

### Americans Strongly Agree on These 3 Changes to Social Security

Americans appear to disagree on many things these days, but they find common ground on one subject: the need to fix the Social Security system.

Three-quarters of Americans in a recent study — 76% — said they either somewhat agree or strongly agree that the Social Security system needs to change, according to the **Nationwide Retirement Institute's 2021 Social Security Survey**.

Meanwhile, just 17% said they somewhat disagree that there is a need for change, and a scanty 6% strongly disagree.

In particular, the Americans surveyed agree about three changes that can be made to help strengthen the Social Security system. Here are the percentages who said they somewhat agree or strongly agree with the

following fixes:

1. Ensuring Social Security **cost-of-living adjustments** (COLAs) are enough to, at minimum, keep up with inflation: 89%
2. Reinstating Social Security payroll taxes on people earning more than \$400,000 per year: 79%
3. Providing a Social Security credit to unpaid caregivers: 74%

There is more moderate support for a host of other fixes, including:

- ◆ Applying COLAs only to lower- or middle-income households' Social Security benefits: 64%
- ◆ Eliminating the earnings cap on Social Security payroll taxes (**which is \$142,800 for**



**2021**): 63%

- ◆ Privatizing a small portion of benefits: 58%
  - ◆ Means testing: 58%
  - ◆ Eliminating early retirement age with reduced benefits: 49%
  - ◆ Raising **the full retirement age**: 46%
  - ◆ Linking full retirement age to life expectancy: 46%
  - ◆ Raising payroll taxes: 46%
- There was low support for one other idea — cutting benefits for everyone currently receiving Social Security. Not surprisingly, just 21% of survey respondents supported it.

The Harris Poll conducted the Nationwide Retirement Institute's survey of more than 1,900 U.S. adults age 25 and

older between April 19 and May 7, 2021.

Avoiding key Social Security mistakes  
Social Security is the foundation of retirement income for millions of Americans. Making the wrong decisions regarding the government program can tarnish your golden years, leaving you with less money to spend.

For example, claiming Social Security early can be costly. As we have reported:

"Claiming early can be risky because once you claim benefits, you will be stuck with the same size payment for life. The amount of a person's monthly benefit typically will never increase except for inflation adjustments."

### Progressives Target Rep. Kathleen Rice with Mobile Billboard For Blocking Plans to Lower Drug Prices

(Washington, DC) — Today, Social Security Works and Organize for Justice (the c4 arm of Justice Democrats) launched a billboard campaign calling out Rep. Kathleen Rice (D-NY) for siding with pharmaceutical corporations instead of her constituents.

On Wednesday, Rice cast a **pivotal vote** in the House Energy and Commerce Committee against letting Medicare negotiate lower prices on prescription drugs. Rice **received** \$84,259 in campaign contributions from the pharmaceutical and health industries.

A truck displaying the billboard will travel across New York's 4th Congressional District this week and next. **The billboard will visit Rice's**

**district office, as well as senior centers and nursing homes throughout the district, to make sure seniors know that Rice is voting to keep their drug prices high.**

Ninety percent of voters in NY -04 **support** Medicare drug price negotiation.

"Rep. Kathleen Rice betrayed Long Island voters. She ran on a promise to take on Big Pharma's greed, and instead she is doing their bidding. We are going to make sure that everyone in her district knows that she is bought and paid for by Big Pharma." said Alex Lawson,



**Executive Director of Social Security Works.**

"Rep. Kathleen Rice is a

perfect example of everything that is wrong with status quo corporate politicians. For years, Rep. Rice has deceived her constituents by claiming to support the lowering of prescription drugs but when she had the chance to represent the 90 percent of her constituents who support giving Medicare the power to negotiate lower drug prices, she voted against her constituents and stood with Big Pharma instead," said **Alexandra Rojas, Executive Director of Justice Democrats**

**and Board President of Organize for Justice.**

**More on the**

**House Committee vote**

The House Energy and Commerce Committee on Wednesday failed to adopt Democrats' plan to let Medicare broadly negotiate prescription drug prices after three Democrats—Reps. Kathleen Rice of New York, Kurt Schrader of Oregon, and Scott Peters of California—voted no.

A spokesperson for House Speaker Nancy Pelosi (D-Calif.) **signed** in response to the vote that the Democratic leadership will still aim to include the Medicare negotiation proposal in the final budget reconciliation package.

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

## Will the Government Shut Down in 10 Days?

It's do or die time for Congress. Unless they can pass a federal government funding bill in the next 10 days the government will shut down on October 1. And those 10 days are not all working days unless they decide to work through next weekend.

Congressional leaders have already given up on the idea of fully funding the government for the entire 2022 fiscal year and instead the current plan is to pass a "continuing resolution" (CR) that will fund the government at current levels until December

3. The idea is to give them more time to craft the legislation needed to fully fund the new fiscal year.

Unfortunately, this has become standard operating procedure in Congress, regardless of who's in power. And even shutting down the government for a period of time is no longer seen to be the drastic action it once was.

But that's not all Congress must do before October 1. The Secretary of the Treasury has warned that if Congress doesn't raise the debt ceiling very soon



the government will default on its bills sometime in October. The "full faith and credit" of the U.S. government is at stake here and the repercussions of a government default are not totally known but they could be disastrous.

Fixing this problem seems to be more complicated than passing a continuing resolution to temporarily fund the government. Senate Minority Leader Mitch McConnell (R-Ky.) has made it known that no Republican Senators will

support raising the debt ceiling and without Republican support Democrats will have to resort to a special procedure called "reconciliation" in order to pass it because of the Senate filibuster rule. In the past there has been partisan squabbling over raising the debt ceiling but when it came right down to it both sides ended up voting to raise it. We'll find out very soon whether that will happen this time.

## Covid is officially America's deadliest pandemic as U.S. fatalities surpass 1918 flu estimates

Covid-19 is officially the most deadly outbreak in recent American history, surpassing the estimated U.S. fatalities from the 1918 influenza pandemic, according to data compiled by Johns Hopkins University.

Reported U.S. deaths due to Covid crossed 675,000 on Monday, and are rising at an average of more than 1,900 fatalities per day, Johns Hopkins data shows. The nation is currently experiencing yet another wave of new infections, fueled by the fast-spreading delta variant.

The 1918 flu – which came in three waves, occurring in the spring of 1918, the fall of 1918; and the winter and spring of 1919 – killed an estimated 675,000 Americans, according to the Centers for the Disease Control and Prevention. It was considered America's most lethal pandemic in recent history up until now.

