

Message from the Alliance *for* Retired Americans Leaders



Senate Republican Bill Would Repeal Democratic Drug Pricing Gains



Robert Roach, Jr.
 President, ARA

Republican Senators **James Lankford** (OK), **Mike Lee** (UT), **Cynthia Lummis** (WY) and **Marco Rubio** (FL) have introduced a bill, S.4953, that would **roll back the key reforms** that lower drug prices as part of the Inflation Reduction Act (IRA).

The new Republican bill would repeal the provisions that allow Medicare to negotiate drug prices, set a \$2,000 out-of-pocket cap on annual drug costs for seniors on Medicare, and limit the cost of insulin to \$35 per month. It would also take away the free vaccinations that were included in the IRA. These provisions are supported by a majority of Democratic and Republicans, but strongly opposed by drug corporations.

"This is another frightening example of the path Republicans want to take us down if they take control of the Senate and House in November," said **Robert Roach, Jr.**, President of the Alliance. "And remember, that is in addition to GOP plans to force Congress to vote every five years on whether the Social Security and Medicare programs should continue as we know them. All seniors and retirees should be on notice and cast their votes for pro-retiree elected officials. These senators are obviously out of touch with the American people."

Social Security Benefits to

Rise by 8.7 percent in 2023 In Big Boost for Seniors

The Social Security Administration on Thursday announced an **8.7 percent cost of living adjustment** for retirees, survivors and people with disabilities. This is the largest inflation adjustment to



Rich Fiesta,
 Executive Director, ARA

benefits in four decades — a welcome development for millions of older Americans struggling to pay their bills.

"Seventy million Americans who rely on their earned Social Security benefits will greatly benefit from this significant cost-of-living increase," said **Richard Fiesta**, Executive Director of the Alliance. "This historically high COLA is needed to help ensure older Americans can make ends meet."

The increase amounts to an additional \$146 per month for the average retired worker. However, as welcome as this news is, many older Americans will continue to struggle to pay for basic needs.

"It is high time to strengthen and expand Social Security," Fiesta added. "If we make the wealthiest Americans pay their fair share into the system we can strengthen Social Security for future generations and increase benefits across the board."

He cautioned that Republicans in the House and Senate and on the campaign trail are "tripping over each other" to put forward their own extreme and risky

schemes to cut or end Social Security as we know it.

He also urged retirees to be vigilant and make sure they are voting for candidates in November who will protect the benefits they earn, rather than put them on the chopping block.

GOP Aims to Use Debt-Limit Deal to Cut Social Security and Medicare



Joseph Peters, Jr.
 Secretary Treasurer ARA

Key House of Representatives Republicans say they are prioritizing cutting Social Security and Medicare through eligibility changes, spending caps, and safety-net work requirements, and they **want to use next year's debt-limit deadline** to extract concessions from Democrats.

Five House Republicans interested in top Committee assignments have said that next year's deadline to raise or suspend the debt ceiling is a point of leverage if their party can win control of the House in November. This demonstrates that they are willing to put the U.S. government into default unless extreme and dangerous changes are made to Social Security and Medicare.

They include Republican Reps. **Jodey Arrington** (TX), **Buddy Carter** (GA), and **Lloyd Smucker** (PA), who are each seeking the top spot on the Budget Committee, and Rep. **Jason Smith** (MO), currently the top Republican on the Budget Committee, who is

seeking the top GOP spot on the tax-writing Ways and Means Committee. Rep. **Kevin Hern** (R-Okla.), head of the Republican Study Committee's Budget and Spending Task Force, also said the upcoming debt-limit deadline is "obviously a leverage point."

"It is not an exaggeration to say that seniors need to vote in November to prevent Social Security and Medicare from being slashed," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "The cuts and privatization threats that the GOP is talking about are truly dangerous."

Early Voting Has Already Begun in Several States

Michigan and some Illinois residents started casting ballots on September 29 for the midterm election, as both states opened early, in-person voting. Voting is also underway in some form in Minnesota, New Jersey, South Dakota, Vermont, Virginia and Wyoming.

"It is especially important to vote with candidates all across the nation continuing to threaten our earned Social Security and Medicare benefits," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "Thirty-six governorships, 35 U.S. Senate seats and control of Congress are at stake."

"You can go to vote.org to see which option in your state best suits your needs, including early voting and vote by mail. You can also double-check voting deadlines and rules such as voter ID requirements at that site," added Peters.

It's Official: Here's Your Social Security Raise for 2023

It's hardly a secret that inflation has been wreaking havoc on consumers for well over a year. That's made life especially difficult for people who get the bulk of their income from Social Security.

At the start of 2022, **Social Security** recipients saw their benefits increase 5.9%. At the time, that cost-of-living adjustment (COLA) was hailed as the largest one to come down the pike in years.

Meanwhile, as inflation has soared, there's been a lot of speculation over Social Security's 2023 COLA. At one point, some experts were projecting a COLA **as high as 11%**. Inflation data that came in over the summer pretty much quashed that notion, but it still left Social Security recipients wondering how much of a boost they'd be in line for come 2023.

Well, at long last, we have an answer. Today, the U.S. Bureau

of Labor Statistics released September data from the Consumer Price Index. Meanwhile, Social Security COLAs are based on third-quarter data from a subset of that index -- the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). And now that that data is available, we can say with certainty that seniors on Social Security will be in for a nice boost in the coming year.

How does an 8.7% COLA sound to you?

Social Security benefits will increase by 8.7% at the start of 2023. Now if you were hoping for a larger boost than that, you may find that COLA disappointing. But it's still the largest COLA to arrive in decades.

Better yet, for the first time in years, Social Security recipients should get to keep their COLA



in full. The reason? Those who are enrolled in Social Security and Medicare at the same time have their Part B premiums deducted from their benefits automatically. When the cost of Part B goes up, recipients wind up with less of a Social Security raise.

In 2023, the cost of Medicare Part B is actually **decreasing**. The standard monthly Part B premium will fall from \$170.10 to \$164.90, which means Part B costs won't cut into next year's COLA.

How well will 2023's COLA stack up?

That's the big question, isn't it? At the start of 2022, many Social Security recipients thought they were in a strong position given their 5.9% COLA, only to have the rate of inflation well outpace that raise during the year. Whether next year's COLA actually gives

seniors more buying power will hinge on how things pan out on the inflation front.

In that regard, there may be some good news. The Federal Reserve is aggressively hiking up interest rates in an effort to push consumers to put the brakes on spending. Of course, the fear is that rising rates and a decline in spending will fuel a recession. But if consumer spending drops, it could help bridge the supply-demand gap that led to rampant inflation in the first place.

And if the rate of inflation really slows down in 2023, Social Security recipients might get a lot more out of their 8.7% COLA. In fact, for the first time in years, beneficiaries might land in a position where they can actually shore up their savings a bit and buy themselves some financial breathing room down the line.

Will the Social Security COLA bump be enough for vulnerable seniors?

