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June 26, 2022 E-Newsletter

Publication 2022 Issue 24
Published in house by then RI ARA

Message from the Alliance *for* Retired Americans Leaders

President Shuler, Secretary-Treasurer Redmond Bring Bold Vision For Labor Expansion

Robert Roach, Jr
President, ARA

History was made at the AFL-CIO Convention in Philadelphia on Sunday as Liz Shuler was elected AFL-CIO President and Fred Redmond was elected Secretary-Treasurer. Ms. Shuler is the first woman to be elected federation president, and Mr. Redmond is the first black Secretary-Treasurer in AFL-CIO history.

From 2009 until 2021, President Shuler served as the AFL-CIO's Secretary-Treasurer, and she has also served as Executive Vice President of the Alliance for Retired Americans. She began her labor career as an organizer, working to unionize clerical workers at Portland General Electric in Oregon. She worked her way up through the ranks at the IBEW in her capacity as a lobbyist and chief of staff to the international president.

Secretary-Treasurer Redmond was formerly the International Vice President for President Shuler with Secretary-Treasurer Redmond Human Affairs for the United Steelworkers (USW) and has used his platform as a union leader to fight for civil rights and combat economic inequality throughout his career.

The two leaders shared their vision for the federation in their acceptance speeches, calling for action in organizing and pushing the labor movement forward past the COVID-19 pandemic. They stressed the importance of inclusivity in expanding the scope of the AFL-CIO, and President Shuler **announced** the AFL-CIO's goal of organizing and activating 1 million workers throughout all 50 states to participate in the electoral process.

Alliance President Robert Roach, Jr. applauded the enthusiasm. "I think we're addressing key issues with inclusivity and the mobilization of voters, and I'm very optimistic about the direction of the federation," he said. "I know that President Shuler and Secretary-Treasurer Redmond will put union retirees' interests at the forefront of their agenda."

Biden Speaks about Social Security and Medicare at Philadelphia AFL-CIO Convention

Rich Fiesta,
Executive
Director, ARA

Speaking before the **AFL-CIO convention** in Philadelphia on Tuesday, President Joe Biden discussed Social Security and Medicare as he provided an overview for what is at stake in the 2022 midterm elections.

He also offered a scathing review of Sen. Rick Scott's (FL) proposed economic plan, criticizing the extreme measures of the National Republican Senatorial Committee Chairman's proposal that include **major cuts** and potential elimination of Social Security and Medicare. Other plans similar to Sen. Scott's proposals have also been prevalent within the Republican Party. **Sen. Lindsey Graham (SC)** has recently reiterated his support for uprooting Medicare and Social Security altogether through "entitlement reform," and Senate Minority Leader **Mitch McConnell (KY)** and **Sen. Marco Rubio (FL)** have supported cutting earned benefits.

President Biden emphasized the importance of Medicare in lowering health care costs in his **address**, promising to empower the program to negotiate lower drug prices with pharmaceutical corporations and to ensure diabetes patients pay no more than $35 a month for insulin.

Biden also touted the record number of jobs created since he was elected president, and again called on Congress to pass the Protecting the Right to Organize (PRO) Act. The PRO Act would stiffen penalties for employers who violate workers' rights and strengthen protections for employees against retaliation. It would also benefit retirees, since union workers have higher wages and can negotiate for benefits such as health care, pensions and employer contributions to retirement plans, which leads to higher income in retirement.

"Retirees need to be on high alert. Republican candidates for the Senate and House have declared their intent to cut the Social Security and Medicare benefits we've earned over a lifetime if they regain control of the Senate," said Richard Fiesta, Executive Director of the Alliance.

Workers Encouraged to Track Down Lost Pension Benefits

Joseph Peters, Jr.
Secretary
Treasurer ARA

Retirement benefits can easily be lost through each change of employment, leaving many Americans with unclaimed retirement income as they approach retirement age.

In a blog for the **Administration for Community Living**, David Bonello of Trellis Pension and Retirement Rights stressed some important steps to identify and locate these lost pension benefits. He emphasizes the importance of keeping documents related to eligibility, such as benefit statements or notices from the Social Security Administration. In addition, contacting former employers or even former colleagues can help with clarifying procedures for accessing retirement benefits.

The Department of Labor's Employee Benefits Security Administration (EBSA), the Pension Benefit Guaranty Corporation (PBGC) and the **Pension Rights Center** offer other resources for locating lost pension benefits.

"A lot of people don't know about lost pensions and retirement income that they may be eligible for," said Alliance Secretary-Treasurer Joseph Peters, Jr. "It's important to make people aware of the benefits they earned through years of hard work.

ADD YOUR NAME

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Republicans are promising to come after your Social Security and Medicare

Make no mistake about it – between Rick Scott's agenda that would end the Medicare and Social Security guarantee and Lindsey Graham confirming Republican majorities could go after these critical programs, it's clear Republicans are laying the groundwork to gut Medicare and Social Security – further raising the stakes of this November's elections.

Every Republican lawmaker on the Hill has to answer these questions: Why are they still committed to ripping away critical programs millions of Americans rely on? Do they agree with plans from a member of Mitch McConnell's leadership team and the leading Senate Republican on the budget to end Social Security and Medicare as we know it?

Yesterday, Lindsey Graham suggested Senate majorities would try to gut Medicare and Social Security, and rip the rug out from underneath millions of Americans, including seniors – "entitlement reform is a must."

Politico: "Lindsey's pledge: If Republicans regain control of the Senate following the midterms, the current Senate Budget ranking member is laying the groundwork: 'Entitlement reform is a must for us to not become Greece.'"

That's to say nothing of NRSC Chair and Florida Senator Rick Scott's policy agenda many Republicans are coalescing around, which would end the Social Security and Medicare guarantee.

Washington Post: "But during the seven weeks of turmoil since Scott dropped a provocative conservative policy bomb on an unsuspecting party — a plan that called for tax increases and expiration dates for all federal laws, including those establishing Social Security and Medicare — he has not once expressed regret. Instead, the former hospital chain CEO and two-term governor, the richest man in the Senate, argues that he owes his detractors nothing."

Washington Post Opinion: "Scott's plan would also sunset — eliminate — all federal legislation over five years, under the (risky) assumption that worthy laws would be reenacted. That could mean an end to Social Security, Medicare, Medicaid, everything else mentioned above — and potentially more."

Up North News: "Ron Johnson Thinks a GOP Plan for Tax Increases and the Potential End of Medicare and Social Security Is a 'Positive Thing'"

The Daily Beast: "At least four GOP candidates in the most important battleground states this fall have either explicitly expressed support for Scott's plan or have campaigned on the political views that form the foundation of his platform."

Watch the Lindsey Graham interview **here**.

Read another article on how the Republicans want the change SS, Medicare & Medicaid.