"I think we are now pretty well done with historical comparisons," said Dr. Howard Markel, a physician and medical historian at the University of Michigan. He added it is time to stop looking back to 1918 as a guide for how to act in the present and to start thinking forward from 2021.

"This is the pandemic I will be studying and teaching to the next generation of doctors and public-health students," he said.

To be sure, a direct side-by-side comparison of raw numbers for each pandemic doesn't provide all of the contexts, considering the vast technological, medical, social and cultural advances over the past century, Markel and other health experts say.

It's important to consider population when talking about outbreaks or disasters, health



experts and statisticians say. In 1918, for example, the U.S. population was less than a third

of today's with an estimated 103 million people living in America just before the roaring 1920s. Today, there are nearly 330 million people living in the U.S. That means the 1918 flu killed about 1 in every 150 Americans, compared with 1 in 500 who have died from Covid so far.

The 1918 virus also tended to kill differently than Covid, experts say. With World War I, there was a massive movement of men across all of America and Europe. While the coronavirus can be especially severe for the elderly and those with underlying health conditions, the 1918 virus was unusual in that it killed many young adults.

Globally, the 1918 flu killed more people, an estimated 20

million to 50 million, according to the World Health Organization. Covid has taken the lives of approximately 4.7 million people worldwide so far, according to Johns Hopkins data.

Unlike today, there was no vaccine for the 1918 flu. There was also no CDC or national public health department. The Food and Drug Administration existed but consisted of a very small group of people. Additionally, there were no antibiotics, intensive care units, ventilators or IV fluids.

Scientists hadn't even seen a virus under a microscope. They didn't have the technology and they knew almost nothing of virology, which was considered a nascent science because viruses are physically smaller under a microscope and more difficult to identify than bacterial infections....Read More

## More Funding Sought for Home Health Care

One of the programs President Biden supported during his campaign for

President was expanding home and community-based care for the elderly and disabled and improving conditions for the poorly paid workers who give that care.

Now there is a lobbying effort to make sure enough money is provided for those programs because without sufficient

funding states could choose not to take the money and leave their Medicaid programs running as is.

The proposed funding increase into Medicaid's Home and Community Based Services program has two goals: reducing waiting lists for support for older and disabled Americans who want to stay in their homes rather than go into assisted living



facilities or other institutions, and raising pay for home health care's largely female, minority workforce.

Medicaid is the largest payer of long-term support services such as home care for the elderly, but states are not required to participate in the home and community-based program.

Home care, though, is much

cheaper, overall. The yearly average cost, per person, of a nursing home to Medicaid is \$90,000 compared with \$26,000 for home care workers, according to one expert.

Although home health workers are one of the fastest-growing segments of the labor market, they typically earn about \$17,000 per year, often without benefits.

# As Congress Weighs Legislation, New Report Examines How Caps on Part D Spending Would Affect People with Medicare

On September 9, the U.S. Department of Health and Human Services (HHS) released a **report** identifying ways to lower prescription drug prices, in compliance with a July 2021 executive order. In part, HHS urges Congress to cap Part D beneficiary costs, noting that “With no cap on out-of-pocket spending in Medicare Part D, beneficiaries who need expensive drugs or many different drugs to treat chronic conditions can be hit particularly hard: in 2019, nearly 1.5 million beneficiaries had out-of-pocket spending above the catastrophic threshold that is currently set at \$6,550, with 3.6 million beneficiaries having had out-of-pocket spending above the catastrophic threshold in at least one year over the 10 years from 2010-2019.”

Some in Congress have also identified the need for reform. A limit on beneficiary Part D costs has been embedded in prominent legislation, including H.R. 3, which **passed** the U.S. House of Representatives in December 2019 and

was **reintroduced** in the 117th Congress; and **S. 2543**, a 2019 bipartisan Senate Finance Committee bill. Just this week, it was in reconciliation bill language considered by the House **Ways & Means** and **Energy & Commerce** committees.

Under H.R. 3 and the House reconciliation draft, out-of-pocket drug spending would be capped at \$2,000, while under the 2019 Senate Finance bill, the cap would be set at \$3,100.

As lawmakers debate which, if either, approach to take in a final reconciliation bill, the Kaiser Family Foundation (KFF) published a new **report** examining how the different spending caps would impact beneficiaries. Among their key findings:

- ◆ In 2019, nearly 1 million more Part D enrollees incurred out-of-pocket costs for their medications above the \$2,000 proposed limit than above \$3,100. The number of enrollees who



exceed these thresholds in a future year, when a proposed cap could be implemented, would

likely be higher, given enrollment growth and rising prices for new and existing drugs.

- ◆ Adding an out-of-pocket cap to Part D would protect a **growing number** of enrollees over time, including those who have persistently high drug costs over multiple years and others who have high costs in one year but not the next.
- ◆ A \$2,000 cap on out-of-pocket spending would generate larger beneficiary savings than a \$3,100 cap. Average out-of-pocket spending was \$3,216 among the 1.2 million Part D enrollees with out-of-pocket spending above \$2,000 in 2019. These enrollees would have saved \$1,216 (38%) of their annual costs, on average, if a \$2,000 cap had been in place in 2019, but only \$116 (4%) under a

\$3,100 cap.

- ◆ Savings could be considerable for beneficiaries with high out-of-pocket costs, including those who take expensive medications. In 2019, there were 154 drugs that forced Medicare Part D enrollees to incur more than \$2,000 in out-of-pocket costs, including 108 drugs where average annual out-of-pocket costs exceeded \$3,100. That same year, the 10% of beneficiaries who spent at least \$5,348 out-of-pocket would have saved \$3,348 (63%) with a \$2,000 cap and \$2,248 (42%) with a \$3,100 cap.

The numbers are clear: the lower threshold would better protect beneficiaries. Significantly more Part D enrollees would save significantly more money—and likely gain the opportunity to build their health and economic security—with a \$2,000 cap than with a \$3,100 cap.... **Read More**

## Budget reconciliation: What’s happening with drug prices?

As the Democrats in Congress work on the budget reconciliation bill, a lot is happening with drug prices. And, it is still unclear where Congress will end up. Here’s what we know as of now:

**Uninsured Americans will continue to be burdened by high drug prices:** Unless something changes soon—and it’s hard to imagine what it would be—uninsured Americans will continue to face unconscionably high drug prices even if Congress lowers drug prices for everyone else. How could this be, you might wonder? It appears that lawmakers do not have a way to lower drug prices for the uninsured through a budget reconciliation bill. What the uninsured pay for drugs does not affect the budget in any evident way. Also, it appears that lawmakers do not see a way

to regulate drug prices for the uninsured, short of Medicare or health care for all, which is not on the table.

