Biden Announces Run for Second Term as President

On Tuesday, April 25th, President Biden formally announced his plans to run for reelection in 2024, citing the need to take on MAGA extremists who are "cutting Social Security that you’ve paid for your entire life while cutting taxes for the very wealthy."

“President Biden has been steadfast in his protection of Social Security, Medicare and pensions since he took office,” said Robert Roach, Jr., President of the Alliance. “His 2024 campaign is shaping up to be a sharp contrast with President Trump’s recent economic accomplishments, pairing those provisions with a plan to raise the debt ceiling until 2024.

H.R. 2811, called the "Limit, Save, Grow Act of 2023" by the GOP, slashes numerous important programs and services that older Americans rely on. The vote tally was 217-215, with no Democrats voting for the legislation. “Today the House Republicans voted on their so-called debt ceiling plan. A political party’s budget reflects its values, and clearly the GOP does not value older Americans,” said Richard Fiesta, Executive Director of the Alliance, immediately after the bill was passed.

Fiesta also stressed that Republicans are threatening to set off a national and global financial crisis if their demands are not met and issued a dire warning about what the bill entails.

“This dangerous bill will cut 22% of the Social Security Administration’s budget, forcing local Social Security offices to close and lay off their staff. That means seniors will have to wait even longer to get answers to questions about their earned benefits,” he said.

The bill also:

◆ slashes food assistance for more than 1 million low-income seniors — many of whom rely on government food programs to get their only meal of the day;
◆ cuts oversight of nursing homes, putting thousands of the most vulnerable seniors at risk of living in alarming and unsanitary conditions;
◆ jeopardizes millions of Americans’ multi-employer pensions that are guaranteed by the Pension Benefit Guaranty Corporation; and
◆ would lead to the eviction of at least 430,000 low-income families from Section 8 housing, 80% of which are headed by seniors.

“Retirees are watching these developments closely. They will remember who values them — and who doesn’t,” Fiesta concluded.

Friday, April 28th, was Workers Memorial Day

Workers Memorial Day was April 28, and the labor movement observed the occasion by remembering workers killed, injured, or made ill on the job while renewing the fight for strong safety and health protections.

More than 50 years ago on April 28, the Occupational Safety and Health Act went into effect, promising every worker the right to a safe job — a fundamental right. The law was won because of the tireless efforts of the labor movement, which organized for safer working conditions and demanded action from the government to protect working people.

The White House is also joining the effort, issuing a proclamation to honor every American worker who has sacrificed their own life or wellbeing; to stand with the unions that fight for them every day; and to recommit to protecting the fundamental right to a safe and healthy workplace.

“The best thing we can do to improve worker safety is urge Congress to pass the Richard L. Trumka Protecting the Right to Organize (PRO) Act,” said Joseph Peters, Jr., Secretary Treasurer of the Alliance. “It will make it easier to join or form a union — and a safer working environment is a key element for enjoying a more comfortable retirement later.”

The PRO Act, introduced by Representatives Brian Fitzpatrick (R-PA) and Bobby Scott (D-VA) in the U.S. House as H.R. 20 and by Senator Bernie Sanders (I-VT) in the Senate as S. 567, would mean not only improved worker safety, but also other benefits such as pensions, employer contributions to retirement plans and improved health care coverage.
Once again, some policymakers are attempting to add burdensome administrative requirements to Medicaid that would put health coverage for millions of people at risk. Yesterday, the Republican-led House of Representatives advanced legislation linking a debt limit increase to harmful funding cuts and policies, including adding complex work requirements to Medicaid starting in 2024.

The evidence is clear that such requirements do not further the Medicaid program’s objectives, and instead create barriers to care and put coverage at risk. For example, a recent Kaiser Family Foundation analysis shows that Medicaid work and reporting requirements are confusing to enrollees and can result in substantial coverage loss, even if they meet the underlying requirements. In an earlier report, KFF found that if all states implemented work requirements, most disenrollment would be among individuals who would lose coverage due to the new administrative burdens, rather than due to noncompliance with the actual work requirements. Many of these adults would become uninsured and pay more for health care.

The current work status of Medicaid enrollees highlights this risk. In 2021, 61% were working full or part time. An additional 11% were not working due to illness or disability, 13% due to caregiving responsibilities, and 6% because they were attending school.

Similarly, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the Department of Health and Human Services (HHS) found that most Medicaid enrollees aged 19-64 are either employed or have a disability (42% and 23% respectively), with a large proportion of the remainder working as caregivers of dependent children. ASPE reports that over 89% of working Medicaid enrollees are full-time, with an average of 34 hours of work per week. When work requirements were put in place in Arkansas, thousands of enrollees (25%) lost access to Medicaid, many because they were unable to find work or adhere to the state’s onerous reporting standards. Previous ASPE analysis showed that adding work requirements to Medicaid created a barrier for eligible people to retain coverage:

“Implemented in June 2018, Arkansas’ work requirement policy was in effect until March 2019, when a federal court halted it. During this period, approximately 18,000 beneficiaries were disenrolled from Medicaid due to noncompliance. Moreover, research suggests that more than 95 percent of adults in this population were already meeting the work requirements or should have qualified for an exemption.” Adding Medicaid work requirements nationally could affect millions of enrollees. In assessing the current proposals, the Congressional Budget Office (CBO) estimates that around 15 million people would be subject to work requirements and in danger of losing coverage. HHS estimates that number would be closer to 21 million. The likely administrative burdens would be significant, partially because many adults with Medicaid do not use computers, the internet or email, which could be a barrier in finding a job or complying with policies to report work or exemption status. Adults over 50 face particular challenges in complying, and the health consequences if they lose Medicaid coverage are likely to be especially severe.