As the prices of basic needs such as housing and medical care soar, a **cost-of-living adjustment** to Social Security benefits could temper income pressures for seniors, though some say it may not be enough for the most vulnerable.

The Social Security Administration is expected to announce the cost-of-living adjustment, or COLA, Thursday. The Senior Citizens League estimates it will increase the average retiree benefit of \$1,656 by an additional \$144.10 a month starting next year.

"Certainly, people are needing that," said Mary Johnson, the Senior Citizens League's Social Security and Medicare policy analyst. "We've had lots of emails from people who told us they had cut down to one meal a day, they could not afford to pick up their prescriptions, or they couldn't afford to get to doctor appointments because of [the] cost of gas ... tires **for**

their vehicles."

Retirees received a COLA increase of **5.9% in 2022**.

Despite the adjustments, the Senior Citizen League **estimates Social Security benefits are falling short by nearly 50%**.

The average monthly benefit of \$1,656 is short about \$44 per month, a total of \$418 per year to date.

"We don't know how well it will keep up yet because it's not received until January and we don't know the inflation rate yet for 2023, so that's hard to say," Johnson said. "However, there's always the concern it may not keep up with it."

About one in 15 adults 65 years old and older are economically insecure, according to the National Council on Aging.

Those same seniors are faced with rising housing and health care bills, inadequate nutrition, lack of access to transportation,



and job loss, according to the NCOA.

In 2017, nearly half of adults between 55 and 66 years old had no personal retirement savings.

"Without a COLA that adequately keeps pace with inflation, Social Security benefits purchase less over time, and that can create hardships, especially as older Americans live longer lives in retirement," Johnson said.

Social Security benefits help lift 16.1 million older adults above the federal poverty level.

Since 1975, **Social Security's general benefit increases** have been based on increases in the cost of living, as measured by the Consumer Price Index.

The trouble with that calculation, however, is that it doesn't consider the spending of retired households ages 62 and up, Johnson said. It also gives greater weight to gasoline and transportation costs over things

such as health care.

The adjustment would be a welcome relief for many. Despite the high cost of health care, over the past 12 months, food was the fastest-growing expenditure for older adults. Housing and transportation followed, according to the National Council on Aging.

The Senior Citizens League noted that "A COLA (cost-of-living adjustment) of 8.7% is extremely rare and would be the highest ever received by most Social Security beneficiaries alive today."

"Regardless of all that, the COLA, because it's so high, is very much anticipated and very much looked forward to," Johnson said. "Social Security is one of the, if not the only form of retirement income adjusted for inflation."



Lawsuit by KHN Prompts Government to Release Medicare Advantage Audits

Federal health officials have agreed to make public 90 audits of private Medicare Advantage health plans for seniors that are expected to reveal hundreds of millions of dollars in overcharges to the government.

The Centers for Medicare & Medicaid Services agreed to release the records to settle a lawsuit filed by Kaiser Health News against the agency in September 2019 under the Freedom of Information Act.

"It's incredibly frustrating that it took a lawsuit and years of pushing to make this vital information public," said Thomas Burke, a San Francisco attorney who represented KHN pro bono.

"Transparency — on a real-time basis — should be the norm for the public to have oversight of this multibillion-dollar, taxpayer-paid program," said Burke, a partner at Davis Wright Tremaine.

Under the settlement, CMS agreed to pay \$63,000 in legal fees to the law firm and to "make its best efforts" to provide the documents over six weeks. In making the payment, the agency did not admit to wrongfully withholding the records.

Bruce Alexander, director of the CMS Office of Communications, said the agency "is committed to safeguarding taxpayer dollars and strengthening program integrity in our operations." Alexander said CMS has sent the first round of records to KHN and will provide additional records "in accordance with the terms of the settlement agreement." KHN **filed the suit** in U.S. District Court in San Francisco to obtain the audits conducted for 2011, 2012, and 2013. CMS officials have said they expect to



collect more than \$600 million in overpayments from the audits. The agency has disclosed the **names of the health plans** under scrutiny but nothing else.

The cache of federal audits and other documents should provide the most extensive look to date at a secretive government auditing program known as Risk Adjustment Data Validation, or RADV. The **audit program has struggled** to prevent Medicare Advantage health plans from overcharging the government.

The RADV audits check medical records to make sure patients have the diseases that health plans are being paid to treat. Past RADV audits have shown that Medicare Advantage plans often cannot document these claims.

Under the settlement, CMS will release the audit spreadsheets

showing which medical diagnoses could not be confirmed but will redact the overpayment amounts. The audits for 2011 through 2013 are the most recent ones completed.

CMS is expected to decide how to compute final overpayment amounts later this year. The industry has **long opposed the RADV audits**, arguing the sampling methods are flawed, even though they are widely used in other types of Medicare audits. Enrollment in the privately run alternative to original Medicare **more than doubled** during the past decade, passing 28 million in 2022 at a cost of \$427 billion.

Many seniors choose Medicare Advantage plans because they tend to pay less out-of-pocket for them than for original Medicare. But critics argue that the plans cost **taxpayers billions of dollars more** than original Medicare.

President Signs Order to Speed Up Efforts to Lower Drug Prices

President Joe Biden signed an executive order last Friday pushing federal officials to drive prescription drug costs down. The order requires the U.S. Department of Health & Human Services (HHS) to outline within 90 days how it will use new models of care and payment to cut drug costs, according to the White House official, who declined to be identified previewing the president's action.

The executive order aims to lower prescription drug costs across the US and follows landmark health-care legislation passed by Congress earlier this year that allows the HHS to negotiate drug prices with pharmaceutical companies.

Health and Human Services Secretary Xavier Becerra will "consider whether to select for testing by the Innovation Center new health care payment and delivery models that would lower drug costs and promote access to innovative drug therapies for beneficiaries enrolled in the Medicare and Medicaid programs," the executive order said.

"The goal here is to have the secretary define some areas of opportunity to increase access to

drugs or lower prices for people on Medicare and Medicaid," said Stacie Dusetzina, an associate professor in the Department of Health Policy at Vanderbilt.

"Part of this will be, 'what could we do now or sooner?' Some of the provisions for the Inflation Reduction Act don't kick in for a couple of years," she said, referring to the legislation under which HHS can negotiate drug prices.

"There have already been attacks on the Inflation Reduction Act, and some Republican members talking about repealing it, or going after certain parts of the law," she said.

Meanwhile, congressional Democrats have pushed the Biden administration to take bolder measures against rising drug costs.

Sen. Elizabeth Warren (D-Mass.) and others over the past year have urged Biden to consider using existing legal tools to help drive down the cost of pricey prescription drugs.

Advocacy groups have likewise joined the fray, asking for the administration to bypass Congress and use executive powers to reduce costs.



However, as TSCL has previously reported, the newly acquired power to negotiate drug prices is controversial, with the powerful pharmaceutical industry lobbying against the rule and considering legal actions to prevent its implementation.

