The bill would expand social security benefits by more than $2,000 a year and ensure social security is fully funded for the next 70+ years without having to raise taxes. This bill would also help low-income workers stay out of poverty by improving the Special Minimum Benefit; restoring student benefits up to age 22 for children of disabled or deceased workers, and strengthening benefits for older Americans and people with disabilities. “Even with social security income, many older Americans can’t afford basic necessities, things like housing, food, medicine and care. And while social security will not go broke anytime soon, starting in 2034, it won’t have enough to cover all of the promised benefits.,” said Gillibrand.

Social security provides an essential lifeline to the one in seven older adults who rely on the program for 90% or more of their income, as well as the roughly 50% of Americans who are 55 years old and older living without retirement savings.
Medicare Advantage plans for seniors dodged a major financial bullet recently as government officials gave them a reprieve for returning hundreds of millions of dollars in government overpayments — some dating back a decade or more. The health insurance industry had long feared the Centers for Medicare & Medicaid Services would demand repayment of billions of dollars in overcharges the popular health plans received as far back as 2011. But in a surprise action, CMS announced last month that it would require next to nothing from insurers for any excess payments they received from 2011 to 2017. CMS will not impose major penalties until audits for payment years 2018 and beyond are conducted, which have yet to be started.

While the decision could cost Medicare plans billions of dollars in the future, it will take years before any penalty comes due. And health plans will be allowed to pocket hundreds of millions of dollars in overcharges and possibly much more for audits before 2018. Exactly how much is not clear because audits as far back as 2011 have yet to be completed. In late 2018, CMS officials said the agency would collect an estimated $650 million in overpayments from 90 Medicare Advantage audits conducted from 2011 to 2013, the most recent ones available. Some analysts calculated overpayments to plans of at least twice that much for the three-year period. CMS is now conducting audits for 2014 and 2015. The estimate for the 2011-13 audits was based on an extrapolation of overpayments found in a sampling of patients at each health plan. In these reviews, auditors examined medical records to confirm whether patients had the diseases for which the government reimbursed health plans to treat.

Through the years, those audits — and others conducted by government watchdogs — have found that health plans often cannot document that they deserved extra payments for patients they said were sicker than average.——Read More

**Senators’ New Bill, the Social Security Fairness Act, S.597, seeks to repeal the WEP and GPO**

WASHINGTON, D.C. – Today, U.S. Sens. Sherrod Brown (D-OH) and Susan Collins (R-ME) led a bipartisan group of their colleagues in reintroducing legislation that would ensure public sector workers and their families can receive full Social Security benefits after two previous statutes reduced them. The Senators’ bill, the Social Security Fairness Act, would repeal the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO) from the Social Security Act. Both of the statutes significantly reduce benefits for nearly 2.3 million Americans, including more than 250,000 Ohioans, many of which are teachers, police officers and state, county and local government workers.

“These workers have dedicated their careers to serving our communities, and it’s up to us to make sure they can retire with their full Social Security benefits,” said Senator Brown. “This small fix will help Ohio teachers, police officers, and other state and local government employees and their families have the peace of mind that their Social Security benefits will be there for them when they retire from a life of dedicated service.”

“Public servants from across the country, such as retired teachers and police officers, have dedicated their professional careers to public service, yet many face reduced retirement benefits due to the Government Pension Offset and Windfall Elimination Provision,” said Senator Collins. “I held the first Senate oversight hearing on this issue and have continuously worked to correct it. This important, bipartisan bill would eliminate these unfair provisions that have enormous financial implications for many public service employees. It would also give current public sector employees—many of whom are on the front lines of the COVID-19 crisis—the peace of mind to know that they will be able to receive their full Social Security benefits when they reach retirement age.”


**The Social Security Fairness Act** would repeal both the WEP and GPO statutes, ensuring public sector workers and their families receive their full Social Security benefits.——Read More

**Senators King, Cassidy work on plan to save Social Security**

According to the Social Security Administration, in 2023, an average of almost 67 million Americans per month will receive a Social Security benefit, totaling over $1 trillion in benefits paid during the year. Social Security is a lifeline for millions across the country, and thousands here in Maine. There are concerns, however, that the program in its current form will not be able to survive the next decade. According to long-term projections by the Congressional Budget Office, if changes are not made to the program, its funding could be exhausted by 2033. Now lawmakers in Washington, including members of Maine’s congressional delegation, are looking for ways to save the program.

“The Social Security fund will be insolvent in less than a decade. If Congress chooses to do nothing, current law requires painful 24% cuts to benefits and a daunting future for fulfilling our promises. If we come together now, we can preserve and protect the retirement security of all Americans now and long into the future,” Senators Angus King, I-Maine, and Bill Cassidy, R-Louisiana, wrote in a statement on Friday. Earlier in the week, the news organization Semafor reported that the senators were considering gradually increasing the retirement age to 70. However, on Friday, the senators refuted that claim and said the conversations are ongoing and still in the early stages. “Though there have been some incomplete and somewhat alarmist reports published, it’s important to look at all the components of a solution together, especially in the context of the crisis we face if nothing is done,” King and Cassidy wrote. “There are dozens of considerations being weighed to protect Social Security, including locking early retirement at 62, an ironclad protection for lower-wage workers, and seeking avenues to increase benefits immediately. Under what we are discussing, millions would immediately receive more, and no one would receive less.”

Sen. Susan Collins, R-Maine, said she is also concerned about the future of Social Security. “I share the concern about the solvency of the Social Security trust fund and understand the efforts of these senators to tackle this problem. I do, however, have serious reservations regarding two of their major provisions.——Read More

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Today, people earning $1,000,000 this year received a late Valentine. They stopped paying into Social Security for the rest of 2023 because they had hit the $160,200 cap on payroll contributions, even though the vast majority of working Americans pay in to Social Security throughout the year. To bring fairness to Social Security payroll contributions, it’s time to scrap the cap. Social Security is the most successful government program in history, with overwhelming support from Democrats and Republicans alike. A 2017 Pew Research Center poll found that 86% of Republicans and 95% of Democrats supported keeping or increasing current spending on Social Security.

