



September 25, 2022 E-Newsletter

Message from the Alliance *for* Retired Americans Leaders



President Roach Joins Minnesota Governor Tim Walz at Machinists Picnic



Robert Roach, Jr.
President, ARA

Alliance President Robert Roach, Jr. was in Andover, Minnesota September 10 with Governor Tim Walz and

Minnesota Alliance President Michael Madden for the Local Lodge 112 IAMAW Locomotive Machinists annual picnic.

“People are worried about what we’re learning in school – I share that with them,” said Gov. Walz, a former teacher, at the event. “...I don’t believe we spend enough time teaching the history of the labor movement!”

“Union workers enjoy better wages, better health care and a more secure retirement later in life,” added President Roach. “That is why we must pass the PRO Act to make it easier for people to join a union.”

Pennsylvania Alliance Files Motion to Fight Voter Suppression in Lehigh County



Rich Fiesta,
Executive
Director, ARA

The Pennsylvania Alliance, continuing to fight voter suppression efforts in Pennsylvania, filed a legal motion stating that the restrictions

proposed in a Lehigh County lawsuit could be ruinous to Pennsylvania Alliance members’ ability to cast votes easily.

The motion was filed after

America First Legal Foundation, a legal advocacy group led by former Trump Administration officials Stephen Miller and Mark Meadows, sued Lehigh County election officials to ensure that a person drops off only one ballot, unless authorized to deliver another for someone else. The county should do that, the suit says, by stationing people to monitor activity at its five ballot box locations. The Pennsylvania Alliance’s motion intervenes in the case and opposes the lawsuit.

“Older Pennsylvanians take voting seriously. If this lawsuit is successful, it will make it much harder for seniors in Lehigh County to cast their ballot,” said Jody Weinreich, President of the Pennsylvania Alliance. “For example, we know that many older people rely on friends or family members to give them a ride to return their ballots – and those drivers simply may not be available to take them between 9 a.m. and 5 p.m.”

“The plaintiffs in this case are asking the court to impose a blatant voter suppression scheme in Lehigh County,” added Richard Fiesta, Executive Director of the Alliance. “We are going to fight to ensure that all older voters are able to cast a ballot without unnecessary barriers or intimidation.”

Alliance Celebrates Drug Price Provisions in Inflation Reduction Act

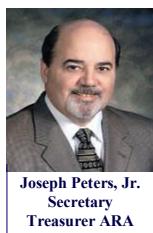
Rep. Jan Schakowsky (IL), who has led the fight for lower drug prices in Congress, David A. Lipschutz of the Center for

Medicare Advocacy, and Executive Director Fiesta broke down the benefits of the Inflation Reduction Act (IRA) and answered questions about how it will be implemented during a celebratory webinar with Alliance members Thursday. Rep. Schakowsky speaks during Thursday’s webinar.

In giving President Biden credit for passage of the IRA, Rep. Schakowsky noted that millions of seniors will benefit from Medicare being able to negotiate lower drug prices; insulin prices being capped at \$35 per month; and Part D drug costs for Medicare beneficiaries being capped at \$2,000 per year. She advised participants in the webinar to also take advantage of the free vaccines available through the IRA in order to prevent diseases like shingles and pneumonia.

Fiesta also traveled to Frederick, Maryland on Monday to discuss the law at a senior town hall event organized and hosted by Rep. David Trone (MD).

Social Security’s Cost-of-Living Increase Likely to be Largest in Four Decades



Joseph Peters, Jr.
Secretary
Treasurer ARA

Retirees will learn the amount of the Social Security COLA increase for 2023 on October 13, and the current estimate, according to The New York Times, is that it will be 8.7%.

That would make it the largest in four decades.

The 2023 COLA will provide a considerable boost to all of the 70 million Americans who rely on their earned Social Security benefits.

“The expected COLA will be an enormous help but it is not enough. Congress could increase benefits even further by passing H.R. 5723, ‘Social Security 2100: A Sacred Trust,’ which was introduced by Rep. John Larson (CT), or the Social Security Expansion Act, S. 4365, introduced by Sen. Bernie Sanders (VT). Both of these bills make the wealthiest Americans pay their fair share,” said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. “By removing the artificial earnings cap that is currently \$147,000 per year, we could strengthen the Social Security Trust Fund while providing all retirees with increased benefits.”

That cap is expected to increase to \$155,100 for 2023, according to an annual report released by the Social Security Board of Trustees on June 2.

Social Security expansion bills supported by the Alliance also require COLAs to be based on the CPI-E, the Consumer Price Index for the Elderly. The CPI-E reflects health care and housing costs, items that seniors actually spend their money on – a change that would result in fairer COLAs every year, not just every few decades. Kaiser Health News: While Inflation Takes a Toll

ADD
YOUR
NAME

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

H. R. 82 Legislation Action Alert

H. R. 82 Legislation Action Alert House Ways & Means Committee Markup of Resolutions of Inquiry and Social Security Legislation H. R. 82 Social Security Fairness Act of 2021

By Rep. Rodney Davis (R-IL /
Rep. Abigail Spanberger (D-VA)
Date: Tuesday, September 20,
2022 - 10:00 am

At this meeting, which is typically open to the public, members of the committee consider possible changes to the proposal by offering and voting on amendments to it, including possibly a complete substitute for its text. A markup concludes when the committee agrees, by majority vote, to report the bill to the chamber.

◆ ENGAGE WITH

POLITICAL ACTION TO REPEAL WEP & GPO



- ◆ Continue signing our MoveOn petition and encouraging friends and family to do the same at <https://sign.moveon.org/petitions/elimination-of-the-unfair>.
- ◆ Get more cosponsors for H.R. 82. California Retired Teachers Association (CalRTA) will spearhead this effort. Sign up for Legislative Alerts at <https://calrta.us2.list-manage.com/subscribe?u=69f0ade5a970d298cd9231114&id=63b0cc650f>, and easily participate in their email campaigns. Prewritten email messages characterize

this campaign effort.

◆ Engage in a calling campaign to secure the H.R. 82 vote. Click on the Facebook group at [National WEP & GPO Repeal Movement](#) to participate in thanking cosponsors and asking them to be present to vote *Yea* for the bill. You will find prewritten phone scripts for this purpose. The Facebook group will continue running a Twitter thank-you campaign with prewritten Tweets.

- ◆ In conjunction with our petition, please sign the AFT petition at <https://actionnetwork.org/petitions/repeal-wep-gpo-2022/?source=RWTW@AFTUnion>

For information on WEP & GPO, please visit <https://ssfairness.org/>

After the hearing Rep. Abigail Spanberger tweeted: "The House Ways & Means Committee JUST moved our #Social Security Act forward. Now, I'm calling for a vote on the House floor. Thank you to the thousands of advocates—including retired first responders, teachers, and federal employees for making your voices heard."

Link to the complete Ways & Means Committee hearing: <https://www.youtube.com/watch?v=3k2R22Ogh00>

Rep. Neal & Brady support only the repeal of the WEP.

