

Message from the Alliance *for* Retired Americans Leaders



Life Expectancy Fell during COVID Pandemic, Especially for Hispanic and Black Males



Robert Roach, Jr.
 President, ARA

A study published Tuesday in Proceedings of the National Academy of Sciences of the United States of America (PNAS)

has found that life expectancy in the U.S. fell by 4.5 and 3.6 years for Hispanic and Black males, respectively, in 2020 during the COVID-19 pandemic. White Americans also saw their life expectancy decline, by 1.5 years.

Researchers say the reasons behind the life-expectancy disparities could include social inequality, crowded housing, low access to preventive information, and the disproportionate number

of racial minorities who had to continue working outside the home in jobs that put them at higher risk for infection.



Rich Fiesta,
 Executive Director, ARA

"It is important that public health officials consider the increased risk factors for Hispanic and Black Americans when implementing their disease prevention

policies at the local level," said Robert Roach, Jr., President of the Alliance. "We must continue to make our resources, such as vaccines and educational materials, easily accessible where they are most needed."

The average life expectancy in the U.S. nationally dropped by nearly two years in 2020, to 77 years from 78.8 in 2019. New

York State saw the biggest drop in life expectancy from 2019 to 2020: three years. Hawaii had the smallest change, 0.2 years

Using Covid Relief Funds to Rehire Retired Teachers Could Help Address Teacher Shortage

With school districts across the country facing steep teacher shortages — causing class sizes to swell and threatening to stagnate student achievement — some states are offering bonuses to prevent their most experienced teachers from retiring.

One solution involves states using funds appropriated by the American Rescue Plan (COVID-19 Stimulus Package), which Congress passed last year; that money can be used to rehire retired teachers, Secretary of Education Miguel Cardona said

during an appearance on "Face the Nation" last Sunday. He added that states must also make sure they support educators and improve their working conditions as part of an overall strategy to address the increased need.

The Des Moines, Iowa school system is even offering a \$50,000 retirement bonus for longtime educators if they stay one more year.

"Retired teachers have a wealth of knowledge and expertise in their field, so it is no wonder many are being asked to return," said Richard Fiesta, Executive Director of the Alliance. "They should accept the offers if that is their choice, or enjoy the retirement they have earned if that is their preference."



**Happy Labor Day
 to all the hard working
 men and women that really
 MAKE AMERICA GREAT!!**



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

The Weather May Start Cooling Off but Things Will Soon be Heating up in Washington

Traditionally, August has been a slow news month when it comes to news out of Washington, D.C. That is because Congress takes its traditional August break, which we wrote about last week.

This year, of course, the first part of August broke with that tradition when Congress passed the Inflation Reduction Act, which contains the provision to allow Medicare to start negotiating with drug companies regarding the prices of certain prescription drugs.

Now, we are in that news lull as members of Congress are either back home campaigning for re-election or else taking a family vacation before their work resumes after Labor Day. And they have a lot of work to do, including funding the federal government for the 2023 fiscal year which begins on October 1.

Despite their absence from Washington, there are some news items worth reporting and which you will find below.

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New Covid Vaccine Available Soon

It has been reported that new Covid-19 booster shots targeting the highly contagious omicron variant could be available soon

after Labor Day and all Americans 12 years and older will be eligible for the shot, which experts hope will provide an additional tool in the fight against the coronavirus and guard against a winter surge.

The Food and Drug Administration is expected to sign off on the new bivalent Covid shots—which target both the original Covid strain as well as omicron subvariants — sometime this week.

The Centers for Disease Control and Prevention will then have a meeting September 1 and 2, with a final sign off on the shots shortly after, paving the way for them to be available as soon as September 3, according to a report in *Bloomberg News*.

An article in the *New York Times* stated that Pfizer’s booster will be available to everyone 12 and older, while Moderna’s shot will only be offered to adults.

Those who have already received one or two booster shots are still eligible for the omicron vaccine, the *Times* reported, though those who have recently received a dose might be advised to wait “a few months” before getting the retooled booster, according to Dr. Peter Marks, the FDA’s top vaccine regulator.