Research has shown that for people with serious health needs, coverage interruptions lead to increased emergency room visits and hospitalizations, admissions to mental health facilities, and health care costs. At Medicare Rights, we oppose all attempts to cut Medicaid, either through block grants and caps or through administrative hurdles like work requirements. We urge all policymakers to work instead toward fewer barriers and higher rates of coverage to promote better well-being, economic stability, and health for all.

Some Private Companies Charge Hefty Fees to Help Veterans With Disability Claims

When Glenn Janssen decided to file a claim for disability benefits with the Veterans Affairs Department last year, he dreaded the prospect of dealing with federal bureaucracy and paperwork.

Janssen, 57, lives in Portugal with his wife and has worked as a government contractor since leaving the Army in 2004. The Gulf War-era and Louisiana National Guard veteran wanted to put in a claim for tinnitus and back and shoulder problems from his years in the service. But he worried that trying to manage the process from overseas would be a nightmare.

So, when another veteran, who’s also a trusted friend, suggested he contact a private company, Trajector Medical, to handle the filing process for a fee, it seemed like a great solution. He called and, after skimming the company’s contract, he signed up. That quick decision may cost him a bundle in both money and hassle.

“I was too trusting, and I didn’t really read what I signed,” Janssen said.

More than a quarter of the United States’ nearly 5 million veterans have a disability related to their military service, and they have various ways to file a claim for tax-free monthly disability payments. The Honoring Our PACT Act, enacted last August, made it easier for many veterans who had been exposed to burn pits and other toxic substances to qualify for health care and disability benefits. The law added more than 20 conditions, from cancers to chronic respiratory illnesses, that the VA now automatically assumed were caused by serving in Vietnam and the Gulf War, or other postings.

Veterans can apply on their own, filling out paperwork online, gathering and submitting their medical records, and undergoing a medical evaluation.

They can also tap into a network of thousands of service organization representatives, claims agents, and attorneys who have been vetted and approved by the VA to aid veterans. Under federal rules, veterans who use accredited assisters can’t be charged a penny for help filing the initial claim. If they subsequently want to appeal a VA decision, the agency limits how much the approved representatives can charge.

Unaccredited companies face no such restrictions. Sometimes calling themselves “medical consultants” or “coaches,” these businesses advertise their fee-based services to veterans, suggesting they can provide quick turnaround times on claims and higher benefit checks than if veterans choose a VA-approved representative.

“What we’ve seen are people signing away, in advance, a portion of the benefits that are due them,” said Jim Rice, assistant director of the Office of Servicemember Affairs at the federal Consumer Financial Protection Bureau, regarding the practices of some of these companies. The CFPB and the VA jointly published a cautionary blog post in February, noting reports that “unscrupulous actors have missed some veterans into paying hundreds of thousands of dollars.” To be eligible for disability payments, veterans must have an injury or illness caused or worsened by their military service. The Department of Veterans Affairs assigns veterans a disability rating from 0% to 100%, depending on the degree of disability. A higher rating means a higher monthly payment....Read More
Senate Leaders Working on New Bipartisan Drug-Pricing Deal

The leaders of two key Senate health committees are trying to strike a deal on a group of drug-pricing bills, including ones to spur generic drug approvals, cut fees from pharmaceutical middlemen, and cap the cost of insulin.

The Democratic and Republican heads of the Finance and Health, Education, Labor, and Health, Education, Labor, and Pensions committees say they are trying to finalize drug-pricing legislation in the coming weeks on a package of bills that would include some drug patent changes already approved by two other Senate panels.

Having a lengthy list of small policy changes that together could equal a major overhaul may get the 60 votes needed to pass the Senate, but the legislation is running into some problems between the committee chairs over which committees should be in charge. Senate leaders are debating how to encourage new generics to market and tackle how pharmaceutical benefit managers (PBMs) influence the cost of prescription drugs, among other measures.

The price of prescription drugs is one of TSCL’s top priorities, and we will closely monitor the progress of these committees as their work continues.

CEO of CVS warns there’s a Medicare ‘tsunami’ heading for the U.S.

Karen Lynch shares the two things that will change the future of health care at Fortune’s Brainstorm Health Conference. When it comes to streamlining care and improving patient outcomes, CVS Health CEO Karen Lynch says it starts with keeping patients and providers engaged with their health. In a conversation at Fortune’s Brainstorm Health conference in Marina del Rey, Calif., Tuesday, Lynch spoke about the future of integrative care alongside Javier Rodriguez, the CEO of DaVita.

“We’re thinking about how do we engage people that are now using technology in various ways, so that people have a connected and seamless experience for the ultimate goal of making Americans healthy,” Lynch says. Engagement as the key to improving provider-patient relationships is a timely priority, Lynch says, as the number of Americans 65 and older will more than double in the next 40 years, according to the Urban Institute.

“There’s like a tsunami of people coming into Medicare,” Lynch says, underscoring the growing aging population that is on track to outnumber children. “That’s going to put pressure on the entire health care system.”

This tsunami will stress the system, but Lynch says intervening with patients through preventative care will keep people healthier as they age. Extending the services offered within primary care will help people feel comfortable interacting with their provider more regularly, Lynch says. When patients do so, “we’ve seen better outcomes as a result,” she says.

Rodriguez adds he hopes the 40,000 providers in his company will develop a relationship with the people to whom they give care. “When a patient is as sick as our patient population is, you want to comfort them and make sure they have that relationship,” he says.

The solution

Lynch says two things will address the growing demand for care and increase engagement: value-based care and technology.

Value-based care can improve patient outcomes even as more people are turning to virtual health since the outset of the pandemic. Lynch announced that tele-mental-health visits rose from 9,000 before the pandemic to nearly 20 million today.

Innovation in health care technology can also bolster early detection of chronic conditions and center prevention over treatment.

For example, Lynch says her teams are honing in on integrating health care technology in the home so people can prioritize their health as part of their daily life.

