

March 13, 2022 E-Newsletter

Message from the Alliance *for* Retired Americans Leaders

President Biden Addresses Many of Retirees' Highest Priorities at State of the Union

President Joe Biden delivered his **first State of the Union address** Tuesday, and he included several initiatives designed to improve the lives of older Americans. Noting that Americans continue to pay the highest prices in the world for prescription drugs, he again pushed for allowing Medicare to negotiate drug prices, as the Veterans Administration and Medicaid programs do. He also said that the nation needs to cap the cost of insulin at \$35 per month.

"Hopefully, 2022 will be the year when we finally see legislative action that substantially lowers drug prices," said Robert Roach, Jr., President of the Alliance. "Congress should take the \$450 billion in savings from drug negotiations and direct Medicare to use it to expand benefits for vision, dental and hearing."

President Biden also called on Congress to pass the Freedom to Vote Act and the John Lewis Voting Rights Advancement Act to ensure that seniors' voices are heard at the ballot box – a high priority given that legislators in 19 states have enacted 34 laws with provisions that severely restrict voting access.

In addition, President Biden called for passing the PRO Act, which will allow workers to join a union without facing corporations' unnecessary impediments, and for increasing the minimum wage to \$15 per hour, which would mean higher Social Security benefits for seniors upon retirement.

"The House has already passed bills that would lower prescription drug prices, protect voting rights, make the PRO Act the law of the land and raise the minimum wage. We call on the U.S. Senate to listen to President Biden and follow suit," said



Richard Fiesta, executive director of the Alliance.

Biden Unveils Plans to Support Poorest-Performing Nursing Homes

During his address, President Biden also announced plans to **boost staffing and oversight for nursing homes** across the country. Nursing homes became an epicenter of COVID-19 transmission during the pandemic, with elevated levels of infections and deaths reported even after the rollout of vaccinations. The nation has seen **200,000-plus** nursing home residents and staff die since the pandemic began two years ago.

Increased staffing levels have proven to be a highly significant factor in limiting covid cases and deaths, and the Administration has now responded by allowing the Centers for Medicare and Medicaid Services to propose minimum staffing levels within long term care facilities.

Nursing homes are also

encouraged to limit disease spread by shifting to single occupancy rooms, while phasing out rooms with three or more residents. The President called on Congress to provide \$500 million for health and safety inspections in nursing homes.

Finally, the President vowed to crack down on nursing home facilities and investors with a track record of safety concerns. This includes harsher penalties for certain areas of poor performance, as well as the creation of a database that would track owners and operators across the country to highlight their safety records.

"Nursing home residents are still one of the groups at highest risk for severe COVID-19 infection," said President Roach. "We welcome the President's plan to ensure that the most vulnerable seniors and people with disabilities are given the resources and attention they deserve."

Alliance Celebrates International Women's Day

Today is International Women's Day, a day celebrating the social, economic, cultural, and political achievements of women. It is also a reminder of the need to accelerate our efforts to achieve equality for women.

This annual event has occurred for well over a century, with the first gathering in 1911 supported by over a million people.

The Alliance for Retired Americans joins the rest of the world in celebrating this special day by honoring ALL women — whether they are the teachers who educate our students with their wealth of information; the

doctors who heal our patients with their scientific knowledge; the mothers who share their wisdom while raising our children with love; or any of the unique individual women who matter just by being their true selves.

The month of March also marks the annual recognition of the contribution women have made and continue to make to political and social equality in our country. It is a chance to reflect on how much remains to be done to ensure women have equal rights and opportunity in the United States.

Women make essential contributions to their communities and our economy, but their pay continues to lag, with women earning 84% compared to men performing the same job. Worse, the gender pay gap widens as women age.

We must respect their contributions by ensuring that every woman is paid a living wage. We must raise the minimum wage to \$15 per hour.

A higher minimum wage also strengthens retirement security. In 2019, the average annual Social Security income received by women 65 years and older

was \$13,505, compared to \$17,374 for men. A \$15 minimum wage would mean higher Social Security benefits upon retirement, while strengthening the Social Security Trust Fund.

Together, we can best honor women with true appreciation for their full range of accomplishments by treating them with the equality they have earned.

Sincerely,
Robert Roach, Jr.
President



Robert Roach, Jr.
President, ARA

ADD
YOUR
NAME

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

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Here's what to know about the new required withdrawals from IRAs and 401(k) plans

If you're subject to annual required withdrawals from your retirement accounts, be aware that the calculation for those amounts has changed — generally to your advantage.

New IRS life expectancy tables — which are used to determine required minimum distributions, or RMDs — are in effect starting this year. For most account owners, using the modified tables should generally be straightforward and result in a smaller RMD than if it were based on the previous tables.

Yet there are some things to watch for.

"There are a couple of tricky situations that will only happen this year," said Ed Slott, CPA and founder of Ed Slott and Co.

RMDs apply to 401(k) plans — both traditional and the Roth version — and similar workplace plans, as well as most individual retirement accounts. (Roth IRAs have no required withdrawals until after the account owner's death.)

Before the Secure Act took effect in 2020, RMDs were generally required once a person hit age 70½. Now, for anyone who reached that age in 2020 (or will reach it later), RMDs kick in at age 72. In other words, if you were born on July

1, 1949, or later, you can wait until age 72, Slott said.

The amount you must withdraw each year is generally determined by dividing the previous year-end balance of each qualifying account by a "life expectancy factor" as defined by the IRS. The agency's new tables assume you'll live longer, which may have the effect of reducing the amount you need to withdraw. "They give you about one to two years more in life expectancy," Slott said.

Under the new uniform life table, for example, a 75-year-old would use 24.6 as their factor. If the account balance is, say, \$500,000, dividing the amount by that factor results in an RMD of about \$20,325.

Under the old table, the factor for a 75-year-old was 22.9, or \$21,834 for a \$500,000 account.

One thing to be careful about involves anyone who turned 72 in the second half of last year. (Someone reaching that age in the first half of 2021 would have been subject to the RMD age of 70½.)

Basically, in a person's first year of RMDs, that required withdrawal can be delayed up



until April 1 of the following year (although this means having two RMDs in a single year). So if you delayed your 2021 RMD to take advantage of that rule, be sure to use the proper account balances and life expectancy tables.

That is, your 2021 RMD would be based on the old life expectancy tables and the account's balance on Dec. 31, 2020. Your 2022 RMD would be based on the new tables and the balance at the end of 2021.

For inherited retirement accounts

For inherited IRAs, calculating RMDs is handled differently.

The Secure Act eliminated the ability of most beneficiaries to stretch out withdrawals across their own lifetime (the so-called stretch IRA) if the original account owner died in 2020 or later.