Joe Biden Has Called for Social Security Benefit Cuts 2 Times

For most Americans, **Social Security** is, or will become, a vital source of income during retirement. According to surveys conducted by national pollster Gallup, nearly 90% of current retirees lean on their Social Security income to make ends meet. Additionally, 84% of nonretirees expect to rely on Social Security as a "major" or "minor" source of income during their golden years.

But even though it's been our nation's most successful retirement program for more than eight decades, Social Security finds itself in some pretty serious financial trouble. According to the 2022 Social Security Board of Trustees Report, the program is facing a jaw-dropping \$20.4 trillion cash shortfall over the next 75 years. While this doesn't mean Social Security is insolvent -- the program, thankfully, **can't go bankrupt** as long as Americans continue working -- it does portend the **growing likelihood of steep benefit cuts** on the not-too-distant horizon if nothing changes.

Social Security needs to be "fixed" so it can thrive for many more generations, and that means making the hard decision to collect more revenue, cut

benefits, or enact some combination of the two.

While most lawmakers have shied away from directly calling for Social Security benefits to be cut, President Joe Biden has previously done so on two separate occasions.

1. **Biden leaves the door open to raise the full retirement age**
2. **Joe Biden calls for means-testing**

President Biden's four-point Social Security plan is a long shot to pass

The thing about our elected officials is that their views on policy tend to change over time. That's the case with President Biden, whose four-point plan to strengthen Social Security -- this plan was laid out during his campaign -- makes no mention of reducing or cutting Social Security benefits.

In no particular order, here are the **four Social Security changes Biden now advocates:**

- ◆ **Increase payroll taxation on high earners:** In 2022, all earned income **between \$0.01 and \$147,000** is subject to Social Security's 12.4% payroll tax. However, well over \$1 trillion in wages and salary above \$147,000 is exempted from this tax. Biden has
- ◆ **Switch the inflationary tether to the CPI-E from CPI-**



proposed creating a doughnut hole between the current payroll tax cap and \$400,000 where earned income would remain exempt.

Meanwhile, the payroll tax would be reinstated on all wages and salary above \$400,000 to generate more revenue for Social Security.

- ◆ **Boost the special minimum benefit:** Biden advocates increasing the minimum monthly payout to lifetime low-earners to 125% of the federal poverty level. If this proposal were law in 2022, it would mean a special minimum benefit of \$1,416/month instead of \$951 for a lifetime low-earner with 30 years of coverage.

- ◆ **Lift benefits for long-lived Social Security recipients:** Biden's plan calls for the **primary insurance amount (PIA)** to be increased by 1% annually from ages 78 through 82, which would equate to a 5% aggregate lift to the PIA. This proposed benefit increase is designed to help aged beneficiaries cover higher expenses as they age, such as medical transportation costs.

W: Lastly, Biden has called for the Consumer Price Index for the Elderly (CPI-E) to become Social Security's new inflationary measure. Though the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) has been the program's inflationary tether since 1975, it **doesn't do a particularly good job** of tracking the expenditures that matter most to seniors.

While these proposals have the potential to strengthen Social Security, Biden's plan doesn't have anywhere near the number of votes (60) that would be needed to amend Social Security in the Senate.

The conundrum of Social Security reform is that both of America's political parties have a working solution, which means neither is willing to cede an inch and find common ground with their opposition. Without cooperation on Capitol Hill and from the Oval Office, Social Security appears destined to spiral toward what could be a **sizable benefit cut in as little as 12 years.**

<https://www.msn.com/en-us/money/retirement/joe-biden-has-called-for-social-security-benefit-cuts-2-times/ar-AA11VSog>

Americans want health care overhaul

A new survey of Americans finds utter and complete dissatisfaction with our health care system, reports Amanda Seitz for [AP News](#). Nearly nine in ten Americans say that health care is not handled well or extremely well, including health care for older adults. Most Americans want Congress to overhaul our health care system and think Medicare and Medicaid should be expanded to cover long-term care. They want guaranteed access to care, as they should.

The Associated Press/NORC [poll](#) finds that more than half of Americans think the US is not handling health care too well or well at all. Just slightly more than three in ten Americans, 32 percent, think the US handles health care somewhat well. Only 11 percent believe that the US is handling health care for older adults very well or extremely well.

On top of the dissatisfaction with our health care system writ large, almost 80 percent of Americans worry to some degree

about being able to get the care they need when they need it. As it is, tens of millions of Americans are forced to choose between health care and other basic necessities, forcing many of them to forego critical health care.

As for the cost of prescription drugs, more than nine in ten Americans believe our government is not handling this issue appropriately. How could they? Drug companies are raking in mega profits as millions of Americans die because they can't afford their medicines. And, though millions of Americans import low-cost drugs from abroad, they are [technically forbidden from doing so](#), even when it could save their lives. Prices abroad can be 90 percent less than in the US.

What's the solution? Most Americans—two-thirds—want the federal government to step in and ensure access to care for all Americans. Support for the federal government to step in has



grown significantly in the last five years. In 2019, 57 percent thought guaranteeing health care was a government responsibility. In 2017, 52 percent thought so.

Of course, the simple most cost-effective solution would be for the federal government to negotiate fair prices for health care services, as every other country does, and expand traditional Medicare to everyone. But, only four in ten people polled in this survey supported this solution.

A majority of people like the idea of a “public option,” allowing people to choose to buy health insurance administered through the government. I once liked it as well...until I came to appreciate how powerful and influential the corporate health insurers are in undermining the public option. We see it today with Medicare Advantage, which is corporate health insurance that has been killing traditional Medicare. It markets and designs

health plans to attract the healthy, make it difficult for many people to get costly and complex care and encourage the people with the greatest health care needs to use the public option.

People too often don't appreciate that they could get diagnosed with a costly and complex disease or to suffer a major accident in the unforeseeable future. Anything short of comprehensive coverage—one policy that will meet whatever needs you have from which ever physicians you need to see—is a gamble.

[One study](#), published in June in the *Proceedings of the National Academy of Science*, found that Medicare for all would have likely saved 338,000 lives lost to Covid-19.

As Congresswoman Pramila Jayapal tweeted last week, “In the richest country in the world, no one should die or go into debt just because they don't have access to healthcare.” “We need Medicare for All now.”

Doctors Rush to Use Supreme Court Ruling to Escape Opioid Charges

Dr. Nelson Onaro conceded last summer that he'd written illegal prescriptions, although he said he was thinking only of his patients. From a tiny, brick clinic in Oklahoma, he doled out hundreds of opioid pills and dozens of fentanyl patches [with no legitimate medical purpose](#).

“Those medications were prescribed to help my patients, from my own point of view,” Onaro said in court, as he reluctantly pleaded guilty to six counts of drug dealing. Because he confessed, the doctor was likely to get a reduced sentence of three years or less in prison.