Older Americans Month-2023

Rhode Island Alliance for Retired Americans

A PROCLAMATION

♦ Whereas, the Rhode Island Alliance for Retired Americans includes a growing number of older Americans who contribute their time, wisdom, and experience to our community; and

♦ Whereas, communities benefit when people of all ages, abilities, and backgrounds have the opportunity to participate and live independently; and

♦ Whereas, the Rhode Island Alliance for Retired Americans recognizes the need to create a community that offers the services and supports older adults may need to make choices about how they age; and

♦ Whereas, the Rhode Island Alliance for Retired Americans can work to build an even better community for our older residents by:
  • Not limiting our thinking about aging,
  • Exploring and combating stereotypes,
  • Emphasizing the many positive aspects of aging,
  • Inspiring older adults to push past traditional boundaries, and
  • Embracing our community’s diversity.

♦ Now, therefore, the Rhode Island Alliance for Retired Americans and the National Alliance for Retired Americans do hereby proclaim May 2023 to be Older Americans Month. We urge every resident to celebrate our older citizens, help to create an inclusive society, and accept the challenge of flexible thinking around aging.

Signed this 2nd day of May, 2023

John A. Pernorio, President

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Last week, the Biden-Harris administration announced a set of executive actions aimed to address issues surrounding care work and family caregivers. The Executive Order includes more than 50 directives to administrative agencies to expand access to “affordable, high-quality care, and provide support for care workers and family caregivers.”

The announcement highlights the struggle that families and individuals face in accessing needed care, and, at the same time, the problems with low pay and minimal support that care workers face. The order notes that more than three in four long-term care service providers have reported not being able to accept new clients, making it hard for older adults and people with disabilities to access the care that they need.

Included in the order are directives to:

- Improve access to homebased care for veterans through the Department of Veterans Affairs
- Improve the quality of home care jobs by directing the Department of Health and Human Services to consider issuing regulations and guidance to build on and improve minimum staffing standards, condition Medicare and Medicaid payments on worker retention, and leverage Medicaid funding to ensure an adequate home care workforce.
- Support family caregivers by exploring a dementia care model that will include support for respite care and make it easier for family caregivers to access Medicare information.

Medicare Rights applauds the administration for its focus on these critical issues. We look forward to continuing to work with the administration and Congress to advance important policies to support family caregivers and the long-term care workforce.

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**Fraudsters banned from the Medicare program circumvent the ban**

Congressman Doggett introduced a bill to keep the fraudsters from continuing to bill Medicare. The problem: The federal government has the authority to ban Medicare providers from the program for fraudulent or illegal behavior. But, these providers can circumvent the ban very easily in many cases. Why? The government relies on these fraudsters to be honest when reporting their criminal histories whenever they apply to offer Medicare or Medicaid services. These fraudsters still have national provider identifiers. The Centers for Medicare and Medicaid Services, which oversees Medicare and Medicaid, cannot take away people’s national provider identifiers, even when the government has banned them from these programs. The federal government has no authority to ban them from delivering services outside of Medicare and Medicaid, and they use these identifiers for those services as well.

**The Doggett solution:** HR 1745 would deactivate the national provider identifiers for people convicted of waste, fraud and abuse if their names are among the 1600 or so on an exclusions list kept by the HHS Office of the Inspector General.

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**Dear Marci: How should I prepare for a doctor's appointment?**

**Dear Marci,**

I usually get very nervous before my doctor’s visits. My doctors are wonderful, but medical appointments have always felt overwhelming to me, and I forget to ask the questions I wanted to ask. How should I prepare for appointments and make the most of my time with my doctors?

-Vinnie (Phoenix, AZ)

**Dear Vinnie,**

It’s understandable to be nervous or overwhelmed at medical appointments. I think many people share your feelings! Communication is key in building good relationships with your doctors and getting the best possible care. I would recommend the following tips to make the most of your appointments and to feel your best.

**First, be prepared.** Leading up to your appointment, think about what you would like to tell and ask the doctor. Make a list of this information and these questions and bring it to your visit. Also consider whether you want to bring another person to your appointment, like a family member, friend, or caregiver. It’s sometimes helpful to have another person with you, whether for emotional support or asking questions. It may calm your nerves to pack a bag before your visit to ensure you don’t forget anything important. Pack your bag with all of your insurance cards (for example, Medicare, Medicaid, Medigap, and/or Medicare Advantage cards), any relevant documents or health history, your list of questions, and something for taking notes.

**Next, share information.** Tell your doctor about any current symptoms or concerns during your visit. If there are several, consider ranking them in order of how much they are affecting or troubling you. Tell your doctor if you are having trouble with activities of daily living, such as bathing or dressing. Also inform your doctor about other health care providers (like specialists or therapists) you have seen and any treatments they have prescribed or recommended. Health issues can be hard to talk about, but it is important that your doctor has as much relevant information from you as possible so they can recommend the best possible care. If your doctor does not specifically ask for information that you think is important, tell them.

**Ask questions.** If you do not understand something your doctor says, ask them to explain it. Don’t be afraid to ask the same question more than once, or to ask if your doctor can explain something in a different way, if you need more time to process an answer. If you need further clarification, consider scheduling a phone conversation or speaking to a nurse or other provider.

**Get it in writing.** Ask your doctor to write down what you should do between now and your next visit. This may include instructions for how to take medications, specialists you should see, and/or lifestyle modifications.

**And finally, follow up.** If you experience problems after your appointment, or if you have symptoms that get worse, call your doctor’s office to schedule a follow-up appointment. You may also need to make a lab appointment or find out how to access test results. It could be helpful to learn if your doctor uses any form of electronic communication, like email or an online portal. These can help you communicate questions and look up previous appointments and lab/test results without having to call the doctor’s office directly.

I hope these tips help you prepare for your next doctor’s appointment and feel a little more confident. Best of luck!

-Marci
Over the last decade, an aging American population has increasingly turned away from nursing homes in favor of trained caregivers who can provide critical help in the home with basic daily tasks. But a new investigation warns the need for at-home care has vastly outpaced a much smaller growth in the pool of home care workers.