In addition, Republicans have already proposed legislation that would strip Medicare's negotiation ability before the negotiating has even begun.

Starting next year, drug companies will also have to pay penalties to Medicare if they raise the cost of their products at a rate that outpaces inflation.

While the new law lowering drug prices is far from perfect, TSCL is opposed to all efforts to block or repeal the new law. Kaiser Health News has these additional guidelines.

Winter is Coming - So is the Flu Season

"The CDC [Center for Disease Control] recommends that anyone 6 months of age or older get an annual flu shot. The ideal timing is late October or early November, before the winter holidays and before influenza typically starts spreading in the U.S. Like covid

shots, flu shots provide only a couple of months of immunity against infection and transmission, but an early flu shot is better than no flu shot. Influenza is already circulating in some parts of the United States.

"It's especially important for people 65 or older, pregnant women, people with chronic medical conditions, and children under 5 to get their yearly flu shots because they're at highest risk of hospitalization and death. Although younger people might be at lower risk for severe flu, they can act as vectors for transmission of influenza to higher-risk people in the community.

"High-dose flu vaccines and 'adjuvanted' flu vaccines are recommended for people 65 and older. Adjuvants strengthen the immune response to a vaccine."

While the CDC has said it is ok to get both shots at the same time, some doctors are advising that it might be best to separate them by a couple of weeks so that any side effects are not compounded.

2023 Medicare Advantage star ratings fall

Medicare Advantage plan star ratings have always been **a farce**, and you should not trust them. Most Medicare Advantage plans have four or five stars, and they still might offer poor quality care. Because of a change in the way the government weights different metrics, Medicare Advantage star ratings are falling a bit, reports **Axios**.

In 2023, 57 health insurers will offer Medicare Advantage plans with five-star ratings. This year, 74 health insurers offer Medicare Advantage plans with five-star ratings. The ratings are supposed to be based on quality measures, including consumer assessments, but the question is what goes into those measures and how are they weighted.

The government looks at how well the Medicare Advantage plans do at customer service, as well as keeping members healthy through preventive services and management of chronic conditions. The government also

looks at member complaints. The Centers for Medicare and Medicaid Services (CMS) audits the data the Medicare Advantage plans report. But, Medicare Advantage plans can game the system to achieve higher ratings.

In fact, the federal government has never been able to assess the quality of care Medicare Advantage plans offer, overall, let alone individually. The Medicare Payment Advisory Commission (MedPac) repeatedly has said in its reports on Medicare Advantage that the health plans fail to disclose complete and accurate data, as required by law, to enable proper assessment of plan quality. Four and five-star rated Medicare Advantage plans could deliver poor health outcomes or otherwise jeopardize patient care, which might not be captured in the data CMS collects.



For sure, there is star-rating inflation. The average rating for all Medicare Advantage plans is more than four stars, 4.15 out of 5 stars.

That's down from 4.37 stars in 2022. Some plans, such as those offered by **CVS Health and Centene**, saw a big drop in star ratings and are now restricted in their ability to grow their enrollment. But, it does not appear that the government notifies people already enrolled in those plans, let alone suggests they disenroll from them.

During the upcoming open enrollment season, if you opt for **Medicare Advantage over traditional Medicare**, don't choose a Medicare Advantage plan by its stars or by the extra benefits they offer (which often are not what they appear to be.) Talk to your doctors and friends in the health plans you are considering, particularly people who have needed a lot of costly care. Find out whether they

believe they have gotten the care they needed, without undue delays, and what they had to pay out of pocket.

During the pandemic, star ratings were weighted less heavily towards consumer satisfaction. Now, CMS is relying more heavily on patient survey data for its ratings, which is affecting ratings for some plans.

While consumer data only captures one aspect of quality, all Medicare Advantage plans are different in multiple ways. People in some plans face higher rates of delays and denials of care than in other plans. Several expert studies also show that many Medicare Advantage plans have disproportionate rates of **disenrollment** by people with costly and complex conditions.

Medicare Advantage plans with lower star-ratings get less money from the government for their services, which could affect the benefits they offer and shift more costs onto their enrollees.

How to Respond When Medicare Stops Paying for Nursing Home Care

For a limited amount of time, Medicare pays for skilled nursing care, which includes medical care, physical and occupational therapy and other services, for individuals who qualify.

It's important to keep in mind that **Medicare** is a form of health insurance, it's not meant to cover housing and food costs or long-term stays in a nursing facility.

What happens when Medicare stops paying for **skilled nursing care**? Some people who recover quickly and fully can go back to how their lives were before. But many people will need some kind of continuing care.

What Is Skilled Nursing?

Skilled nursing is not a form of **long-term care** and isn't a permanent residence. Rather, skilled nursing provides complex care and rehabilitation for people who have had a stroke, surgery or extensive treatment

for **kidney, heart or respiratory conditions** and may need rehabilitation after their release from a hospital stay. However, some long-term nursing homes have wings in the same building where they provide short-term

skilled nursing care, says Salama Freed, an assistant professor of health policy and management at the Milken Institute School of Public Health at George Washington University in Washington, D.C. Long-term care, on the other hand, such as the services provided by **nursing homes**, is appropriate for seniors who need around-the-clock care for conditions such as the debilitating effects of a major **stroke** or **dementia**, chronic medical conditions and limited mobility. Basically, people who have conditions that compromise the activities of daily living.

What happens when Medicare stops paying for skilled nursing care? Some people who recover quickly and fully can go back to how their lives were before. But many people will need some kind of continuing care.

People who need skilled nursing care can get 100% of the cost covered by Medicare for the first 20 days of their skilled nursing care and 80% for up to 80



days after that – if they qualify. Medicare will cover a maximum of 100 days of skilled nursing care, and most individuals leave a residential skilled nursing site well before that, says Linda Lateana, chief operating officer at Goodwin Living, a not-for-profit, faith-based regional senior living and health care services organization in the national capital region. Goodwin Living manages and operates three senior living communities in Northern Virginia.

Who Qualifies?

There are specific requirements individuals have to meet to be eligible in order to be covered for Medicare skilled nursing care, Lateana says. Here are some of the ways you can qualify for **Medicare part A** (hospital insurance) coverage for skilled nursing care, according to **medicare.gov**:

- ◆ Your physician determines you need daily skilled nursing care.
- ◆ You've had **a hospital stay** of at least three days (not including the day you leave

the hospital).

- ◆ You need skilled nursing services for a hospital-related medical condition (like an infection) that you were treated for during your qualifying three-day inpatient hospital stay, even if it wasn't the reason you were admitted.
- ◆ A facility that offers skilled nursing care offers these services:
- ◆ Medically-necessary care that can only be provided by a licensed medical personnel. This could include intravenous injections, wound care and catheter care.
- ◆ Rehabilitation services, including physical, occupational and speech therapy. These services are needed by patients who have suffered a stroke, broken bones or a traumatic **brain injury**. These services are also needed for patients who've undergone **heart surgery, back surgery** or have had a hip or knee replacement....**Read More**

The Parts of Medicare Explained

Medicare is a health insurance program sponsored by the federal government for people aged 65 and older, and for individuals under 65 with specific medical conditions, says Salama Freed, an assistant professor of health policy at the Milken Institute School of Public Health at George Washington University in the District of Columbia. As of October 2021, about 64 million people overall were enrolled in Medicare, according to the [Centers for Medicare & Medicaid Services](#).