Now, unless they meet an exception, beneficiaries are required to withdraw all assets from the inherited account by Dec. 31 of the 10th year following the account owner's death.

Exceptions to that rule include when the beneficiary is a surviving spouse, a minor child

of the account owner, a disabled beneficiary or one who is not more than 10 years younger than the original account owner. These beneficiaries can still stretch out payments based on their life expectancy.

Additionally, beneficiaries who had an inherited account before 2020 and were using the stretch provision can continue to do so, Slott said.

Either way, the method for determining your RMDs from an inherited account is different (and spouses have several options). In the first year, you look at the factor for your age in the single life table. In the next year you reduce that original factor by one, and then continue subtracting one in each subsequent year.

This year, you get a one-time reset: Look at the factor in the single life table for the age you were when you began taking those RMDs and reduce that number by one for each year that has passed.

"It's looking at it as if the new table was in effect when you inherited the account," Slott said. "But it doesn't affect the RMDs you've taken since then."

Once you do the reset, you continue reducing your factor by one each year.

Improving Nursing Home Care

The need for improved nursing home care has been discussed for a long time. It is not hard to find individuals who are not happy with the care an elderly loved one received in a nursing home. And yet, nursing home care is an essential fact of life in a society where people are living longer.

The issue has been highlighted by the fact that nearly a quarter of the people who died from Covid 19 were either residents in or workers in a nursing home.

However, as pointed out by *Kaiser Health News*, the changes proposed by the



President "will hit a hard reality: Nursing homes face severe labor shortages. Recruiting employees is a challenge because of the difficult work involved, the risks of covid, and the meager average pay.

"Improvements to nursing home care can be expected to

take time. Some proposals will need congressional funding, and although nursing home safety has general bipartisan support, there are many interests competing for federal dollars. In addition, making changes through regulation is a time-consuming process."

Fun Activities for Seniors: Over 100 Ways to Play

Whatever your age, interests, or abilities, you can enjoy pastimes that make you laugh, lose track of time, or feel like a goofy kid at heart. And plenty of activities cost little or no money. Some of the best types of diversions for older adults or elderly people include:

Whatever your age, interests, or abilities, you can enjoy pastimes that make you laugh,

lose track of time, or
Contents:

- ◆ **Active games and sports**
- ◆ **Dancing, karaoke, and other performance arts**
- ◆ **Parties and other social gatherings**
- ◆ **Traditional games and puzzles**
- ◆ **Animal interactions**



◆ **Gardening, bird-watching, and other outdoor pastimes**

◆ **Arts and crafts**

◆ **Active learning**

◆ **Outings and excursions**
According to one study, **four of the top five** activities most commonly cited by seniors as being their favorites are, by their nature, very active. They include

walking and jogging, gardening and yard work, playing sports, and other physical pursuits.

But fun takes many different forms. So check out the following list of things to do for inspiration. And learn **why play is so important**.

Congress Saves the Postal Service but Shifts Costs to Medicare

Recently we reported that the House of Representatives had passed a bill that would go a long way toward keeping the U.S. Postal Service solvent and in business. They did that by shifting the Postal Service retiree medical costs to Medicare. The bill has now gone to the Senate and may be voted on this week.

The legislation is important for seniors because so many of us receive our prescriptions through the mail. However, we also noted that the bill was adding new costs to Medicare and Medicare itself urgently needs Congressional action because its trust fund is expected to become insolvent in just four short years.

We noted in our report that we had not found how much additional cost there would be Medicare. Now, that number has come to light.

Kaiser Health News has reported that the Congressional Budget Office has estimated "the move could save the postal retirement and health programs

about \$5.6 billion through 2031 while adding \$5.5 billion in costs to Medicare during that span, and probably much more in later years."

While that number seems exceptionally large to all of us, it's only a small fraction of what Medicare spends. But it does, once again, raise the issue that Congress must deal with the Medicare solvency issue – sooner rather than later.

That issue has been raised in the Senate, but it is highly unlikely Congress will start working on it this year given everything they still have to deal with, the toxic partisan culture that exists, and the fact that this is an election year.

TSCL's Social Security and Medicare policy analyst, Mary Johnson, was quoted in the article. She pointed out that the failures of the mail system also have health consequences, with payments for insurance and shipments of prescriptions going missing.

Shoring up both Medicare and Social Security remains at the



top of TSCL's lobbying agenda and we will continue to push Congress to begin action on those issues.

Senate Working on Bill to Lower Insulin Cost

Senate Majority Leader Chuck Schumer (D-N.Y.) has announced that legislation to lower the cost of insulin will be a priority in that chamber in the next few weeks.

The bill under consideration would cap consumers' out-of-pocket insulin costs at \$35 per month without changing the price drug makers charge for insulin.

This is an effort on the part of the Democratic leadership to get some kind of drug reduction legislation through Congress this year because their more comprehensive bill that would empower the government to negotiate with drug makers to reduce consumers' prices, limit year-to-year increases in the cost of medicines, and cap out-of-pocket costs is tied up in the Senate.

However, not all Democrats like this idea. Some say the insulin bill simply isn't enough to lower Americans' drug costs in a meaningful way. The bill would cap consumers' out-of-pocket insulin costs at \$35 per month without changing the price drug makers charge for insulin.

They believe that passing bills to cap copays on an individual basis will simply shift costs and lead to higher premiums and taxes for consumers and that by creating a partial solution it would take away from the mission to create a complete solution.

The purpose of trying to pass the insulin cost cap alone is meant to test whether it can get bipartisan support in coming weeks. It is expected that no Republicans will support legislation to lower overall drug costs, but Democrats are hoping they can get ten Republican to support the bill to lower insulin costs.

Social Security's Day of Reckoning Could Arrive Soon. Are You Ready?



Millions of seniors today rely on Social Security as a critical source of retirement income. And chances are, many future retirees will depend heavily on those benefits as well.

But **Social Security** is facing its share of financial challenges that could have devastating consequences for current and future retirees alike. And if lawmakers don't intervene, the results could be downright catastrophic.

There's a serious revenue shortfall at play

Social Security primarily relies on payroll taxes (the ones we all hate paying) to stay afloat. But in the coming years, that income stream is expected to shrink. That's because baby boomers are expected to exit the workforce in droves, and it's anticipated that the number of workers entering the labor force

won't suffice in replacing retired boomers.

Meanwhile, as baby boomers retire, they're also likely to start claiming the benefits they're entitled to, putting a lot of strain on Social Security's resources. And once the program's cash reserves, known as its trust funds, run dry, Social Security may have no choice but to implement universal benefit cuts.

In their most **recent report**, the Social Security Trustees estimated that the program's trust funds will be depleted by 2034. But we can't rule out the possibility of that timeline being pushed up due to the pandemic.