But Onaro changed his mind in July. In the days before his sentencing, he asked a federal judge to throw out his plea deal, sending his case toward a trial. For a chance at exoneration, he'd face four times the charges and the possibility of a harsher sentence.

Why take the risk? A Supreme Court ruling has raised the bar to convict in a case like Onaro's. In a June decision, the court said

prosecutors must not only prove a prescription was not medically justified — possibly because it was too large or dangerous, or simply unnecessary — but also that the prescriber knew as much.

Suddenly, Onaro's state of mind carries more weight in court. Prosecutors have not opposed the doctor withdrawing his plea to most of his charges, conceding in a court filing that he faces “a different legal calculus” after the Supreme Court decision.

The court's unanimous ruling complicates the Department of Justice's ongoing efforts to hold irresponsible prescribers criminally liable for fueling the opioid crisis. Previously, lower courts had not considered a prescriber's intention. Until now, doctors on trial largely could not defend themselves by arguing they were acting in good faith when they wrote bad prescriptions. Now they can, attorneys say, although it is not



necessarily a get-out-of-jail-free card. “Essentially, the doctors were handcuffed,” said Zach Enlow, Onaro's attorney. “Now they can take off their handcuffs. But it doesn't mean they are going to win the fight.”

The Supreme Court's [decision in Ruan v. United States](#), issued June 27, was overshadowed by the nation-shaking controversy ignited three days earlier, when the court erased federal abortion rights. But the lesser-known ruling is now quietly percolating through federal courthouses, where it has emboldened defendants in overprescribing cases and may have a chilling effect on future prosecutions of doctors under the Controlled Substances Act.

In the three months since it was issued, the *Ruan* decision has been invoked in at least 15 ongoing prosecutions across 10 states, according to a KHN review of federal court records. Doctors cited the decision in post

-conviction appeals, motions for acquittals, new trials, plea reversals, and a failed attempt to exclude the testimony of a prescribing expert, arguing their opinion was now irrelevant. Other defendants have successfully petitioned to delay their cases so the *Ruan* decision could be folded into their arguments at upcoming trials or sentencing hearings.

David Rivera, a former Obama-era U.S. attorney who once led overprescribing prosecutions in Middle Tennessee, said he believes doctors have a “great chance” of overturning convictions if they were prohibited from arguing a good faith defense or a jury was instructed to ignore one.

Rivera said defendants who ran true pill mills would still be convicted, even if a second trial was ultimately required. But the Supreme Court has extended a “lifeline” to a narrow group of defendants who “dispensed with their heart, not their mind,” he said....[Read More](#)

Do you know about these free and low-cost benefits?

Judith Graham reports for **Kaiser Health News** on several programs that offer free and low-cost benefits to help older adults cover the cost of basic needs. Today, millions of people are not taking advantage of them. Here's how to get some of these benefits.

There are literally thousands of programs intended to help older adults pay for health care, food, transportation and housing, among other needs. Some are targeted to people with low-incomes and assets and others are open to everyone.

How can you learn about

these programs? Contact your local Area Agency on Aging (AAA). To reach your AAA, visit the **Eldercare Locator**, a service of the federal Administration on Aging, or call 800-677-1116. Reach out now! Plan ahead. Know what's available and how to apply. Here are some federal programs:

- ◆ Supplemental Nutrition Assistance Program provides help paying for food. But, it is estimated that more than 13 million people over 60 who could benefit from SNAP, 71



percent of those eligible, are not receiving this help. Benefits for single older adults are typically over \$100 a month.

- ◆ **Medicare Savings Programs** provide help paying Medicare premiums, and sometimes also deductibles and out-of-pocket costs. The benefit is worth more than \$170 a month. But, around three million eligible older adults are not receiving these benefits.
- ◆ Help paying Medicare Part D prescription drug costs is available through the Low-

income Subsidy (LIS) program, sometimes called the **Extra Help** program. This benefit can be worth more than \$400 a month. But, more than three in ten older adults are not receiving this help.

- ◆ Home-delivered meals.
- ◆ Legal assistance for older adults facing foreclosures and evictions.
- ◆ Property tax break programs
- ◆ Home Energy Assistance Program or HEAP, which helps to pay your electric bills.

Here's How Much Social Security Income Retirees Have Left After Medical Costs

Before most retirees even get their benefit payment, a recently increased Medicare Part B premium is deducted. They may pay premiums for a Medicare Advantage (Part C) plan, Medicare supplement or Part D prescription drug plan, too. Seeing a doctor or need a treatment? Retirees face co-pays and cost-sharing outlays. And don't forget Original Medicare doesn't cover **dental** cleanings, fillings and dentures. Routine **eye exams** from the optometrist for new glasses and contact lenses? Forget about it! Original Medicare won't pay a dime.

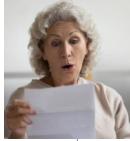
These and other out-of-pocket health expenditures add up to an unhealthy bite out of retirees' Social Security benefits, says a study — titled "**How Much Does Health Spending Eat Away at Retirement Income?**" — from

the Center for Retirement Research at Boston College.

"For the typical (or median) retiree, one-quarter of their Social Security benefit goes toward these medical costs," Melissa McInerney, Tufts University economics professor and lead study researcher, tells Money Talks News.

For those with 401(k) plans, individual retirement accounts or other income beyond Social Security payments, the study found that 88% of the typical retiree's total income remains after deducting out-of-pocket health costs. The share of income remaining is lower for women and those in low-income households, it concludes.

"This shows how important it is for today's retirees to have other sources of retirement income in



addition to their Social Security benefit," McInerney says.

Researchers analyzed data for 2018, a pre-pandemic year, from 5,340 retirees aged 65 and up on Social Security and Medicare but with no workplace-sponsored health coverage. Their information came from the latest figures available in the biennial University of Michigan **Health and Retirement Study** of more than 20,000 Americans aged 50 and up. Analysts calculated how much Social Security benefits and total income are available for nonmedical spending — such as food, housing, transportation and utilities — and how outcomes differ by gender, age, health status and household income. They excluded long-term care costs to focus on the impact of out-of-pocket spending in a retiree's

typical year.

Median out-of-pocket health expenses were \$4,311 in 2018, they found. That year, Social Security retirement benefits averaged **\$1,461 a month**.

"It is understandable why many retirees likely feel that making ends meet is difficult," the researchers concluded.

In 2022, the standard monthly premium for **Medicare Part B** **jumped 14.5% to \$170.10**, up \$21.60 from \$148.50 in 2021. Meantime, the annual deductible for all Medicare Part B beneficiaries rose to \$233, a \$30 increase. Those changes offset a 5.9% cost-of-living adjustment that more than 64 million Social Security beneficiaries began receiving in their monthly benefits in 2022. Adjustments for 2023 will be announced this fall....[Read More](#)

Most middle-income older adults will not be able to afford long-term care

According to a new study by NORC at the University of Chicago, ten years from now, 11.5 million of the 16 million middle-income older adults might not be able to afford the long-term care they need. And, Medicaid is unlikely to help them. It's wise to plan ahead in case Congress does not step in.