How does the COLA affect my Social Security retirement benefits?

Inflation is beginning to impact the wallets of many across the country, but seniors, many of whom are on a fixed income, are really struggling to keep up. Twenty-three percent of people over sixty-five **reported difficulty covering basic household expenses** in May. This is up from sixteen percent during the same period last year.

The Senior Citizens League (SCL) has released the **preliminary results** of a study showing that many Social Security recipients have lost around forty percent of their purchasing power since 2000. In part, much of this loss stems from inflation currently affecting the market.

What is the COLA?

The Cost-of-living-adjustment, or COLA is a percent increase applied to Social Security benefits each year based on price increases in the market. The Consumer Price Index, which measures inflation across a wide variety of goods and services, is used to calculate the COLA.

The indicator used to determine the Social Security COLA is the CPI-W or Consumer Price Index for Urban Wage Earners and Clerical Workers. Since the 2022 COLA was announced, the CPI-W has tracked an additional seventy percent price increase in the average price of consumer goods. These increases are not accounted for in the benefit amounts currently distributed. The Social Security Administration collects and analyzes CPI-W data from July, August, and September to determine the COLA.

When will the 2023 COLA be announced?

The Social Security Administration will announce next year's COLA in October, and the amount will be applied to benefits beginning in January 2023. Based on current inflation trends, the SCL has estimated that next year's COLA could reach 8.3 percent, surpassing the historic 5.9 percent increase announced last year.

Medicare faces serious funding challenges in the coming decade?

As the Baby Boomers, the US' largest generation, begin to retire, there are many concerns over the solvency of Social Security in the long term.

Senators Bernie Sanders and Congressman Peter DeFazio introduced the **Social Security Expansion Act** last week, which would ensure the program's financial stability moving forward.

The bill mandates that wealthier taxpayers contribute what Sanders and DeFazio describe as their "fair share" by lifting the upper-income cap to mandate that workers with higher -incomes pay a proportional payroll tax to Social Security, compared to workers with lower salaries.

Additionally, The leaders have made it clear that this change would not raise taxes for ninety-three percent of households and could increase **benefit amounts by up to $200 a month**.

Additionally, the bill would create a new CPI for the elderly based on goods and services they tend to rely on to give the Social Security Administration a better indicator upon which to determine the COLA for a given year. Defending the creation of this new index, lawmakers said that compared to younger people, seniors "spend a disproportionate amount of their income on health care and prescription drugs and that would be reflected in the formula for calculating COLAs under this legislation."

Real Seniors REACT in HORROR to GOP Plan to eliminate Social Security, Medicare & Medicaid

Watch this video with Senator Rick Scott (R-FL) and Senator Ron Johnston (R-WI) on Senator Scott's "Rescue America Plan" that includes a plan to "sunset" Social Security, Medicare and Medicaid every five (5) years.

Watch the video here

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Report Investigates Benefits and Costs of Adding an Out-of-Pocket Cap in Traditional Medicare

Early this month, the Urban Institute **released a report** that investigated adding a $5,000 out-of-pocket limit to Original Medicare (OM), and limiting spending by specific payers, including beneficiary out-of-pocket, supplementary coverage plan, and Medicaid. The report found that such a change would decrease beneficiary spending, as well as for Medicaid, and supplemental insurance like **Medigap**, while increasing Medicare program spending.

Currently, people in OM and those with Part D prescription drug coverage do not have any limit to their potential yearly medical costs. This sets this coverage apart from individual Marketplace plans, Medicare Advantage, and most employer-based coverage. It also puts enrollee financial security at risk. The lack of an out-of-pocket limit can leave beneficiaries exposed to unmanageable expenses. While lower income beneficiaries may be able to enroll in Medicaid or **Medicare Savings Programs (MSPs)** that reduce their expenses and others might have access to **retiree plans** or may buy Medigap plans to help cover Medicare costs, many have nowhere to turn for help.

Urban investigates what the effect would be of instituting a $5,000 out-of-pocket cap in OM, including Parts A (hospital coverage), B (outpatient coverage), and D (prescription drug coverage). The report shows that currently, most OM beneficiaries, 32.6 million, face costs below $5,000 per year. These expenditures are typically covered by out-of-pocket spending or by supplements like Medicaid or Medigap. Approximately 4.5 million have expenditures above $5,000: 3 million face costs between $5,000 and $10,000, 800,000 between $10,000 and $15,000, and 800,000 over $15,000.

The researchers estimate that a $5,000 cap would cut out-of-pocket, Medicaid, and Medigap spending in half for high-cost beneficiaries. Medicare would cover the difference. This would increase Medicare spending for this population by approximately $8,500 (12.9%) per year. Across the whole OM population, this cap would decrease their cost sharing by 27.6%, split across out-of-pocket, Medicaid, and Medigap, and increase Medicare program spending by an estimated $1,000 per person (7.8%). Part D's portion of this change would be substantial. Out-of-pocket spending on Part D would drop by $1 billion (11.4%) while Medicare program spending for OM Part D enrollees would increase by 13.1%.

Urban also investigates two other alternatives: adding an out-of-pocket cap of $2,000 to Part D in addition to a general $5,000 limit, and modeling a $7,550 limit, which is the Medicare Advantage (MA) in-network out-of-pocket maximum for 2022. Adding the Part D cap would benefit an additional 200,000 beneficiaries and add $2 billion in Medicare spending. Using the higher MA cap would cost around $14 billion less but would benefit 2 million fewer beneficiaries than the standalone $5,000 cap.

This report shows the important benefits and costs of adding a cap to Original Medicare. At Medicare Rights, we support limiting beneficiary out-of-pocket costs program wide, including in Part D. This cap should also apply to—and be lower than—current MA limits, which are too high. These updates would greatly improve access and affordability for millions.

We will continue to urge Congress and the Administration to advance such a proposal in their ongoing efforts to better protect the health, financial security, and well-being of everyone who relies on the program.

Final Installment of Helpline Trends Report Series Examines Need for Comprehensive Medicare Dental Benefit

This is part 4 of the helpline trends report series. Read **part 1, part 2**, and **part 3**.

In 2020–2021, the need for a comprehensive Medicare dental benefit drove around 5% of all Helpline calls. **Original Medicare covers few dental services**. While Medicare Advantage (MA) plans can offer oral care as a supplemental benefit, they typically only cover very basic services, such as cleanings and x-rays. MA plans may also limit the annual benefit amount, their cost-sharing percentage, and the enrollee's choice of provider. For example, in **2021**, among MA enrollees with some dental coverage, 88% had plans with frequency limits, 78% had a cap on care, 59% had a maximum benefit of $1,000 or less, and the most common coinsurance rate was 50%.