In 2023, Americans with wages over $160,200 stop contributing into Social Security after they earn $160,200. (In 2022, the cap was $147,000.) Consequently, the small fraction of people earning more than $160,200 pay a lower tax rate for Social Security than everyone else. Someone earning $1 million a year pays an effective Social Security tax rate of only 0.8 percent as compared to most Americans who pay a Social Security tax rate of 6.2 percent. Today, more than nine out of ten Americans (94 percent) contribute all year long into Social Security. They bear a greater burden for contributing to Social Security than millionaires. Bottom line, everyone earning $160,200 and more makes the same Social Security contribution of $9,932 this year. If the wealthiest Americans contributed to Social Security throughout the year, just as other Americans, the Social Security Trust Funds would have $1.4 trillion more. Someone earning $5,000,000 this year would contribute $300,067.60 instead of $9,932.

N.B. Social Security contributions are based on wage income. So, unless Congress were to change it to include unearned income, people with total earnings of $20,000,000, such as the CEOs of UnitedHealthcare, Centene and Cigna, still would not contribute their fair share, $1,230,067.60, since most of their income is not wage income. More than 18 percent of wage income is projected to not be subject to the Social Security tax over the next ten years. In 1983, 10 percent of wage income was not subject to the tax. As the gap between wealthy and poor has grown in the US, more income of the wealthy has been shielded from the Social Security tax.

Social Security is a lifeline for most retirees and their families, providing critical retirement security, an average annual benefit of $21,924. It currently replaces about 40 percent of people’s pre-retirement income. Social Security’s importance is all the greater today as a retirement crisis looms. But, Social Security benefits have been shrinking relative to earnings.

Sen. Joe Manchin (D-W.Va.) on Thursday emphasized that if Congress doesn't do anything to increase Social Security and Medicare contributions, even though the wealthiest Americans have grown in the US, their income is not wage income. Social Security is a lifeline for most retirees and their families, providing critical retirement security, an average annual benefit of $21,924. It currently replaces about 40 percent of people’s pre-retirement income. Social Security’s importance is all the greater today as a retirement crisis looms. But, Social Security benefits have been shrinking relative to earnings.

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Social Security benefits increase with inflation overall. But inflationary adjustments have not kept up with the rise in health care costs facing retirees and others receiving Social Security benefits. Economist Dean Baker has proposed changing the formula for calculating benefits so that it is in line with expenses.

We are the wealthiest nation in the world. We can afford to expand Social Security and increase Social Security benefits for low- and moderate-income workers. Eliminating the payroll tax cap so that everyone pays the same rate would extend the solvency of the Social Security Trust Fund significantly.

This calculator from the Center for Economic and Policy Research allows you to see when people of different incomes stop paying into Social Security.

Watch the video Just Scrap The Cap (We're Movin' In)

Do you know anyone who has been affected by elder fraud? Seniors are certainly not the only people who fall prey to scams and schemes, but they are attractive targets for fraudsters—for a number of reasons: They often own their homes, have a nest egg of savings, and are more trusting of strangers than younger generations. Plus, elderly fraud victims are frequently reluctant to admit they've been scammed because they are ashamed or fearful of being seen as incapable of managing their own affairs.

Every year, hundreds of thousands of people of all ages get duped by cunningly deceitful con artists. And according to a study in the Journal of General Internal Medicine, nearly one in 20 adults over age 60 have been financially exploited at some point in their senior years. However, by arming yourself with information and being aware of common scams, you can take steps to avoid becoming an unfortunate statistic.

This article provides details on some of the most common scams that North Americans need to watch out for, including a few deals that fall within the law but require extra scrutiny. It also gives practical tips on how you can protect yourself from various scams and what you can do if you end up becoming the victim of a fraud.

11 common scams and how to avoid them
Lawful deals to be wary of
What to do if you are the victim of a scam
Where to report a scam
In 1983, Ronald Reagan signed into law a cut to Social Security benefits. Under the law, the Social Security full retirement age gradually increased from 65 in 2000 to 67 at the end of 2022. What this actually meant was not that the age at which people could retire and start drawing Social Security benefits changed—that remained at 62. Instead, by raising what’s called the full retirement age (FRA) by two years, the law effectively cut benefit levels across the board, regardless of the age that any particular individual began claiming Social Security benefits. The result is that those retiring at 62 today face a 50% greater penalty for retiring before the change than they would have before 2000.

In the lead up to the passage of the legislation, a popular argument for raising the retirement age was that life expectancy had increased, so people should work for longer. The presumption was that the increase in life expectancy since Social Security’s implementation would continue as the retirement age rose. But, in reality, something peculiar happened. Over the same period during which the 1983 law forced the retirement age up from 65 to 67, life expectancy in the US actually declined. In 2000, US life expectancy was 76.8 years. According to data released last December, life expectancy in 2021 was 76.4 years. This was the second consecutive year of significant life expectancy decline.

That’s a drop of 0.4 years over a time span when the FRA rose by nearly two years. So not only did Americans see a benefit cut by an increase in the FRA, they now also face a particularly morbid version of a benefit cut in the form of shorter lives.

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**DID YOU KNOW??**

**After People on Medicaid Die, Some States Aggressively Seek Repayment From Their Estates**

PERRY, Iowa — Fran Ruhl’s family received a startling letter from the Iowa Department of Human Services four weeks after she died in January 2022.

“Dear FAMILY OF FRANCES RUHL,” the letter began. “We have been informed of the death of the above person, and we wish to express our sincere condolences.”

The letter got right to the point: Iowa’s Medicaid program had spent $226,611.35 for Ruhl’s health care, and the government was entitled to recoup that money from her estate, including nearly any assets she owned or had a share in. If a spouse or disabled child survived Ruhl, the collection could be delayed until after their death, but the money would still be owed. The notice said the family had 30 days to respond. “I said, ‘What is this letter for? What is this?’” said Ruhl’s daughter, Jen Coghlan.