**The US Department of Health and Human Services has a plan to negotiate drug prices for people with Medicare:** With White House backing, Secretary Xavier Becerra is looking to negotiate Medicare drug prices and to limit price increases to the rate of inflation. The plan mirrors the plan working its way through Congress. One unanswered question is the number of drugs that will have their prices negotiated. Another is whether private insurers will be willing and able to take advantage of Medicare’s negotiated prices.

**It is unlikely that a drug’s negotiated price will relate to the value that drug**



**offers:** Some countries, such as Germany and Australia, do value-based pricing—price prescription drugs based on their value to patients, in terms of the drug’s efficacy and the quality of life it offers. Currently, writes Thomas Waldrop for the **Center for American Progress**, drug prices in other wealthy nations are easily half the prices we pay and sometimes as little as 25 percent of the cost. Right now, we all bear the burden of exorbitant drug prices, as taxpayers and as patients. Medicare and Medicaid alone in 2019 spent \$290 billion on prescription drugs.

**We have little understanding of the value of FDA-approved drugs so insurers must cover drugs of little or no value with unreasonably high price tags:** We do not have the

information to assess a drug’s value. We do not have detailed or centralized information on drug usage rates, let alone health care usage rates. And, the FDA does not do comparative effectiveness reviews of drugs. They simply determine whether a new drug is more effective than a placebo.

**Regulating drug prices will not affect critical innovation:** The federal government has funded research for every new drug on the market. Pharmaceutical companies are not innovating in the ways we need—to find treatments for conditions that are rare and therefore less profitable to them. Rather, they are focused on maximizing profits by targeting research on drugs that are most used or for which they can generate the most money.

## Improved Medicare Handbook Reflects Advocacy Efforts

The “**Medicare & You**” handbook for 2022 is now available and it reflects improvements Medicare Rights and many of our partner organizations have been urging for years. The handbook is an official government publication that is distributed to millions of homes each year to provide people with up-to-date information about the Medicare program, their choices for obtaining coverage, and the benefits they can expect.

Each year, Medicare Rights provides feedback on a draft of the handbook and suggests

improvements, from tweaking the language to flagging content errors. This year, we urged the Centers for Medicare & Medicaid Services (CMS) to make the handbook available in languages in addition to English and Spanish; provide better information for how beneficiaries can access benefits and resources; increase accuracy about Medicare Advantage supplemental benefits; and make other, more minor edits.

This year’s version takes many of Medicare Rights’ suggestions



into account, making the handbook a better tool for Medicare

information and coverage decisions. For example, CMS reinstated the previously deleted “Help in Other Languages” section at the end and added a note in the introductory section telling people where to find that critical information. In a major win for language accessibility and equity, the handbook is now available in **Chinese**, with Korean and Vietnamese versions coming soon.

We thank CMS for making

these improvements, and for the opportunity to weigh in. We look forward to assessing future drafts and working with the administration to identify inaccuracies, ambiguous language, or other issues that might interfere with beneficiary comprehension or use. People with Medicare need readable, accurate, and unbiased information to help them make the Medicare choices that are right for their lives and circumstances.

**[Access the 2022 Medicare & You handbook.](#)**

## FDA Panel OKs Pfizer Booster Shot for People 65 or Older

An advisory panel to the U.S. Food and Drug Administration on Friday recommended a third Pfizer-BioNTech COVID vaccine booster shot for all Americans aged 65 or older, as well as for those deemed to be at high risk for severe illness.

According to *The New York Times*, that vote came after a near unanimous decision (16 to 2) by the same independent panel of experts that said no to booster shots for Americans younger than 65.

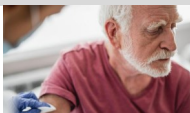
The recommendation against booster shots for younger adults is a setback for the Biden administration, which earlier in

the summer had pledged a rollout of boosters to the general population by this coming Monday, Sept. 20.

FDA advisory committee decisions are not binding on the agency, but it usually does follow its advisors’ recommendations.

Following an official ruling by the FDA -- expected sometime next week -- the U.S. Centers for Disease Control and Prevention would meet to outline how any new doses should be used.

According to the *Times*, Dr. Peter Marks, the official who directs the FDA’s vaccine



division, had urged panel members to not only focus on severe illnesses when making their decision, but also the power of boosters to perhaps slow infection rates.

The two votes come after a day of intense discussion and presentations from Pfizer, which has pushed hard for third booster shots, as well as officials at the CDC. The agency has conducted studies that suggest that the two doses of Pfizer vaccine that tens of millions of Americans have already received are still keeping recipients safely out of the hospital.

Panel members also heard testimony from Israeli experts. Israel began doling out booster shots to its already well-vaccinated population earlier this summer. The Israeli data appears to suggest that a third shot does give a significant boost to immunity from severe illness

However, Dr. Sara Oliver of the CDC presented data that current doses are still protecting even the very old from serious COVID-19...**[Read More](#)**

## Senate Haggles Over How to Pay for Adding Popular Benefits to Medicare

Senate Democrats have committed to adding dental, vision, and hearing care to Medicare, in addition to expanding long term care benefits to help people receive home and community - based services. But the ambitious plan is forcing some tough discussions with colleagues from *both* parties over how to pay for the estimated \$358 billion in proposed new Medicare spending over the next decade.

The gap in coverage for these benefits has existed since the program began in 1965, but this can come as a surprise for new Medicare beneficiaries and, all too often, catches people short.

Dental, vision and hearing

services come with some hefty out – of – pocket costs as people age. In addition, everyday eyeglasses, contact lenses and hearing aids aren’t covered by Medicare either.

To get that type of coverage, retirees and those with disabilities often enroll in Medicare Advantage plans, many of which offer some options for these benefits. But not all Medicare recipients have access to Medicare Advantage Plans with these options, and even those who do sometimes learn the benefits that are offered can be skimpy. In addition, some of you have reported that the extra benefits offered by the Medicare Advantage Plans in



your area, aren’t available to all beneficiaries, but rather only to folks whose incomes are low enough to also qualify for Medicaid.

According to TSCL’s Senior Surveys, more than half of older households have no dental insurance coverage, and 34% had not received routine dental care in two years or more. It’s little wonder that 81% of survey participants support adding a dental benefit to Medicare.

