, which he said was "frustrating."

"It's always tempting when an agency performs badly to sideline it or to designate its key functions to another agency, or to even defund it, which I think will happen as a consequence of this, when the right answer is to fix it," Gostin said. [Read More](#)

## WHO declares monkeypox a global health emergency as infections soar

The World Health Organization on Saturday declared the international **monkeypox outbreak** a global emergency, a decision that underscores concerns about rapidly spreading infections sparked by the virus.

The move to label the outbreak a Public Health Emergency of International Concern, the highest level of alert the WHO can issue, is expected to marshal new funding to fight the outbreak and to pressure governments into action. **More than 16,500** cases of monkeypox have been reported in 74 countries.

"In short, we have an outbreak that has spread around the world rapidly through new modes of transmission about which we understand too little," WHO Director General Tedros Adhanom Ghebreyesus told reporters Saturday.

The decision means the world is now confronting two viral diseases that have crossed the extraordinary threshold of being declared health emergencies: covid-19 and monkeypox. The WHO labeled the coronavirus pandemic a global crisis early in 2020.

WHO officials said the global



risk of monkeypox is moderate, but that it is high in Europe, where most of the infections have been recorded in an outbreak that ignited in the spring.

Tedros said that one of the reasons he moved to declare a global health emergency is the potential for stanching the outbreak, which is overwhelmingly concentrated in men who have sex with men.

"That means that this is an outbreak that can be stopped with the right strategies in the right groups," Tedros said.

The WHO director general emphasized that any containment measures should respect the "human rights and dignity" of gay and bisexual men.

"Stigma and discrimination can be as dangerous as any virus," Tedros said.

WHO officials also said higher rates of "health-seeking behavior" among gay and bisexual men and a culture of public health in the community shaped by the AIDS crisis can help end the outbreak....[Read More](#)

## First U.S. Polio Case in Nearly a Decade Reported in New York

New York health officials said Thursday that the first U.S. case of **polio** in nearly a decade has been confirmed in a young unvaccinated adult in Rockland County.

"Based on what we know about this case, and polio in general, the [New York] Department of Health strongly recommends that unvaccinated individuals get vaccinated or boosted with the FDA-approved **IPV polio vaccine** as soon as possible," State Health Commissioner Dr. Mary Bassett said in a **statement**. "The polio vaccine is safe and effective, protecting against this potentially debilitating disease, and it has been part of the backbone of required, routine childhood immunizations recommended by health officials and public health agencies nationwide."

In the Rockland County case,

the patient developed paralysis, but is no longer contagious. It is likely that the person contracted the disease from someone who had received a type of live polio vaccine administered only in other countries (the United States uses an inactivated type of vaccine that can't cause polio), the *Associated Press* reported. The person had not traveled recently outside the country, health officials said.

Investigators are now working to determine specifically how the infection happened and whether others were exposed, while health officials have scheduled polio vaccination clinics for Friday and Monday in New York.

"We want shots in the arms of those who need it," Rockland County Health Commissioner



Dr. Patricia Schnabel Ruppert said during a Thursday news conference, the *AP* reported.

Rockland County, a northern suburb of New York City, is known for past instances of vaccine resistance and had a measles outbreak that infected 312 people in 2018-2019, according to the *AP*.

Before vaccines became available, polio was a much-feared disease that caused annual outbreaks including thousands of paralysis cases, mostly in children.

"Many of you may be too young to remember polio, but when I was growing up, this disease struck fear in families, including my own," Rockland County Executive Ed Day said in a statement. "The fact that it is still around decades after the

vaccine was created shows you just how relentless it is. Do the right thing for your child and the greater good of your community, and have your child vaccinated now."

Polio was declared eliminated in the United States in 1979. Vaccines have been available since 1955, with national vaccine campaigns that reduced cases gradually, to 100 in the 1960s and fewer than 10 in the 1970s, according to the **U.S. Centers for Disease Control and Prevention**.