It seemed bogus, but it was real. Federal law requires all states to have “estate recovery programs,” which seek reimbursements for spending under Medicaid, the joint federal and state health insurance program for people with low incomes or disabilities. The recovery efforts collect more than $700 million a year, according to a 2021 report from the Medicaid and CHIP Payment and Access Commission, or MACPAC, an agency that advises Congress.

States have leeway to decide whom to bill and what type of assets to target. Some states collect very little. For example, Hawaii’s Medicaid estate recovery program collected just $31,000 in 2019, according to the federal report... Read More

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**Dear Marci: How do I enroll in Medicare when I retire?**

**Dear Marci,**

I didn’t enroll in Medicare when I turned 65, because I was still working and covered by my employer health insurance. Now I’m retiring at age 67 and have missed my Initial Enrollment Period. How do I enroll?

-Loretta (Tampa, FL)

**Dear Loretta,**

You can enroll in Medicare using a Special Enrollment Period (SEP). SEPs are periods of time outside normal enrollment periods where you can enroll in health insurance. They are typically triggered by specific circumstances.

There is an SEP that begins when you have coverage from current work (job-based insurance) and you are in your first month of eligibility for Part B. It ends eight months after you lose coverage from current employment because the employment or insurance ends. Using this Part B SEP also means you will not have to pay a Part B late enrollment penalty (LEP).

To use this Part B SEP, you must meet two criteria:

1. You must have insurance from current work (from your job, your spouse’s job, or sometimes a family member’s job) or have had such insurance within the past eight months.
2. And, you must have been continuously covered by job-based insurance or Medicare Part B since becoming eligible for Medicare, including the first month you became eligible for Medicare.

For Medicare

**Note:** You can have no more than eight consecutive months without coverage from either Medicare or insurance from current work. You are ineligible for the Part B SEP after going for more than eight months without Part B or job-based insurance.

In most cases, you should enroll in Medicare before losing job-based insurance to avoid gaps in coverage. Remember, even if you use the SEP to avoid a late enrollment penalty, you may still be responsible for any health care costs you incur in the months after losing job-based coverage before your Medicare coverage takes effect. For help timing your Medicare enrollment to ensure it starts immediately after you no longer have job-based insurance, reach out to your human resources department one to two months in advance.

If you are considering delaying Part B enrollment because you have job-based insurance, make sure to learn whether your coverage will be primary or secondary.

**Note:** Beginning in 2023, you may also qualify to use an SEP to enroll in Medicare if you meet certain requirements, such as if you mistakenly delayed Medicare enrollment based on employer misinformation.

Congratulations on your retirement!

-Marci

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Big insur er earnings total $1.25 trillion in 2022

That’s a 300% increase in revenue and a 287% increase in profits from 2012, when revenue was $412.9 billion and profits were $242 million.

Big insurers’ revenues have grown dramatically over the past decade, the result of consolidation in the PBM business and taxpayer-supported Medicare and Medicaid programs.

Sucking billions out of the pharmacy supply chain – and taxpayers’ pockets

What has changed dramatically over the decade is that the big insurers are now getting far more of their revenues from taxpayers and the pharmaceutical supply chain as they have moved aggressively into government programs. This is especially true of Humana, Centene, and Molina, which now get, respectively, 85%, 88%, and 94% of their health-plan revenues from government programs.

The two biggest drivers are their fast-growing pharmacy benefit managers (PBMs), the relatively new and little-known middleman between patients and pharmaceutical drug manufacturers, and the privately owned and operated Medicare replacement plans they market as Medicare Advantage.

With the exception of Humana, Centene, and Molina, most of the companies that constitute Big Insurance continue to make substantial amounts of money selling policies and services in what they refer to as their commercial businesses – to individuals, families, and employers – but the seven companies’ commercial revenue grew just 260%, or $176 billion, over 10 years (from $110.4 billion to $287.1 billion). While that’s significant, profitable growth in the commercial sector has become a major challenge for big insurers – so much so that Humana just last week announced it is exiting the employer-sponsored health-insurance marketplace entirely.

Cutting “waste, fraud, and abuse” is always part of the solution politicians bring up when they discuss how to reduce government spending. But there’s a debate about just what “waste, fraud, and abuse” really is.

A classic example is what’s happening with Medicare Advantage plans.

According to federal audits, eight of the ten biggest Medicare Advantage insurers — representing more than two-thirds of the market — have deliberately overcharged Medicare for the services they have provided.

What is more, four of the five largest players — UnitedHealth, Humana, Elevance, and Kaiser — have faced federal lawsuits alleging that efforts to over-diagnose their customers crossed the line into fraud.

Now, the insurance industry and Republicans are using the debt ceiling fight and President Biden’s vows not to cut Medicare to fend off changes to private Medicare Advantage plans, which are popular among the public but have faced criticism about their costs to the government.

So far this year, the Centers for Medicare and Medicaid Services has released two rules aimed at reducing overpayments to Advantage plans while increasing oversight — moves long recommended by nonpartisan government watchdogs and economists.

But insurance companies that sell Medicare Advantage plans are running ads accusing the White House of cutting seniors’ benefits — a tactic the industry has used before to avoid changes to the program.

According to one estimate, an organization representing the insurance companies has spent $10.5 million on television ads in 2023, more than twice the highest spending advertiser in the country, with Washington, D.C., Phoenix, and Las Vegas the most targeted markets.

But those attacks are misleading, experts and advocates say, pointing to long-standing recommendations from government watchd ogs that Congress and CMS rein in over payments to Advantage plans, which have enjoyed increased enrollment and profits over the past decade.

The government pays Medicare Advantage insurers a set amount for each person who enrolls, with higher rates for sicker patients. And the insurers, among the largest and most prosperous American companies, have developed elaborate systems to make their patients appear as sick as possible, often without providing additional treatment, according to the lawsuits.