Members of Congress are discussing paying for the new benefits by including a provision that would allow Medicare to directly negotiate lower prices for drugs. The Congressional Budget Office estimates that

would save the government an estimated \$345 billion over the first ten years. Medicare beneficiaries would save too, in lower out-of-pocket costs for prescription drugs. Eighty - eight percent of participants in TSCL’s Senior Survey support allowing Medicare to negotiate drug prices.

TSCL strongly supports provisions that would add dental, vision and hearing benefits to Medicare, while lowering costs for prescription drugs. We encourage you to contact Members of Congress and to ask your lawmakers to add these important benefits to Medicare.

# Turning 65 Brings Big Health Care Cost Savings, Study Finds

(HealthDay News) -- When Americans are eligible for Medicare at age 65, they see a significant drop in their out-of-pocket medical costs.

Lowering the eligibility age would save even more, especially for people with the highest out-of-pocket costs, according to a **new study**.

"Medicare really improves financial risk protection for older adults, and reducing the age of Medicare eligibility would go a long way in reducing the financial burden of health care spending for those who are not quite 65," said lead author Dr. John Scott. He is an assistant professor of cardiac surgery at the University of Michigan

Medical School, in Ann Arbor.

For the study, Scott's team looked at out-of-pocket health care costs for people between their late 50s and early 70s, including co-pays, deductibles and costs not covered by insurance.

The average out-of-pocket amount dropped 27% from age 64 to 66, even as incomes stayed about the same, and average health costs paid by insurance and individuals rose 5%, the study found.

And the percentage of older adults without health insurance went from 5% at age 64 to nearly none at 66.

The researchers took special



notice of older adults whose health costs ate up more than 40% of their income after food and housing. Nearly 9% of uninsured 64-year-olds fell into this group. By age 66, the percentage had dropped by 35%, the findings showed.

The lack of Medicare benefits for some types of care — including dental, vision and hearing — may have contributed to the fact that nearly 6% of 66-year-olds still spent more than 40% of their disposable income on health costs. Some of this could also reflect costs for those who chose traditional Medicare and didn't buy a Medigap plan, the study authors said.

"The financial burden of paying for health care — sometimes referred to as 'financial toxicity' — is high for older adults in their 60s," Scott said in a university news release. "With the rise in high-deductible commercial health insurance plans, simply having health insurance is not enough to protect patients from high out-of-pocket health care costs."

When researchers compared the years before Medicare eligibility to those after it, the percentage who said they had delayed care because of cost dropped 17%.

"Unaffordable care isn't just bad for someone's wallet, it's bad for their health," Scott said.

## Health savings accounts aren't being used by older Americans who need them the most

- Fewer than half of Americans age 50 and older with high-deductible health insurance have a health savings account, according to the National Poll on Healthy Aging.
  - Older Americans with more health problems and lower incomes are less likely to have such an account, the poll shows.
  - Those with limited savings often delay or skip necessary care, health experts say.
- Many older Americans worry about rising medical expenses, and those who may benefit most

from a tax-friendly health savings account are the least likely to have one.

That's according to a **report** from the National Poll on Healthy Aging, which surveyed Americans ages 50 to 80 about health expenses and savings.

Health savings accounts allow those with eligible high-deductible insurance to set aside money for future medical costs. For 2021, the deductible must be at least \$1,400 for individuals or \$2,800 for family plans.

These accounts offer three tax write-offs. Participants can



deduct contributions, grow the money tax-free and withdraw the funds tax-free for qualified

health expenses.

Fewer than half of Americans age 50 and older with high-deductible insurance have a health savings account, the report shows. And those who have an account are more likely to be healthier, higher income and more educated.

"That's concerning because the remainder does not have a tax-advantaged savings account that can help them shoulder the burden of those large

deductibles," said first author Dr. Jeffrey Kullgren, associate professor of internal medicine at the University of Michigan.

Some 13% of older Americans have delayed seeking medical care because of cost concerns, the poll found, and 12% have skipped treatment because they couldn't afford it.

"Forgoing or delaying care due to cost is unfortunately all too common," he added.

Nearly 20% of older Americans were "not at all confident" about covering out-of-pocket health costs over the next year, the survey found....[Read More](#)

## Taxes on life insurance: Here's when proceeds are taxable

Typically, beneficiaries on a life insurance policy will not be required to pay income tax when they receive a death benefit, but there are certain exceptions to this rule. Understanding all of the tax implications involving a life insurance policy can help beneficiaries make the best decisions about how to handle proceeds received from a life insurance policy.

Most people choose life insurance to protect their loved ones and leave them in a better financial place. But will the recipients of the policy be stuck with a tax liability?

### Are life insurance proceeds taxable?

You may be wondering, "Is life insurance taxable?"

The IRS states that proceeds from a life insurance policy are not generally considered gross income for the beneficiary. However, there are exceptions. For example, interest received by a beneficiary as a result of the insured's death should be reported as income. A beneficiary may also need to report some of the payout as taxable income if they receive it in exchange for cash or something else of valuable consideration, up to the total amount of what was expended.

There are some exceptions



when you may have to pay tax:

When the payout comes in installments instead of a lump sum

There are two ways the benefit can be paid - as a single lump sum or in installments. Some people prefer to receive money over time to avoid spending the full amount. But they should be aware that the interest is taxable.

Jonathan Holloway, co-founder of **NoExam.com**, a digital life insurance brokerage explains, "If the payout is paid in installments, the interest that accrues on the payouts is taxable. The death benefit is not taxable,

only the interest on installments."

### If the beneficiary is an estate

If the policyholder names an estate as **the beneficiary** in a life insurance policy, the process gets more complicated. If the death benefit pushes the estate's value **over \$11,700,000**, your beneficiaries will have to file an **IRS Form 706**, also named the "United States Estate (and Generation-Skipping Transfer) Tax Return." Leaving the proceeds to an estate adds to its value, which could lead to higher estate taxes for your heirs....[Read More](#)

# Will Medicare Soon Include Dental Coverage and More?

There's an old saying: "Laws are like sausages; it is better not to see them being made."

That has never been truer than in this Congress. In trying to craft the new legislation to improve Medicare benefits and lower drug prices, it turns out it's not just Democrat vs. Republican, it's also Senate vs. House, Democrat vs. Democrat, and to a lesser extent, Republican vs. Republican.

According to a report in *Bloomberg Government News*, "Centrist Democrats in the House are pushing to shrink their

party's health-care wish list to focus more on low-income Americans, a move backed by industry groups including dentists who say a narrower focus is better policy.