The result: between 2013 and 2019, the number of available home care workers for every 100 patients in need has fallen by nearly 12%.

The resulting caregiver gap is putting vulnerable patients in a very precarious position, the researchers said.

"We know that the number of people who want to receive long-term care at home has been growing over time, which is in part because the U.S. population is getting older," explained study lead author Amanda Kreider. She is a postdoctoral researcher with the Leonard Davis Institute of Health Economics at the University of Pennsylvania, in Philadelphia.

"Additionally, older adults and people with disabilities are increasingly accessing long-term care at home instead of nursing homes," Kreider added.

Much of that shift stems from expanded low- or no-cost coverage for home and community-based services (HCBS) steadily put in place by Medicaid, the main insurer for long-term care, she noted.

In theory the shift is a "positive trend," Kreider said, given that "people with long-term care needs tend to prefer to live at home when possible."

But Kreider and study co-author Rachel Werner wanted to know if caregiver availability is actually meeting the moment.

To find out, the duo pored over data collected by two sources. The first was the Census Bureau's American Community Surveys conducted between 2008 and 2020. The annual survey gathers information on the characteristics of 3.5 million American households, and by inference indicated the number of health care professionals who had been working in a home setting each year.

The second was survey information collected by KFF, a non-profit health policy organization. KFF's data tracked the number of Medicaid participants seeking home care in each state between 1999 and 2020.

Kreider and Werner determined that the home care workforce had, in fact, grown between 2008 and 2019, from 840,000 to more than 1.4 million. However, they also noted that the pace of that growth slowed after 2013.

At the same time, the number of Medicaid-covered patients seeking home care rocketed upwards, rising from just over 2 million in 2008 to more than 3.2 million by 2019.

The result: an 11.6% drop in the availability of home care workers for every 100 patients seeking their help.

The size of the need gap may very well have grown further since 2020, said Kreider, "but we are interpreting that data point cautiously due to the COVID-19 pandemic."

As to why the home care industry isn't growing faster, she pointed to a number of job downsides.

"These jobs are not attractive," said Kreider. "They're very demanding, and offer low pay and benefits. Many care workers live in poverty, and more than half rely on public benefits like Medicaid and SNAP. Agencies report a really difficult time attracting workers, and anecdotally, they lose workers to the fast-food industry, which often pays higher wages. It's possible that this has gotten worse due to COVID burnout."

That points to practical ways to fix the problem, with the most central issue being pay.

"Agencies commonly say that they can't pay workers more," Kreider noted, "because Medicaid payment rates for these services are too low. Since Medicaid is the nation's primary insurer for long-term home-based care, it's possible that reimbursement rates will have to rise in order for wages to increase."

The field also needs better "opportunities for training, growth and career advancement, predictable scheduling, and improved culture and worker agency," she added.

The findings were published in the May issue of Health Affairs.

Alice Burns is KFF's associate director of the Program on Medicaid and the Uninsured.

She said that while the size of the patient-home caregiver gap may be a matter of debate, the noted job downsides "are part of the story."

"The one factor I would add to your list is that there is an overall shortage of [all] workers who provide caregiving in the U.S.,” said Burns, with a similar shortfall seen when looking at institutional settings such as nursing homes.

"A recent study of health employment by sector shows that employment in nursing care facilities is [about] 13% lower than prior to the pandemic," she noted.

And with both home care jobs and institutional setting jobs pulling from the same workforce pool, "a big component of the shortage of home and community-based service workers is an overall shortage of low-skilled people in the caregiving field,” Burns said.

**Cigna denies medical claims with a "click and submit"**

A new Pro Publica report finds that Cigna physicians reject millions of physician claims “on medical grounds” each year without even looking at them. Other major insurers appear to do exactly the same thing. It seems that Cigna and other corporate health insurers see no need to spend money determining whether claims should be paid when they can refuse to pay and save billions of dollars.

Whatever you think about government-administered insurance, like Traditional Medicare, the government defers to the treating physician to determine whether care is necessary and should be covered. But, unlike the government, corporate health insurers come between patients and the care their treating physicians recommend for them. Denying care means maximizing profits; the less they spend on care, the more of the premium dollars they are able to keep for their shareholders.

The Pro Publica report confirms that the insurers take little time, less than two seconds, when deciding whether to pay certain claims even though, in many instances, these claims are for medically reasonable and necessary services that should be paid. “We literally click and submit,” one former company doctor said. This behavior would appear to be forbidden under state and federal laws. Under both state and federal laws, the insurance company doctors are required to “review” all claims to determine whether they should be denied or not. “Medical directors are expected to examine patient records, review coverage policies and use their expertise to decide whether to approve or deny claims,” according to regulators. The goal is to minimize inappropriate denials. Still it appears that Cigna and other insurers believe that physician reviewers can determine whether a claim is covered without looking at patients’ files.

"Why not deny claims?" seems to be the mantra of some corporate health insurers, if not most of them. They face no penalty for high rates of inappropriate denials. Instead, these insurers burden patients and physicians with having to appeal if they want to be paid. And, the insurers know that in 95 percent of cases, the physicians and patients won’t appeal… Read More
Drinking & Driving in the Senior Years: A Recipe for Disaster

Older drivers using alcohol or drugs are much more likely to be at fault in a car crash. Researchers studying the issue say that calls for sober-driving campaigns aimed at seniors.

"Our research shows just how much aging increases the risk of being at fault for injury or fatality in a drug- or alcohol-related traffic accident," said lead author Dr. Satish Kedia. He's a professor in the division of social and behavioral sciences at the University of Memphis School of Public Health in Tennessee. His team's analysis of nine years of U.S. National Highway Traffic Safety Administration data revealed that substance use in older drivers increased the likelihood of being at fault in a crash by two to four times.