As a result, a program devised to help lower healthcare spending has instead become substantially more costly than the traditional government program it was meant to improve.

In statements, most of the insurers disputed the allegations in the lawsuits and said the federal audits were flawed. They said their aim in documenting more conditions was to improve care by accurately describing their patients’ health.

But at least one Republican Senator agrees with the Biden Administration. “Medicare Advantage is an important option for America’s seniors, but as Medicare Advantage adds more patients and spends billions of dollars of taxpayer money, aggressive oversight is needed,” said Senator Charles Grassley of Iowa, who has investigated the industry. The efforts to make patients look sicker and other abuses of the program have “resulted in billions of dollars in improper payments,” he said.

A long-awaited rule finalized last month would seek to recover more than $4 billion in over payments to plans over 10 years, enhance future audits, and make it easier for the government to recoup over payments.

As part of its annual payment updates to Medicare Advantage plans, CMS proposed earlier this month a 1 percent increase for 2024 — a smaller increase than proposed in past years that is being framed as a cut by the industry.
Spinal Cord Stimulation May Ease Diabetic Neuropathy

Electrical stimulation from a spinal cord implant can provide long-lasting relief for people with diabetic neuropathy, updated clinical trial results show.

"Two years after starting with using that stimulator device, they're still having the same quality of improvement as what we first saw," said lead researcher Dr. Erika Petersen. She is director of functional and restorative neurosurgery at UAMS (University of Arkansas for Medical Sciences) in Little Rock, Ark.

Approximately 37 million Americans have diabetes, and about one-quarter develop painful diabetic neuropathy, researchers explained in background notes.

Their diabetes does damage to small nerves, typically in their hands and feet, Petersen said. This causes a variety of painful sensations — burning, pins and needles tingling, and itching among them.

"I've had someone describe it to me as if they feel like they're walking on crushed glass when they put their feet on the floor. Even just having a sheet over their feet when they sleep at night is uncomfortable," Petersen said. "I have one patient who had to build a custom little tent frame for his blankets at the bottom of his bed with PVC pipes to prevent the sheets from brushing on his feet."

Spinal cord stimulators have been around for decades, used to treat various forms of pain.

In 2021, the U.S. Food and Drug Administration approved the use of a spinal cord stimulator device specifically to treat diabetic neuropathy in the legs and feet, Petersen said.

Electrical leads are placed into the spinal canal, and run back to a battery pack that is placed under the skin, Petersen explained.

"You can think of it like a pacemaker for pain," Petersen said. "The device delivers small impulses that change how the nerves within the spinal cord process the pain messages that are coming from the feet through the spinal cord up towards the brain, and helps them decrease how those pain messages are conducted."

For their clinical trial, Petersen and her colleagues recruited 216 people with painful diabetic neuropathy symptoms for at least a year who were no longer responding to medications.

Initially, half of the people received spinal cord stimulation for six months, while the other half received regular medical treatment (the "control" group).

At six months, people with the implant reported a 76% decrease in their pain and a 62% improvement in their motor function and reflexes, the results showed. By comparison, the control group had a 2% increase in pain and a 3% improvement in function.

After six months, those in the control group were given the option to receive an implant. More than 90% opted to get the stimulator, while no one with an implant asked to be switched to medication, the study authors reported.

The researchers continued to follow the patients, and now report that two years out 80% still have less nerve pain and 66% report continued improvement in motor function.

There also were no nerve damage issues associated with the stimulator, and the surgical risks were comparable to what are found in patients without diabetes who receive spinal stimulator implants for other conditions, Petersen said. …Read More

More Americans will soon be paying less for their insulin.

Eli Lilly, one of the three insulin manufacturers, plans to cut its list prices of the drug by 70% and cap out-of-pocket costs at $35 a month.

"While the current health care system provides access to insulin for most people with diabetes, it still does not provide affordable insulin for everyone, and that needs to change," Eli Lilly CEO David Ricks said in a company statement.

"The aggressive price cuts we're announcing today should make a real difference for Americans with diabetes. Because these price cuts will take time for the insurance and pharmacy system to implement, we are taking the additional step to immediately cap out-of-pocket costs for patients who use Lilly insulin and are not covered by the recent Medicare Part D cap [on insulin costs]," Ricks added.

The company will cut its list price for Humalog 100 units/mL, starting in the fourth quarter of 2023.

It will also cut its list price on non-branded Insulin Lispro Injection 100 units/mL, to $25 a vial. That cut will begin May 1, CBS News reported.

People with insurance will have a cap of $35 on out-of-pocket costs when buying the medication at participating retail pharmacies, the company said.

Those without insurance can also pay just $35 a month by downloading the company's Insulin Value Program savings card.

That brings the costs in line with enrollees in Medicare, who had prices capped by the Biden administration's Inflation Reduction Act last year.

Eli Lilly, Novo Nordisk and Sanofi are the three drugmakers that control the insulin market in the United States. About 3 in 10 people with diabetes use Eli Lilly's insulin.

These drugmakers have been criticized for their high prices, up significantly since they began selling analog insulin products more than 20 years ago, CBS News reported. Some diabetics ration their medication, at great health risk, because of the high price of the medi

Alarmed by the increasing spread of medical misinformation, 50 U.S. medical and science organizations have announced the formation of a new group that aims to debunk fake health news.

Called the Coalition for Trust in Health & Science, the group brings together reputable associations representing American academics, researchers, scientists, doctors, nurses, pharmacists, drug and insurance companies, consumer advocates, public health professionals and even medical ethicists.

A small sampling of the groups that have currently signed on includes the American Board of Internal Medicine, the American College of Physicians, the American College of Preventive Medicine, the American Psychological Association, the American Medical Association, the American Nurses Association and the Foundation for the National Institutes of Health.

The coalition plans to take direct aim at what it is calling a "health infodemic."