First of all, many people were unemployed on a long-term basis during 2020 and 2021, thereby limiting the amount of payroll tax going into Social Security. Furthermore, we don't know to what extent the pandemic will end up driving people into early retirement.



On the one hand, the popularity of remote work might drive some older employees to extend their careers. On the other hand, the emotional toll of the crisis could spark an early retirement trend as a "seize the day" sort of thing.

All told, Social Security has a very real fiscal crisis on its hands. And the worst part? Lawmakers have known about it for years.

Granted, no one could've predicted the extreme impact the COVID-19 pandemic would have on the U.S. economy. But Social Security's financial woes predate the pandemic by many years. And at this point, we're inching closer and closer to the point when benefit cuts could become a real possibility.

Can Social Security be saved?

To be clear, Social Security isn't going bankrupt, and as of now, the worst-case scenario involves benefit cuts -- not a

dissolution of the program itself. But significant benefit reductions are apt to be a huge problem for the millions of seniors who get most or all of their income from Social Security.

As it is, many beneficiaries today are struggling to make ends meet. Take away what could be 20% of their retirement income or more, and we're talking about a widespread financial crisis.

Current workers have an opportunity to avoid a serious financial shortfall in retirement by socking funds away in an IRA or **401(k) plan**. But that's not an option existing retirees have. And so we have to hope that lawmakers will get moving on a solution to address Social Security's financial issues -- before that doomsday clock ticks down.

2022: Programs that lower your health care costs if you have Medicare

Medicare only covers about half of a typical person's health care costs, leaving people with average **annual out-of-pocket costs** of more than \$6,100. So, **even with Medicare**, many people struggle to afford premiums, deductibles and other costs. Some people qualify for Medicaid, which fills most of the gaps in Medicare. But, if you do not qualify for **Medicaid**, there are other programs that lower your health care costs. Click [here](#) or contact your local **State Health Insurance Assistance Program (SHIP)** to find out if you are eligible for any of these programs and how to apply.

1. Medicare Savings Programs.

Depending on your income, Medicare Savings Programs, administered by Medicaid, help pay for Medicare premiums and coinsurance, even if you don't qualify for Medicaid. There are three programs, Qualified Medicare Beneficiary (QMB), Specified-Low Income Medicare Beneficiary (SLMB) and Qualified Individual (QI). Income and asset limits, and how they are counted, are listed below for 2021, but vary somewhat by state. You should apply through your local Medicaid office.

- ◆ **Qualified Medicare Beneficiary (QMB)**—100 percent of federal poverty level (FPL) + \$20. If you have QMB, you should not have out-of-pocket costs for Medicare-approved services in traditional Medicare or for in-network services in a Medicare Advantage plan.
- ◆ **Income limit** monthly depends upon where

- you live but is around
- ◆ \$1,153 for individuals
 - ◆ \$1,546 for couples
 - ◆ **Asset limit**
 - ◆ Individuals: \$8,400
 - ◆ Couples: \$12,600
 - ◆ **Specified Low-income Medicare Beneficiary (SLMB)**—120 percent of FPL + \$20
 - ◆ **Income limit** monthly depends upon where you live but is around
 - ◆ \$1,379 for individuals
 - ◆ \$1,851 for couples
 - ◆ **Asset limit**
 - ◆ Individuals: \$8,400
 - ◆ Couples: \$12,600
 - ◆ **Qualifying Individual (QI)**—135 percent of FPL + \$20, covers your Medicare Part B premiums
 - ◆ **Income limit** monthly depends upon where you live but is around
 - ◆ \$1,549 for individuals
 - ◆ \$2,080 for couples
 - ◆ **Asset limit**
 - ◆ Individuals: \$8,400
 - ◆ Couples: \$12,600
- Several valuable items are not counted as income and assets.** No matter what state you live in, the first \$20 of your income and the first \$65 of your monthly wages are not counted as income. In addition, half of your monthly wages, after the first \$65 is not counted, nor are food stamps. Some of your assets are also not counted, including your primary home, if you own it, your car, your wedding and engagement rings, a burial plot and \$1,500 in burial funds, your



life insurance with a cash value less than \$1,500, and your furniture, household and personal items. Your bank accounts, stocks and bonds are counted.

Tip: If your income is low but too high to qualify you for Medicaid, it is worth looking into whether you qualify for any of these programs. According to **MACPAC**, an independent agency that advises Congress on Medicaid policy, less than a half the people over 65 who qualify for the Qualified Medicare Beneficiary program (48%) are enrolled. And, an even smaller share of people over 65 who qualify for the Specified Low-Income Medicare Beneficiary program (28%) are enrolled. About one in seven people over 65 (15%) who qualify for the QI program are enrolled.

2. Extra Help with Medicare Part D prescription drug coverage: You will automatically qualify for the **Extra Help** program, which is administered by Medicaid, if you qualify for any of the above low-income programs. You can also **apply for Extra Help** independently. Extra Help pays for some or all of the cost of your Part D drug coverage and is estimated to be worth around \$5,100 a year. The amount of help with cost-sharing depends on the level of your income and assets. In 2022, you may qualify if you have up to \$20,385 in annual income (\$27,465 for a married couple) and up to \$15,510 in assets (\$30,950 for a married couple). With Extra Help your drug costs are no more than \$3.95 for each generic/\$9.85 for

each brand-name covered drug. And, depending upon your income, you may pay only part of your Medicare drug plan premiums and deductibles. You get Extra Help automatically if you have Medicaid or a Medicare Savings Program or receive Supplemental Security Income benefits. You can **apply for Extra Help online here**. (Some states have **State Pharmaceutical Assistance Programs** that provide even more assistance.)

3. Federally Qualified Health Centers (FQHCs) and other programs run by the Human Resources and Services Administration: **FQHCs** are located across the country and provide a wide range of services to underserved populations and areas on a sliding-feed scale. They might waive the Medicare deductible and coinsurance, depending upon your income.

4. Hill-Burton programs offer free or reduced care at Hill-Burton facilities in 38 states. Hill-Burton does not cover services fully covered by Medicare or Medicaid. Eligibility depends on your family size and income.

5. Veterans' Administration: If you are a vet, the **Veterans' Administration** (VA) offers low-cost services and prescription drugs directly. And, you can have VA coverage as well as Medicare.

Keep in mind that you may be eligible for Medicaid based on your income after paying for some health care costs. To contact your **state Medicaid office, click here**.

Retiree Organization Applauds House, Senate Passage of Bipartisan Postal Reform Bill

Statement by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding passage by the U.S. House of Representatives and Senate of H.R. 3076, the 2021 Postal Reform Act:

"Older Americans rely on the U.S. Postal Service for timely at-home delivery of medications and important mail on weekdays and weekends. It can trace its roots to 1775, when Benjamin

Franklin was the first postmaster general, and it is as important today as it ever was.