Given this landscape, we frequently hear from people with Original Medicare and MA who are on the hook for expensive dental bills, or who are forced to go without critical, necessary care due to affordability concerns—many of whom are experiencing worse oral and overall health as a result.

Medicare Improvement Opportunities

A recent Kaiser Family Foundation (KFF) report found that nearly half of the Medicare population—**24 million people**—lacked dental coverage in 2019. This translated into low utilization rates, particularly among communities of color: 47% of beneficiaries reported not having a dental visit in the past year, but rates were higher among those who were Black (68%), Hispanic (61%), had low incomes (73%), or were in fair or poor health (63%). Racial and ethnic minorities are also more likely to experience serious oral health problems. Black Medicare enrollees are twice as likely to have **complete tooth loss** and **untreated cavities** than are white enrollees.

Because oral health is tied to other aspects of physical health, the effects of poor or forgone dental care can quickly snowball, leading to intensive needs and higher costs, to the detriment of the enrollee and the program. As KFF notes, "(l)ack of dental care can exacerbate chronic medical conditions, such as diabetes and cardiovascular disease, contribute to delayed diagnosis of serious medical conditions, and lead to preventable complications that sometimes result in costly emergency room visits." Previous **analysis** has shown a Medicare dental benefit could save the program $63.5 billion over ten years, largely due to reduced spending on preventable hospital stays and acute care.

Policy Recommendations

Medicare Rights supports providing comprehensive oral—as well as vision and hearing—coverage within Medicare Part B. This should be a core benefit, not a standalone or supplemental design. The latter approach would undermine the universality of the program and the efficacy of the coverage. It would also be more challenging to navigate and administer, in part due to confusion and payment issues that would arise when it is unclear which part of Medicare should be covering a service.

For too long, policies have separated the mouth from the rest of the body even though the connection between oral health and overall health is well documented. Expanded coverage would reduce costs to Medicare by preventing the need for more acute care later, and by strengthening treatment for persistent medical conditions already covered by the program including cancer, diabetes, and heart disease. We urge Congress to act without delay to fill this harmful gap in Medicare coverage.

Read the report, ***Medicare Trends and Recommendations: An Analysis of 2020-2021 Call Data from the Medicare Rights Center's National Helpline.*** Read the **first, second**, and **third** installments of our Helpline Trends report series.

Read more about the need for medically necessary dental care in Medicare.

Congress must overhaul the way it pays Medicare Advantage plans

For years, government and independent analysts have shown that the Centers for Medicare and Medicaid Services (CMS) is overpaying Medicare Advantage (MA) plans–the corporate health plans that cover Medicare benefits–billions of dollars each year. The government's payment model increases the amount it pays MA plans when they add diagnoses codes to a patient's profile, regardless of whether they provide more services to the patient. Christopher Rowland reports on incidents of fraudulent billing in Medicare Advantage for the **Washington Post**.

The problem with "risk-adjusted" capitated payments–fixed monthly payments based on the diagnoses codes in a patient's chart–is that they incentivize insurers to add irrelevant or even inappropriate diagnoses codes to a patient's profile in order to get paid more, driving up Medicare spending. In an ideal world, there would be the ability to monitor the problems and correct the overpayments. But, CMS does not begin to have the resources to do so.

Kathy Ormsby worked for the Palo Alto Medical Foundation, a subsidiary of Sutter Health in California, which was looking at patients' health histories as a way to get doctors to add diagnoses codes to their records. Sutter dismissed Ormsby's concerns about upcoding. Ormsby found a lot of mistakes, and Sutter had no interest in refunding the government. Medicare Advantage plans appear focused on a 'dash for cash," first and foremost.

Ormsby filed a whistleblower lawsuit against Sutter Health because its practice of adding diagnosis codes. The upcoding was not designed to improve patient care, but rather to increase payments for that patient.

Sutter health ended up paying $90 million to the government to settle the lawsuit filed by Ormsby last August. It was a clear case since Ormsby found that nine in ten cancer and stroke diagnoses were false. More than six in ten fracture diagnoses were also false.

Sutter is hardly the only bad actor. Abusive billing practices appear to have become the **norm in Medicare Advantage.** Many Medicare Advantage plans see no reason not to give patients as many diagnoses as possible in order to increase their revenues. The government does not pay Medicare Advantage plans, or even adjust payments, based on the cost of services they deliver. Medicare Advantage plan incentives are perverse thanks to this payment model, and the proof is in the pudding.

The **Justice Department** has filed lawsuits against several Medicare Advantage companies for fraudulent billing. Rowland writes: "Justice Department whistleblower allegations and similar lawsuits also are playing out in federal courts against **UnitedHealth Group, Cigna** and **Anthem**. The government's Office of Inspector General has audited **Humana** and found it overbilled the government. United Healthcare, which is under the umbrella of UnitedHealth Group, and Kaiser Permanente denied any improper conduct. Cigna, Anthem and Humana did not respond to requests for comment.".

Richard Kronick, a health economist, projects that if not stopped, **overpayments to Medicare Advantage will amount to more than $600 billion** in the next nine years. Putting aside the propriety of Medicare Advantage plan behavior to generate more revenue, what's clear is that the risk-adjusted capitated payment system is fraught, leaving insurers holding the bag if they attract too many cancer and stroke patients and profiting wildly if they have disproportionate numbers of people who are relatively healthy…. ..**Read More**

4 Social Security Changes to Expect in 2023

Millions of retired seniors get benefits through Social Security. And while those benefits aren't designed to sustain retirees in the absence of other income, they still help many people cover their bills and stay afloat financially.

Each year, **Social Security** tends to change based on economic factors. Here are some ways the program might evolve in 2023.

1. Benefits should get a nice boost

In 2022, Social Security benefits got a 5.9% cost-of-living adjustment, or COLA, which is the most substantial raise seniors had gotten in decades. Because inflation is even higher this year, we can assume that 2023's COLA will be even more substantial.

In fact, based on inflation data so far, some are pointing to a whopping **8.6% COLA** in 2023. We won't know what next year's COLA looks like until October, because it will be based on third quarter data from the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). But either way, we can expect it to be large.

2. The wage cap is likely to climb

Workers don't pay Social Security taxes on all of their earnings. Instead, there's a wage cap implemented each year that limits the amount of income that's subject to taxes.

This year, the wage cap sits at $147,000. But since that figure is tied to inflation, just like COLAs, we can expect it to rise in 2023 so that higher earners pay Social Security taxes on more of their earnings.

Incidentally, some lawmakers are fighting to increase the wage cap substantially to pump more money into Social Security and prevent future **benefit cuts.** So while nobody wants to pay more taxes, doing so could be the ticket to preserving Social Security for current beneficiaries as well as future generations.

3. The maximum benefit is likely to rise

Each year, there's a maximum Social Security benefit recipients can collect. This year, it's **$4,194,** and snagging that sum takes a lifetime of higher earnings, at least 35 years of higher earnings, and a delayed Social Security filing until age 70.