"I'll start in saying that we in health care are very aware that American society -- the contemporary society that we live in -- is characterized to a significant degree by a distrust in almost all of institutions of our society, and by uncertainty as to the truthfulness or accuracy of the information that is being presented to them," noted Dr. Reed Tucker, chair and co-founder of the Black Coalition Against COVID (BCAC) and a core convening committee member of the newly formed coalition. …Read More
In a tight vote, U.S. Food and Drug Administration advisors on Tuesday recommended the approval of an RSV vaccine that could be used in Americans ages 60 and up.

The vaccine, known as REINOIR, was developed by pharmaceutical giant Pfizer Inc. The same panel of advisors will weigh the potential approval of another respiratory syncytial virus (RSV) vaccine, this one from GlaxoSmithKline, on Wednesday.

"In older adults, RSV can result in serious illness, hospitalization, or even death, so there is a significant need to protect this at-risk population," Annaliesa Anderson, senior vice president and chief scientific officer for vaccine research and development at Pfizer, said in a news release announcing the panel decision. "We are encouraged by the outcome of today's... meeting, as it is a testament to the strength of our science and dedication to bringing this important vaccine candidate to the market."

If the FDA follows the recommendation of its advisors, which it typically does, Pfizer's vaccine would be the first shot to guard against RSV infection, NBC News reported. The U.S. Centers for Disease Control and Prevention would also need to recommend the single shot before it could become available to Americans.

Still, the FDA advisors were divided in their recommendation. The panel voted 7-4, with one abstention, to recommend approval of the vaccine based on its efficacy, NBC News reported. FDA advisors were also split, 7-4 with one abstention, on the safety for the Pfizer vaccine. The vaccine's potential association with a rare neurological disorder known as Guillain-Barré syndrome (GBS) was a concern for those who voted against approval because of safety. "It was a 1 in 9,000 risk of GBS, which is concerning," said committee chair Dr. Hana El Sahly, who voted against the shot based on its safety profile but in favor of the shot based on its efficacy.

Common side effects of both the Pfizer and the GSK vaccines were injection site and muscle pain and fatigue. Pfizer participants reported headaches, while the GSK participants reported more frequent side effects, according to NBC News. Pfizer has reported that its vaccine would reduce risk from RSV by as much as 86%.

GlaxoSmithKline’s version would lower risk of symptomatic illness by 83% and of severe illness by 94% in adults 60 and up, according to trial data that was published in February in the New England Journal of Medicine. These may not be the only RSV vaccines to come, as 11 are being reviewed, according to trial data that was published in February in the New England Journal of Medicine. The vaccine has already been approved in Europe, NBC News reported.

"A monoclonal antibody injection designed for babies is also under FDA review. That shot is from Sanofi and AstraZeneca and has already been approved in Europe, NBC News reported. Although RSV infection is mild for many people, the disease can be very serious for infants and older adults. It kills up to 10,000 adults ages 65 or older each year, according to the U.S. Centers for Disease Control and Prevention. Meanwhile, about 300 U.S. children under the age of 5 also die from RSV each year.

People who strongly adhere to a set of eight lifestyle behaviors and heart-health metrics may have a lower risk for coronary heart disease and stroke than those who don't, new research shows – especially women, younger adults and people with a lower genetic predisposition to heart disease.

The study also found that adhering to Life's Essential 8 – key measures identified by the American Heart Association to improve and maintain good cardiovascular health – was better at predicting cardiovascular risks than Life's Simple 7, an earlier set of heart-healthy metrics that did not include sleep.

"Sleep health may hold great potential for improving cardiovascular health among the general population," said lead study author Dr. Xiang Li, a postdoctoral fellow in the department of epidemiology at Tulane University School of Public Health and Tropical Medicine in New Orleans.

The findings, presented Thursday at the AHA’s Epidemiology and Prevention, Lifestyle and Cardiometabolic Health conference in Boston, are considered preliminary until full results are published in a peer-reviewed journal.

The AHA created Life's Simple 7 in 2010 as a way to encourage what research showed had the greatest positive impact on cardiovascular health. These included not smoking, being physically active, eating a healthy diet, maintaining a healthy weight and managing blood glucose, cholesterol and blood pressure levels.

The metrics were updated last year to clarify several components and add one more. Cigarette smoking was replaced with nicotine exposure, to also include e-cigarettes and exposure to secondhand smoke. A guide to assess diet quality was added, outlining the elements of two eating patterns (the DASH and Mediterranean diets) shown to promote good cardiovascular health. And the cholesterol component was updated to focus on non-HDL cholesterol rather than total cholesterol.

But the biggest change was the addition of sleep duration, after a growing body of research found adults who get seven to nine hours of sleep each night were better able to manage cardiovascular factors such as weight, blood pressure and risk for Type 2 diabetes.

In the new analysis, researchers used data from the UK Biobank to score 137,794 adults who were free of cardiovascular disease on how well they adhered to Life's Essential 8. Using a 100-point scale, scores were grouped into low, moderate or high adherence. Genetic risk scores for coronary heart disease and stroke also were calculated. Participants were almost evenly split between men and women and were an average 55 years old.

After a median 10 years of follow-up, those with high adherence scores had a 66% lower risk for coronary heart disease, 55% lower risk for stroke and 64% lower risk for cardiovascular disease than those with low adherence.

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The AHA created Life's Simple 7 in 2010 as a way to encourage what research showed had the greatest positive impact on cardiovascular health. These included not smoking, being physically active, eating a healthy diet, maintaining a healthy weight and managing blood glucose, cholesterol and blood pressure levels.

The metrics were updated last year to clarify several components and add one more. Cigarette smoking was replaced with nicotine exposure, to also include e-cigarettes and exposure to secondhand smoke. A guide to assess diet quality was added, outlining the elements of two eating patterns (the DASH and Mediterranean diets) shown to promote good cardiovascular health. And the cholesterol component was updated to focus on non-HDL cholesterol rather than total cholesterol.

But the biggest change was the addition of sleep duration, after a growing body of research found adults who get seven to nine hours of sleep each night were better able to manage cardiovascular factors such as weight, blood pressure and risk for Type 2 diabetes.