"The House of Representatives' vote in February and the Senate's vote today passing the 2021 Postal Reform Act will help ensure that the Postal Service will be able to serve the American people for years to come.

"Once signed into law, H.R. 3076 will repeal the

Congressional mandate that the USPS spend billions of dollars every year to prefund retiree health care. The Postal Service will instead pay these costs on a yearly basis, as other government agencies and corporations do, saving nearly \$50 billion over 10 years.

"Strengthening the Postal Service has been an Alliance priority for years. The activism of thousands of Alliance

members who have attended demonstrations and written to their members of Congress has helped bring us to this moment.

"We look forward to President Biden signing the bill into law, as administration officials have indicated he intends to do."



Rich Fiesta,
Executive
Director, ARA

Sackler Family & Purdue Pharma Reach Deal With U.S. States Over Opioid Crisis

A deal has been reached between members of the Sackler family and their company, Purdue Pharma, to settle thousands of lawsuits over their role in the U.S. opioid epidemic.

In return for an end to all current and future civil claims against them over the company's prescription opioid business, the Sacklers will pay as much as \$6 billion to assist communities harmed by the **opioid crisis**, according to a court filing on Thursday, the *New York Times* reported.

However, that liability protection does not extend to criminal prosecutions linked to the marketing of Purdue's prescription opioid painkiller OxyContin.

The settlement has to be approved by Judge Robert Drain, who has presided over the company's bankruptcy proceedings, and the U.S. Court

of Appeals for the Second Circuit would have to approve, reversing a December ruling that rejected an earlier settlement deal for \$4.55 billion. A federal judge had vacated that plan, questioning the legality of the protections from liability granted to the Sacklers, the *Times* reported.

Also, the immunity shield for the Sacklers from civil suits is being challenged by the **U.S. Trustee program**, which serves as a watchdog over the bankruptcy system.

"This settlement is both significant and insufficient -- constrained by the inadequacies of our federal bankruptcy code," said Connecticut Attorney General William Tong, who helped lead the effort to get the new deal, the *Times* reported.

"But Connecticut cannot stall this process indefinitely as



victims and our sister states await a resolution. This settlement resolves our claims against Purdue and the Sacklers, but we are not done fighting for justice against the addiction industry and against our broken bankruptcy code," Tong added.

Purdue pleaded guilty to criminal charges of misleading marketing and minimizing OxyContin's risk of addiction, but no individual Sackler has ever apologized or admitted wrongdoing, the *Times* reported.

"While the families have acted lawfully in all respects, they sincerely regret that **OxyContin**, a prescription medicine that continues to help people suffering from chronic pain, unexpectedly became part of an opioid crisis that has brought grief and loss to far too many families and communities," read a statement from two branches of

the Sacklers, the *Times* reported.

Negotiations over the new settlement were mediated by Judge Shelley Chapman of U.S. federal bankruptcy court, who is recommending a hearing where people who suffered from addiction to OxyContin could describe the harm they suffered. At least one Sackler family member from each of two branches would have to attend.

Chapman also said if any medical centers and art or educational institutions bearing the Sackler name ask to have it removed, the Sacklers must agree.

"This **bankruptcy** needs to end. And the Justice Department needs to flex their muscle and investigate the Sacklers criminally, which is permissible under the bankruptcy plan," Ryan Hampton, who monitored the settlement proceedings on behalf of victims, told the *Times*.

Medicare coverage of mental health care

According to the Centers for Disease Control (CDC), one in five Americans age 55 years or older have some kind of mental health concern. They often suffer from anxiety, severe cognitive impairment, and mood disorders, including depression and bipolar disorder. The coronavirus pandemic has led to an **increased sense of loneliness** or isolation among many older adults. If you need mental health services, Medicare covers both inpatient and outpatient mental health care in a variety of settings.

Outpatient mental health care under Medicare Part B:

1. **What kind of care do you need?** Medicare covers a wide range of outpatient mental health services, including individual and group psychotherapy, family counseling if the key purpose is to help with your treatment,

psychiatric evaluation, medication management and substance abuse counseling. Medicare also covers **annual screenings** for depression at a primary care doctor's office or a primary care clinic.

2. **Who provides your care?** Medicare covers outpatient mental health care counseling and therapy services from many different mental health providers, including psychiatrists, clinical psychologists, nurse practitioners, clinical social workers, nurse specialists and physicians' assistants.

3. **Where can you receive outpatient mental health services?** You can receive care in a doctor's or other health care provider's office, a hospital outpatient department or at a community mental health center.



4. **What does Medicare cover?** Unless you receive care from a medical doctor, Medicare will pay for 80 percent of your care only if your mental health care provider is Medicare-certified and takes assignment (accepts Medicare's approved rate as payment in full). If you're in a Medicare Advantage plan, you must see an in-network provider and you likely will have a copay; you may also have a deductible.

Inpatient mental health care under Medicare Part A:

1. **Where can you receive inpatient mental health services?** You can receive care in a general hospital or a psychiatric hospital that only cares for people with mental health conditions.

2. **What does Medicare cover?** If you're in a psychiatric hospital, Part A

only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime. After that, you may be able to get inpatient mental health care in a general hospital. If you're in a general hospital, there is no lifetime limit on the amount of care Medicare will cover. **Medicare inpatient coverage** rules apply, whichever setting you are in. If you have traditional Medicare, you or your supplemental coverage must pick up the deductible. And, if you remain in the hospital more than 60 days, you will also have coinsurance costs. If you are in a Medicare Advantage plan, contact the plan to find out your out-of-pocket costs.

State of the Union Speech and Health Care

In his State of the Union speech last week President Biden, understandably, spent a great deal of time on foreign policy, and specifically Ukraine, but he also emphasized a

number of key health care issues that need to be dealt with.

Among those were prescription drug prices and Insulin prices in particular,



mental health issues, nursing home regulation, and toxic burn pits, an issue of real importance to veterans of Iraq and Afghanistan.

However, he did not mention expanding Medicare benefits, specifically coverage for vision care.

Administration Plans Important and Long-Awaited Nursing Home Reforms

This week, the Biden-Harris administration **announced new reforms** to improve nursing home staffing, transparency, and oversight. During the COVID-19 pandemic, nearly **1 million nursing home residents** and over 1 million staff have tested positive for the virus, and approximately **150,000-200,000** residents have died. Advocates have pointed to **staffing shortages**, the absence of long-term care ombudsmen and state regulators, and **poor infection control** as major contributors to COVID-19's devastating effect on nursing home residents.