Next year, the maximum benefit is likely to increase. The reality, though, is that most seniors won't be eligible for it. But those who are might enjoy a pretty nice monthly payday.

4. The earnings-test limit is likely to climb

Seniors who wait until full retirement age (FRA) to claim Social Security don't have to worry about having benefits withheld due to earning too much money. But those who collect benefits and work simultaneously before FRA risk having benefits withheld if their income exceeds a certain threshold known as the earnings -test limit.

This year, that limit sits at $19,560 and increases to $51,960 for those reaching FRA. Next year, we can expect that limit to rise, giving workers more leeway to earn a higher paycheck without having any Social Security income withheld.

Pay attention to Social Security changes

Although Social Security has been around for a long time, specific details of the program can change from one year to the next. And it's important to stay aware of those changes, whether you're already collecting benefits or gearing up to do so in the future.

100 Million People in America Are Saddled With Health Care Debt

Elizabeth Woodruff drained her retirement account and took on three jobs after she and her husband were sued for nearly $10,000 by the New York hospital where his infected leg was amputated.

Ariane Buck, a young father in Arizona who sells health insurance, couldn't make an appointment with his doctor for a dangerous intestinal infection because the office said he had outstanding bills.

Allyson Ward and her husband loaded up credit cards, borrowed from relatives, and delayed repaying student loans after the premature birth of their twins left them with $80,000 in debt. Ward, a nurse practitioner, took on extra nursing shifts, working days and nights.

"I wanted to be a mom," she said. "But we had to have the money."

The three are among more than 100 million people in America — including 41% of adults — beset by a health care system that is systematically pushing patients into debt on a mass scale, an investigation by KHN and NPR shows.

The investigation reveals a problem that, despite new attention from the White House and Congress, is far more pervasive than previously reported. That is because much of the debt that patients accrue is hidden as credit card balances, loans from family, or payment plans to hospitals and other medical providers.

To calculate the true extent and burden of this debt, the KHN-NPR investigation draws on **a nationwide poll conducted by KFF** for this project. The poll was designed to capture not just bills patients couldn't afford, but other borrowing used to pay for health care as well. New analyses of credit bureau, hospital billing, and credit card data by the Urban Institute and other research partners also inform the project. And KHN and NPR reporters conducted hundreds of interviews with patients, physicians, health industry leaders, consumer advocates, and researchers.

The picture is bleak.

In the past five years, more than half of U.S. adults report they've gone into debt because of medical or dental bills, the KFF poll found.

A quarter of adults with health care debt owe more than $5,000. And about 1 in 5 with any amount of debt said they don't expect to ever pay it off.

"Debt is no longer just a bug in our system. It is one of the main products," said Dr. Rishi Manchanda, who has worked with low-income patients in California for more than a decade and served on the board of the nonprofit RIP Medical Debt. "We have a health care system almost perfectly designed to create debt."

The burden is forcing families to cut spending on food and other essentials. Millions are being driven from their homes or into bankruptcy, the poll found….**Read More and see Poll results**

A Proposal to Import Drugs from Other Countries Creates an Unusual Alliance in the Senate

Harmony is not often found between two of the most boisterous senators on Capitol Hill, Bernie Sanders (I-Vt.) and Rand Paul (R-Ky.)
But it was there at Tuesday's Senate **Health, Education, Labor and Pensions Committee** markup of **legislation** to reauthorize the Food and Drug Administration's user fee program, which is set to expire Sept. 30.

This **user fee program**, which was first authorized in 1992, allows the FDA to collect fees from companies that submit applications for drug approval. It was designed to speed the approval review process. And it requires reauthorization every five years.

Congress considers this bill a must-pass piece of legislation because it's used to help fund the FDA, as well as revamp existing policies. As a result, it also functions as a vehicle for other proposals to reach the president's desk — especially those that couldn't get there on their own.

And that's why, on Tuesday, Sanders took advantage of the must-pass moment to propose **an amendment** to the user fee bill that would allow for the importation of drugs from Canada and the United Kingdom, and, after two years, from other countries.
Prescription medications are often much less expensive in **other countries**, and **surveys** show that millions of Americans have bought drugs from overseas — even though doing so is technically illegal.

"We have talked about reimportation for a zillion years," said a visibly heated Sanders. "This bill actually does it. It doesn't wait for somebody in the bureaucracy to make it happen. It actually makes it happen." He then went on for several minutes, his tone escalating, citing statistics about high drug prices, recounting anecdotes of people who traveled for drugs, and ending with outrage about pharmaceutical companies' campaign contributions and the number of lobbyists the industry has.

"I always wanted to go to a Bernie rally, and now I feel like I've been there," Paul joked after Sanders finished talking. He went on to offer his support for the Vermont senator's amendment — a rare bipartisan alliance between senators who are on opposite ends of the political spectrum.

"This is a policy that sort of unites many on both sides of the aisle, the outrage over the high prices of medications," added Paul. He said he didn't support drug price controls in the U.S. but did support a worldwide competitive free market for drugs, which he believes would lower prices….**Read More**

A bear market is jeopardizing people's retirement security

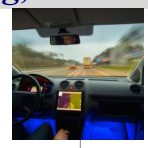
The stock market is in a downward plunge, and there's no sign that it will be heading in the opposite direction any time soon. As bad as it is for working people fortunate enough to have savings, it is jeopardizing the retirement security of millions of retirees. Martha C. White writes for the **New York Times** about the risk some retirees take when they must rely on their retirement savings in a bear market.

According to IRS rules, everyone **must take money out of their retirement accounts** beginning April 1 of the year after they turn 72. And, that's not easy to do in a down market. Less money in retirement accounts means less income and a need to rethink spending.

Many retirees don't have **adequate income and savings** to cover their costs in retirement, even in a bear market. Today, some experts believe people need **$150,000 in savings** just to pay healthcare costs in retirement. For many people, Social Security income alone does not even cover basic necessities. We need Congress to increase Social Security benefits.

The bear market, combined with inflation, is taking a toll on people's retirement security. At the same time that the market has fallen, prices for consumer goods are climbing fast, which makes retirement living all the more difficult. It goes without saying that retirement insecurity is rising….**Read More**

Nearly 400 Crashes Tied to Self-Driving, Driver-Assist Technologies Since Last Summer



Nearly 400 crashes have been tied to advanced driver-assistance technologies in the past year, the U.S. National Highway Traffic Safety Administration (NHTSA) reported Wednesday.

Those accidents resulted in six deaths and five people being seriously injured, the agency said in the first large-scale safety report it has compiled on automated vehicles, the NHTSA said in a **news release** announcing the new data.