How will middle-income older Americans afford their housing and care needs? With annual income under \$65,000, they will not have enough money to cover these basic necessities. More than half of them, 6.1 million,

could not afford these key needs even if they were to sell their homes. More than one in five of them are people of color.

Long-term care affordability will be especially critical for the 9.5 million of them who live alone—never married, widowed or divorced. More than 4.4 million of them do not have children living within daily caregiving distance. Without a spouse or kids to provide voluntary caregiving, middle-income older adults are at serious risk.



People tend to experience multiple health issues by the age of 75. Slightly more than half of them are projected to have at least three chronic conditions. Slightly more than half of them are also projected to have difficulty moving.

Health conditions and mobility limitations tend to increase as people age, making the need for long-term care all the greater.

"We need a combined public and private response to address the long-term care needs of the Forgotten Middle," says

Caroline Pearson, senior Vice President of NORC, lead author of this study. "Policymakers should examine healthcare and housing policies that can extend funding for personal care and caregiving support to avoid middle-income seniors spending down to nursing homes. The long-term care industry must also work to bring more affordable senior housing and in-home care options to the market."

House passes reform to Medicare Advantage prior authorizations

The Improving Seniors' Timely Access to Care Act, which has earned strong support from medical organizations, will move to the Senate for consideration. It already has strong bipartisan support there. The law proposes to make it easier for senior patients to get care and improve health outcomes by modernizing the "antiquated" prior authorization process, which often still requires using facsimile machines to send documents to insurance companies, said the announcement from sponsoring lawmakers. Nationally, about 28 million seniors use Medicare Advantage plans for their health insurance.

The legislation was led in the House by Representatives Suzan DelBene, D-Washington, Mike Kelly R-Pennsylvania, Ami Bera, MD, D-California, and Larry Bucshon, MD R-Indiana. It has more than 320 cosponsors and the endorsement of over 500 organizations.

"Seniors and their families should be focused on getting the

Social Security doesn't pay all seniors the same amount of money. Rather, the monthly benefit you're entitled to will hinge on different factors, and you may end up collecting \$2,000 a month during retirement while your neighbor, for example, only gets \$1,600.

Meanwhile, there's a maximum benefit Social Security pays every year. In 2022, that max is \$4,194.

Most seniors, however, don't wind up with that maximum monthly benefit. And that's not really something to worry about.

How to score the maximum Social Security benefit

To claim the maximum monthly Social Security benefit, you need to do three things

- ◆ Work at least 35 years
- ◆ Earn a high salary for those 35 years
- ◆ Delay your Social Security filing until age 70

Your Social Security benefits will be calculated based on your 35 highest-paid years of earnings throughout your career. And to

care they need, not faxing forms multiple times for procedures that are routinely approved. This takes away valuable time from providers who on average spend 13 hours a week on administrative paperwork related to prior authorization," the representatives said in a joint statement published Sept. 14. "The Improving Seniors' Timely Access to Care Act will make it easier for seniors to get the care they need by cutting unnecessary red tape in the health care system. We urge the Senate to quickly take up this legislation and get it to President Biden's desk."

The bill would:

- ◆ Establish an electronic prior authorization process.
- ◆ Require the U.S. Department of Health & Human Services (HHS) to establish a process for "real-time decisions" for items and services that are routinely approved.
- ◆ Improve transparency by requiring Medicare Advantage plans to report to the Centers



for Medicare & Medicaid Services on the extent of their use of prior authorization and the rate of approvals or denials.

- ◆ Encourage plans to adopt prior authorization programs that adhere to evidence-based medical guidelines in consultation with physicians.

The bill has bipartisan support in the Senate, where sponsor Sen. Roger "Doc" Marshall, MD, R-Kansas, called it "the most supported health care bill in the entire Congress."

"For nearly four years, my colleagues and I have worked tirelessly on this bipartisan, bicameral legislation to modernize Medicare Advantage to better serve America's seniors," Marshall said in a news release. "The support underscores our legislation's significance to patients, health care providers, and innovators in medicine."

The House approval "marks an important step forward, but our work is not finished," he said. "I urge Senate leadership to work with me in moving the Improving

Seniors' Timely Access to Care Act to the President's desk."

American Medical Association (AMA) President Jack Resneck Jr., MD, called passage of the bill a "rare show of bipartisan support."

"The House recognized that prior authorization is an insurance companies' practice that is overused, costly, opaque, burdensome to physicians, and harmful to patients due to delays in care," Resneck said in a statement published by AMA. "The American Medical Association is committed to fixing prior authorization and made doing so a central plank of our Recovery Plan for America's Physicians

"Now that the House has passed this legislation, we urge the Senate to do likewise," Resneck said. "There is a Senate companion bill that also has bipartisan support. While health care legislation often divides Congress, here is a bipartisan way to improve patient health. The tea leaves suggest this can get done this year."

Are You Eligible for the \$4,194 Max Social Security Benefit?

Social Security doesn't pay all seniors the same amount of money. Rather, the monthly benefit you're entitled to will hinge on different factors, and you may end up collecting \$2,000 a month during retirement while your neighbor, for example, only gets \$1,600.

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Your Social Security benefits will be calculated based on your 35 highest-paid years of earnings throughout your career. And to

claim the maximum monthly benefit, your income during those 35 years must hit or exceed each year's wage cap.

The wage cap is what determines how much of your income you pay Social Security taxes on. This year, that cap is set at \$147,000, so earnings beyond that point aren't taxed for Social Security purposes.

Earnings beyond that point also aren't calculated into your monthly benefits. So if you earn \$150,000 this year, you'll only pay taxes on \$147,000, and only \$147,000 will be factored into your personal benefits calculation.

Furthermore, to get the maximum monthly Social Security benefit, you'll need to delay your filing until age 70. Waiting beyond full retirement age to claim Social Security results in an increased benefit (though once you turn 70, your monthly benefit can no longer grow).

When you can't claim the maximum benefit
You might be able to put in 35



years in the workforce, and you may be willing to delay your Social Security filing until age 70. It's the earnings component that's harder to control.

If you're not in a very high-paying industry, then earning the equivalent of the yearly wage cap may not be feasible. And all the side-hustling in the world may not boost your income enough for you to reach that cap.

But if you're not eligible for the maximum Social Security benefit, don't stress. Instead, think of the different things you can do to supplement those benefits so you wind up with a comfortable retirement income.

One option, of course, is to consistently fund an IRA or 401(k) plan during your working years. You might also consider investing in assets that generate ongoing income, such as buying a home that you rent out.

You can also consider working part-time in retirement if you want more money than what Social Security is looking to pay you. And if you don't want to go

out and get a boring job, find a hobby you can monetize, like baking or crafting.