"The group of Democrats blocked one committee from advancing their party's drug-pricing legislation, with two members arguing it was too far-reaching and could stymie innovation in the pharmaceutical industry. Some of those Democrats also want to rein in a proposal to expand Medicare to



include dental coverage, a high priority for progressives such as Sen. Bernie Sanders (I-Vt.)."

The report continues, "Two House panels last week approved legislation adding vision, hearing and dental coverage to Medicare. Dental is by far the most expensive and complicated of the three to roll out: the nonpartisan Congressional Budget Office **previously estimated** that such coverage would cost \$238 billion over 10 years, compared with \$30 billion for vision and \$89 billion for hearing coverage.

"To lower the expected cost of these new benefits, House Democrats have proposed introducing the new dental benefits starting in 2028, ramping up the coverage over five years."

TSCL has long supported adding vision, dental and hearing benefits to Medicare, as well as supporting legislation to lower prescription drug prices. We are waiting to see what the final bills look like that come out of the House and Senate before we determine what kind of endorsement to give.

## Why Is Everyone so Worried About Social Security?



While many seniors rely heavily on **Social Security** to make ends meet, a large number of people have lost faith in the program. A good **73% of working Americans** think Social Security won't be there for them in retirement, according to the 21st Annual Transamerica Retirement Survey. But those who think that way may be blowing the current situation out of proportion.

What's happening with Social Security?

The Social Security Trustees recently released their **long-awaited update** on the state of the program's finances, and the news wasn't exactly wonderful. It also wasn't shocking.

It's not a secret that in the coming years, Social Security will owe more money in benefits than it collects in revenue as baby

boomers exit the workforce in droves and too few replacement workers come in to make up for it. Social Security will, in that scenario, have to tap its trust funds to keep up with scheduled benefits. But once those trust funds run dry, benefit cuts will be on the table.

Before the coronavirus crisis began, the Social Security Trustees estimated that the program's trust funds would run out of money by 2035. Now they're saying that milestone will arrive a year sooner due to the widespread unemployment crisis the pandemic triggered. Once those trust funds are depleted, Social Security recipients could be looking at a 22% reduction to their benefits. That applies to current and future beneficiaries alike.

Interestingly, the aforementioned Transamerica survey was compiled and



released before the Trustees put out their latest report. But if anything, the number of workers who now think Social Security won't be there for them in retirement could be higher.

It's not all doom and gloom. Clearly, Social Security benefit cuts are not a desirable thing. But there's also a big difference between Social Security going broke and the program having to cut benefits. The former is not on the table, which means that current and future retirees will still get some amount of money on a monthly basis.

Furthermore, though benefit cuts are possible, they're not set in stone. Reducing benefits could put millions of seniors in a very precarious financial situation, so lawmakers are apt to try to figure out ways to avoid that scenario.

Of course, current retirees may have few options for compensating for Social Security

benefit cuts. But if you're still working, you should be a bit less worried.

For one thing, you may have plenty of years ahead of you to boost your personal retirement savings so you're less reliant on Social Security during your senior years. You may also have the option to delay your filing, which could give you a larger monthly benefit for life.

While the latest news on the Social Security front may not be something to celebrate, fears about the program going away are completely pretty overblown. As long as we continue taxing workers' income for Social Security purposes, seniors will be able to collect benefits to some degree. And given the consequences of cutting benefits, lawmakers are pretty invested in finding solutions to prevent that from happening anytime soon.

## What is the rule of 55 and how does it work?

Taking a distribution from a tax qualified retirement plan, such as a 401(k), prior to age 59 1/2 is generally subject to a 10 percent early withdrawal tax penalty. However, the IRS **rule of 55** may allow you to receive a distribution after attaining age 55 (and before age 59 1/2 ) without triggering the early penalty if your plan provides for such distributions.

The distribution would still be subject to an income tax

withholding rate of 20 percent, however. (If it turns out that 20 percent is more than you owe based on your **total taxable income**, you will get a refund after filing your yearly tax return.)

It's important to note that the rule of 55 does not apply to **traditional or Roth IRAs**.

Should you take advantage of the rule of 55 to take an early distribution?



Many companies have retirement plans that allow employees to take advantage of the rule of 55, but your company may not offer the option.

"401(k) and 403(b) plans are not required to provide for rule of 55 withdrawals, so don't be surprised if your plan does not allow this," says Paul Porretta, a compensation & benefits attorney at Troutman Pepper, a law firm based in New York,

NY.

"Many companies see the rule as an incentive for employees to resign in order to get a penalty-free distribution, with the unintended consequence of prematurely depleting their retirement savings," he says

If the following statements apply to your situation and retirement plan, then the rule of 55 may be a good option for you. ....**Read More**

# RI ARA HealthLink Wellness News

## Special 'Strategies' Can Help People With Parkinson's Walk, But Many Patients Unaware

Movement can be very difficult for people with Parkinson's disease, as shaking and stiffness play havoc with balance, coordination and gait.

There are many different tricks Parkinson's patients can use to improve their walking and avoid injury from a bad tumble — but **a new study** reveals that people often have to figure them out on their own, with no help from either a doctor or physical therapist.

Nearly one-quarter of Parkinson's patients have never tried well-known strategies proven to help improve movement, according to a report published online recently in *Neurology*.

"While compensation strategies are commonly used by persons with Parkinson's disease, their knowledge on the full spectrum of available strategies to improve walking are rather

limited," said lead author Dr. Anouk Tosserams of the Radboud University Medical Center in the Netherlands.

Parkinson's is a disease of the nervous system that affects a person's ability to control their movement. It causes people to shake, have stiff muscles and limbs, move slowly, and struggle with walking, balance and coordination.

Symptoms worsen over time, and in advanced stages patients will require a wheelchair and full-time nursing care.

The disease stems from a lack of dopamine in the brain, and doctors often prescribe medications designed to combat this deficiency as "standard therapy," said Brett Benedetti, associate director of research programs at the Michael J. Fox Foundation for Parkinson's Research in New York City.



But Tosserams said patients are often left to their own devices to figure out strategies that will help them get around despite their Parkinson's.

"These strategies are typically spontaneously 'invented' by persons with Parkinson's disease," she said. "Until 2019, only anecdotal reports of these creative strategies were published."

That year, a team led by senior researcher Dr. Jorik Nonnekes at Radboud University reviewed hundreds of patient videos to collect 59 strategies, which they categorized into seven groups:

- ◆ Internal cueing, like walking to a count in your head.
- ◆ External cueing, like walking to the beat of a metronome.
- ◆ Changing your balance requirements, such as turning in a wider circle.