"New vehicle technologies have the potential to help prevent crashes, reduce crash severity and save lives, and the department is interested in fostering technologies that are proven to do so; collecting this data is an important step in that effort," NHTSA Administrator Dr. Steven Cliff said in the news release.

"As we gather more data, NHTSA will be able to better identify any emerging risks or trends and learn more about how these technologies are performing in the real world," Cliff added.

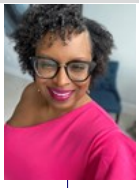
Of the 392 crashes reported, Teslas using the self-driving feature Autopilot were involved in 273 accidents. Other cars equipped with driver-assistance systems were also involved in incidents, including Honda vehicles in 90, Subarus in 10, and Ford Motor, General Motors, BMW, Volkswagen, Toyota, Hyundai and Porsche vehicles each involved in five or fewer.

Individual driver-assistance components include so-called lane keeping, which helps drivers stay in their lanes, and adaptive cruise control, which maintains a car's speed and brakes automatically when traffic ahead slows, *The New York Times* reported.

Cliff told reporters that conclusions can't be drawn from the data collected so far because it does not take into account factors like the number of cars from each manufacturer that are on U.S. roads and equipped with these types of technologies, *The New York Times* reported.

"The data may raise more questions than they answer," he said….**Read More**

Preventive Care May Be Free, but Follow-Up Diagnostic Tests Can Bring Big Bills



When Cynthia Johnson learned she would owe $200 out-of-pocket for a diagnostic mammogram in Houston, she almost put off getting the test that told her she had breast cancer.

"I thought, 'I really don't have this to spend, and it's probably nothing,'" said Johnson, who works in educational assessment at a university. But she decided to go forward with the test because she could put the copay on a credit card.

Johnson was 39 in 2018 when that mammogram confirmed that the lump she'd noticed in her left breast was cancer. Today, after a lumpectomy, chemotherapy, and radiation, she is disease-free. Having to choose between paying rent and getting the testing they need can be a serious dilemma for some patients. Read more here

Many patient advocates and medical experts say no-cost coverage should be extended beyond an initial preventive test to imaging, biopsies, or other services necessary for diagnosing a problem.

"The billing distinction between screening and diagnostic testing is a technical one," said **Dr. A. Mark Fendrick**, director of the University of Michigan's Center for Value-Based Insurance Design. "The federal government should clarify that commercial plans and Medicare should fully cover all the required steps to diagnose cancer or another problem, not just the first screening test."

A study that examined more than 6 million commercial insurance claims for screening mammograms from 2010 to 2017 found that **16% required additional imaging** or other procedures. Half the women who got further imaging and a biopsy **paid $152 or more in out-of-pocket costs** for follow-up tests in 2017, according to the study by Fendrick and several colleagues and published by JAMA Network Open.

People who needed testing after other preventive cancer screenings also racked up charges: half paid $155 or more for a biopsy after a suspicious result on a cervical cancer test; $100 was the average bill for a colonoscopy after a stool-based colorectal cancer test; and $424, on average, was charged for follow-up tests after a CT scan to check for lung cancer, according to additional research by Fendrick and others

Van Vorhis of Apple Valley, Minnesota, did an at-home stool test to screen for colorectal cancer two years ago. When the test came back positive, the 65-year-old retired lawyer needed a follow-up colonoscopy to determine whether anything serious was wrong.

The colonoscopy was unremarkable: It found a few benign polyps, or clusters of cells, that the physician snipped out during the procedure. But Vorhis was floored by the $7,000 he owed under his individual health plan. His first colonoscopy several years earlier hadn't cost him a cent.….**Read More**

Government Agency to Investigate Cause of Higher Drug Costs

Pharmacy benefit managers, or PBMs, are companies that manage prescription drug benefits on behalf of health insurers, Medicare Part D drug plans, large employers, and other payers. By negotiating with drug manufacturers and pharmacies to control drug spending, PBMs have a significant behind-the-scenes impact in determining total drug costs for insurers, shaping patients' access to medications, and determining how much pharmacies are paid.

PBMs have faced growing scrutiny about their role in rising prescription drug costs and spending. In fact, there is a major war going on in Washington between PMBs and the big pharmacy manufacturers about whose fault higher drug prices are.

High drug rebates that PBMs require from drug makers may violate federal competition laws if they stifle patient access, according to a policy statement adopted unanimously by the Federal Trade Commission (FTC) last week.

The FTC voted to issue a document outlining how it will use existing competition and consumer protection laws to examine rebates and fees paid by drug manufacturers to PBMs. The FTC said it plans to look at whether these payments limit patient access to insulin and other drug products.

The commissioners framed the policy statement as just one component of their broader examination into whether practices by entities involved in the US pharmaceutical distribution chain are resulting in higher drug costs for Americans, especially those with diabetes and other conditions in need of easy access to continuous, long-term treatment.

TSCL is pleased there will be another investigation about why drug prices are so high and we continue to push Congress to pass legislation this year that would result in lower drug prices. In addition, we note that this new investigation by the FTC could result in measures that might lower drug prices by using existing laws, even if Congress can't manage to pass needed legislation this year.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Boomers Sicker Than Their Parents Were at Same Age

There's some discouraging news for baby boomers.

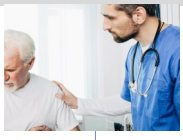
Americans born between 1948 and 1965 are more likely than the generations that preceded them to have multiple health problems as they age, a **new study** shows.

And, many develop two or more health conditions up to 20 years sooner than folks from other generations, too.

Until recently the largest generation group in U.S. history, **baby boomers** have always been a force to reckon with due to their sheer numbers. They have transformed pretty much every market they enter, starting with the diaper industry when they were born and then public schools, so it makes sense that boomers are also upending what aging looks like.

For the study, researchers analyzed data on Americans aged 51 and older who took part in a biennial study sponsored by the U.S. **National Institute on Aging**.

Generational timelines often differ. But this study classified people, based on the generation they were born into, like this: Greatest generation (born 1923 or earlier); early children of the Depression (1924 to 1930); late children of the Depression (1931 to 1941); war babies (1942 to 1947); early boomers (1948 to 1953); mid boomers (1954 to 1959); and late baby boomers (born 1960 to 1965).



The researchers looked at nine chronic conditions: heart disease; high blood pressure; stroke; diabetes; arthritis; lung disease; cancer (except skin cancer); depression symptoms; and trouble with memory and thinking skills.

Among adults with multiple chronic health problems, arthritis and high blood pressure were the most common for all generations.

But higher rates of depression and diabetes drove the surge in chronic conditions seen in boomers, the investigators found.

Study author Steven Haas said the research was designed to spot trends, not to understand what is driving them.

But, Haas added, a confluence of factors is likely involved, including rising rates of obesity as well as social factors, such as income inequality and reduced upward mobility.