The reality is that most seniors on Social Security collect a lot less than \$4,194 a month. If you end up being one of them, don't beat yourself up over it. Instead, focus on the things you can do to increase your retirement income and enjoy a more satisfying lifestyle.

Get More of the Social Security You Deserve With These 3 Strategies

Throughout your career, you'll work hard for your money -- and you'll pay some of it into Social Security. In exchange, you'll earn retirement benefits that will be there to help support you in your later years.

You deserve to get the most money possible from Social Security. Unfortunately, many people don't know how to do that. The good news is, if you take these three steps, you can make the most of this important retirement income source....Read More

Kiss Your 10.1% Social Security Raise Goodbye in 2023

More than 48 million Americans received a retired worker benefit from Social Security in July. The vast majority of these recipients -- 89%, according to an April survey from national pollster Gallup -- are reliant on the program to make ends meet during retirement.

It's a similar story for America's huge labor force. When Gallup surveyed nonretirees earlier this year, a whopping 84% expected their Social Security benefit to be a "major" or "minor" source of income during their golden years.

The point being that Social Security is, or will be, an indispensable source of income for most Americans. That's what makes the program's annual cost-of-living adjustment (COLA) announcement during the second week of October so important. This year's announcement is **slated for release on Oct. 13 at 8:30 a.m. ET.**

What is Social Security's cost-of-living adjustment (COLA)?

Social Security's COLA is way for the program to recognize changes in the price of goods and services over time

(i.e., **inflation**). If the price of food, shelter, medical care, and a number of other important goods and services increases, we should, ideally, see Social Security checks rise in lockstep to ensure beneficiaries don't lose purchasing power over time. COLA is the "raise" being passed along to the program's more than 65 million beneficiaries that accounts for inflation. You'll note "raise" is in quotation marks to reflect that isn't a typical raise offered by an employer to help folks outpace inflation.

Before 1975, there was no rhyme or reason as to when cost-of-living adjustments were passed along. Rather, special sessions of Congress arbitrarily assigned payout increases at random intervals. But since 1975, the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) has served as Social Security's inflationary tether.

The CPI-W is a predefined basket of goods and services with **eight major spending categories** and dozens upon dozens of subcategories, each of which has its own respective percentage weighting. These weightings allow for the CPI-W

to be expressed as a neat and tidy single figure, which can be easily compared to the prior-year period to determine if inflation or deflation (falling prices) has occurred.

Determining Social Security's COLA involves **using only CPI-W readings from the third quarter** (July through September). While the other nine months of the year can help identify price trends, they won't factor into Social Security's COLA.

To calculate Social Security's cost-of-living adjustment for the upcoming year, compare the average CPI-W reading from the third quarter (Q3) of the current

year to the average CPI-W reading from Q3 of the previous year. If the current year is higher, inflation has taken place and beneficiaries are in line for a "raise." The amount of the increase is the year-over-year percentage difference in average Q3 CPI-W readings, rounded to the nearest tenth of a percent.

Say goodbye to any hope of a double-digit COLA in 2023

In 2023, recipients can count on receiving their **largest Social Security raise in over four decades**. The writing was on the wall that this would be the case when the U.S. inflation rate for June hit 9.1%, also a more than four-decade high....[Read More](#)



Complexity of Covid vaccine program leads to concerns about potential for error

The rollout of the Covid-19 vaccination program has reached new heights of complexity with the start of the bivalent booster program, leading to concerns about the potential for more errors in the administration of vaccines.

Even before the addition of the new booster shots, more than 5,300 errors in vaccine dose delivery in children alone were reported, according to data from the Centers for Disease Control and Prevention. Those errors included giving the wrong dose or the wrong product for a recipient's age, using undiluted vaccine when dilution was called for, or administering vaccine that was past its expiration date.

The CDC says that there's no evidence so far that these administration errors have triggered more severe adverse events than are normally

reported in children who have been given the correct doses of these products. But everyone involved in this effort understands that vaccine administration errors undermine the confidence of the people delivering vaccine, the people who received the wrong dose and, if those people are children, their parents.

"I just honestly feel terrible about the fact that there are so many administration errors that seem disproportionate to what we've seen with other vaccines or with the adult [Covid] vaccines," Grace Lee, chair of the Advisory Committee on Immunization Practices, said during a recent meeting at which some updated figures on adverse events in children were presented.

At that Sept. 1 meeting, Lee



and other members of the ACIP — an expert panel that advises the CDC on vaccine policy — voiced serious concerns about the challenges of keeping as many as 11 different brands and formulations of vaccine straight as doctors offices, clinics, and pharmacies across the country give a primary series to young children, regular booster shots to older children, and new two-strains-in-one or bivalent boosters for people over the age of 12.

When people administering Covid vaccines make an error, they are required to report it to VAERS, the vaccine adverse events reporting system run by the Food and Drug Administration and the CDC.

The current Covid vaccine schedule seems tailor-made to trip up people who are delivering

the doses, with multiple vaccines that are administered in different volumes, some after dilution but many not, and with intervals between doses ranging from three weeks to several months.

"This immunization schedule is among the most complex that I've personally had to deal with, and it is constantly changing," Lee, the associate chief medical officer for practice innovation at Lucile Packard Children's Hospital in Palo Alto, Calif., said in an interview.

The CDC understands the potential for mistakes is real and has produced visual guides for vaccinators. It is also developing strategies to try to minimize the risk that a person will get the wrong formulation, Elisha Hall, clinical guidelines lead for CDC's Covid-19 vaccine policy unit, told STAT....[Read More](#)

RI ARA HealthLink Wellness News

Cancers in People Under 50 Are Rising Worldwide

Cancers among younger adults are a growing global problem and are likely related to factors like poor diet, obesity and inactivity, a new research review finds.

Since the 1990s, researchers say, rates of various cancers have been rising in many countries among people under 50. And while the reasons are not fully clear, it's likely that changes in lifestyle and environment — starting early in life — are playing a role.

The review found that in recent decades, rates of 14 cancers have been inching up annually among younger adults in a diverse range of countries — from the United States and Canada, to Sweden and England and to Ecuador, Uganda and South Korea.

The cancers, similarly, run the gamut, and include those of the breast, colon, esophagus, kidneys, liver, stomach and pancreas.

For certain cancers, increased screening may partly explain the rising incidence, according to senior researcher Dr. Shuji Ogino, of Brigham and Women's Hospital in Boston. Screening tests for diseases like breast and colon cancers can detect more cases, at an earlier point in time.

But for the most part, he said, the growing cancer incidence among younger adults is beyond what would be expected from heightened detection.

And many of the cancers that are increasing arise along the

digestive tract — "anywhere from the mouth to the anus," Ogino said. That, he added, points to a potential role for the **microbiome**.

The microbiome refers to the vast array of bacteria that normally dwell in the body, largely the digestive tract. Research in recent years has been revealing how important the microbiome is to overall health, playing a role in immunity, fighting chronic inflammation and other vital functions.