About 93% of 2-year-old children in the United States have received at least three doses of the vaccine. The U.S. government recommends doses at 2 months, 4 months, 6 to 18 months, and finally at 4 to 6 years old, though some states only require three doses....**[Read More](#)**

## Spouse Getting Weight Loss Surgery? Your Marriage Might Be in Trouble

People who have weight loss surgery often see improvements in type 2 diabetes and other diseases, but these surgeries and the lifestyle changes they require can also have spillover effects on other aspects of life, including relationships.

Compared to the general U.S. population, folks who have **weight loss surgery** are more than twice as likely to get married or divorced within five years, a **new study** found.

"This is a pretty big effect and

something that can be important to people," said study author Wendy King, an associate professor of epidemiology at the University of Pittsburgh School of Public Health. "Weight loss surgery patients should be made aware that marital status changes are more likely after surgery." For the study, King's team looked at changes in marital status among 1,441 adults who **had gastric bypass or gastric sleeve** weight loss surgery



between 2006 and 2009. While the majority maintained their relationship status for five years after their surgery, 18% of single people got married, compared to 7% in the general U.S. population. What's more, 8% of married folks got divorced — double the rate for their counterparts in the general population. Another 5% of married people got separated.

The findings — published online July 20 in the *Annals of*

**Surgery** — are consistent with previous studies out of Scandinavia.

King's team found that younger people and those who were living with a partner before surgery were more likely to marry during the study period. While the amount of weight lost wasn't linked with marriage odds, improved physical health did nudge people toward the altar, the study showed....**[Read More](#)**

## Gene Therapy Makes Inroads Against a Form of Hemophilia

(HealthDay News) -- People with hemophilia B could find their bleeding risk dramatically reduced with just one injection of an experimental gene therapy, a new study reports.

**Hemophilia B** is a rare and inherited genetic disorder in which people have low levels of the **factor IX (FIX)** protein, which is needed for forming blood **clots**.

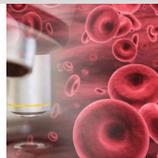
Patients have to inject themselves regularly with a synthetic version of the FIX protein.

But a new gene therapy called FLT180a led to sustained

production of FIX protein in 9 of 10 patients participating in early trials, removing the need for regular replacement injections, researchers reported.

After 26 weeks, five patients still had normal levels of FIX protein, three had levels that had flagged but were still higher than before, and one had an abnormally high level, researchers said.

The therapy works by using a hollowed-out virus to deliver a functional copy of the FIX protein gene to replace the one



that isn't working. While the treatment was generally well tolerated, all patients experienced some side effects. This included an abnormal blood clot in a patient who received the highest dose of the therapy and later produced the highest levels of FIX protein.

Researchers plan to track the patients for 15 years to judge the long-term safety and durability of the approach.

"Removing the need for hemophilia patients to regularly inject themselves with the missing protein is an important

step in improving their quality of life," said lead researcher Dr. Pratima Chowdhary, a hematologist at the Royal Free Hospital in London and University College London (UCL) Cancer Institute.

"The long-term follow-up study will monitor the patients for durability of expression and surveillance for late effects," she said in a UCL news release.

The findings were published July 21 in the *New England Journal of Medicine*.

## Black Nursing Home Residents More Likely to Need Hospital Care

Black residents in U.S. nursing homes are much more likely than white residents to be repeatedly transferred to hospital care, a new study reports.

Black nursing home residents are likely to be transferred to the hospital and back at least four times in a given year, according to data gathered under a U.S. Centers for Medicare and Medicaid quality improvement initiative.

So are nursing home residents younger than 65, as well as those with a "**full-code**" **lifesaving status** as opposed to those who've signed a "**do-not-resuscitate**" order, study results showed.

The results suggest that nursing homes might not be doing all they can for certain

residents to prevent hospitalization, said researcher Amy Vogelsmeier, an associate professor in the University of Missouri School of Nursing.

"For example, if a resident gets very sick and requires hospitalization, such as a blood infection from a urinary tract infection, how do we better prevent the urinary tract infection in the first place? In general, are there opportunities to better equip nursing homes with the right equipment and trained staff to better manage these conditions without the need for transfer?" Vogelsmeier said in a university news release.