- ◆ Altering your mental state, maybe by employing a relaxation technique.
- ◆ Observing other people walking, and visualizing their movement in your mind.
- ◆ Adapting a new walking pattern, like jumping or going backward.
- ◆ Finding other ways to use the legs, like bicycling or crawling.

It's hard to say which of these are better than the others, because it comes down to the individual patient, Benedetti said.

"What may work in one person with Parkinson's with a particular type of gait dysfunction may not work in another," he said. "The approach is going to be something that is going to be more tailored to each individual and what works best for them." ...[Read More](#)

## Physical Activity Is Helpful After a Stroke, But How Much Is Healthy?

Jeff Vallance jump-started every day with a 4-mile run. It woke him up and kept him feeling fit. As an expert in chronic disease management, he knew the importance of staying active.

He also knew the signs of a stroke. When his right foot started to go numb, scuffing the sidewalk and making him stumble on his daily jog, he grew concerned. Then his right arm started to tingle, followed by the right side of his face.

"I started talking to myself, and I could hear my speech changing," he said. "The right side of my mouth did not want to work like the left side."

Vallance knew what it meant because he remembered the lifesaving acronym FAST: Face drooping, Arm weakness and Speech difficulties meant it was Time to call 911. He was having a stroke.

What he didn't know was how difficult it was going to be to recover, or that it would be well

over a year before he felt safe enough to return to his daily runs.

"For years, I have told all of our research participants with chronic disease to get out there and be active," said Vallance, a professor and Canada Research Chair in Health Promotion and Chronic Disease Management at Athabasca University in Alberta, Canada. "I never realized the incredible amount of fear and apprehension the individuals must have felt."

Research supports staying physically active during stroke recovery. In a 2014 scientific statement, the American Heart Association recommended doctors prescribe low- to moderate-intensity aerobic activity, muscle-strengthening activity, reduction of sedentary behavior and risk management to prevent a second stroke.

Guidelines from the AHA published in May offer more specifics. For patients who are



capable, it calls for moderately intense aerobic activity for at least 10 minutes four times a week, or vigorous activity for a minimum of 20 minutes, twice a week.

For those with mobility problems, the guidelines recommend seeking a supervised exercise program with a health care professional, such as a physical therapist or cardiac rehabilitation specialist.

But the guidelines apply generally. And Vallance quickly learned little was known about how exercise might affect his particular situation.

"I was stunned when my neurologist and cardiologist advised me to refrain from vigorous exercise and heavy lifting," Vallance said.

Vallance had an ischemic stroke, most likely caused by a patent foramen ovale, or PFO, an opening between the two upper chambers of the heart. It allowed blood, and a clot, to

leak from the right side of the heart to the left during exertion. His doctors cautioned that continued exertion could send blood clots straight to the brain and trigger a second stroke. Until that hole could be closed, they said, he shouldn't exert himself too much.

An avid distance runner, Vallance had been running for 25 years. The thought that doing one of the things he loved most could potentially harm him was terrifying. He looked for guidance on what he could do while he waited for the procedure to close the hole in his heart.

But he found little in the scientific literature. Researchers only recently confirmed that closing the hole following a stroke was even necessary since PFOs, estimated to occur in about 1 in 5 adults, typically don't cause serious problems...[Read More](#)

## Statin Cholesterol Drugs May Help Fight Ulcerative Colitis

Millions of people take statins to lower their cholesterol, and new research suggests these drugs may also ease ulcerative colitis.

An inflammatory bowel disease with no real cure, **ulcerative colitis** causes sore spots on the lining of the colon that can lead to rectal bleeding, diarrhea and cramping. Treatment typically involves anti-inflammatory drugs and/or removal of part or all of the colon (colectomy). Ulcerative colitis affects nearly 1 million Americans.

"Statins have been known to have an anti-inflammatory effect for quite some time," said lead

researcher Purvesh Khatri, an associate professor of medicine and biomedical data science at Stanford University. "Our study provides strong evidence in support of further investigations to identify the mechanism of action."

It found that patients with ulcerative colitis who were also taking atorvastatin (Lipitor) were less likely to be hospitalized and had about a 50% decrease in colectomy rates.

Khatri said the finding is significant as fully 30% of people with ulcerative colitis eventually undergo the procedure.



Exactly how, or even if, statins affect ulcerative colitis is not fully understood yet, researchers emphasized.

For the study, they analyzed genetic data from hundreds of patients who had undergone a colon biopsy. Then they used data from lab studies to investigate how certain approved drugs reversed the genetic signature of ulcerative colitis.

Three drugs seemed to do the trick: two were chemotherapy drugs and the other was atorvastatin. Researchers said chemotherapy drugs have too many side effects to be considered for this purpose.

A review of electronic health records of people revealed that long-term use of atorvastatin provided more protection than short-term use.

"Our results support additional investigation into the use of atorvastatin for treating patients with ulcerative colitis," Khatri said. "Trials are needed to confirm whether and how much atorvastatin treatment would benefit patients with ulcerative colitis."

Researchers said they plan to see if the benefits hold with other available statins...[Read More](#)

## Pfizer Recalls All Lots of Anti-Smoking Drug Chantix Due to Potential Carcinogen

(HealthDay News) Pfizer is expanding the recall of its anti-smoking drug Chantix (varenicline), the company announced Friday.

The nationwide recall of all Chantix 0.5 mg and 1 mg tablets was prompted because they may contain levels of a nitrosamine, N-nitroso-varenicline, that are at

or above levels approved by the U.S. Food and Drug Administration.

Long-term ingestion of N-nitroso-varenicline may be linked to a "theoretical potential increased cancer risk in humans," the company said, adding that no immediate risk to patients taking Chantix exists.



"The health benefits of stopping smoking outweigh the theoretical potential cancer risk

from the nitrosamine impurity in varenicline," Pfizer said in its statement.

Nitrosamines are common in water and foods — including cured and grilled meats, dairy

products and vegetables — so everyone is exposed to some level of these chemicals.

Patients taking Chantix should consult with their doctor about other treatment options. So far, Pfizer has received no reports of adverse events tied to this recall, the company stated.

## Dentists Chip Away at Uninsured Problem by Offering Patients Membership Plans

Nevada dentist David White has seen diseased and rotted teeth in the mouths of patients who routinely put off checkups and avoided minor procedures such as fillings. While dental phobia is a factor, White said, the overriding reason people avoid treatment is cost.