For any one person, makeup of the microbiome depends partly on genes. But Ogino noted that environmental factors are critical, too — including **diet**, alcohol intake, smoking, exercise and antibiotic use.

And many of those environmental exposures have shifted substantially in recent decades.

The spread of the "westernized" diet is a clear example, Ogino said. It's high in heavily processed foods, added sugar and red meat, but low in fruits, vegetables, fiber and "good" fats — qualities that have been linked to increased risks of certain cancers, like colon cancer.

The rise in colon cancers among younger adults has been gaining particular attention. According to the U.S. National Cancer Institute, the incidence of that disease among Americans younger than 50 has more than



doubled since the 1990s — in sharp contrast to a decrease among people older than 65.

In fact, the trend spurred experts to lower the recommended starting age for colon cancer screening. It's now age 45 for people at average risk of the disease.

Dr. Benjamin Weinberg, an associate professor at MedStar Georgetown University Hospital in Washington, D.C., is studying the potential role of the gut microbiome in earlier-onset colon cancer. He also treats patients with the disease.

When a younger adult develops colon cancer, Weinberg said it suggests that something in the immune system response to early tumors has gone awry.

There is some evidence, he said, that greater diversity in the gut microbiome may support that immune response.

On the other hand, certain bacteria might stymie it. A bug normally tied to gum disease — **Fusobacterium nucleatum** — is a case in point. Research suggests *F. nuc* may promote cancerous growths by suppressing the immune response in the colon. And Weinberg and his colleagues have found that colon tumors from younger adults have a high presence of the bacteria.

Obesity among children and younger adults has, of course, skyrocketed in recent years. And

on the population level, Weinberg said, there is a relationship between **obesity** and colon cancer risk. But many younger people who are diagnosed with the disease are not obese, and the reasons behind the rising incidence would appear to go beyond a single factor.

Much more research is needed to understand what's driving the rise in various early-onset cancers, both doctors said.

But, Weinberg said, it would be wise to do what experts have long advised: Eat a healthy diet full of nutrient-rich whole foods (which may promote a diverse gut microbiome, among many other benefits); exercise regularly; don't smoke; limit alcohol; and take antibiotics only when necessary.

And, Ogino said, healthy lifestyle habits should be cultivated early in life.

"I think the most important message is: Your kids' cancer risk in the future depends on what you do now," Ogino said.

He added, though, that in a world of easily accessed junk food and sedentary screen time, parents need help. It's up to society, Ogino said, to prioritize healthy eating, regular exercise, healthy sleep patterns and more.

The review was recently published online in the journal ***Nature Reviews Clinical Oncology***.

Tear in Heart's Aorta Often Deadly, Though Survival Improving

A torn aorta can often be deadly, but a new study has found that survival has improved significantly over the past several decades.

But it can still be five times more deadly if not repaired surgically, the researchers added.

Aortic dissection happens when blood rushes through a tear in the heart's ascending aorta. This happens in about 3 of every 100,000 people. It mostly affects older men, who may experience a "knifelike, tearing pain through the back." About 50% of patients will die before they reach the

hospital.

In the study, researchers reviewed the cases of 5,600 patients from the International Registry for Acute Aortic Dissection between 1996 and 2018.

Researchers found that about 5.8% of the patients died within two days of arriving at the hospital, compared to the 1950s, when 37% of patients died in the first 48 hours. The death rate now is 0.12% per hour, compared to 1% to 2% per hour in the 1950s.

"We believe that advances in diagnosis and management,



especially a focus on early surgical repair, may have contributed in part to these improvements in mortality for acute aortic dissection," senior study author Dr. Kim Eagle said in a University of Michigan news release. He is director of the university's Frankel Cardiovascular Center.

Patients who received only medical care, and not surgery, were much more likely to die. About 91% of patients in the study received surgery. The others were treated medically because of age and complicating

conditions such as **stroke** and **kidney failure**.

Researchers found that about 24% of those treated medically died within two days, compared to 4.4% treated with surgery.

The findings were published recently in the journal ***JAMA Cardiology***.

"Patients who were managed medically were likely not surgical candidates due to their co-morbidities," said Dr. Bo Yang, a professor of cardiothoracic surgery at University of Michigan Medical School....[Read More](#)

Biden admin officials worried about potential polio spread

In a series of recent NSC meetings, top health and White House officials have debated how to respond to an outbreak of the virus.

Top Biden health officials, increasingly concerned about the polio case in New York, have met several times in recent weeks to determine how to increase vaccination rates and improve surveillance, according to two senior administration officials.

The conversations have taken place at the National Security Council, with senior officials from the White House, the Centers for Disease Control and Prevention and the Department of Health and Human Services.

The high-level meetings and the involvement of national security officials speak to the concern Biden officials have about the possible spread of a potentially deadly virus that until recently had not been recorded in the United States for decades.

New York has recorded one polio case but has found additional poliovirus samples in the state's wastewater, prompting Gov. Kathy Hochul last week to declare a public health emergency.

Federal health officials fear that the additional positive samples, and positive samples found in places like London, mean there may be more cases circulating — threatening communities with low vaccination rates.

Most polio infections are asymptomatic, though as many as 1 in 200 people can become paralyzed, [according to the CDC](#). While only one case of paralysis has been reported, senior Biden health officials are concerned that because the virus often presents with no symptoms or mild flu-like symptoms, it may be far more prevalent than officials can detect.



"It could put the public at risk," a person familiar with the conversations said, adding that any administration response could be thwarted if it is unable to reliably track the virus' movement.

The National Security Council did not respond to a request for comment.

In the NSC meetings, Biden health officials have gamed out how to increase polio vaccinations, such as the best ways to communicate to local leaders, including religious leaders, the importance of vaccination. CDC Director Rochelle Walensky recently, in coordination with the New York health department, sent a letter to communities across the state underscoring the effectiveness of vaccination against polio. The letter was translated into Yiddish, Haitian Creole and Spanish, a CDC spokesperson said.

The New York State Department of Health is also deploying officials to work with local community leaders to convince vaccine-hesitant individuals, particularly those living in counties where wastewater samples have come back positive, to sign up for the jab.

Lawrence Gostin, a professor of public health law at Georgetown University, said polio and Covid-19 both demonstrate what can happen when there is a "backlash against vaccinations."

"You've seen it with polio because the outbreaks have occurred in vaccine-hesitant communities," he said. "From a public health perspective, we're in a heap of trouble."...[Read More](#)

COVID Appears to Raise Risk for Alzheimer's Disease

COVID-19 infection may significantly boost an older person's risk of developing [Alzheimer's disease](#), a new, large-scale study suggests.

People 65 and older who contracted COVID were nearly 70% more likely overall to be diagnosed with Alzheimer's within a year of their infection, researchers report. The elderly fared even worse, with the risk of Alzheimer's doubling in COVID patients who were over 85, researchers found.