Between 2017 and 2019, more than 1,400 Missouri nursing



home residents were transferred to the hospital at least once a year, according to data from the Missouri Quality Initiative, an eight-year, \$35-million program funded by CMS.

Among those, 113 residents were transferred at least four times or more in a year, and 17 were transferred eight or more times a year.

Besides the cost, bouncing back and forth between nursing home and hospital can put undue strain on people who are already chronically ill or frail, Vogelsmeier said.

"In addition to the financial burden and adverse health outcomes like **hospital-acquired infections** that can

occur, transfers from a nursing home to the hospital can be traumatic, stressful and frightening for the mental health of frail adults," Vogelsmeier said.

Previous research has found Black nursing home residents who get hospitalized tend to have more **chronic conditions**, poorer health outcomes and live in nursing homes of poorer quality.

"Other studies suggest Black residents and their families tend to be less likely to engage in conversations about goals of care and are more likely to seek aggressive treatment, but we don't yet fully understand why that is," Vogelsmeier said.

## Weather and Arthritis: Is There Really a Connection?

(HealthDay News) – It's long been conventional wisdom that weather makes arthritis pain worse.

The issue has been studied through the years, with conflicting findings. But three recent studies found weather does have some impact, said Dr. Robert Shmerling, writing for the **Harvard Health Blog**.

In one study with 222 participants who had **arthritis of the hip**, researchers from The Netherlands found that patients reported slightly worse pain and stiffness as barometric pressure and humidity rose, but the weather effect was small.

Another study looked at weather-related symptoms among 800 European adults with arthritis of the hip, knee or

hands. They reported increasing pain and stiffness with higher humidity, especially in cold weather. In general, changes in weather didn't affect their symptoms, though.

Participants of a third study reported their chronic pain symptoms. Most of the 2,600 individuals had some type of arthritis. This study found "modest relationships" between pain and higher humidity, lower atmospheric pressure and higher wind speed.

Past studies have looked at the impact of rain, humidity and rising or falling barometric pressure. Humidity, temperature, precipitation and **barometric pressure** may all be involved, Shmerling said.



"Having reviewed the studies, I find myself not knowing how to answer my patients who ask me why their symptoms

reliably worsen when the weather is damp or rain is coming, or when some other weather event happens," Shmerling said in a Harvard Health news release. "I usually tell them that, first, I believe there is a connection between weather and joint symptoms, and second, researchers have been unable to figure out just what matters most about the weather and arthritis symptoms or why there should be a connection."

Whether it's helpful to know the impact of weather is also not clear. The new studies will

probably not have an impact on individual arthritis sufferers until weather or internal environments can be precisely controlled.

Still, identifying a link may help with understanding the causes and mechanisms of arthritis symptoms, which could lead to better treatments or preventive strategies, Shmerling said.

"In addition, figuring out why some people seem to feel worse in certain circumstances while others notice no change [or even feel better] in those same environments could help us understand subtle differences between types of arthritis or the ways individuals respond to them," he said.

## Exercise, Puzzles, Games: They Help Men's, Women's Brains Differently

Exercising your body and mind can help stave off memory problems as you age, and some of these benefits may be even greater for women, a new study suggests.

The study looked at cognitive reserve, or the brain's ability to withstand the effects of diseases like **Alzheimer's** without showing a decline in thinking or memory skills.

Women, but not men, had greater cognitive reserves if

they exercised regularly and took classes, read or played games. Taking part in more mental activities improved thinking speed for both women and men.

"Begin building that **cognitive reserve** now, so the money is in the bank for down the road if our brains need it," said study author Judy Pa. She is the co-director of the Alzheimer's Disease Cooperative Study and



a professor of neurosciences at the University of California, San Diego.

"It is never too early or too late to engage in physically and mentally stimulating activities, and it is a good idea to try new activities to continue challenging the brain, mind and body to learn and adapt," Pa said.

The study included 758 people (average age, 76). Some

participants showed no evidence of thinking or memory problems, others had **mild cognitive impairment**, and some had full-blown dementia when the study began.

The participants underwent brain scans and took thinking speed and memory tests. The researchers compared scores on these tests to brain changes associated with **dementia** to calculate a cognitive reserve score....**Read More**