Advocates have long identified **staffing shortages** as a major cause of inappropriate and inadequate nursing home care, a problem that has been exacerbated by the pandemic. According to **Consumer Voice**, an organization that works to

improve quality in long-term care, "Studies have repeatedly shown that significant numbers of our nation's nursing homes fail to adequately staff their facilities. Nursing homes with higher levels of staffing, however, provide better care to residents. A review of 87 research articles and reports from 1975-2003 found that nursing homes with higher staffing levels had residents with better health outcomes, including in the areas of functional ability, pressure ulcers, and weight loss." And a **COVID-specific study** found that increased nursing staffing reduced COVID-19 infections.

To tackle this issue, the Biden-Harris administration plans to establish minimum staffing standards for nursing homes and support workforce development for nursing home jobs. In



addition, the administration plans to strengthen its oversight of the industry, with a particular focus on poor-performing facilities, to better ensure Medicare and Medicaid beneficiary safety.

The administration also cites the need for greater transparency in nursing home funding, operations, and quality. In part, this would help prevent owners and operators from **avoiding sanctions by closing facilities**. Transparency would also help families find higher quality facilities by enhancing **Nursing Home Care Compare** to show when facilities are meeting, or failing to meet, their requirements.

Specific to COVID-19 and related issues, the administration is planning to strengthen requirements to combat infections through specially

trained staff as well as enhancing rules for pandemic and other emergency preparedness.

Medicare Rights applauds these plans to improve care in nursing homes. These reforms would better protect older adults and people with disabilities, enable people with Medicare and their families to make more informed choices, and hold nursing homes accountable for poor quality care.

Importantly, no nursing home reforms can alter the desires of older adults and people with disabilities who prefer to remain in or return to their homes and communities safely rather than moving to a congregate setting. We will continue to call upon Congress to do more to fund home- and community-based services so that more people can live with dignity and choice.

Top 5 scam calls and what you can do to get them to finally stop

Most people have an extensive contact list saved on their mobile phones. So, when a call comes through from an unknown number, it usually arouses suspicion. Unfortunately, it is more than likely a robocall or scammer.

Robocalls have recently tricked people with fake COVID-19 tests and auto warranties, but the ruse constantly changes. It is so prevalent in the U.S. that 94% of people assume a call from an unknown number is spam.

Read on for a recent study about fraud and spam calls in the country and what you can do about it.

Here's the backstory

It's nearly impossible to find a random person who hasn't inadvertently picked up a spam call. While 79% of unknown calls go unanswered, people have a good reason not to trust them. In the latest **State of the Call report** from Hiya, \$567 is the average amount lost by people to fraud and spam calls.

And don't think that only some people are targeted. The report details that the average mobile phone user will receive about 18 spam calls per month, while the total amount of spam or fraud calls in the U.S. has topped 80 billion per year.

That is by far the most



worldwide. France only tracks around 12 billion total spam calls each year, and the U.K. sees approximately 6.6 billion annually.

The primary goal of scam callers is to trick victims into handing over personal information and rip them off. The top five subjects that these calls regularly relate to are:

- **Auto Warranty**
 - **Social Security number**
 - **Credit Card**
 - **IRS Student Loan**
- Scammers often take advantage

of important events as the topic for calls, like student loans. Federal student loan repayments are set to resume in May, so you'll **experience more fraudulent calls offering assistance**.

Some mobile phone carriers are trying to eliminate spam and robocalls as much as possible. Together with the FTC, new technology was announced last year to make caller ID much easier to identify.

But even so, only 47% of the study said that their mobile carrier was doing enough to protect them from spam calls....**Read More**

Am I a Senior Citizen? Age, Terminology, and What "Old" Really Means

What makes someone a senior citizen? Age definitions tend to be a moving target. Some places offer **senior discounts** or memberships to people who have barely passed the half-century mark, but social programs like Medicare are generally off-limits to people under 65. So when exactly does a person become a senior citizen? Where is the boundary between middle age

and old age?

The short answer is that it varies. But while there is no universally accepted standard regarding the age at which people become senior citizens, most Western industrialized nations consider the onset of old age to be at age 60 or 65. That's when most Americans retire and become eligible for assistance programs



based on age.

But there's more to age than just a number. This article examines the different meanings behind the terms and concepts associated with getting older and explores how people's perceptions of age have changed over time.

Contents

- ◆ **Old, elderly, or geriatric? Definitions and connotations**
- ◆ **When does old age begin?**
- ◆ **The positive and negative effects of age stereotypes**



Traumatic Brain Injury May Raise Veterans' Long-Term Stroke Risk

Military veterans who had a traumatic brain injury may have an increased long-term risk of stroke, new research suggests.

The study, which used data from more than 610,000 veterans, found those who had a head injury were 69% more likely to have a stroke. That risk was highest in the first year after an injury but remained elevated for a decade or more. And risk was higher in those who had more severe injuries.

Prior studies have shown short-term associations between brain injury and stroke, said Dr. Andrea Schneider, lead

researcher of the new study presented Thursday at the American Heart Association's Epidemiology and Prevention, Lifestyle and Cardiometabolic Health conference.

What the new study makes clear is "this risk persists for years after injury," said Schneider, assistant professor of neurology and epidemiology at the University of Pennsylvania Perelman School of Medicine in Philadelphia.

A traumatic brain injury is one that results in unconsciousness, confusion, amnesia or other



neurological symptoms. About 450,000 service members were diagnosed with a traumatic brain injury between 2000 and 2021, according to the Department of Defense. Schneider said military personnel are exposed to specific risks, such as explosions, that can lead to such injuries. In the general population, people might experience them playing sports or in motor vehicle accidents. Among older people, falls are the most common cause.

To find out how traumatic brain injuries might relate to stroke, Schneider and her

colleagues looked at data from 306,796 people in a Veterans Health Administration database who had a traumatic brain injury between October 2002 and September 2019. They compared those people's risk for stroke to an equal number of people who had not had a traumatic brain injury.

Researchers calculated 10.3 strokes per 1,000 people per year among those with traumatic brain injuries. That's compared to 5.7 strokes per 1,000 people per year in those without brain injuries....[Read More](#)

\$35 Insulin Cap Is Welcome, Popular, and Bipartisan. But Congress May Not Pass It Anyway

Democrats in the Senate are primed this month to make their first attempt at salvaging one of the most popular elements of President Joe Biden's stalled Build Back Better plan — the proposal to cap insulin costs at \$35 a month.

It might not go well. That's true even though the idea of helping [millions of Americans with diabetes](#) afford a crucial medicine has immense [public support](#) and even [bipartisan adherents](#). But then, there is politics — between Democrats and Republicans, of course, but also among Democrats.