To help patients lacking dental insurance, White in 2019 started **offering a membership plan** that looks much like an insurance policy — except it's good only at his offices in Reno and Elko. Adults pay \$29 a month — or \$348 a year — and receive two free exams, two cleanings, X-rays and an emergency exam, services valued at \$492. They also get a 20% discount on office procedures such as fillings and extractions.

About 250 of White's patients have signed up, and it's led many to visit more frequently for routine exams and get

necessary treatment, he said. "It's pushing patients toward better oral health," White said.

He's among a quarter of dentists nationwide offering memberships, according to a **2021 survey** of 70,000 dentists by the American Dental Association.

These in-office plans are largely targeted to the 65 million Americans who lack dental insurance and have to pay out-of-pocket for all their care. Dentists also like the plans better than handling insurance plans because they don't have to deal with insurers' heavily discounted reimbursement rates, waits to get preapprovals to provide services and delays in getting their claims paid.

Lack of dental coverage contributes to the delaying or forgoing of dental care by **1 in 4 adults**, according to a KFF analysis of a 2019 national



survey. Kleer, a Wayne, Pennsylvania, company started in 2018, has

helped more than 5,000 dentists set up the offerings. "Patients on membership plans act like insured patients and come in as much as insured patients, but they pay less for coverage while dentists get paid more," said CEO Dave Monahan. "All we are doing is cutting out the middleman," he said.

Monahan said business has soared during the covid-19 pandemic as more dentists, confronted with higher costs for personal protective equipment and more patients without job-based coverage, saw the need for such plans.

Anthony Wright, executive director of consumer health advocacy group Access California, said he's skeptical about the value of individual dental insurance but said

patients also should be cautious about a dental membership plan because they are generally not overseen by states. "People should be aware that this is a generally unregulated field, so it's buyer beware," he said.

Before joining a membership plan, consumers should ask what the dentist charges for procedures so they know not just the discount but their actual out-of-pocket cost. In some cases, the membership plans are a viable option.

"If you are going to an established practice and if the costs are reasonable and within your budget, it may make some sense" to enroll, he said.

Vanessa Bernal, office manager at Winter Garden Smiles in central Florida, said many patients who are self-employed or work for small businesses have joined the practice's membership plan...[Read More](#)



## In 16 States, 35% or More Residents Now Obese: CDC

America's waistline keeps widening.

On Wednesday, the U.S. Centers for Disease Control and Prevention announced that 16 states now have at least 35% of their residents who are obese, a number that's nearly doubled since 2018.

The CDC's 2020 Adult Obesity Prevalence Maps now show that Delaware, Iowa, Ohio and Texas have joined Alabama, Arkansas, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Oklahoma, South Carolina, Tennessee and West Virginia with high rates of obesity.

One expert said the unhealthy

move towards more obese Americans isn't surprising.

"While COVID may be an accelerator, the trends have been going on for a long time," said Dr. Mitchell Roslin, chief of obesity surgery at Lenox Hill Hospital in New York City. "This is the consequence of changes in our food supply and increased consumption of processed foods."

He believes the ease of access to unhealthy, processed foods — often cheaper and easier to prepare than fresh, unprocessed foods — means that Americans increasingly eat high-calorie,



low-nutrient fare.

So, said Roslin, "if you go with the flow and are not proactive, obesity and insulin resistance have become the norm." Insulin resistance is a precursor to diabetes.

The CDC pointed to notable racial and ethnic disparities around obesity, as well. Some states and territories did not have sufficient data to break down the issue by race and ethnicity, but among those that did, 35 states and Washington, D.C., had an obesity prevalence at or above 35% among Black residents, 22 states had reached that level for their Hispanic residents, and seven states had

that prevalence among white residents.

"The ethnic disparities to some extent can be explained by socioeconomic factors," Roslin said. "Real food that is not processed costs more money. Fresh fruit and vegetables are expensive. So are animal products and fish that are only given natural foods."

No states had an obesity prevalence at or above 35% among Asian residents. However, some studies have suggested that health risks associated with obesity may occur at a lower body mass index for people who are Asian....[Read More](#)

## What Helps Your Heart More, Losing Fat or Gaining Muscle?

Shedding excess weight does much more for the long-term heart health of young people than building muscle, new research suggests.

It's not that gaining muscle while young proved to be a cardiovascular problem. It's just that losing fat offered bigger heart benefits.

"We absolutely still encourage exercise," said study lead author Joshua Bell, a senior research associate in epidemiology at the University of Bristol in England.

"There are many other health benefits, and strength is a prize in itself," he said. "We may just need to temper expectations for what gaining muscle can really do for avoiding heart disease. Fat gain is the real driver."

The study followed more than 3,200 Brits born in the 1990s. It found those who had primarily lost fat during adolescence and young adulthood were much less likely than those who had gained muscle to develop risk factors such as high glucose, inflammation or "bad" cholesterol by age 25.

Participants had scans to assess levels of body fat and lean mass at ages 10, 13, 18 and 25. Handgrip strength tests were also assessed at 12 and 25.

At 25, participants underwent blood pressure and blood sample testing to assess levels of roughly 200 metabolic factors viewed as "a gateway for heart



disease and other health problems," Bell explained. Such factors included insulin, C-reactive protein, cholesterol, triglycerides, glucose, creatinine and branched chain amino acids.

The result: For lowering risk factors for heart disease, "changes in body fat seem to matter much more than changes in muscle," Bell said. By some measures -- such as lowering levels of "bad" cholesterol -- fat loss appeared to be as much as five times more protective than muscle gain, he added.

"Muscle gain only seemed beneficial when it happened in adolescence, between 13 and 18 years old," Bell said. "This is a busy time of growth and maturity, and might be when we

should promote some muscle gain as well. [Heart] benefits seem to fade after then."

His bottom-line message: While muscle is important for outcomes like mobility and independence, fat control seems to be a higher priority when it comes to keeping markers for heart disease in check.

The results were published recently in [PLOS Medicine](#)

Bell stressed that the findings are critical because the seeds of future heart trouble are sown among youths and adolescents, who are otherwise healthy

While "serious events like heart attacks don't tend to happen until older ages, heart disease doesn't happen overnight," Bell noted....[Read More](#)

## Improve health, enlist lawyers to assist patients

It is likely news to many people, but lawyers can improve patients' health. [Kaiser Health News](#) reports on "medical-legal partnerships," which have been growing throughout the country: Through these partnerships, states, hospitals and health clinics enlist lawyers to assist patients in order to improve their health.