"We found the highest risk

increase was observed in people older than 85 years old, and also women," said senior researcher Rong Xu, a professor of biomedical informatics at Case Western Reserve University School of Medicine in Cleveland.

For the study, Xu and her colleagues reviewed medical records for more than 6.2 million U.S. seniors who saw a doctor or health care professional between February 2020 and May 2021. None of the people studied had been diagnosed with Alzheimer's



disease. Nearly 411,000 of those seniors contracted COVID during the study period. The researchers tracked them for a year to see if their risk of Alzheimer's was any different from the rest of the group.

Unfortunately, the results showed a significant link between an Alzheimer's and COVID infection. And age was not the only risk factor: Women's chances of an Alzheimer's diagnosis following COVID was 82% higher, compared with 50% higher for men.

The findings were published Sept. 16 in the [Journal of Alzheimer's Disease](#).

COVID-19 infection is known to increase [inflammation](#), which has been associated with Alzheimer's, Xu said.

"Also, studies suggest that people with COVID-19 have some neurological and psychological outcomes like '[brain fog](#),' and researchers have found changes in the brain structure of people infected with COVID," Xu noted....[Read More](#)

Many Older Adults May Not Get the Intensive Blood Pressure Treatment They Need

Fewer than 30% of older adults who need more intensive treatment for high blood pressure actually get it, new research shows. And the problem may be worsening.

Nearly half of U.S. adults – about 116 million people – have high blood pressure, also known as hypertension. When not properly controlled, it can lead to serious health problems, including heart attack, stroke and kidney disease.

"We haven't been doing well, despite robust evidence

demonstrating the strong benefits of good blood pressure control in older adults," said Dr. Nicholas Chiu, the study's lead author and a clinical fellow at Beth Israel Deaconess Medical Center in Boston. "This is a major public health gap that needs to be tackled."

Common in older adults, high blood pressure is a leading cause of preventable death and an under-recognized contributor to premature disability, according to the most recent hypertension



care guidelines from the American College of Cardiology and American Heart Association.

Since 2017, high blood pressure has been defined by those organizations as a reading of 130 mmHg and higher for systolic blood pressure, the "top" number of a reading, or 80 and higher for the diastolic measurement, or "bottom" number. The old definition was 140/90 and higher.

For the new study, published Friday in the AHA journal

Hypertension, researchers looked at a decade of national data from a sampling of adults 60 and older who visited their primary care provider and previously had been diagnosed with high blood pressure. The research team zeroed in on which patients underwent "appropriate antihypertensive intensification," defined as adding an anti-hypertensive drug to their care for high blood pressure....[Read More](#)

Get your flu shot early!

It's important to get the flu shot every year, no matter how old you are. It's particularly important for older adults. And, it is all the more important during this coronavirus pandemic. With summer coming to a close, it's time to get your flu shot!

Talk to your doctor about getting the flu shot and about whether you should get a **special vaccine** available for people over 65. The good news: **Medicare covers the full cost of a flu shot.**

You likely do not need to go to the doctor's office for your flu shot. More pharmacies are

offering drive-through and curbside flu shots, in addition to in-store vaccines.

Why get the flu shot now? That's how you best protect yourself, the people you love and your community. The flu, like the novel coronavirus, can be lethal. It kills tens of thousands of people each year. In 2018, **80,000 people died of the flu.** And, **older adults are more likely to die from the flu** than younger people.

The flu vaccine takes between two and four weeks to become effective. So, even if you get it now, it might not protect you



from the flu until mid-October. It will not protect you from the novel coronavirus, though the symptoms can be quite similar—a cough, a cold, sore throat, fever.

Unfortunately, sometimes the flu shot will not keep you from getting the flu. However, even if you get the flu, the flu shot reduces the odds that it will be a severe case. The flu shot may keep you from being hospitalized for the flu or, worse still, from being in the intensive care unit of the hospital. It also reduces your risk of death.

You should not wait to get the

flu shot. No one knows whether the flu season will begin this month or next. You want to protect yourself as soon as possible.

You need the flu shot even if you have not gotten the flu before. (The only exceptions are people who are allergic to the flu vaccine.) There is only benefit from getting the flu shot. The flu shot cannot give you the flu.

Here's some good news: Everything you are doing to protect yourself from the novel coronavirus—social distancing, wearing a mask and regular hand washing—should also minimize your chance of getting the flu!

Coronavirus: Get your booster shot as soon as possible

Fall is in the air and the new Covid-19 booster vaccine is ready to be administered. This new booster shot is designed to protect you against different strains of the coronavirus. Get your booster shot as soon as possible.

Pfizer and Moderna both offer updated booster shots, which target omicron variants. The new booster vaccine gives you better protection against variants of the original virus. You should be able to get your shot from your

doctor, at your local pharmacy or health clinic.

Covid-19 vaccines have saved millions of lives already. The vaccines and boosters available to date have worked best on the original Covid-19 virus. But, they are not as good at fending off new strains of the virus.

Why is it important to get the booster? The booster will reduce your risk of hospitalization from Covid-19 as well as your risk of getting



seriously ill from Covid-19.

When should you get the booster? Right away, if you haven't had Covid-19 recently. It's excellent protection against what could be a new surge of the virus this fall or winter. If you have had Covid recently, talk to your doctor. You have antibodies in your system, so it might be ok for you to wait a couple of months before getting the booster.

Are there safety concerns

with the booster? The CDC says there are none.

Are there side effects from this booster? Side effects are said to be similar to side effects from the original vaccine and boosters, pain, fatigue, headache, chills, nausea and fever.

Can you get the booster at the same time as the flu shot? Yes. And, if you're over 65, ask about getting the **high-dose flu shot.**

Most Americans Over 50 Suffer Some Type of Joint Pain

(HealthDay News) -- Aching joints are common for people over 50, but it's still important to talk to a doctor about it rather than endlessly self-medicating, experts say.

Now, a new **poll** from the University of Michigan breaks down **joint pain**, its impact on those who responded to the survey and how they've chosen to react to this painful condition.

Findings from the University of Michigan National Poll on Healthy Aging include that 70% of people over 50 experience joint pain at least occasionally. About 60% have been told they have some form of **arthritis**.

Among those who have arthritis symptoms, about 45% said they have pain every day and 49% said it somewhat limits their usual activities.

"If you are feeling joint pain

frequently, or it interferes with your normal activities, you don't have to go it alone," said Indira Venkat, senior vice president of AARP Research. The organization was one of the supporters for the poll. "Talk with your health provider about how you are treating your joint pain and additional strategies that may help."

About 80% of those with joint pain said they had at least some confidence they could manage it on their own. About 66% do so with over-the-counter pain relievers such as aspirin, acetaminophen (Tylenol), ibuprofen (Motrin, Advil) or naproxen (Aleve). About 26% reported taking supplements, such as **glucosamine or chondroitin**. About 11% use cannabidiol



(CBD), derived from marijuana, while 9% use marijuana.