Medicare is split into [parts A, B, C and D](#). Everyone who works contributes, through their payroll taxes, to the funds that pay for Medicare. Anyone over age 65 with 40 quarters of work history is eligible for Medicare Part A, Freed says. Eligible people are automatically enrolled in Medicare Part A when they turn 65. Enrollees can make changes to their Medicare coverage during the enrollment period, which is from October 15 to December 7. Those eligible for Medicare include:

- ◆ Individuals age 65 or older.
- ◆ People with Lou Gehrig's disease, which is also called [amyotrophic lateral sclerosis](#), or ALS. Lou Gehrig was a star player for the New York Yankees in the 1920s and 30s whose career and life was cut short by the disease.
- ◆ People with [end-stage renal disease](#), a permanent [kidney failure](#) that requires dialysis or a transplant.
- ◆ People receiving Social Security Disability Insurance for at least 24 months.

Medicare Part A

This part of Medicare is often referred to as original Medicare and pays for an array of services.

Here is what Medicare Part A can cover:

- ◆ Ambulance services.
- ◆ Hospice care.
- ◆ [Hospital](#) stays.
- ◆ Skilled [nursing facility](#) stays.

Medicare Part A Costs

Most people don't pay a monthly premium for Medicare Part A. However, for people who have not paid into Medicare through taxes long enough to be eligible for a free premium, the rate to

buy in is \$278 or \$506 in 2023, depending on how long you, or your spouse, paid Medicare taxes. The annual deductible for Medicaid Part A for visiting the hospital will be \$1,600 in 2023. That's the amount you'll have to pay before coverage kicks in.

Medicare Part B

Medicare Part B is voluntary for consumers, there's no automatic enrollment at age 65 or any other age. However, there is a penalty for not enrolling as soon as you can (more on that shortly). Part B covers 80% of allowable charges for covered services once you've paid the Part B annual deductible.

Here's what Medicare Part B covers:

- ◆ **Ambulance services.**
- ◆ **Certain equipment.** Canes, walkers and wheelchairs.
- ◆ **Durable medical equipment.** This includes hospital beds, pressure mattresses, prostheses orthotics and other health care devices and products.
- ◆ **Doctor's office visits.** Appointments with physicians are typically covered.
- ◆ **Diabetic medical equipment.** This includes [diabetes](#) insulin pumps that individuals can use at home.
- ◆ **Medically necessary physical therapy.** Part B pays for [physical therapy](#) if your doctor or another health care provider certifies you need it.
- ◆ **Medically necessary occupational therapy.** Part B pays for occupational therapy if your doctor or other health care provider certifies you need it.
- ◆ **Preventive services.** Health care to prevent illnesses like [the flu](#) or detect illness at an early stage when treatment is likely to work best is also covered. Preventive services are fully covered if you get the services from a provider that accepts Medicare.
- ◆ **Mental health services.** Inpatient and outpatient services are typically covered.

Medicare Part B Costs

The monthly premium for Medicare Part B for most people will be \$164.90 per month in

Medicare Explained



2023. That's \$5.20 less than the 2022 monthly premium of \$170.10. The monthly premium is income-based, so if your income is more than \$97,000 as an individual

or higher than \$194,000 as a couple, your premium may be higher, according to [CMS](#).

The annual deductible for Medicare Part B in 2023 is \$226, which is \$7 less than the 2022 amount.

While enrolling in Medicare Part B is voluntary, there is a penalty for not enrolling in Part B in a timely fashion, and it's not a one-time penalty. For each year you could have signed up for Part B but didn't, you'll pay an extra 10%, according to [medicare.gov](#). The penalty is added to your monthly premium. Keep in mind, the penalty only applies if you don't have other insurance (such as an employer-sponsored policy) covering what would be covered in Part B.

Medicare provides this example: Individuals who waited a full two years to sign up for Part B and didn't qualify for a special enrollment period will have to pay a 20% late enrollment penalty, 10% for each full 12-month period they could have signed up. That would be on top of the standard monthly premium.

One other thing that's important to know: You need both Medicare parts A and B if you want to get a private [Medigap](#) insurance plan. Such policies help pay for costs not covered by original Medicare, such as co-pays for doctor's visits and deductibles.

What Is Medicare Part C?

Medicare Part C is Medicare Advantage, which is Parts A and Part B put together.

[Medicare Advantage](#) is a form of Medicare administered by private insurance companies. Medicare Advantage plans are policies offered by Medicare-approved private companies. Their insurance plans must adhere to the rules set by Medicare.

"Part C combines the benefits of Part A, Part B and Part D into an all-in-one plan, but there are trade-offs," says Ari Parker, co-founder and head Medicare advisor at Chapter, a nationwide service that helps people

nationwide shop for Medicare plans. Chapter is free to consumers, but is paid commissions by insurance companies. Parker is also the author of the newly-released book, "It's Not That Complicated: The Three Medicare Decisions to Protect Your Health and Money."

In terms of possible trade-offs, Medicare Advantage plans typically provide a specific network of health care professionals. There are no such restrictions with private Medigap plans, which bolster original Medicare by paying for items Medicare doesn't cover, like co-pays and deductibles. These are factors to consider when [choosing a Medicare plan](#).

"Whether a Medicare Advantage plan is right for you will depend on your doctors, your drugs, your cost sensitivity and lifestyle priorities," Parker says. "It's important to shop across all plan options for 2023 because there are hundreds of health insurance companies offering thousands of plans nationwide. Your options vary county by county across the country."

In 2022, 48% of consumers with eligibility for Medicare Part A were enrolled in a Medicare Advantage plan, according to the [Kaiser Family Foundation](#).

In many ways, Medicare Advantage plans are similar to individual health insurance policies provided by employers or available on the individual insurance market. They have different monthly premiums, copays, provider networks and out-of-pocket limits. Some plans that have no or lower premiums might have higher copays or coinsurance, higher out-of-pocket limits and smaller networks of providers. You may also have to pay more for coverage of [prescription drugs](#).

What Is Medicare Part D?

Medicare Part D is [prescription drug](#) coverage. You can only get a prescription drug plan if you are enrolled in Part A and/or Part B or Medicare Advantage, Freed says. Part D covers mail-order and retail pharmacy prescriptions.

Record-high Social Security increase could mean steeper taxes for some retirees

The biggest Social Security cost-of-living increase in 40 years could bring along an unwelcome side effect for retired Americans already grappling with inflation: higher taxes.