**Who pays for these lawyers?** Medical-legal partnerships are funded in different ways. In some cases,

foundations pay for the legal services. But, that funding tends to be temporary. A handful of states pay for this assistance through their Medicaid budgets. Sometimes, lawyers offer their services pro bono.

North Carolina, for example, relies on a federal waiver to provide more legal aid to Medicaid patients. This aid helps to improve social determinants of health, like housing, nutrition, transportation



and more. And, all states have some discretion to use some Medicaid funds for non-clinical services that can lead to better health outcomes. The Veterans Administration also offers legal services to its patient population.

**What types of legal help do attorneys offer?** Lawyers participating in medical-legal partnerships help patients with a wide range of legal issues, such as guardianship, immigration

and eviction issues or unemployment and Social Security Disability Insurance claims. Lawyers also might help get a landlord to remove mold from an apartment that is causing a child to have asthma.

In short, attorneys can help ease stress for patients and their families and, in the process, promote better health.

There are some 450 medical-legal partnerships across the country.

## New Drug Combo Boosts Survival Against Aggressive Form of Breast Cancer

New research offers good news for women with an aggressive HER2-positive breast cancer.

A targeted therapy, trastuzumab deruxtecan (T-DXd), sold as Enhertu, triples the length of time that the cancer remains in check when compared with the current gold standard, trastuzumab emtansine (T-DM1).

Both of these drugs are second-line treatment options for HER2-positive breast cancer that has continued to spread after initial therapy.

"It really truly blew T-DM1 out of water in terms of progression-free survival," said study co-author Dr. Sara Hurvitz, director of breast cancer clinical research at UCLA's Jonsson Comprehensive Cancer Center.

Up to 20% of breast cancers are HER2-positive, meaning there's too much of a protein called human epidermal growth factor receptor 2 on the cell's surface, causing the cancer to act more aggressively, explained Hurvitz.

Currently, the first-line therapy for women with this type of breast cancer is HER2 antibody therapy with pertuzumab/trastuzumab plus chemotherapy. If the cancer progresses, the standard care is to switch to T-DM1 (sold as Kadcyla), which comprises trastuzumab and chemotherapy.

But the new study may change this paradigm, Hurvitz said.

Given intravenously, T-DXd attaches to the HER2 protein, blocking its growth, and delivers



Strength  
Courage  
Hope

high concentrations of chemotherapy directly to cancer cells that overexpress HER2.

The new study was funded by T-DXd manufacturers Daiichi Sankyo Inc. and AstraZeneca.

In the study of 524 women with HER2-positive breast cancer, those who received T-DXd had a 72% improvement in their progression-free survival compared to their counterparts who were treated with T-DM1.

At one year, 76% of women taking T-DXd didn't show any signs of disease progression. By contrast, only 34% of women taking T-DM1 did not see disease progression at one year.

"This drug really lengthens progression-free survival time or time before a patient needs to switch therapies because the one

that they are on has stopped working and their disease gets worse," Hurvitz said. "This is very good news for patients."

In addition, tumors shrank in close to 80% of women taking T-DXd, compared to only 34% treated with T-DM1. Fully 16% of T-DXd-treated women showed no evidence of disease at one year, the study showed. The new drug seemed to work especially well in women whose breast cancer had spread to their brain, Hurvitz said.

The findings were presented this weekend at the annual meeting of the European Society for Medical Oncology. Research presented at meetings is typically considered preliminary until published in a peer-reviewed journal.....[Read More](#)

## Coronavirus: Why aren't at-home tests easily available and inexpensive?

It's hard to buy an at-home Covid-19 test in the US. They are sold out across the nation. Even if the at-home Covid tests were easily available, they are unaffordable to many people. What's going on?

The least expensive test, according to [Kaiser Health News](#), is the BinaxNOW test, which comes in a two-pack for \$23.99. It's hard to find anywhere. CVS still appears to have some available for purchase, and it is limiting the

number people can buy.

Fortunately, President Joe Biden has said he would have the government produce 280 million rapid covid tests through the Defense Production Act at a lower cost than currently available. The Biden administration is working with large retailers to distribute the tests at a price that is as much as one third lower than the current price. People with Medicaid will get the tests for



free.

Still, at a cost of \$16 for a two-pack or \$8 each, the price of the at-home rapid test will be unaffordable to many Americans. What's noteworthy is that other wealthy nations are charging as little as \$1 for at-home tests. That's what they cost in Germany. And, the UK offers each person 14 free tests.

While 280 million more tests in the US sounds like a lot, if you break it down, that means

less than one test per person. An inadequate supply of tests keeps people from doing the regular testing they might need to do to ensure they are Covid-free.

What's concerning is that while Americans cannot afford to buy the Covid-19 tests they need, even were they available, the big companies manufacturing these tests and their shareholders are making out like bandits.

## Low-cost transport improves health for isolated older adults

Choe Sang-Hun reports for the [New York Times](#) on the value of low-cost transportation services for older adults in rural counties in South Korea. In these counties, taxis ferry people to town and to doctors' appointments as far as 20 minutes away. Because of government subsidies, the taxis cost just 100-won or .09 cents. The US offers **free transportation to older adults** in some communities, but we could do better.

When did South Korea begin subsidizing taxi services for rural residents? Beginning in 2013, South Koreans living in one

county no longer had bus services. The routes were not busy enough to be worth the government's investment. So, the buses were canceled.

The county decided that it would pay for all but .09 cents of the cost of a taxi ride for villagers in small hamlets who live too far from a bus stop to make use of a bus. The taxi takes them to local markets and doctors appointments.

In 2020, villagers from 40 villages in Seocheon made use of the taxi service 40,000 times. The total cost to the South Korean government was



\$147,000. Throughout South Korea, the government subsidized 2.7 million rides.

The taxi service makes a lot of sense: The taxis provide door-to-door service. And, they end up being less costly than a regular bus service. A lot of the rural villages only have a dozen or so houses.

The taxi service also keeps the older villagers socially engaged, freeing them of being isolated in their villages. It allows them to get out and about.

The trips are subsidized heavily. The same short taxi ride would have cost 100 times what

it now costs the villagers. And, if they want to travel further, they pay just a little more. They can make use of it whenever they please.

It should be easy for local communities in the US to copy the South Korean model and arrange free or low-cost transportation services for older adults. Some cities offer access-a-ride, which is a start. Contact your local [area agency on aging to find out about transportation services](#) for older adults in your community.