The researchers looked at alcohol, marijuana, stimulants, narcotics, depressants and hallucinogens.

Overall, older drivers are less likely to report using such substances, according to the study.

"But in a sample of more than 87,000 drivers involved in crashes between two moving vehicles, more than one-third were drivers over 70 who tested positive for substances, the investigators found."

In general, older drivers are at an elevated risk for being at fault in a fatal car crash, this is especially the case when they are under the influence of alcohol or drugs," Kedia said.

In the more than 43,000 pairs involved in two moving-vehicle crashes, substance use was reported in 42% of drivers. Nearly 2,000 of them were 70 or older. More than 1,400 were over 80 years of age.

The relative crash involvement ratio was 2.56 for those over 80, and 1.17 for drivers in their 70s. Yet, it was relatively low for drivers aged 20 to 69, according to the report published April 28 in the journal Traffic Injury Prevention.

Substance use disproportionately increased the probability of being at fault during a crash, regardless of the driver's age, the study authors noted.

Even after adjusting for sex, road grade, weather, light, distraction and speeding, older drivers with substance-impairment were still twice as likely to be at fault.

"Obviously, we do not want to dissuade older people from driving, but knowing the risks involved and taking precautions can help everyone," Kedia said in a journal news release. "We just want to persuade them to drive safely for the sake of themselves and others." … Read More

The average retiree spends $4,345 on monthly expenses — and burns 75% of that on just 4 categories. How does your spending stack up?

The average American 65 years of age and up earns an annual pre-tax income of $55,335, and that same group spends $52,141 yearly, or $4,345 a month, according to the Bureau of Labor Statistics (BLS).

That income doesn’t leave a lot of extra cash for unexpected expenses or emergencies. The average American aged 65-69 has about $200,000 in retirement savings, according to an analysis of Federal Reserve data, and might still need to work even when they reach retirement age. High expenses often play a role.

Watch for these four categories of spending that eat into monthly expenses.

1. Housing

Home costs represent the largest expense for retirees, accounting for 36% of their annual expenses, BLS figures show. Even though home prices are cooling down in the wake of a hot housing market, retirees can gain a leg up by downsizing. That could mean selling your current home for a profit — which leaves room to stash away money for retirement, boost your emergency fund or pay off debt. One drawback might be that you’ll also pay a high price for a replacement home in this market. But consider smart options such as relocating to a less expensive market or seeking out cooperative living situations with other retired couples.

2. Transportation

If you aren’t working as much or even at all, you might want to swap the car for public transit or a bike. Transportation is the second-largest spending category, making up $7,160 in annual expenses for retirees, according to BLS. If your partner has a car, consider getting rid of one vehicle to cut costs. Even if you own your auto outright, car insurance, maintenance and repair costs for two cars add up.

Households can save almost $10,000 a year by taking public transportation in place of using a car, according to the American Public Transportation Association. You may also want to consider buying a powered scooter or motorized bike.

3. Health care

Health spending makes up $7,030 in annual spending for retirees. One way to cut costs when health issues arise is to get easily affordable preventative care. That means staying up to date on screenings and vaccinations. Exercise also appears in study after study as a top measure to lower the risk of many diseases. Even an activity as easy as walking can be beneficial.

4. Food

At $6,490, food expenditures account for over 12% of annual expenses for those 65 and over. Meal planning is one way to avoid overspending since it involves shopping for food items as opposed to regularly eating out — an expensive habit.

Stick to your grocery list when you shop. Try using two tricks many veteran shoppers employ: never shop on an empty stomach and buy mostly (or exclusively) items on sale. Upscale markets tend to have higher prices, while chain supermarkets often offer the same high-quality organic items at far more reasonable prices.

Experts Propose Tax Cap as Social Security Solution — Which Americans Would Be Most Affected?

If nothing is done to change course, Americans on Social Security may see their monthly benefits drop by 25% in the years ahead. That’s because the Social Security trust fund reserves could become insolvent within the next decade. Some experts say raising the Social Security payroll tax cap could help solve the problem.

Currently, workers pay 6.2% of their wages, and their employers match that contribution. However, any earnings over the income cap of $160,200 are exempt from the tax (a limit that roughly 6% of wage earners hit). Raising the Cap

Raising the income cap to $250,000 (or more) or eliminating it altogether could replenish the trust fund reserves and keep the program running at full capacity beyond the next decade. Doing so would also shift some of the burden of funding Social Security from the middle class to wealthy, high-wage earners.

Currently, those earning over the cap pay an effective Social Security payroll tax rate of 1% or less. However, those earning under the cap get stuck footing a bill that’s six times higher.

Other Potential Solutions

Not all experts and lawmakers agree that increasing the Social Security payroll tax cap is the best way to solve the problem. Other proposed solutions include:

♦ Raising the full retirement age to 70 (now 66 to 67).
♦ Increasing the payroll tax rate to 15.6% (from 12.4%).
♦ Privatizing Social Security.
♦ Imposing a Social Security tax on business and investment income (currently Rhode Island Alliance for Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-480-8381 riarajap@hotmail.com • http://www.facebook.com/groups/354516807278/
Tight Control of High Blood Pressure Brings Big Brain Benefits

Maintaining tight control of your blood pressure could help your brain, potentially reducing your risk of stroke, a new study says.

When blood pressure was intensively managed in adults over age 50, patients had fewer lesions in the brain's white matter, according to researchers.

Having this consistently controlled blood pressure significantly reduced the risk of stroke, they found.

"Our study demonstrates that lowering systolic blood pressure to below 120 mm Hg is more effective in preserving brain health compared to standard treatment goals," study co-author Mohamad Habes said in a news release from University of Texas Health Science Center at San Antonio. He is an assistant professor of radiology there and director of the neuroimaging core at the university's Biggs Institute for Alzheimer's and Neurodegenerative Diseases.