Sen. Raphael Warnock (D-Ga.) is sponsoring a bill, expected to come up in March or early April, that would cap the price. But pursuing Warnock's

bill would remove that provision now in the Build Back Better bill.

Drug companies have dramatically jacked up prices in the United States, leaving Americans to pay more than 10 times as much as people in other developed countries, according to the most recent [detailed survey](#) by the federal government.

Senate Majority Leader Chuck Schumer highlighted the obvious selling points of bringing down insulin costs when he announced before Congress' Presidents Day break that the issue would be a priority. "It is just preposterous — beyond preposterous — that Americans with diabetes sometimes pay more than \$600 just for a 40-day supply of insulin," Schumer said.



"There's enormous interest in our caucus to pursue this proposal, so it will be a priority for Democrats in the weeks ahead," he said, inviting Republicans to get involved. "This has long been a bipartisan issue: As many as 20 states across the country — many with Republican legislatures and governors — have passed state-level insulin caps. There is no reason this shouldn't be bipartisan in this body."

Still, the complications start on the Democratic side, even if they appear entirely surmountable.

The first is that Biden and many of the more progressive Democrats in Congress still would like to pass a stripped-down version of the Build Back Better plan. They would like to

take another shot at building a package of the popular tax, climate, and health provisions that could pass muster with West Virginia Sen. Joe Manchin, a conservative Democrat who blocked the more ambitious bill. Democrats could speed the new version through Congress with 51 votes under the expedited budget reconciliation rules they've already passed.

Biden was talking up Build Back Better and capping insulin costs as recently as last month — just days before Schumer announced Warnock's insulin plan — and brought up insulin again in his State of the Union address, pointing to Shannon Davis and her 13-year-old son, Joshua, who lives with Type 1 diabetes, like his father....[Read More](#)

Patients Divided Over Alzheimer's Drug: Is It a 'Risk I'm Willing to Take' or Just a 'Magic Pill'?

If you listen to the nation's largest Alzheimer's disease advocacy organizations, you might think everyone living with Alzheimer's wants unfettered access to Aduhelm, a controversial new treatment.

Opinions about Aduhelm (also known as aducanumab) in the dementia community are diverse, ranging from "we want the government to cover this drug" to "we're concerned about this medication and think it should be studied further."

The Alzheimer's Association and UsAgainstAlzheimer's, the most influential advocacy organizations in the field, are in the former camp. Both are pushing for Medicare to cover Aduhelm's \$28,000 annual cost and fiercely oppose the Centers for Medicare & Medicaid Services' [January proposal](#) to restrict coverage only to people enrolled in clinical trials. Nearly [10,000 comments](#) were received on that proposal, and a



final decision is expected in April. "With respect, we have no more time for debate or delay," the Alzheimer's Association national Early-Stage Advisory Group wrote in a Feb. 10 comment. "Every passing day without access to potential treatments subjects us to a future of irreversible decline." For its part, UsAgainstAlzheimer's called CMS' proposal "anti-patient." Yet the scientific evidence

behind Aduhelm is inconclusive, its efficacy in preventing the progression of Alzheimer's remains unproved, and there are concerns about its safety. The FDA [granted accelerated approval](#) to the medication last June but ordered the drugmaker, Biogen, to conduct a new clinical trial to verify its benefit. And the agency's decision came despite a 10-0 recommendation against doing so from its scientific advisory committee...[Read More](#)

These Three Risk Factors May Have the Biggest Impact on Dementia Cases

Nearly half of all dementia cases in the U.S. may be linked to a dozen modifiable risk factors – most notably high blood pressure, obesity and physical inactivity, according to new research. The findings suggest a large portion of dementia cases could be prevented, especially among Black and Hispanic adults, who had the highest percentage of combined risk factors.

"There are things people can do that can raise or lower their individual risk" for dementia, said Mark Lee, a PhD candidate at the University of Minnesota in Minneapolis. He led the study presented Friday at the American Heart Association's Epidemiology and Prevention, Lifestyle and Cardiometabolic Health conference.

As the population ages, the number of dementia cases in the U.S. has been climbing. Currently about 5.8 million U.S. adults live with Alzheimer's disease and related dementias, according to the Centers for Disease Control and Prevention. That number is expected to hit 14 million by 2060, with Black and Hispanic adults seeing the largest increases. Among Hispanic adults, cases are expected to rise sevenfold, while cases among aging Black adults are expected to quadruple.

Those higher rates among Black and Hispanic people may be due to higher rates of heart disease and diabetes, which are linked to dementia risk. Social determinants of health – such as lower levels of education, higher



rates of poverty and greater exposure to discrimination – also play a role.

Previous research identified 12 modifiable risk factors believed to be responsible for roughly 40% of dementia cases worldwide. A 2020 report by the Lancet Commission listed these as lower education level, hearing loss, traumatic brain injury, high blood pressure, excessive alcohol consumption, obesity, smoking, depression, social isolation, not getting the recommended amount of physical activity, diabetes and air pollution.

In the new study, researchers wanted to know if some risk factors had a greater influence than others on dementia rates – and how that differed among Black, Hispanic, Asian and white adults. They compiled data from

the CDC's National Health and Nutrition Examination Survey and five other datasets. Overall, 42.4% of dementia cases in the U.S. were attributable to the 12 factors, with three heart-related factors driving the bulk of that risk across races. High blood pressure, also known as hypertension, contributed to 6.7% of those cases; obesity to 7%; and physical inactivity to 6.7%.

The percentage of dementia cases attributable to those three risk factors was highest among Black adults. But the percentage of all 12 risk factors combined was highest among Hispanic people. Asian people had the lowest percentage of combined risk factors....[Read More](#)

How Aging Affects Your Immune System

Recommended vaccines such as flu, shingles and COVID-19 plus regular exercise are key to protecting your health.

As you get older, your immune system ages with you. There's even a medical term for it – immunosenescence – the gradual decrease in immune function that comes with age. Similar to your walking or running speed, your body's ability to fight off infection inevitably slows.

COVID-19 has added another health hazard for older adults. Once infected with the virus, people in their 60s, 70s, 80s and above are at increasingly **higher risk of experiencing severe COVID-19 illness** and complications, hospitalization and death.

Although its difficult to

precisely measure the impact of immune-system aging, "We know that it adds a massive risk," says Dr. Janko Nikolich-Zugich, a professor and chair of immunobiology at the University of Arizona College of Medicine-Tucson. "Those over 80 are 260-fold more likely to die from COVID-19 than those between 18 and 39."