In the new analysis, researchers used data from the UK Biobank to score 137,794 adults who were free of cardiovascular disease on how well they adhered to Life's Essential 8. Using a 100-point scale, scores were grouped into low, moderate or high adherence. Genetic risk scores for coronary heart disease and stroke also were calculated. Participants were almost evenly split between men and women and were an average 55 years old.

After a median 10 years of follow-up, those with high adherence scores had a 66% lower risk for coronary heart disease, 55% lower risk for stroke and 64% lower risk for cardiovascular disease than those with low adherence.
Susan Tilton’s husband, Mike, was actually in good health. But after a friend’s husband developed terminal cancer, she began to worry that Mike would soon die, too.

At night, “I’d lie down and start thinking about it,” recalled Ms. Tilton, 72, who lives in Clayton, Mo. “What would I do? What would I do?” The thought of life without her husband — they’d married at 17 and 18 — left her sleepless and dragging through the next day.

“It was very hard to shut it off,” she said of her worrying. “How could I get along by myself? What would I do with the house?”

Years earlier, Ms. Tilton had been seeing a therapist and taking medication for depression, but she ended therapy when her doctor retired. In late 2021, she consulted Dr. Eric Lenze, who heads the psychiatry department at the Washington University School of Medicine in St. Louis, for help with a different health problem, not fully recognizing that her anxiety was itself a diagnosable disorder.

“I just thought it was the way things were — you worried,” she said. “I believe I’ve had it since I was a child. To me, it was my normal way of thinking.”

A lot of older people can empathize. Anxiety is the most common mental health disorder; a 2017 study of older adults in six countries found that more than 17 percent had experienced an anxiety disorder within the past year.

Generalized anxiety disorder, Ms. Tilton’s diagnosis, is the most common type among seniors. “The most prominent symptom is severe, difficult-to-control worry,” said Dr. Carmen Andreescu, a geriatric psychiatrist at the University of Pittsburgh School of Medicine and an author of a recent editorial on late-life anxiety in JAMA Psychiatry.

“There’s this continuing fear that something bad is going to happen,” she added. “It can be all-consuming.”

Other forms of anxiety include social anxiety disorder, phobias, panic disorder and post-traumatic stress disorder. Anxiety frequently occurs alongside depression, complicating diagnosis and treatment. The coronavirus pandemic, of course, led to rising anxiety and depression in all adult age groups.

Recently, attention to anxiety has increased because of a draft recommendation from the United States Preventive Services Task Force, an independent expert panel that reviews research on preventive measures.

The panel concluded that adults ages 18 to 64, including those who are pregnant and postpartum, should be screened for anxiety and gave that recommendation a “B” rating, meaning it had “moderate net benefit.” (Screening means testing patients who don’t exhibit symptoms or raise concerns about a particular health problem but may be experiencing it nonetheless.)

For people 65 and older, though, the task force issued an “I” rating, meaning it found insufficient evidence of benefits and harms.

“It’s a very scientifically rigorous process,” said Lori Pbert, a clinical psychologist and health behavior researcher at the University of Massachusetts Chan Medical School who served on the panel.

When it came to older adults, “evidence was lacking on the accuracy of screening tools and the benefits and harms of screening,” she said. The team also wanted more evidence of treatment effectiveness.

“It’s a strong call for the clinical research that’s needed,” Dr. Pbert said. The task force will publish its final recommendation later this year.

Dr. Andreescu and the other authors of the editorial, including Dr. Lenze, politely but strongly disagree. An “I” rating “makes people not look for or treat something that’s already an undertreated condition,” Dr. Lenze said.

“With a common disorder that causes a lot of impairment of quality of life and that has simple, inexpensive, straightforward kinds of treatment, I think screening is called for,” he added.

Whatever the final task force recommendation, the discussion of anxiety in older people highlights a prevalent but often overlooked mental health concern. “A lot of these cases fly under the radar,” Dr. Andreescu said.

That may reflect the way symptoms of anxiety can differ among older people, whose primary care doctors often lack the training to recognize mental health disorders. In addition to severe worry, seniors often experience insomnia or irritability; they may develop a fear of falling, engage in hoarding or complain of physical discomforts like muscle tension, a choking sensation, dizziness or shakiness.

But underdiagnosis also stems from older patients’ reluctance to ascribe their problems to psychological issues. “Some resent a label of ‘anxious,’” Dr. Andreescu said. “They’d rather call it ‘high stress,’ something that doesn’t indicate psychological weakness.”

And since aging involves genuine sources of fear and distress, from falls to bereavement, people may see anxiety as normal, as Ms. Tilton did.

It has serious consequences, however. “It has an impact on the health of our brains and our bodies,” Dr. Andreescu said. Studies have demonstrated connections between anxiety and cardiovascular disease, with greatly increased risks of coronary heart disease, heart failure, stroke and death. Patients with higher anxiety levels are more likely to engage in substance abuse, too.

Research also consistently shows that anxiety is linked to cognitive decline and dementia. Dr. Andreescu’s neuroimaging studies have found that “anxiety actually shrinks and ages the brain,” she said.

And it degrades people’s everyday lives. Jim Wright, a Pittsburgh executive who has participated in Dr. Andreescu’s research, described having “a lot of sleepless nights.”

“I’ll wake up at 2 a.m. and lie there worrying about every random thing you can think of,” said Mr. Wright, 60, who has also developed hypertension that has proved difficult to control.

John Modell, 81, a retired history professor in Pittsburgh and another study participant, worries about memory loss and about getting lost on local walks or stranded by airplanes on trips.

“I’m aware of being anxious 20 or 50 times a day,” said Mr. Modell, whose father died of Alzheimer’s disease. His symptoms have led him to stop traveling and have curtailed his social life; he thinks they contributed to his divorce, too.