"There have been improvements in treating some chronic diseases over the past few decades, which allows people to live longer with disease and as a result leads to higher population-level rates of disease," said Haas, an associate professor of sociology and demography at Pennsylvania State University in University Park.

What's more, he added, technology is helping doctors diagnose some conditions earlier than ever, which also leads to higher numbers.

The findings were published recently in ***The Journals of Gerontology: Social Sciences***.

The trends portend an increased strain not only on the well-being of older Americans, but also on government and private health insurance systems.

Dr. Catherine Sarkisian, a geriatrician and professor at the University of California, Los Angeles, said the study underscores the importance of leading a healthy lifestyle, no matter which generation you are part of.

"We should all be exercising every day, and this includes aerobic activity and strength training to help prevent falls, improve mobility, and [boost] metabolism," said Sarkisian, who reviewed the findings.

It's also important to maintain a normal body weight, as obesity is a risk for many chronic health conditions, she added.

"We have dramatically increased the percentage of our population that is obese, and along with this there is an increased burden of diabetes and other diseases," Sarkisian said.

Ageism Is Everywhere and Can Harm Health

In a cancel culture where there's zero tolerance for prejudice, at least one form of discrimination appears to be alive and well.

Ageism involves prejudice based on people's advancing age. It can be as overt **as not hiring someone** because they are older, or as subtle as giving a loved one a meant-to-be funny "you're over the hill" birthday card.

And it turns out that nearly all older adults have experienced some form of ageism in their day-to-day lives, a **new study** shows.

"Ageism may be the most common form of discrimination and the most socially condoned form," said study author Julie Ober Allen, an assistant professor of health promotion at the University of Oklahoma.

"Awareness of how harmful racism, sexism, homophobia and other '-isms' can be has increased in the last 60 years, but ageism still gets overlooked and ignored," she added.

Allen led the study as a postdoctoral fellow at the University of Michigan's Institute for Social Research.

For the study, she and her colleagues examined poll results from more than 2,000 people between 50 and 80 years of age about their everyday experiences. The participants received a score based on their answers to 10 questions about their own experiences and beliefs about aging.

The higher the score, the more likely folks were to be in poor physical or mental health, have chronic health conditions, and/or show signs of depression.

Fully 65% of respondents said they regularly see, hear or read jokes about older people, and 45% said they had more personal experiences, where others assumed they had trouble with technology, vision, hearing or their memory because of their age.

Some questions looked at internalized forms of ageism. Many people agreed that having health problems is part of getting older and that feeling lonely, depressed, sad or worried are part of it as well.

"Some older adults may laugh it off like it's no big deal, but they may internalize it, and these internalized ageism beliefs and stereotypes may be the most harmful," Allen said. When internalized, ageism can affect mental and physical health, she added.

"Like other -isms, ageism is a source of stress, and people have a stress response, so we expect the physical reactions will be the same," Allen said.

Stress is known to increase heart rate, blood pressure, interfere with sleep, and dampen the immune system's ability to fight off viruses, among other negative consequences.

It's time to flip the script, Allen said.

"We need to recognize older adults as individuals, not stereotypes, and we should think about aging as another life stage as opposed to one marked by decline and demise," she said.

The findings were published June 15 in ***JAMA Network Open.***

Dr. Catherine Sarkisian, a geriatrician and professor at the University of California, Los Angeles, reviewed the findings. She said the study calls attention to a persistent problem.

"The amount of ageism that is still tolerated is horrible," she said….**Read More**

Plant-Based Diet May Help Keep Breast Cancer Away

Women who follow a healthy plant-based diet after menopause appear to face a substantially lower risk for breast cancer, new French research indicates.

After tracking more than 65,000 women for two decades, investigators found those who consumed a healthy, primarily plant-based diet saw their risk for developing any type of breast cancer drop by an average of 14%.

But the accent is on "healthy." Breast cancer risk fell only among women whose diets included a significant amount of whole grains, fruit, vegetables, nuts, legumes, vegetable oils and tea or coffee -- even if red meat and poultry occasionally figured into the equation.

By contrast, no protective benefit was seen among older women whose primarily plant-based diet was deemed relatively unhealthy, due to a heavy reliance on sugary fruit juices, **refined grains**, potatoes, sugar-sweetened beverages and/or desserts. Such women actually saw their breast cancer risk rise by about 20%.

Study lead author Sanam Shah said the findings "highlight that increasing the consumption of **healthy plant foods**, and decreasing the consumption of less healthy plant foods, might help prevent all types of breast cancer."

But the caveat, she added, is clear: "Not all plant-based diets are equally healthy."

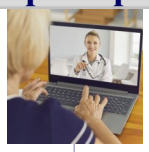
Given that in general "diets excluding meat generally have a 'positive' health image," some people might find that conclusion surprising, said Shah, a PhD student in epidemiology at Paris-Saclay University in France.

But Shah and her colleagues did not focus on women who cut out meat entirely. None of the women were **vegetarian** or **vegan**.

Instead, the investigators honed in on women whose diets included some meat and poultry while still being primarily plant-based.

They then delved into whether healthier plant foods had a different impact on breast cancer risk compared to less healthy options, an angle typically overlooked in prior investigations….**Read More**

Telemedicine Could Really Help People Battling Advanced Cancers



As a **bill** that would expand Medicare coverage for telehealth services makes its way through the U.S. Senate, a new study of people with advanced cancer suggests the practice could improve the lives of patients.

The use of telehealth skyrocketed during the pandemic: A U.S. Health and Human Services **report** found that usage grew 63-fold, from 840,000 users in 2019 to 52.7 million users in 2020.

As more Americans turned to telehealth, evidence that it was highly effective began to emerge, and this latest study is no exception.

After following about 1,200 patients with advanced cancer, researchers from the University of North Carolina, in Chapel Hill, found that those who reported their symptoms electronically on a weekly basis had better physical function and control of their symptoms than those who saw their doctors in person, but less frequently.

The weekly three-minute online questionnaire consisted of questions prodding about common cancer symptoms, from nausea to insomnia, as well as questions about financial stability, if they need help from a counselor and more. If the system concluded that further action was needed, or an alarming symptom was seen, it would trigger a response from a nurse or other monitoring attendant while offering standby instructions to the patient on how to best manage the symptom.

"One of the problems we have in general with cancer care is that a large percentage of patients don't report negative symptoms such as pain to their providers," said Dr. Arnold Baskies, former chair of the board of directors of the American Cancer Society, who was not involved with the study. "It's not a blemish on the provider and it's not a blemish on the patient, some are just fearful of divulging. This is a great way to get that information."

While Baskies added that more research is needed on the topic, **some companies** are already approaching hospital networks looking to install these electronic monitoring systems.

"A lot of things can be monitored remotely, like biometrics with the Apple watch," said Baskies. "It's about time we moved into this whole area."