Although **Social Security recipients** receive a cost-of-living adjustment, or COLA, that is indexed to inflation, the amount of benefits exempted from tax has remained unchanged for decades. Since 1984, retirees have **owed taxes on their benefits** if their adjusted gross income — including up to **85%** of their Social Security payments — is more than \$25,000 if they are single or \$32,000 if they are a married couple.

Individuals who earn more than \$34,000 and couples who earn more than \$44,000 can be taxed on up to 85% of their benefits.

Now, experts say the hottest inflation in a generation could ultimately push more seniors into higher tax brackets as a result of the 8.7% COLA increase — the biggest since 1981. It will increase the average monthly

benefit by about \$140

"The combined income thresholds were originally established in 1984 and updated in 1993 but have not been indexed for inflation," said Tax Foundation senior policy analyst Garrett Watson. "This means that a larger portion of Social Security benefits will be taxed over time due to bracket creep, especially true in a time of high inflation." More than 64 million Americans collecting Social Security will receive the bigger payments beginning in January, the Social Security Administration said.

But the decades-high benefit increase is not necessarily good news for recipients.

Higher Social Security payments are a bit of a catch-22. They can reduce eligibility for low-income safety net programs, like food stamps, and can push people into **higher tax brackets**, meaning retirees will pay more taxes on a bigger share of their monthly payments, according to Mary Johnson, a policy analyst at the Senior Citizens League,



which conducted the analysis.

Some seniors may never have owed taxes on their benefits, but that's likely to change next year when they file their tax returns. In fact, the Congressional Budget Office has estimated the share of Social Security benefits subject to tax could grow by 10% this year and another 10% in 2023. In all, total income taxes paid on that money is projected to climb by 37% this year.

On top of that, the Social Security trust fund is estimated to receive more than \$45 billion from taxing benefits in 2022 — a major increase from 2021, when it raked in about \$34.5 billion, **according to the program's trustees**.

"There can be some very long-term effects to high inflation COLAs," Johnson told FOX Business. "It's like a no-win situation."

Higher monthly income can also reduce seniors' eligibility for low-income programs like SNAP, the Supplemental Nutrition Assistance Program (food

stamps), Johnson said.

"These are income-based programs," she said. "Most, if not all of them, are easily administered through the states. If we're forecasting a COLA that's close to 9 or 10%, yes, of course, that's going to affect not only your eligibility for low-income benefits, it's going to for everyone else, for people who don't get benefits."

The average benefit in 2022 jumped by 5.9%, which amounted to a monthly increase of \$92 for the average retired American, bringing the full amount to \$1,657, the Social Security Administration announced last year. Soaring inflation has already eroded the entirety of the increase, however, with recipients losing 40% of their buying power since 2000, according to calculations by the Senior Citizens League.

The average monthly benefit would have to increase by \$539.80 in order for retirees to maintain the same level of purchasing power as in 2000.

Scalise acknowledges GOP plan to change Social Security, Medicare

The latest New York Times/Siena College poll asked respondents about the major issues facing the country. The volunteered responses highlighted familiar problems and challenges: the economy, inflation, the health of our democracy, abortion rights, and so on. The future of programs such as Social Security and Medicare did not make the list.

That might be a mistake. President Joe Biden recently **warned the public** that Social Security and Medicare would end up on "the chopping block" if Republicans make gains in this year's midterm elections, and as regular readers know, plenty of prominent GOP voices — from Wisconsin Sen. **Ron Johnson** to New Hampshire's **Don Bolduc** to Rep. **Buddy Carter** of Georgia — have bolstered Biden's claims.

It was against this backdrop that a member of the House Republican leadership broached the same subject yesterday

morning.

Bloomberg **reported**:

As part of the on-air appearance, host Shannon Bream asked the Louisiana congressman about **the proposed budget plan** from the Republican Study Committee, which Scalise is a member of. As Politico **noted**, the plan, among other things, included proposals for "raising the eligibility ages for each program, along with withholding payments for individuals who retire early or had a certain income, and privatized funding for Social Security to lower income taxes."

Yesterday was an opportunity for Scalise to distance himself from the document and its recommendations. He did largely the opposite. "That budget talks about shoring up and strengthening Social Security. That's not 'cutting' Social Security," the House minority whip **said**. He added, "We've broad forward legislation to stave off cuts to Medicare. We



want to stave off cuts to Social Security.

Democrats haven't supported any of that.

They want the programs to go bankrupt."

For now, let's put aside the question of which party cared more about the future of Social Security — a debate Republicans obviously can't win. Let's instead consider the two key elements of the broader debate.

The first is the nature of the GOP pitch: Republicans don't intend to "cut" Social Security and Medicare, Scalise argued, so much as the party intends to "shore up" the programs' finances. At first blush, that might sound worthwhile, but as the Bloomberg **report** added, "To avoid insolvency in the programs, spending would need to be cut, revenue raised or some combination of the two."

Quite right. Indeed, the arithmetic is stubborn: If Republicans intend to "strengthen" the social insurance programs — sometimes referred

to as "entitlements" — Social Security and Medicare would need to either spend less money, take in more money, or some combination of the two.

GOP officials aren't about to raise taxes anytime soon, so that necessarily means spending less on benefits that Americans currently enjoy. Scalise doesn't want that to be seen as a "cut." I have a hunch those who are set to receive benefits that Republicans intend to take away might disagree.

But the other angle to this that's worth keeping in mind is that Republicans not only want to impose changes on Social Security and Medicare, they also have a plan to make these changes happen. Bloomberg Government published a **striking report** last week, sketching out GOP officials' plans to work around a veto threat and force President Joe Biden to accept cuts to the popular social....**Read More**



With Tough Flu Season Already Here, An Expert Answers Your Flu Shot Questions

Indications are that this year's flu season is going to be particularly nasty, making the annual influenza vaccine even more important than usual, infectious disease experts say.

People already are landing in the hospital with severe cases of influenza, about a month ahead of when flu season usually begins, said Dr. William Schaffner, medical director of the National Foundation for Infectious Diseases.

That tracks with **flu activity this year in Australia**, which had an early and moderately severe influenza season, Schaffner said. Because the seasons are reversed between the United States and Australia, infectious disease experts here look to that continent to predict upcoming flu activity.

"We anticipate a notable influenza season this year. We've had two mild preceding seasons — largely, we think, because we've been sheltering at home, wearing masks, being cautious about travel and children have not been in school," Schaffner said.

"Well, the children are back in school," he added. "We've taken off our masks. We're traveling. We're visiting friends and relatives. We're going to houses of worship, restaurants. We're going back to business. We're doing all those things. And this will provide an environment for the influenza virus really to spread."

Unfortunately, many people remain vaccine-hesitant. Only about half of people who were eligible got a flu shot during the 2020-2021 season, **according to the U.S. Centers for Disease Control and Prevention**.

Here's some important information about **the vaccine** that can help inform your decision:

How effective is the flu vaccine?

Each year, vaccine-makers look to the flu viruses circulating in Australia to guess what strains will be predominant when the U.S. influenza season rolls around.