Neither man has sought treatment for anxiety. “I’ve learned to live with it,” Mr. Wright said. Yet anxiety can be treated with antidepressants like Prozac, Lexapro and Zoloft, called selective serotonin reuptake inhibitors, combined with specialized forms of cognitive behavioral therapy.

(Benzodiazepines and related drugs, which many seniors turn to for temporary relief from insomnia and anxiety, are not recommended for long-term use. “The risks of confusion and falls are well-known,” Dr. Lenze said. “And they’re habit-forming medications. They’re harder to stop.”)

Because older people require higher doses of antidepressants and are already likely to be taking multiple medications, doctors proceed cautiously. “It’s a bigger challenge” to treat older anxious patients, Dr. Andreescu said. “It’s more complicated.”

The drugs can take weeks longer to bring relief than in younger people, she said, which may lead patients to think they aren’t working and stop taking them. Older patients may also relapse and require a different regimen.

With time, though, “we do get it under control,” Dr. Andreescu said. “People do respond to treatment.”

Ms. Tilton, for instance, said she had regained her equilibrium. Dr. Lenze increased her dosage of duloxetine (sold under the brand name Cymbalta) and added mirtazapine (Remeron). “I’m feeling really good right now,” she said.

A particular pleasure: improved sleep. “I can lie down on the bed and conk out in a second,” she said. “It’s a real treat.”
Your gallbladder may seem like a mysterious part of your body. What does it do, anyway? Until you have gallbladder pain, you may not even consider it much.

The gallbladder is shaped like a pear. It's located in the upper right corner of your abdomen, under your liver.

You can think of your gallbladder like a storage unit. When you eat fatty foods, your liver makes bile, which is a substance that helps the body break down fat. Bile is stored in the gallbladder and then released into the small intestine through our bile ducts (tubes that carry bile).

"Bile enables us to break down and absorb the fat in our diets. Without bile, we would have oily, fat-containing stool," says Dr. Jesse P. Houghton, senior medical director of gastroenterology at Southern Ohio Medical Center Gastroenterology Associates in Portsmouth, Ohio.

Although the gallbladder has a purpose in our bodies (to store bile), we also can live without it if it needs to be removed.

**Symptoms of Gallbladder Problems**

With a gallbladder-related health problem, you may experience symptoms that include:

- Pain in the upper right side of your abdomen associated with eating fatty foods. This could mean any kind of fatty food, not only meat, butter or other well-known types of fatty foods. "These symptoms classically occur about a half hour after a fatty meal, last one to three hours and then gradually improve," Houghton says. Another name for this symptom is biliary colic.
- Pain that radiates toward the back, shoulder blades or chest. "It's not uncommon for people having chest pain to present (to the ER) and think it's a cardiac problem, but it's actually a gallbladder problem," Eiferman says.
- Pain in the center of the abdomen.
- **Bloating**.
- Fever and chills.
- **Nausea** after eating.
- Vomiting that happens after eating.
- Yellowing of the skin or the eyes.

The frequency and intensity of your symptoms can help you decide when to see a doctor. If you have constant or worsening pain in your right upper abdomen along with nausea, fever or vomiting, seek urgent care or go to the ER. Health professionals can do testing to determine if you have gallbladder inflammation or another health problem.

If you have occasional pain in your upper right quadrant after eating fatty foods and then it goes away, see your doctor for a non-urgent appointment. "Most patients I see have had the pain off and on for weeks, a month or two months, and they finally come in the office," says Dr. Matt Bechtold, a gastroenterologist and professor of clinical medicine with University of Missouri Health Care in Columbia, Missouri. [Read More]

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### What Are Symptoms of Gallbladder Problems?

**1 in 5 Folks at High Heart Risk Refuse to Take a Statin**

Twenty percent of folks who are at high risk for heart disease refuse statins that could help prevent it, researchers report.

They found that women were about 20% more likely than men to decline statin drugs when they were first recommended and about 50% more likely to never accept a statin recommendation.

The research began when Dr. Alex Turchin, of Brigham and Women's Hospital in Boston, noticed that many of his patients with high cholesterol were deciding not to take these medications. Statins can reduce the risk of heart attack and stroke by lowering cholesterol.

Turchin began analyzing provider notes.

"Our study highlights the alarming number of patients who refuse statins and signals that physicians must have discussions with patients about why," Turchin said in a hospital news release. "We need to better understand what our patients' preferences are and to be able to provide more patient-centered care."

The study included more than 24,000 patients seen at Mass General Brigham in Boston between Jan. 1, 2000, and Dec. 31, 2018. It focused on high-risk patients who had coronary artery or vascular disease, diabetes, very high cholesterol or had suffered a stroke.

"Even in this higher-risk patient population, so many people did not accept statin therapy," Turchin said. About two-thirds of the patients for whom statin therapy was recommended eventually tried it. The rest never did.

It took about three times as long for people who initially refused statins to reduce their LDL cholesterol levels to less than 100, compared to people who initially said yes to the medications.

Those who declined the statin therapy developed higher LDL -- or bad -- cholesterol levels. This likely further increased their risks.

Turchin said the biggest surprise was the high rate of refusal among women. Researchers wondered if a misconception that heart disease affects men more than women is a contributor.

"Ultimately, we need to talk to our patients and find out in more detail why they would prefer not to take statins," Turchin said.

Heart disease kills someone in the United States every 34 seconds, according to the U.S. Centers for Disease Control and Prevention.

Turchin is now looking at how refusal of statin therapy affects outcomes such as heart attacks, strokes and death.

"I think people underestimate how much of a difference modern medicine has made in extending people's lives, and their quality of life, and medications can play a big role in that," he said.

### Mediterranean Lifestyle, Not Just Diet, May Greatly Improve Health

Much is known about the heart-health benefits of adopting a Mediterranean-style diet, with its heavy focus on whole grains, fruits, vegetables, fish and healthy oils. But what about the rest of the Mediterranean lifestyle?

Short of lounging on the beaches of southern Italy or an island in Greece, could adopting the focus on relaxed, familial dining, afternoon naps and strong communal bonds also improve health?