The new study surveyed 1,191 participants with a mean age of 62, so it illustrates that older folks had no problem using a digital health service.

"We had a very, very high level of engagement from older patients," said study author Dr. Ethan Basch, director of the Cancer Outcomes Research Program at the University of North Carolina's Lineberger Comprehensive Cancer Center. "Sometimes they're even more engaged than younger patients. I think there's a mythology that they won't, but it's simply not true."...**Read More**

Kitchen Magnet With List of Heart Attack Symptoms Convinced Him to Go to the Hospital

Danny Saxon was finishing a job repairing and cleaning a pool this past February when he started feeling like he had bad indigestion.

He popped a couple antacid pills and chugged a few bottles of water. He tried to make himself burp, hoping that would alleviate the pressure.

Minutes later, both his arms started tingling, almost vibrating, like all the muscles in his arms were tightening.

That's what scared him. He'd heard that a sign of a heart attack was a tingling arm. He had two.

But he was only 50, so he pushed that thought away.

His wife, Morgan, called from their home in Wylie, Texas, to find out when he was leaving.

"I'm freaking out," he told her. "I think I'm having an anxiety attack or something. I'll call you later."

Danny got in his truck and started driving. He couldn't decide whether to head home or to the hospital.

Morgan had never heard her husband talk like that. She thought about what he'd said. The "tingling arms" haunted her too.

He could be having a heart attack, she thought. Danny is 20 years older than her, so Morgan assumed his health would one day be a concern to her. But not yet.

Then again, Danny was on medication for high blood pressure. And, unlike her, he still smoked, despite their agreement to stop together when she was pregnant with their third child, now 2.

Suddenly, Morgan remembered the magnet she'd made some seven years earlier, when one of their sons was involved in an American Heart Association fundraiser through school.

The information kit had included a card spelling out the warning signs of a heart attack. She figured it was good information to have on hand. She cut it out and placed it over a commercial magnet that was already on the fridge, taping over the front to protect it. When they replaced their refrigerator, she'd made sure to transfer the magnet to the new one.

Morgan walked over and snapped a photo of the magnet….**Read More**

New Alzheimer's Drug Delivers Disappointing Results

(HealthDay News) -- An experimental **Alzheimer's** drug called crenezumab did not prevent or slow mental decline in patients with a genetic mutation that greatly raises the risk of developing the disease, the results of a decade-long clinical trial show.

The mutation seen in the few hundred study participants from an extended family in Colombia means they're virtually guaranteed to develop Alzheimer's in their mid-40s to mid-50s and highly likely to die in their 60s, *The New York Times* reported.

The trial was the first to test a drug meant to delay or halt mental decline in people who have a genetic predisposition for Alzheimer's, but do not yet have any symptoms.

"We're disappointed that the treatment did not demonstrate a statistically significant clinical benefit," Dr. Eric Reiman, executive director of the Banner Alzheimer's Institute and one of the study leaders, said in a **news release** announcing the results. "At the same time, we're proud of the impact that this precedent-setting trial has had in shaping a new era in Alzheimer's prevention research and we're extremely grateful to our research participants and their families."

Crenezumab is a monoclonal antibody from Genenetch, part of the Roche Group. Study participants were given either the drug or a placebo.

In 2019, Roche **halted** two other trials of crenezumab in people in the early stages of the more common type of Alzheimer's because the drug was unlikely to provide any benefits.

These latest results add to a series of failures of drugs that target amyloid, a protein that plays a major role in Alzheimer's by forming sticky plaques in the brain, the *Times* reported.

In a controversial move last year, the U.S. Food and Drug Administration granted its first approval of an anti-amyloid drug, **Aduhelm**, despite acknowledging that it was unclear if the drug could actually help patients.

Many Alzheimer's experts slammed the FDA's decision at the time, pointing to the disappointing history of anti-amyloid treatments, the *Times* reported.

Skin Tags? Moles? Products Promising to Treat Them Can Do Real Harm

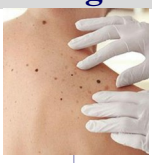
It may seem tempting to remove a **mole** or **skin tag** you don't like with a product that promises to make them disappear quickly.

Don't do it, experts say.

Dermatologists and the U.S. Food and Drug Administration both warn about the dangers of using unregulated products for do-it-yourself removal of moles, skin tags and another type of growth known as **seborrheic keratoses**.

Not only could doing so cause scarring and infection, but it can also mask skin cancer and make it harder for doctors to identify and treat promptly.

"There are several reasons that patients should avoid trying to treat moles at home. And that is certainly the most concerning... that cancer patients often mistake skin cancer for benign moles," said Dr. Chad Prather, a board-certified dermatologist in Baton Rouge, La. "We commonly see patients who have a skin cancer. It's been diagnosed and their initial process was to try to treat that at home with either physical means or sometimes these over-the-counter products."



That can cloud the diagnosis of very serious skin cancers, such as **melanoma**, Prather said.

The FDA released an advisory earlier this month warning that there is no approved prescription or over-the-counter drug for treating moles, skin tags or seborrheic keratoses. Products sold for this purpose — such as ointments, gels, sticks and liquids — may contain high concentrations of **salicylic acid** and other harmful ingredients, the FDA warned.

The agency has received reports about people who developed permanent skin injuries, it noted in a **news release**.

Simply making the claim that it's "organic," "natural," "herbal" or "homeopathic" doesn't make it safe, according to the FDA.

A biopsy can provide information on how deep and wide a pigmented mole diagnosed as melanoma is, Prather said. That size helps guide treatment.

"We judge how bad a melanoma is by how deep it goes. And we really need that initial biopsy to know the true depth so that we can choose the most appropriate treatment method, whether it's surgery or checking lymph nodes or followed by immunotherapy," Prather said.

Products that contain acids can be caustic to the skin and are not typically used in dermatology practices where there are so many other treatment options, said Dr. Cameron Rokhsar, an associate professor of dermatology at Mount Sinai Hospital in New York City….**Read More**

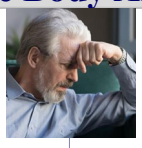
How Grief Harms the Body After a Spouse's Death

(HealthDay News) -- Heartache and heartbreak are apt terms for the intense grief caused by losing a spouse.

A new study says such a loss can lead to major health problems and even death, and the paper may help explain why that happens.

When faced with stressful situations, grieving spouses have significant increases in **body inflammation.** Inflammation is associated with a range of health issues, including serious heart troubles and premature death, the Rice University researchers said.

"I was extremely motivated to publish this work because it gives us insight into how severe grief can encourage inflammation to accumulate in the body and put widow(er)s at risk for cardiovascular disease," study co-author Ryan Linn Brown said in a university news release.