"We try to anticipate what the most common circulating strains will be nine months from now. That's when you decide which strains to incorporate in the vaccine," Schaffner said. "We're pretty good at hitting the target. But there's some years when we're off target, and that reduces the effectiveness of the vaccine."

Generally, the flu vaccine reduces the number of people who get sick by 40% to 60%, experts say. Interim numbers say last year the shot fell far short of the mark, providing about 35% effectiveness against circulating influenza A strains, **according to the CDC**.

But even a relatively ineffective flu shot confers solid protection against severe disease



and hospitalization. During the 2019-2020 flu season, vaccination prevented an estimated 7.5 million cases of flu; 3.7 million flu-related medical visits; 105,000 hospitalizations due to flu; and 6,300 flu-associated deaths, **the CDC reported**.

Further, a 2021 study showed that vaccinated flu patients had a 26% lower risk of admission to an intensive care unit and a 31% lower risk of dying from flu compared to the unvaccinated, the CDC stated.

"My patients would come in after flu season and complain, 'you vaccinated me against influenza but I got influenza anyway,'" Schaffner said. "And I would say, 'Charlie, I'm so glad you're here to complain.'"

When's the best time to get a flu shot?

The CDC recommends October as the best month to get vaccinated for influenza, Schaffner said.

"It's the best balance between getting the vaccine early enough to prevent early flu — and as a matter of fact, flu is a bit early this year — while also extending that protection for many people beyond February, which is usually the peak month for flu in the U.S.," he explained.

But if you miss October, don't let that stop you from getting the shot, Schaffner added. It takes 10 to 14 days for your immune system protection to build up.

"If somehow you skip doing it in October, please, by all means, go ahead and still get the vaccine," Schaffner said. "Because, as I said, by and large, flu peaks in the United States in February."

Is it safe to get the COVID booster along with the annual flu shot?

The CDC is recommending that people get both the **new bivalent COVID booster** as well as the annual flu vaccine this fall.

"Flu vaccine cannot protect against COVID. COVID vaccine cannot protect against flu. They're separate viruses. You have to get both vaccines," Schaffner said. "This year, we're asking everyone to roll up both sleeves."

Not only is it safe to get both shots, but it's safe to get them both during the same visit to your doctor, pharmacy or health clinic, he said.

"It is safe and it is OK to give both vaccines simultaneously, if you choose to do that," Schaffner said. "If you choose to spread them out, there's no required interval between the two. You can get one today and the next one tomorrow if you choose. But I always remind people that a vaccine postponed is, unfortunately, often a vaccine never received, so you're going to have to be mindful and diligent about getting both."....**Read More**

COVID Drug Paxlovid Might Interact With Heart Meds

The COVID-19 antiviral Paxlovid has been a game-changer in the global pandemic, shielding high-risk patients from the coronavirus' most devastating effects.

But **Paxlovid** can itself pose a risk for people taking widely prescribed heart medications to lower cholesterol, prevent blood clots or manage irregular heartbeat, a **new paper** warns.

Some heart patients might need to either avoid Paxlovid or cut back on their heart meds while receiving the antiviral treatment,

warns senior researcher Dr. Sarju Ganatra, director of the cardiology program at Lahey Hospital and Medical Center in Burlington, Mass.

The situation presents a tightrope walk for doctors and patients, given that Paxlovid reduces progression to severe COVID by 89% in high-risk patients who are unvaccinated, the researchers noted in the report published Oct. 12 in the **Journal of the American College of Cardiology**.

"We do not want physicians to



take away that we are deterring them from prescribing Paxlovid, because these are the patients who are most likely to benefit, those who have heart conditions," Ganatra said. "People with pre-existing cardiovascular risk factors are at very high risk of developing severe COVID. The purpose is to make people aware there is a drug/drug interaction."

Paxlovid is a combination of two drugs, **nirmatrelvir and ritonavir**, and experts say the

main concerns for drug interactions come from ritonavir.

Ritonavir has been used for decades in HIV therapies because it boosts the effect of antiviral drugs, said pharmacist Robert Page, who sits on the American Heart Association's Council on Clinical Cardiology.

Unfortunately, ritonavir also boosts the effects of up to two-thirds of all medications on the U.S. market, by slowing the body's ability to metabolize the drugs and flush them out efficiently, Page said....**Read More**

Pfizer's Updated Booster Targets Omicron Variants, New Data Confirms

New trial data shows that Pfizer's updated COVID booster shot is more powerful against Omicron subvariants than the original shot, the company announced Thursday.

The findings are reassuring, since human data on the tweaked vaccine was not available when the U.S. Food and Drug Administration **approved** the reformulated booster shots in September.

"These early data suggest that our bivalent vaccine is anticipated to provide better protection against currently circulating variants than the original vaccine and potentially help to curb future surges in cases this winter," Pfizer CEO Albert Bourla said in a **company news**

release.

Blood samples taken from 80 people one week after they received their updated boosters showed "a substantial increase" in their neutralizing antibody response against the two Omicron subvariants, BA.1 and BA.2, that now **account** for 93% of all new U.S. COVID cases.

The researchers did find that the antibody response in people over 55 was "more limited" when faced with the Omicron variants. The company is conducting a similar comparison among younger adults.

Pfizer has also been testing the updated booster in mice. In that research, it found that the new shots provided at least



"incremental benefit."

While Moderna, the only other company with an updated COVID booster shot, has released results from its own mouse study, it has not commented on when it will have updated effectiveness data from human clinical trials, *CBS News* reported.

When the federal government approved the boosters in September, they did so with the hope of getting ahead of a winter surge of the virus. At that time, advisers on the U.S. Centers for Disease Control and Prevention vaccine advisory panel shared reservations they had about allowing boosters without the data in humans.

Still, FDA officials stressed

that other vaccines are tested in the same way.

"We're pretty confident that what we have is very similar to the situation that we've done in the past with influenza strain changes, where we don't do clinical studies for them in the United States. We know from the way the vaccine works and from the data that we have that we can predict how well the vaccine will be working," the FDA's Peter Marks **said** in August.

Additional human clinical trial data is necessary before shots from the primary COVID-19 vaccination series can be changed. The FDA may convene a panel of vaccine advisers later this year to address this issue, *CBS News* reported.

Night Sweats May Be Even Tougher Than Hot Flashes on Women

It's not anyone's idea of a fun choice, but researchers recently asked 200 women which part of **menopause** is worse for them – hot flashes or night sweats?

Both can significantly affect a woman's quality of life, but **night sweats** may be the most stressful, their study found.

"We know that **sleep disturbances** are one of the biggest detriments for women going through menopause, but these results are unique because they show that women experiencing night sweats, rather than just hot flashes, may be at an

even bigger disadvantage," said study author Sofiya Shreyer, a graduate student in anthropology at the University of Massachusetts, Amherst.

Night sweats and **hot flashes** may sound similar, but they're not the same. A hot flash happens day or night and may not include sweating. Night sweats are periods of intense perspiration during the night.