A group of researchers explored what would happen if middle-aged and older British adults – who live about 1,500 miles northwest of the Mediterranean Sea and its convivial way of life – adopted not just the dietary but also the physical activity and social habits of their southern neighbors. And they found that the more they adhered to this lifestyle, the lower their risk of dying from cancer, cardiovascular disease and other health conditions. The findings, presented Tuesday at the American Heart Association's Epidemiology, Prevention, Lifestyle and Cardiometabolic Health conference in Boston, are considered preliminary until full results are published in a peer-reviewed journal.

"This study suggests that adopting a Mediterranean lifestyle adapted to the local characteristics of non-Mediterranean populations is possible and can be part of a healthy lifestyle," said the study's senior researcher, Mercedes Sotos-Prieto, an assistant professor in the department of preventive medicine and public health at the Autonomous University of Madrid, Spain. She also is an adjunct professor at the Harvard T.H. Chan School of Public Health in Boston. [Read More]
Bed Rails Can Help and Harm: FDA Gives Guidance

While adult bed rails are marketed with safety in mind, they need to be used with caution, the U.S. Food and Drug Administration advises.

"Many death and injury reports related to entrapment and falls for adult portable bed rail products and hospital bed rails have been reported to the FDA and the CPSC [U.S. Consumer Product Safety Commission]," the FDA said in a new webpage.

Use bed rails with care, especially with older adults and people with altered mental status, physical limitations and certain medical conditions, the FDA advised.

The FDA regulates bedrails that are sold for medical purposes. These might be used to help someone who is disabled, injured or recovering from surgery to transfer in and out of bed, and reduce the risk of falling or fracture.

Those not marketed for medical purposes are instead considered consumer products and are under the jurisdiction of the CPSC.

Sometimes these types of equipment are called side rails, bed side rails, half rails, safety rails, bed handles, bed canes, assist bars, grab bars, and adult portable bed rails.

The FDA's new webpage explains some of the risks associated with bed rails and offers some safety advice.

Bed rails typically are divided into three distinct types, according to the FDA. There are portable bed rails for adults, portable bed rails used for children, and hospital bed rails that are attached to a hospital or medical bed.

Adult portable bed rails are not designed as part of the bed by the manufacturer but are instead attachable and removable. They may be used at home, in long-term care facilities, assisted living facilities and nursing homes.

"These rails are intended to provide assistance to the bed occupant in moving on the bed surface, or in entering or exiting the bed, to minimize the possibility of falling out of bed or for other similar purposes," the agency explained.

While some rails run along the full length of the bed, others are shorter.

Hospital bed rails are meant to be either part of or an accessory to a hospital bed or other FDA-regulated bed.

Portable bed rails for children are meant typically for ages 2 to 5 who can get in and out of an adult-size bed without help. They are considered consumer products.

Getting Rehab at Home After Heart Attack Can Extend Lives

After a heart attack, home rehab can literally be a lifesaver, a new study finds.

Taking part in a home-based cardiac rehabilitation program lowered the risk of dying from heart complications by 36% within four years, compared with patients who were not in a rehab program, researchers report.

"Cardiac rehabilitation programs save lives," said lead researcher Dr. Mary Whooley, a professor of medicine, epidemiology and biostatistics at the University of California, San Francisco.

According to the American Heart Association, which stresses the benefits of cardiac rehabilitation after a heart attack in preventing rehospitalization and deaths, rehab is greatly underused -- with only about 44% of patients opting for it.

Cardiac rehabilitation programs stress not smoking, eating healthy, exercising, managing stress and taking medications to lower blood pressure and cholesterol.

Among patients hospitalized for a heart attack between 2007 and 2011, only 16% of Medicare patients and 10% of veterans took part in cardiac rehabilitation, the researchers said.

But if 70% of patients took part in cardiac rehab, 25,000 lives could be saved and 180,000 hospitalizations prevented each year, according to the Million Hearts Cardiac Rehabilitation Collaborative, sponsored by the U.S. Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services.

"Behavior change is really tough," Whooley said. People are very motivated when they're in the hospital and they're sitting in a bed and thinking I never want to have a heart attack again. But then they go back home and it's pretty hard to get motivated to get out there and exercise, eat healthy and take good care of yourself."

At-home cardiac rehabilitation programs can be particularly effective, Whooley said.

"They can end up with more lasting effects because people integrate the behavior changes into their regular life instead of coming to the hospital and practicing something and thinking they're cured and going home," she explained. "The whole point is you need to change your lifestyle." …Read More

HealthLink Wellness “Taking Control” Science for the Individual

Some of the Highlights:

◆ Revolution in Personal Control of Health Based on Science
There is a revolution taking place in personal health and wellness. This book is the results of 20 years of a community-based wellness program “HealthLink Wellness”. As you open the book you will see that it is the culmination of the cooperation and funding of many groups, both labor and non-labor. A true community partnership.

Scientifically Derived Health Outcome Measures:

◆ HealthLink Risk Profile Index
Ten-year probability estimates of coronary heart disease, originally developed by the Framingham Heart Study. It has the endorsement of both the American College of Cardiology and American Heart Association. A Risk Profile calculator was developed so that individuals can monitor their own personal progress.

◆ Wellness-Comorbidity Matrix
It is designed to outline for the individual the dynamics of wellness and comorbidity interaction. Its use, in conjunction with the Risk Profile Index, is to make it easier for individuals to set reasonable incremental goals.

Some of Our Results with Retiree Health:

◆ Reduce the number of individuals with hypertension from 61% to 37%
◆ Increase the number of individuals with normal blood glucose from 51% to 71%
◆ Increase the number of individuals with normal Total Cholesterol from 48% to 70%

◆ In addition to the science of wellness, this book also covers how HealthLink Wellness successfully determined the feasibility of coordinating our community efforts with those of primary care physicians, creating an environment where the patient, community, and medical office work as a team. Now Available On Amazon.com & Kindle e books. Click on image below.

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