The good news is the **COVID-19 vaccine** is highly effective at any age – making full vaccination critical for older adults. Research confirms its value:

◆ A large **study of COVID-19 vaccination** coverage and mRNA vaccine (Pfizer and Moderna) effectiveness included more than 6.5 million



U.S. veterans. One-half of these participants were ages 65 and older. For full (two-dose)

vaccination, average effectiveness against infection was 97% for participants overall, and 94% – still very high – for veterans ages 65 and older. Among participants who were **immunocompromised**, vaccine effectiveness was 87%.

◆ Full vaccination is effective for preventing hospitalization in older adults, according to findings in the August 13 issue of the Morbidity and Mortality Weekly Report. The 13-state **analysis** showed 96% effectiveness for Pfizer and Moderna vaccines, and 84% effectiveness for the Johnson

& Johnson vaccine in adults ages 65 to 74. For adults ages 75 and older, effectiveness was similar: Moderna (96%), Pfizer (91%) and J&J (85%).

Older adults are doing better than expected, says Nikolich-Zugich, who is also co-director of the Arizona Center on Aging. "There is a strong response after two doses of mRNA vaccines," he says. "We still do not know enough about its durability or breadth – but so far, so good. Still, boosters are fully warranted for this population."

Besides getting COVID-19 and other recommended immunizations for your age group, you can do a lot to **bolster your immune system** and keep it as healthy as possible....[Read More](#)

Are Health Care Apps in Your Future?

Are you managing a chronic health problem, be it obesity or diabetes or heart disease or asthma?

There's likely an app for that. **Health apps** are becoming more and more sophisticated, offering smartphone users help in dealing with chronic ailments, said Dr. David Bates, chief of internal medicine at Brigham and Women's Hospital in Boston, and an internationally renowned expert in patient safety and

health care technology.

"It varies quite a lot by app, but some of the apps have been demonstrated to result in benefits," Bates said during a **HealthDay Now interview**. "Some of the weight loss apps really do help people lose weight. Similarly, some of the diabetes apps can help you control your [blood] sugar more effectively."

Unfortunately, it can be hard to figure out which app is best,



given the baffling assortment available to the average person.

In 2020 alone, more than **90,000 new health apps** became available on the Apple and Google app stores.

"There are actually several hundred thousand on the marketplace, which is just bewildering as a patient," Bates said. That means many folks with **chronic illnesses** aren't taking advantage of these new

tools, according to a recent *HealthDay*/Harris Poll survey.

About 61% of people living with a chronic condition said they use some sort of health app, but only 14% said they are using an app specifically geared towards managing or tracking their specific health problem, the survey found....[Read More](#)

Got lower back pain? Exercise

It's extraordinarily common for people to have stiff and achy backs. Rachel Fairbank reports for [The New York Times](#) that four in five Americans have lower back pain at some point in their lives. The science suggests that exercise could prevent or reduce some lower back pain.

In particular, aerobic and core work can help with lower back pain. The key is to strengthen core muscles around your spine. These muscles keep you stable and standing up. They can be found deep in your back. They

also include hip muscles, quadriceps and hamstrings.

You want to ensure your spine can move in a variety of directions as well as hold you up. Pain generally comes from a muscle pull or strain because it is weak.

What should you do to strengthen your core and become more flexible?

◆ **Move! All day long**, however you can. Walk more steps. Regular exercise makes a **huge difference**. It doesn't appear to



matter what type of exercise you do, just that you do it. A side benefit of exercise is that it increases blood flow to the spine and makes your spine bones and cartilage stronger.

◆ **Exercise your deep core muscles**. For example, do planks, ideally on your toes, but you can start on your knees. Squats, pushups and bridges are also good exercises for your deep core muscles. Crunches and sit-ups are great, but they don't help strengthen

those deep core muscles.

◆ **Do Pilates!** You want muscular control along your spine.

◆ **Inject some instability into your exercise routine**. This will help with coordination and control. For example, balance on something that is not level. At the end of the day, it's less about having big muscles than about how well you can coordinate and control the muscles surrounding your spine. Reactive sports such as tennis or hiking are helpful for improving your coordination and control

Biden Plan Will Tackle Mental Health Crisis in America

President Joe Biden has announced a new plan to expand mental health and drug abuse treatment that would devote millions to suicide prevention, mental health services for youth and community clinics providing 24/7 crisis care.

Health insurers would also have to cover three mental health visits a year at no added cost to patients under the plan, which was introduced during Biden's State of the Union [speech](#) earlier this week.

To turn the plan into reality, Biden must win backing from lawmakers of both parties. Mental health and substance abuse are connected in every state, and the pandemic has triggered [rising rates of depression and anxiety](#).

"Let's get all Americans the

mental health services they need," Biden during his speech. "More people can turn for help.

And full parity between physical and mental health care if we treat it that way in our insurance."

Hannah Wesolowski, of the National Alliance on Mental Illness, welcomed the plan. "This represents an important agenda that impacts every American," she told the *Associated Press*.

For months, lawmakers have been signaling bipartisan support for the idea. In the Senate, the Finance Committee and the Health, Education, Labor, and Pensions Committee have held hearings with a bipartisan focus, the *AP* reported. In the House, the Energy and Commerce Committee and the Ways and Means Committee also held



hearings.

Such a sustained focus on mental health issues is rare, advocates

noted.

"I cannot remember a time when every committee of jurisdiction has held hearings on mental health," Charles Ingoglia, president of the National Council for Mental Wellbeing, told the *AP*. "Sometimes we have gone years between dedicated hearings on mental health."

Biden's [plan](#) includes a special focus on school-age youth. The upcoming budget will call for \$1 billion to help schools hire counselors, psychologists and other health workers. The budget will also propose \$5 million for research on the effects of social media on kids.

In addition to that, the federal

government will launch a new [suicide](#) prevention hotline number -- 988. Biden's plan calls for nearly \$700 million to bolster local crisis centers that can handle follow-up.

The plan also calls for making permanent an experimental program that has expanded access to 24/7 mental health and substance abuse services.

Called [Certified Community Behavioral Health Clinics](#), they are modeled on federally funded community health centers that have become a foundation for basic medical care in low-income communities. The behavioral health centers rely on peer counselors who have survived their own trauma to pull others out of crisis. The approach has bipartisan support, the *AP* reported... [Read More](#)

U.S. Surgeon General Investigates COVID-19 Misinformation

An investigation into health misinformation on COVID-19 has been launched by U.S. Surgeon General Dr. Vivek Murthy.

"Misinformation has had a profound impact on COVID-19 and our response," Murthy told *CNN*. "Studies have demonstrated that the vast majority of the American public either believes common myths about COVID-19 or thinks those myths might be true. And many of those include myths around the COVID-19 vaccine, so we've seen firsthand how misinformation is harming people's health when it comes to COVID."

Murthy has [requested](#) input

and data from tech companies, health care providers and community organizations to learn more about the scope and impact of misinformation on COVID-19.