Night sweats were significantly associated with **depression** and stress. Even when they happened at night, hot flashes were



associated with depression alone, the investigators found.

And women whose hot flashes happened more often at night had significantly higher depression scores than those whose hot flashes occurred most during the day.

"This study adds to the growing evidence that menopause symptoms such as hot flashes and night sweats can significantly detract from a woman's quality of life and should be taken seriously by health care professionals," said

Dr. Stephanie Faubion, medical director of the North American Menopause Society (NAMS).

"More research is necessary to fully understand the mechanisms of these symptoms and their overall effect on a woman's menopause experience," she noted in a NAMS news release.

The findings were scheduled for presentation this week during NAMS' annual meeting, in Atlanta. Findings presented at medical meetings should be considered preliminary until published in a peer-reviewed journal.

Symptoms of a Rare Breast Cancer That Many Women Could Miss

Inflammatory breast cancer is rare and has some unusual warning signs that many women don't realize can signal the disease.

Experts at the Ohio State University Comprehensive Cancer Center shared those symptoms, raising awareness about this aggressive and deadly type of breast cancer.

Symptoms are similar to those of a breast infection. They include an orange peel-like texture or dimpling of skin, a feeling of heaviness, tightening of the skin, engorgement of the breast and infection-like redness.

"Women should know that radical changes to the breast are not normal, and breast self-exams are still very important. Some

50% of inflammatory breast cancers are diagnosed as **stage 4** disease," said Dr. Ko Un Park, a surgical oncologist who leads a new Inflammatory Breast Cancer Program at the center. "It is important for women to recognize changes in both the appearance and feel of their breasts so that changes can be discussed quickly with a physician."

Inflammatory breast cancer can occur in any part of the breast. It can even be confusing for doctors who typically don't think of a red breast as signaling cancer.

"Although inflammatory breast cancer only represents 1% to 5% of all breast cancers in the United



States, it is a sneaky disease and challenging to diagnose," Park said in a cancer center news release.

"It is critical that clinicians have a high level of familiarity with its subtle signs and be prepared to take immediate action to avoid belated diagnosis."

Park and breast radiologist Dr. Amy Kerger are helping lead a team that will triage and rapidly respond to potential inflammatory breast cancer cases. The team is also working with primary care doctors and obstetricians/gynecologists to bring more awareness to this particular form of **breast cancer**.

"Our goal is to push these patients to the front of the line,

rapidly mobilizing a treatment plan so that therapy can begin as soon as possible," Park said.

Ohio State also surveyed 1,100 U.S. women ages 18 and up to find out what women know about cancer. While 78% of respondents recognized a lump as a sign of breast cancer, only about 44% thought of redness as a symptom, the same percentage who would flag pitting or thickening of the skin as a warning sign. About 34% were aware that one breast feeling warmer or heavier than the other could be a sign.

The survey was conducted online Sept. 22 to 26 and has a margin of error of plus or minus 2.8 percentage points.

Study Debunks Theory That Depressed People Are Just More 'Realistic'

Some people believe in the idea of "depressive realism" — that depressed people are just more realistic than others about how much they control their lives. But a new study upends that theory.

The idea has been around for about four decades, ever since a 1979 study of college students that seemed to support the theory.

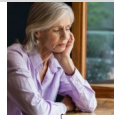
That study looked at whether students could predict how much control they would have over a light turning green when they pushed a button. The researchers back then found that students who weren't depressed overestimated their own level of control and that depressed students were better at identifying when they had no control over the lights.

In the current study, researchers tried to replicate those findings but were unable to do so.

The original depressive realism study is cited more than 2,000 times in later studies or research. It is infused into science, culture and potential mental health treatment policy, said study co-author Don Moore. He's chair of leadership and communication at the University of California, Berkeley School of Business.

The study's widespread acceptance in both the scholarly and popular literature is a reason to revisit it, Moore said. That means a lot of people are building theories or policies with the belief that this is true, making it important to know if it is or not. (For more on research into depressive realism, [click here.](#))

Researchers in the new study worked with two groups of participants. The first group included 248 people from Amazon's Mechanical Turk, an online service that provides paid survey-takers. The other group of



134 volunteers were college students who participated in return for college credit. Similar to the 1979 study, participants did a task with 40 rounds, each choosing whether to press a button, after which a lightbulb or a black box appeared.

Participants had to figure out whether pushing or not pushing the button affected whether the light came on. They reported how much control they had over the light after each of the rounds.

The researchers added a mechanism to measure bias to the original study measurements. They also experimentally varied the amount of control participants actually had over the light. People in the online group with a higher level of **depression** overestimated their control, which directly contradicts the original study. That finding may be driven by **anxiety** rather than

depression, the researchers said. This merits further study, Moore noted in a university news release.

In the student group, depression levels had little impact on how the students viewed their control.

Depression also had no impact on overconfidence when asking study participants to estimate their scores on an intelligence test, the investigators found.

Moore said the results of this new study undermined his belief in depressive realism. He added that the study does not suggest that there are benefits to being depressed.

How to accurately gauge a person's level of control in various situations does have broader implications in life, Moore said. To make good choices, it can be helpful to know what people do and don't control.

Kidney Stones Can Be Excruciating. New Treatment Blasts Them Away, No Anesthesia Needed

A new ultrasound treatment for kidney stones might provide pain-free relief while the patient is awake, researchers say.

Kidney stones are often excruciatingly painful. In most cases, patients are told to just ride it out, sometimes for weeks, in the hope the stone will eventually pass through the urinary tract — from kidney to bladder — on its own. But for roughly one in four patients that never happens, triggering surgical intervention.

However, a **small new study** suggests there may be

another way: a non-surgical and minimally painful treatment that enlists two types of ultrasound to zap "ureteral stones," causing them to break up, dislodge and reposition in order to make passing the stones easier and faster.

"The two-pronged approach is to first break the stone into fragments and then move the fragments toward the exit so they will pass," explained study author Dr. M. Kennedy Hall. He is a professor in the emergency medicine department at the



University of Washington School of Medicine, in Seattle.

The goal, said Hall, is "to remove the stone right away, when you first come to the doctor, so you don't sit home in pain and anxiety," unsure if invasive surgery — complete with anesthesia — is in the offing.

In the study, Hall's team focused on the potential of combining two different ultrasound tools: ultrasonic propulsion (UP) and burst wave lithotripsy (BWL).

The idea stemmed from a **NASA-led effort** to develop a non-sedation approach to kidney stones for astronauts on long-haul trips.

Ultrasonic propulsion is designed to help move and reposition the problem stone, while BWL is deployed to break up the stone into smaller pieces.