The study was a follow-up analysis of the Systolic Blood Pressure Intervention Trial (SPRINT), which compared maintaining systolic blood pressure at less than 120 mm Hg (what the researchers called "intensive" control) to control at less than 140 mm Hg (which they called "standard"). There were 458 participants 50 or older with high blood pressure and without diabetes or a history of stroke.

Researchers found that those receiving blood pressure treatment at the lower number showed reduced white matter lesions in frontal and posterior deep white matter. These lesions can be associated with Alzheimer's disease, non-Alzheimer's disease cognitive impairment and advanced brain aging, Habes said.

The patients with stricter blood pressure management also had improved blood flow, indicating better overall brain health, Habes said.

Intensive blood pressure treatment can slow down vascular brain injury, according to the study.

This may contribute to preserving mental function in older adults, said Tanweer Rashid, of the Biggs Institute.

"Our study shows that specific areas have greater benefit, representing sensitive regions to track in future trials evaluating small-vessel disease," Rashid said in the release.

More research is needed to determine optimal blood pressure targets and treatment strategies for various population groups, as well as to assess potential side effects of intensive blood pressure treatment, Habes said.

While the researchers used 140 mm Hg as the cutoff, current guidelines recommend keeping blood pressure below 130 mm Hg.

Discrimination at Work Could Raise Blood Pressure

Dealing with discrimination at work -- from bosses or coworkers -- may be enough to send your blood pressure through the roof, a new study suggests.

Researchers found that among more than 1,200 U.S. workers, those who felt they often faced on-the-job discrimination were 54% more likely to develop high blood pressure, versus workers with little exposure to such bias.

Over eight years, people who'd often experienced workplace discrimination developed high blood pressure at a rate of about 4% each year. That compared with 2.5% per year among people who rarely or never had those experiences.

Experts said the study, published April 26 in the Journal of the American Heart Association, cannot prove cause and effect.

"But our findings suggest workplace discrimination was a potential risk factor for high blood pressure," said lead researcher Dr. Jian Li, a professor at the University of California, Los Angeles.

For one, he said, the study followed workers over time, showing that their experiences of discrimination preceded their high blood pressure diagnosis.

Plus, Li said, there are "biologically plausible" reasons that the stressful situation could contribute to rising blood pressure.

During times of stress, the body responds in various ways, which includes a release of hormones that "activate" the cardiovascular system. Over time, chronic stress may add to the wear and tear on the body, and impede its ability to recover from situational stressors.

It's also possible, Li said, for ongoing stress to take a health toll in "indirect" ways -- making it harder to exercise, disrupting sleep, or pushing people to cope in unhealthy ways, like smoking or drinking.

Studies have long dug into the connection between chronic stress and physical health, and more recently research has started to focus on the health consequences of systemic racism. But little has been known about the potential effects of work discrimination specifically, according to Li....Read More

New COVID Drug Guards Against All Variants in People With Weak Immune Systems

A new antibody drug to help fight COVID-19 infection in immune-compromised people may be available by the end of the year.

AstraZeneca said Thursday that its treatment, called AZD3152, appears to work in all variants to date, potentially providing necessary armor for immunocompromised people whose vaccinations have not given them enough protection, CBS News reported.

"In vitro studies demonstrated that AZD3152 neutralizes all COVID-19 variants, including Arcturus, the latest variant of concern," Mene Pangalos, executive vice president of biopharmaceuticals at AstraZeneca, told investors on an earnings call this week.

Results of the SUPERNOVA trial on the drug could be out by September, and that may lead to an emergency use authorization by the U.S. Food and Drug Administration, CBS News reported.

AstraZeneca had previously announced promising early lab testing results for the drug. It may be helpful in the 2% of people whose immune systems are not providing effective resistance after vaccination, the company said.

"We hope to make AZD3152 available as a new prophylactic treatment in the second half of this year," Pangalos said.

AZD3152 is considered a replacement for the now-shelved Evusheld. It's based on an antibody derived from donated B cells of previously infected people, CBS News reported. It is "designed to have broader variant coverage" than Evusheld, according to the company.

As Omicron variants have been less affected by existing treatments, the need for replacements has been concerning to federal officials.

While the treatments Paxlovid and remdesivir (Veklury) still exist, sometimes they just suppress the virus, CBS News said.

Five billion in new federal funding will address some of these lingering COVID issues, including subsidizing the development of new vaccines and antibody drugs, according to CBS News.
The Data Is In: Cranberry Juice Does Help Prevent UTIs

Women have heard for decades that cranberry products help prevent urinary tract infections. A new study appears to confirm that longstanding advice.

About 60% of women over age 18 will suffer one or more urinary tract infections in their lifetime. About 30% will have recurrent UTIs, averaging two to three episodes a year, according to background notes with the study.

A review of 50 randomized controlled trials found that taking cranberry supplements or drinking the juice reduced the risk of having repeat symptoms for a UTI by more than 25%.

In children, cranberry products reduced these infections by more than 50%.

People who were susceptible to a repeat infection after medical treatment such as antibiotics or probiotics saw a 53% reduction.

"For the first time, we have consensus that cranberry products (concentrated liquid, capsules or tablets) work for some groups of people; specifically, people who experience recurrent UTI, children and people susceptible to UTI because of medical intervention," said study author Jacqueline Stephens, senior lecturer in public health in the College of Medicine & Public Health at Flinders University in Australia.

This updated review of research from around the world included nearly 9,000 people. Randomized controlled trials are considered the "gold standard" of research studies.

"The inclusion of the totality of the global evidence and the rigorous review process means we are confident of the results, even when the results have

How to Relieve a Stress Headache

You had a rough day at work and got stuck in traffic on the way home, and suddenly your head starts pounding.

Stress headaches can be debilitating in the moment, but you don't have to suffer indefinitely.

If you're struggling with stress, you're not alone. More than one-quarter of adults in the United States reported they're too stressed out to function, according to a recent survey from the American Psychological Association.