This is the first time the Biden administration has asked tech companies to divulge certain data publicly, including major sources of misinformation, its extent, and who may have been more targeted, *CNN* reported.

"We'll be looking forward to whatever information they have to share. We're certainly approaching this with an open mind," Murthy said. "Many of the new technology platforms have also been talking about



solutions that they are trying to implement, but what we want to understand is what data do they have on whether these solutions are actually working or not."

Equally important is input from health care workers, teachers and families on coping with misinformation, he said. "[Health misinformation](#) is making the jobs of health care workers much harder at a time where our health care work force is strained," Murthy told *CNN*. "I hear from health care workers that they are battling COVID in the hospitals during the day, and they're going home and battling health misinformation at night."

Dr. Gerald Harmon, president

of the American Medical Association (AMA), released [a statement](#) applauding the Surgeon General's effort to root out COVID-19 misinformation online.

"The AMA has called out the junk science and misinformation about this virus that have proliferated on social media and sown distrust in medicine, cost us lives, and driven families apart," Harmon said.

"Collecting and understanding this data is critical to reversing its deadly impact and future spread," Harmon added.

Lifestyle Factors Key to Keeping Good Vision With Age

Keeping your drinking and your weight in check can help protect your sight as you age, experts say.

Moderate to heavy drinking is associated with a higher risk of a sight-threatening condition called age-related macular degeneration (AMD). A poor diet and excess weight can also influence your odds for AMD, the most common cause of blindness in Americans older than 50.

"We already knew that lifestyle choices can help prevent AMD," said Dr. Dianna Seldomridge, clinical spokesperson for the American Academy of Ophthalmology.

"Now we also know that alcohol consumption may be another modifiable risk factor we can control to lower the risk of developing this potentially blinding eye disease," Seldomridge said in an academy news release.

Researchers reached that conclusion after analyzing seven prior studies on the relationship between booze and early AMD. The findings were published last year in the journal [Current Eye Research](#).

AMD affects about 2.1 million Americans. As the population ages, the estimated number of



people with AMD is expected to more than double to 5.44 million by 2050.

The degenerative disease damages the macula, part of the retina responsible for central vision. Over time, the loss of central vision can interfere with everyday activities such as driving, reading and seeing faces clearly.

Genetics play a part in the development of AMD, but lifestyle choices can reduce your risk. Here's what you need to know:

Eat a vitamin-rich diet high in leafy greens, colorful fruits and

vegetables, and fatty fish. **Manage your body weight** and overall health. **High blood pressure**, high cholesterol and heart disease are all risk factors for AMD. Exercise is a good way to combat some of these health risks.

Don't smoke. Studies show smokers are more likely to get eye diseases, including AMD, than people who never smoked.

See an ophthalmologist. All healthy adults should get a comprehensive eye exam by age 40 to screen for blinding eye diseases, according to the academy.

6 Healthy Steps to Preventing Colon Cancer

Colon cancer can be a devastating diagnosis, but there are a number of steps you can take to reduce your risk of tumors, an expert says.

Colorectal cancer is the third-leading cause of cancer in the United States, and the American Cancer Society estimates that 106,180 cases of colon cancer and 44,850 cases of rectal cancer will be diagnosed in 2022. It's estimated that there will be 52,580 colorectal cancer deaths in the United States this year.

"When people are healthy, they don't think about preventing illness," said Dr. Vi Chiu, director of gastrointestinal oncology and molecular precision programs at Cedars-Sinai's The Angeles Clinic and Research Institute in Los Angeles.

"But this old adage is still true: An ounce of prevention is worth a pound of cure. We have the

tools to prevent this disease," Chiu added in a Cedars-Sinai news release.

As part of Colorectal Cancer Awareness Month in March, Chiu outlines six ways to reduce your risk of colorectal cancer.

- ◆ **Get screened.** When detected early, colorectal cancer is highly treatable. Adults at average risk for colorectal cancer should begin screening at age 45, while those with parents, grandparents and siblings who have had colorectal cancer should begin screening at age 40, or 10 years before the diagnosis of the youngest first-degree relative. The three main types of screening are colonoscopy, fecal immunochemical test (FIT)-DNA test, and FIT-only test. **Colonoscopy** "is the gold standard for detecting precancerous growths," Chiu



noted. "I strongly recommend it over other screening options."

- ◆ **Diet.** Research shows that diets rich in fruits, vegetables and whole grains are associated with a lower risk of colon or rectal cancer. Try to eat only small amounts of beef, pork and lamb, and eat fewer processed meats, like hot dogs. Eat whole grains, such as oatmeal, brown rice, popcorn and whole-wheat bread, Chiu advised. Adequate vitamin D intake is also important. A large international study found that people with low levels of **vitamin D** had a higher risk of getting colorectal cancer.
- ◆ **Get active.** Exercise could reduce the risk of colorectal cancer because it may reduce inflammation in the body and boost the immune system,

according to Chiu.

- ◆ **Watch your weight.** Being overweight or **obese** increases the risk of colorectal cancer.
- ◆ **Avoid or limit alcohol.** "**Alcohol** can cause intestinal damage. It is a toxin whose byproduct can damage DNA," Chiu said. "The gut may develop inflammation, and the gut immunity is weakened. This can lead to colorectal cancer development." Limit alcohol consumption to no more than one drink per day.
- ◆ **Don't smoke.** A 2020 study in the *British Journal of Cancer* found that smokers had a 59% higher risk of colorectal cancer and former smokers had a 19% higher risk, Chiu said. People who stopped smoking more than 20 years ago did not have an increased risk.

Black Americans Now More Likely to Die of Drug Overdoses Than Whites

For two decades, the death rate from opioid overdoses was higher among white Americans than Black Americans. But that changed in 2020, signaling an end to the notion that the overdose crisis is a "white problem."

Using data from the U.S. Centers for Disease Control and Prevention, researchers found that overdose deaths jumped

nearly 49% among Black people in the United States from 2019 to 2020, compared with a 26% spike among white people.

Overdose deaths are even higher among Native Americans and Alaska Natives, the researchers found.

"This new finding flies in the face of public perception and really makes it clear that as we



address the overdose crisis in the United States, we have to think of it as a racial justice issue, along with a social justice issue, because low-income people are disproportionately affected, including white Americans," said senior researcher Dr. Helena Hansen, a professor of psychiatry at UCLA David Geffen School of Medicine.

Government data shows the COVID-19 pandemic has contributed to a record number of drug overdose deaths, with more than 100,000 recorded in the year ending April 2021.

That figure was almost 30% higher than the previous year, when 78,000 overdose deaths were reported, according to the CDC's National Center for Health Statistics....**Read More**