The authors pointed out that a third procedure — called **shock wave lithotripsy** — is already a go-to when surgery is called for. But it requires sedation, and is decidedly not pain-free....**Read More**

Say What? Hearing Aids Available Over-the-Counter for as Low as \$199, and Without a Prescription

Starting Monday, consumers will be able to buy hearing aids directly off store shelves and at dramatically lower prices as a 2017 federal law finally takes effect. Where for decades it cost thousands of dollars to get a device that could be purchased only with a prescription from an audiologist or other hearing professional, now a new category of over-the-counter aids are selling for hundreds of dollars. Walmart says it will sell a hearing aid for as little as \$199.

The **over-the-counter aids** are

intended for adults with mild to moderate hearing loss — a market of tens of millions of people, many of whom have until now avoided getting help because devices were so expensive.

"From a conceptual point of view, this is huge that this is finally happening," said **Dr. Frank Lin**, director of the Cochlear Center for Hearing and Public Health at Johns Hopkins University in Baltimore. He predicts it could take a couple of years for the new market to shake



out as manufacturers and retailers get accustomed to selling aids and consumers become familiar with the options.

Hearing care experts say they are pleased to see the lower prices. Lin said he believes prices will fall further as more competitors enter the market in the next two years.

Prices and features will vary for the new OTC hearing aids — much as they do for prescription aids. A pair of prescription devices typically sells for \$2,000

to \$8,000. Some of the technology found in the pricier prescription aids will be available in the cheaper OTC aids.

The OTC aids cost less partly because they do not bundle the services of an audiologist for a hearing evaluation, fitting, and fine-tuning the device. Instead, the new devices are intended to be set up by the consumers themselves, although manufacturers will offer technical assistance through apps and by phone....**Read More**

Allergy Meds in Street Opioids Make Overdoses More Deadly

A new study is sounding the alarm about the addition of antihistamines to street forms of opioids — and how they might make a fatal overdose more likely.

The prime drug in question is **diphenhydramine**, found commonly in over-the-counter allergy meds such as Benadryl.

Because **opioid** use can spur itchy skin in people who misuse the drugs, diphenhydramine is often mixed into street formulations to curb that symptom.

However, diphenhydramine is also very sedating. So, when a person overdoses on an opioid, the addition of diphenhydramine makes the "rescue" drug naloxone less effective, warns a

team from the U.S. Centers for Disease Control and Prevention.

In fact, "nearly 15% of overdose deaths during 2019-2020 were antihistamine-positive," said researchers led by Amanda Dinwiddie. She's with the CDC's Division of Overdose Prevention at the National Center for Injury Prevention and Control.

The new study tracked data collected from 43 states on fatal drug overdoses for 2019-2020.

"A death was defined as antihistamine-positive if any antihistamine was detected on postmortem toxicology or was listed as a cause of death on the death certificate," the researchers explained.



Of the more than 92,000 drug overdose deaths recorded during the study period, over 13,500 were antihistamine-positive (nearly 15%). A subset of 3,345 fatal overdoses listed an antihistamine as a partial cause of the victim's death.

"Most antihistamine-positive and antihistamine-involved deaths included diphenhydramine, which is easily accessible over the counter as an allergy medication and sleep aid," Dinwiddie's group noted.

Many people who misuse opioids — and those in their circle — may have access to **naloxone** in the case of an overdose, and it is also typically used by medical first responders

to the scene.

However, "because antihistamines do not respond to naloxone, co-involved opioid and antihistamine overdoses might require naloxone administration plus other immediate medical response measures to prevent death," the CDC researchers warned.

If that extra help isn't available, the risk of an overdose becoming fatal rises.

The new data should "guide awareness efforts about the potential dangers of the unpredictable illicit drug supply and the intentional or unintentional co-use of substances, including antihistamines and opioids," the research team reported.

Nearly Half of Long COVID Sufferers Still Haven't Recovered Months Later

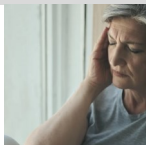
Nearly one of every 20 people who had COVID still haven't recovered completely from their initial infection six to 18 months later, a new **study** shows, while another 42% say they have only recovered partially from their bout with the virus.

"While most people recover quickly and completely after infection with COVID-19, some people develop a wide variety of long-term problems. Therefore, understanding **long COVID** is essential to inform health and social care support," said study author Jill Pell, a professor of public health at the University of

Glasgow.

The study was launched in May 2021 to understand the long-term impact of COVID 19 infection by comparing it with the health and well-being of people who had not been infected.

Exactly what symptoms people with long COVID were experiencing were varied, but the condition had an impact on all aspects of daily life and reduced people's overall quality of life. Most commonly reported symptoms were breathlessness, chest pain, palpitations and **brain fog**.



People who were hospitalized were more likely to have long COVID, as were older individuals, women, those from deprived communities and people with preexisting physical or mental health problems.

"Our study is important because it adds to our understanding of long COVID in the general population, not just in those people who need to be admitted to [the] hospital with COVID-19," Pell said in a university news release. "By comparing symptoms with those uninfected, we were able to

distinguish between health problems that are due to COVID-19 and health problems that would have happened anyway."

To study the issue, researchers analyzed over 33,000 laboratory-confirmed COVID cases and matched those with almost 63,000 never-infected people from the general population. Both groups were followed via questionnaires at 6, 12 and 18 months. About 13% of people in the study reported improvement over time, but 11% reported some deterioration....[Read More](#)

When Is a Fracture Potentially Deadly for an Older Adult?

Researchers studying **fractures in older adults** found a higher death rate when those fractures were closer to the center of the body and also when patients had particular underlying health issues.

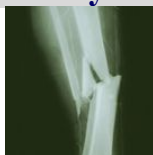
This information could help doctors because it highlights the patients who may require more intensive medical care after a fracture.

"This is an important study that could really change the way in which we provide medical treatment to older adults," said lead study author Jacqueline Center, head of the Clinical Studies and Epidemiology Lab for the Garvan Institute of

Medical Research in Australia. "It can potentially be a new way of thinking about how we view people with fractures, considering the site of fracture in light of their specific underlying health conditions."

The researchers studied the issue in more than 300,000 Danish people aged 50 and up who had sustained a fracture.

People who had a fracture in a more central area — such as a **hip**, vertebrae or upper arm bones — had a higher death rate compared to those whose fracture was further out, such as in the hands or forearms.



The risk was higher still for people with fractures who also had multiple or complex health conditions, particularly in those with certain clusters of conditions.

In their research, the team found that chronic health conditions at the time of the fracture were naturally clustered into five specific groups for men and four for women. These were a relatively healthier group with one or no health conditions; a cardiovascular group; a diabetic group; and a cancer group. Men also had a liver/inflammatory group.

"It is not good enough to count

other illnesses," said Robert Blank, a visiting scientist at Garvan. "Their severity and their combinations must also be taken into account. Many patients with a history of prior cancers, for example, were not in what we call the cancer cluster, but the cancer cluster included virtually all those who had evidence of advanced cancer. The same kind of sorting by severity was observed in the other clusters as well."

Specific findings included that the death rate following a hip fracture in men in the cancer cluster was 41% higher than in similarly aged men in the general community...[Read More](#)