Can stress cause headaches? Yes, in fact the most common type of primary headache is a tension headache, also referred to as a muscle tension headache or stress headache, according to Harvard Health. Tension headaches may be episodic, meaning that they occur less than 15 days a month; if they occur more than 15 days a month for more than three months in a row, they are called chronic tension headaches, according to the Cleveland Clinic.

Here, experts break down how to relieve a stress headache and how to help prevent one from happening in the first place.

How does stress cause headaches?

♦ Stress triggers the "fight-or-flight" response that then stimulates physical changes that can contribute to headaches. These include the following:

  ♦ Neck, shoulder, scalp, face and jaw muscles tensing
  ♦ Teeth grinding
  ♦ Problems with sleeping
  ♦ Meal skipping that imbalances blood sugar levels
  ♦ Emotional stressors like depression and anxiety, as well as physical stressors, like prolonged sitting with poor posture or straining the eyes, can also cause stress headaches. Stress headaches are most common in adults, more in women than men, and in older teens, according to the National Library of Medicine. People with heightened sensitivty to pain may be more likely to experience stress headaches, Mayo Clinic experts noted.

Each Year Spent Working With Certain Chemicals Raises Risk of Pancreatic Cancer

Jobs that regularly expose you to certain chemicals appear to steadily increase your risk of pancreatic cancer, a new analysis reports.

People with more than 20 years of exposure to some chemical agents had a 39% increased risk of pancreatic cancer, compared with an 11% higher risk for 11 to 20 years' exposure and a 4% higher risk for 1 to 10 years' exposure, researchers found. "Our findings revealed that the risk of pancreatic cancer increases significantly for each additional year of exposure among workers exposed to these chemicals," said study author Ro-Ting Lin, an associate professor of occupational safety and health at China Medical University in Taiwan.

The analysis evaluated 12 industrial chemicals and found that five significantly increased the risk of pancreatic cancer in workers, Lin said.

"The No. 1 chemical that most increased a person's risk of pancreatic cancer was ethylene oxide, followed by polyyclic aromatic hydrocarbons, rubber dust and fumes, styrene, and metalworking fluids," Lin said. These chemicals are predominantly used in the chemical, metal, plastic, rubber and petroleum industries, researchers said.

The study adds to mounting evidence that workplace exposure to certain chemicals is associated with a higher risk of cancer, said Dr. Steven Nimmo, president of the Faculty of Occupational Medicine in the United Kingdom.

"What this new meta-analysis adds is a definite dose-response relationship. The longer people are exposed, the more likely they are to develop pancreatic cancer," said Nimmo, who also edits the journal in which the study was published on April 27, Occupational Medicine. "It's another piece in the jigsaw puzzle," he said. "That the risk increases with time of exposure is a quite important bit that adds toward whether there is direct causation."

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Lack of transportation isn’t just a hassle. When it delays getting care, it also ups the risk of emergency room use and death in adults, new research shows.

This is especially risky for cancer patients.

"Transportation barriers prevent many patients with cancer from accessing timely and effective care. Lack of reliable and affordable transportation can lead to missed appointments, delayed diagnoses, treatment interruptions, and incomplete follow-up care," said study author Xuesong Han, scientific director of health services research at the American Cancer Society.

The U.S. Department of Agriculture plans to get tougher on Salmonella bacteria found in breaded, stuffed raw chicken products, the agency announced Tuesday.

About 1.35 million people are infected with Salmonella bacteria each year in the United States, according to the Centers for Disease Control and Prevention. Almost a quarter of the nation’s Salmonella infections are caused by eating poultry. "USDA is taking science-based, decisive action to drive down Salmonella illnesses linked to poultry products," said Agriculture Secretary Tom Vilsack in a USDA news release.

"Today’s proposal represents the first step in a broader effort to control Salmonella contamination in all poultry products, as well as a continued commitment to protecting American consumers from foodborne illness."

The agency's Food Safety and Inspection Service proposed declaring Salmonella an “adulterant” if the amount in the product exceeds a very low level. The chicken products under scrutiny can appear to be cooked because they are pre-browned and heat treated. Yet the chicken is raw, often cooked from frozen. Home cooks may not be cooking these ingredients may cook at different rates than the chicken. These continue to be linked to Salmonella outbreaks, even with new labeling meant to better inform customers that the products are raw.

Salmonella infections cost about $4.1 billion each year in the United States, with loss of productivity estimated at $88 million, the USDA said. The proposal would consider any breaded, stuffed raw chicken products that test positive for Salmonella at 1 colony forming unit (CFU) per gram prior to Stuffing and Breading to be adulterated. Inspectors would sample and test the chicken in these products prior to Stuffing and Breading. If the chicken does not meet this standard, that lot could not be used to produce the final breaded items. Instead, it would need to be used in other ways besides these stuffed and breaded foods.

Symptoms of Salmonella infection include diarrhea, fever and stomach cramps. The nation's most recent Salmonella outbreak, in 2021, sickened people in 11 states. Each year, Salmonella causes about 26,500 hospitalizations. The public can comment on the proposal within 60 days after publication in the Federal Register.

USDA Cracks Down on Salmonella in Breaded Stuffed Raw Chicken Products

Can't Find a Way to Your Doctor's Office? It Could Shorten Your Life

Fewer U.S. adults are smoking cigarettes, as rates dropped again last year, according to federal health officials.

In all, 1 in 9 American adults smoked cigarettes last year, an all-time low, and a significant change from the 1960s when 42% smoked.

The results weren't all positive, the Associated Press reported, as vaping rose to about 1 in 17 adults. For 2022, use of electronic cigarettes was about 6% compared to 4.5% the year before.

These preliminary findings are from a survey of more than 27,000 adults by the U.S. Centers for Disease Control and Prevention. The findings are sometimes revised after further analysis.