"Because we face many stressful events each day as humans, this type of response to stress in the lab means that this same process is likely happening repeatedly throughout each day or week for widows or widowers experiencing more severe grief symptoms," said Brown, a recent Ph.D. graduate in the department of psychological sciences.

For the study, the research team analyzed how stress affected levels of inflammatory biomarkers in the blood of 111 adults, aged 35 to 84, who had **lost a spouse** in the past year.

Blood samples were collected at the start of the study and again 45 minutes and two hours after a stressful event that was part of the research. Examples include a simulated job interview with rapid-fire questioning and an assessment of complicated math tasks.

On average, participants who reported intense grief after the loss of their spouse — including deep sorrow, numbness, yearning and loss of focus — had a 19% greater increase in inflammatory biomarkers after the stressful situations compared to those who reported less severe grief, the investigators found.

The study was published recently in the journal ***Psychological Science.***

The findings add to understanding of the processes that underlie the "widowhood effect," and provide more evidence that grief directly affects the inflammatory stress response, according to study co-author Chris Fagundes, an associate professor in the department of psychological sciences.

Beer Might Do a Man's 'Microbiome' Good

Putting a new spin on the term "beer gut," a small study suggests that a bottle a day may do a man's gut bacteria some good.

In a **clinical trial** of 19 healthy men, researchers found that a daily bottle of beer — alcoholic or non-alcoholic — changed the composition of the men's gut bacteria over four weeks. Specifically, either type of beer boosted the diversity in their gut microbes.

In general, greater diversity in gut bacteria is considered better than less diversity. Experts cautioned, however, that it's unclear whether people would gain any health benefits from the gut changes seen in this short-term trial.

"We have a lot left to learn about what defines a healthy balance of gut bacteria," said Lauri Wright, chairwoman of nutrition and dietetics at the University of North Florida in Jacksonville.

Wright, who is also a spokeswoman for the Academy of Nutrition and Dietetics, was not involved in the study. She said it's always useful to have research that tries to observe the effects of a food on the human body.

But in the real world, it's overall diet that matters. And there is more to any food, or beverage, than its effects on gut microbes, Wright said.

She recommended focusing on general diet quality instead: Limit highly processed products and get plenty of nutrient-rich whole foods — including fruits and vegetables — rather than a daily beer.

The study, published June 15 in the ***Journal of Agricultural and Food Chemistry,*** is one of the latest to delve into the hot topic of the gut microbiome.

The term refers to the vast collection of bacteria and other microorganisms that naturally dwell in the gut. Research in recent years has revealed just how important those microbes are to the body's normal processes — from metabolism to immune defenses to brain function….**Read More**

Extreme Heat Can Bring Extreme Heart Dangers

The record-breaking heat that's scorching much of the United States this week poses significant heart dangers, and you need to take steps to protect yourself, the American Heart Association (AHA) says.

That's especially true for older adults and people with **high blood pressure**, obesity or a history of heart disease or stroke.

Heat and dehydration force the heart to work harder to cool itself by pumping more blood and shifting it from major organs to underneath the skin.

Research shows that when temperatures reach extremes of an average daily temperature of 109 degrees Fahrenheit (as it has this week in the Southwest), the number of deaths from heart disease may double or triple, and that the more temperatures fluctuate during the summer, the more severe **strokes** may become.

"While heat-related deaths and illnesses are preventable, more than 600 people in the United States are killed by extreme heat every year, according to the U.S. Centers for Disease Control and Prevention. If you have heart disease or have had a stroke or you're older than 50 or overweight, it's extremely important to take special precautions in the heat to protect your health," said AHA President Dr. Donald Lloyd-Jones.

"Some medications like angiotensin receptor blockers [ARBs], angiotensin-converting enzyme [ACE] inhibitors, beta blockers, calcium channel blockers and diuretics, which affect blood pressure responses or deplete the body of sodium, can exaggerate the body's response to heat and cause you to feel ill in extreme heat," said Lloyd-Jones, a professor of heart research, preventive medicine, medicine and pediatrics at Northwestern University in Chicago.

"But don't stop taking your medicines. Learn how to keep cool and talk to your doctor about any concerns," he said in an AHA news release.

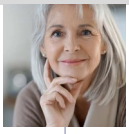
Even if you're not taking heart medications, you should take precautions in the heat.

"Staying hydrated is key. It is easy to get **dehydrated** even if you don't think you're thirsty," Lloyd-Jones said. "Drink water before, during and after going outside in hot weather. Don't wait until you feel thirsty. And the best way to know if you are getting enough fluid is to monitor your urine output and make sure the urine color is pale, not dark or concentrated."

The AHA provided the following hot weather safety tips:

- Don't go outdoors in the early afternoon (about noon to 3 p.m.) when the sun is usually at its strongest.
- Wear lightweight, light-colored clothing in breathable fabrics such as cotton, or a fabric that repels sweat. Wear a hat and sunglasses. Apply a water-resistant sunscreen with at least SPF 15 before going out, and reapply it every two hours.
- Drink a few cups of water before, during and after going outside or exercising. Avoid caffeinated or alcoholic drinks.
- Take regular breaks. Stop for a few minutes in a shady or cool place and hydrate.
- Continue to take all medications as prescribed.

High Hopes: Optimism Helps Women Live Longer



The key to a long life may be your attitude.

Researchers at Harvard studied the impact of optimism on women's lifespans, finding that optimism was associated with greater longevity, such as living past age 90.

Lead study author Hayami Koga, a PhD candidate at the Harvard T.H. Chan School of Public Health in Boston, decided instead of studying risk factors, she wanted to look at positive assets and their impact on health and death.

"To begin to get at this, we wanted to consider the benefits of psychological resources, such as optimism, as possible new targets for promoting healthy aging," Koga said. "In a previous study, our research group found that optimism was linked to longevity, but we had looked in mostly white populations. We wanted to see if optimism could be a resource for healthy aging in other race and ethnic groups as well."

That distinction was important because in places like the United States, diverse populations have higher mortality rates than white populations. (Current **life expectancy in the United States is 77 years.)**

The new study found an association between optimism and long life across racial and ethnic groups.

For the study, the researchers analyzed data and survey responses from over 159,000 participants in the Women's Health Initiative, which included postmenopausal U.S. women aged 50 to 79 who enrolled in the 1990s and were followed for up to 26 years.

Expecting the best

The research team used a psychological measure of optimism in which participants rate their feelings in statements such as, "In uncertain times, I usually expect the best."

The study found that the most optimistic quarter of women were likely to have a lifespan that was about 5% longer. They had a 10% greater likelihood of living past 90 when compared to the 25% of women who were the least optimistic.

"Scientists don't yet fully understand the pathways linking optimism to health and longevity. As we can't fully explain the relationship by these health-related behaviors, we think that there must be other things going on," Koga said….**Read More**