About 18% use prescription-only non-opioid pain relievers, 19% get steroid injections, 14% take oral steroids, 14% use opioids and 4% use **disease-modifying antirheumatic drugs**.

"There are sizable risks associated with many of these treatment options, especially when taken long-term or in combination with other drugs. Yet 60% of those taking two or more substances for their joint pain said their health care provider hadn't talked with them about risks, or they couldn't recall if they had. And 26% of those taking oral steroids hadn't talked with a provider about the special risks these drugs bring," said Dr. Beth Wallace. She is a

rheumatologist and researcher at the VA Ann Arbor Healthcare system, the VA Center for Clinical Management Research and Michigan Medicine.

"This suggests a pressing need for providers to talk with their patients about how to manage their joint pain, and what interactions and long-term risks might arise if they use medications to do so," Wallace said.

Guidelines from the American College of Rheumatology for osteoarthritis and the more rare **rheumatoid arthritis** seek to reduce the risk that can happen with long-term use or for those taking multiple medications that can affect patients' stomach, liver, blood pressure, blood sugar, mood or sleep....[Read More](#)

Deadly Form of High Cholesterol Can Catch Black Americans by Surprise

Chad Gradney underwent quadruple bypass open-heart surgery at age 27, and afterward spent eight fruitless years battling extremely high cholesterol levels.

Then in 2012 he found himself back in an emergency room, again suffering from chest pain.

"That's when I found out three of the four bypasses basically had failed again," recalls Gradney, now 44 and living in Baton Rouge, La.

Gradney suffers from familial hypercholesterolemia (FH), a common genetic condition that impairs the way the body recycles "bad" LDL cholesterol.

People with FH essentially are born with high cholesterol levels that only increase as they grow older. About 1 in every 250 people inherits the condition, according to the U.S. Centers for Disease Control and Prevention.

But Gradney also is Black, and FH tends to be dramatically underdiagnosed and untreated in Black Americans compared to white people, experts say.

Black people are diagnosed with FH at an older age than any other racial or ethnic group in America, according to the

nonprofit Family Heart Foundation.

Research also has shown that Black Americans with FH are less likely to have been prescribed cholesterol-lowering medications, even though normal lifestyle modifications aren't enough to prevent heart disease in someone with the genetic disorder.

"It's most important to recognize that people with FH are at risk not just because they have an unhealthy lifestyle or diet," said Dr. Keith Ferdinand, chair of preventive cardiology at Tulane University School of Medicine in New Orleans. "Many of these patients will need not only statins but three to five medications to lower cholesterol."

No one checked for FH

Gradney says no one bothered to check him for FH after his first heart emergency, even though nothing he did afterward seemed to lower his abnormally **high cholesterol**.

"The doctor wouldn't blame it on me directly, but it was always something I wasn't doing," Gradney said. "My wife was a registered dietitian, so I felt like I



had the eating-healthy aspect down pat. I was taking my medications. I was being active and exercising. But it was never enough."

People with FH have 20 times the risk of developing heart disease if they are not treated, the [American Heart Association](#) says.

Men with FH develop heart disease 10 to 20 years earlier than expected, and women 20 to 30 years sooner, according to the AHA. Half of men with untreated FH will have a heart attack or angina before they turn 50.

"Unlike patients who develop high cholesterol later in life, these patients are born with extremely high cholesterol levels, even during childhood," said Dr. Anandita Kulkarni, a preventive cardiologist in Plano, Texas. "It's not only how high the cholesterol is, but the duration of time for which the cholesterol is elevated that impacts their risk for heart disease."

Gradney lost his father to a sudden **heart attack** one morning in 2004. Five months later, he suffered chest pains that made

him fear he was having a heart attack himself.

"I woke up one morning and I just felt like my heart was going to explode, you know?" said Gradney, who underwent open heart surgery in 2005.

Eight years later, after learning he was in serious danger again, Gradney decided to take matters into his own hands.

Through an uncle, Gradney contacted a cardiologist at Johns Hopkins who agreed to see him. After three days of testing, the doctor diagnosed him with FH.

"Once that was diagnosed, just like that all the dominoes fell into place," Gradney said. "Everybody knew what to do, how to treat it. I was put on aggressive prescription medications. Six months later, my levels basically were normal, probably for the first time in my life."

Research has shown that Gradney's struggle is not unusual.

Black people are slightly more likely than whites to have FH, with a prevalence of 0.47% compared to 0.4%, according to a 2016 study in the medical journal [Circulation](#)....[Read More](#)

Over 7 Million U.S. Seniors Have Mental Declines That Threaten Financial Skills

As Americans age, millions end up struggling with dementia or some level of memory impairment and diminished capacity to think clearly and make decisions.

Yet a [new study](#) says that despite such serious challenges, many seniors continue to manage their own finances, often alone, and despite acknowledging difficulties in doing so.

"There has long been attention to the difficulty in making financial decisions faced by older adults with cognitive impairment," noted study lead author Jing Li, an assistant professor in health economics at the University of Washington in Seattle. But her team was surprised by the high percentage — 75% or more — who appear to be managing their own finances nonetheless.

"Many of them report difficulty managing finances and live alone, yet own large amounts of risky assets," Li said.

To explore the issue, her group looked at data from a representative survey of U.S. adults conducted in 2018. They zeroed in on nearly 8,800 men and women aged 65 and older whose cognitive health (memory and thinking) status could be established. Statistically, that group was representative of nearly 51 million American seniors.

Just over half (55%) were women, at an average age of 74.

In all, about eight in 10 individuals had not yet experienced any cognitive impairment.

But almost 6% had **dementia**, and about 14% had experienced some level of reduced thinking capacity — otherwise known as "**cognitively impaired nondementia**" (CIND). Taken together, this group of one in five participants represented roughly 7.4 million Americans, the team said, and was more likely to



include relatively older seniors, Black or Hispanic men and women, and individuals who were less well educated.

Still, most participants overall said they continued to manage their own household finances. And among those who did, nearly 57% of those with dementia and 15% of those with CIND called the process difficult, the study authors noted.

Compounding the issue: More than 40% of seniors who said they managed their own finances also lived alone.

And, researchers said, a lot is at stake.

Roughly one-third of those with dementia or CIND said they had a substantial amount of "risky assets," such as stocks and loans.

For example, stock portfolios had a median value of \$215,000 among those with dementia, meaning half were larger, and about \$125,000 among those

with CIND, the study found.

That means proactive planning is a must, Li said.

"This includes both early screening for cognitive impairment and early financial planning — designating a financial representative or surrogate decision-maker — to prepare for the event when one may lose cognitive capacity," she said.

The situation may be particularly tricky for those who experience some thinking impairment but not yet dementia, Li said, because they may be unaware of their challenges in managing finances.

As for those who do have dementia, Li said more research is needed to find the best interventions to address money management. Possible interventions might include involving extended families, seeking financial counseling and switching to simpler financial products, she said....[Read More](#)