"I think that smoking will continue to ebb downwards, but whether the prevalence of nicotine addiction will drop, given the rise of electronic products, is not clear,” Dr. Jonathan Samet, dean of the Colorado School of Public Health in Aurora, told the AP.

For nearly 40 years, Samet has been a contributing author to the U.S. Surgeon General’s reports on smoking and health. The preliminary findings for 2022 pegged the percentage of adult smokers in the United States at 11%, down from about 12.5% the year before, the AP reported.

While more adults smoke cigarettes than vape, the opposite is true for minors. About 14% of high schoolers used e-cigarettes last year, compared to about 2% who smoked traditional cigarettes, according to CDC data.

Smokers are at risk for lung cancer, heart disease and stroke.

U.S. Smoking Rate Hits All-Time Low

E-cigarette concerns include nicotine addiction with a risk of high blood pressure and narrowing of the arteries, according to the American Heart Association.

Taxes, increased prices and smoking bans are among the reasons for lowered rates of smoking, according to the AP. Smoking is also not as socially acceptable as in the past.
Weight-Loss Surgery Could Cut Odds for Obesity-Linked Cancers in Half

Getting bariatric surgery may help someone lose weight and reduce their risk for obesity-related cancers by more than half.

New research to be presented at a conference of the American Gastroenterological Association (AGA) found that patients who had sleeve gastrectomy, gastric bypass or gastric band procedures developed less obesity-related cancer over a 10-year follow-up period.

About 4% developed these cancers compared to 8.9% who didn't have the surgeries, the study found. The findings will be presented at an AGA meeting in Chicago and online May 6-9.

"The primary benefit people consider when they think about bariatric surgery is weight loss and the accompanying physical and psychological benefits, such as improved blood pressure and diabetes," said lead author Dr. Vibhu Chittajallu, a gastroenterology fellow at Case Western Reserve University and University Hospitals in Cleveland.

"This study adds to the building evidence that the significant weight loss associated with bariatric surgery may have a protective effect against cancer formation as well," he said in a meeting news release.

For their study, researchers compared more than 55,700 patients with obesity who had these surgeries with the same number of similar patients who did not have surgery. They adjusted for risk factors that play a role in cancer formation, including smoking history, alcohol use, heart disease, hormone therapies and other health issues.

In all, more than 2,200 of the patients who had surgery developed cancer during the 10-year follow-up, compared to nearly 5,000 who didn't have surgery.

"They found that those who had surgery had consistently lower numbers for new cases of virtually all types of obesity-related cancer.

That included breast cancer with 501 surgery patients compared to 751 without surgery;

colon cancer, 201 versus 360; and liver cancer with 969 cases in surgery patients compared to 2,198 in patients without surgery. Surgery patients also had less pancreatic cancer with 54 cases versus 86; ovarian cancer at 130 versus 214; and thyroid cancer at 154 versus 175.

"We need more research to understand how bariatric surgery affects cancer risk, but the significant findings from this study suggest it's an exciting avenue for further study," Chittajallu said.

Findings presented at medical meetings are considered preliminary until published in a peer-reviewed journal.

Opioid Addiction Treatment Rates in U.S. Have Flatlined, Study Finds

The U.S. opioid crisis led to changes that make it easier for people struggling with addiction to get medication from a health care provider to help them quit.

But researchers found that for some reason, rates of medication use haven't budged.

Numbers of Americans who started buprenorphine were flat between 2019 and 2022, after rising from January 2016 to September 2018.

Those who stayed on the medication for at least six months hovered around 20% from 2016 to 2022. Staying on the medication for longer is associated with reduced risk of opioid overdose death.

"The fact that buprenorphine initiation and retention did not rise after these efforts were implemented suggests that these policy changes were insufficient to address the barriers to prescribing enough to meet the rising need for this medication," said lead study author Dr. Kao-Ping Chua, an assistant professor of pediatrics in the Susan B. Meister Child Health and Evaluation Research Center at Michigan.

In 2023, prescribers including doctors and nurse practitioners who are already allowed to prescribe other controlled substances can now prescribe buprenorphine without needing special approval from the federal government.

"It remains to be seen whether the elimination of the waiver requirement will move the needle on buprenorphine initiation and retention," Chua said in a Michigan news release. "Based on our study, it seems likely that this intervention will be insufficient to overcome the many other barriers to buprenorphine initiation and retention, such as stigma about the drug among clinicians, patients and pharmacists."...Read More

Scientists Spot New Potential Risk Factor for Breast Cancer

A new study has uncovered a possible risk factor for breast cancer that could help doctors more accurately weigh a woman's chances of developing the disease.

While it's known that women with dense breast tissue have a greater risk for developing breast cancer and that breast density declines with age, researchers have now found evidence of cancer risk specific to breast density declining unevenly.

Among the findings were that when one breast had a slower decline in density, cancer was more likely to be found in that breast, the study found.

"I hope they can get this into clinical use as soon as possible -- it will make a huge difference," study author Shu Jiang, an associate professor of public health sciences at Washington University in St. Louis, told the New York Times. "There could be different risk-stratification guidelines set up to monitor those who are having much slower decline in tissue density, versus those who are not."

The study included about 10,000 women over a 10-year period. The women did not have cancer when the study began, but 289 women developed it by the end of the study. Researchers compared them to 658 similar women who did not develop breast cancer.

The women who developed cancer during the study tended to have higher breast density at the study's start.

But beyond that, researchers found that breasts that later developed cancer had significantly slower decline in density compared to the woman's other breast.

The findings were published April 27 in the journal JAMA Oncology.

This discovery could be a new detection tool, making it possible to assess breast density at different times after a woman begins having mammograms.

"So, this information is actually already available, but it's not being utilized," Jiang explained. A woman's risk of developing breast cancer could "be updated every time she gets a new mammogram," Jiang noted.

"This is the first study I've seen that looks specifically across time at changes from breast to breast, instead of averaging the two breasts, where you might miss these changes," Knudsen told the Times.

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