Those at high risk for severe



disease who were recently boosted with the original Covid vaccine will still be protected for “some period of time,”

but should get the omicron-specific booster within “a couple of months,” Dr. Amesh Adalja, a senior scholar at the Johns Hopkins Center for Health Security, told *Forbes magazine*, adding those vulnerable to severe disease who have not gotten a recent shot should get the omicron booster right away.

However, TSCSL recommends you check with your doctor if you have any concerns or question about whether you should get the new vaccine.

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Will Medicare Force Surgeons to Stop Providing Services?

It is a fact that seniors in the U.S. are living longer than many of our parents and grandparents. This is the good news. But along with that is the fact that many seniors experience the reality that their joints are wearing out.

To deal with this medical science has developed hip and knee replacement surgeries are very effective and, for the most part, greatly improve the quality of life of seniors who need them.

However, they cost money and Medicare must pay for them. Or more accurately, Medicare must pay the surgeons who perform them, as well as the hospitals

and other supporting services and staff. But surgeons are unhappy that this year Medicare is reducing the amount of money it will pay for those types of surgeries.

According to one surgeon in an article in *Statnews*, “This year, Medicare again **reduced surgeon reimbursement** while recommending an **8.5% lift for hospitals**. Hospitals, though, are prohibited from prescribing or directing care. Only physicians can do that. Therefore, they are best positioned to create value since they orchestrate the entire episode of care. How does rewarding hospitals with more taxpayer dollars and cutting pay for the surgeons who help bring in patients save money?”

Certainly, if health care providers will not accept Medicare, it will put the health of seniors at real risk and it is something we all need to be concerned about and keep an eye on.

You can read the entire article [here at Statnews](#).

As we continue moving toward a new normal in dealing with the Covid 19 pandemic, TSCSL remains constant in our fight for you to protect your Social Security, Medicare, and Medicaid benefits.

In America, Cancer Patients Endure Debt on Top of Disease

RAPID CITY, S.D. — Jeni Rae Peters would make promises to herself as she lay awake nights after being diagnosed with breast cancer two years ago.

“My kids had lost so much,” said Peters, a single mom and mental health counselor. She had just adopted two girls and was fostering four other children. “I swore I wouldn’t force them to have yet another parent.”

Multiple surgeries, radiation, and chemotherapy controlled the cancer. But, despite having insurance, Peters was left with more than \$30,000 of debt, threats from bill collectors, and more anxious nights thinking of her kids. “Do I pull them out of day care? Do I stop their schooling and tutoring? Do I not

help them with college?” Peters asked herself. “My doctor saved my life, but my medical bills are stealing from my children’s lives.”

Cancer kills about 600,000 people in the U.S. every year, making it a **leading cause of death**. Many more survive it, because of breakthroughs in medicines and therapies.

But the high costs of modern-day care have left millions with a devastating financial burden. That’s forced patients and their families to make gut-wrenching sacrifices

even as they confront a grave illness, according to a KHN-NPR investigation of America’s sprawling medical debt problem. The project shows few suffer more than those with cancer.

About two-thirds of adults with health care debt who’ve had cancer themselves or in their

family have cut spending on food, clothing, or other household basics, a **poll conducted by KFF** for this project found. About 1 in 4 have declared bankruptcy or lost their home to eviction or foreclosure... [Read More](#)

The High Financial Toll of Cancer

Share of indebted adults who say they or someone in their household have done the following due to health care debt:

Action	Had cancer*	No cancer
Used up most of their savings	60%	46%
Withdrew money from college or Retirement fund or other long-term savings	43%	27%
Skipped or delayed medical care due to cost	74%	62%
Changed living situation, such as moved in with friends or family	29%	17%
Declared bankruptcy or lost home to eviction or foreclosure	23%	15%

This month, Americans celebrated the 87th anniversary of Social Security. However, for about half of the teachers and retired teachers in Rhode Island, there was no cause for celebration. The school districts in which they work, or from which they retired, do not participate in the Social Security system. They have or had no choice about participation in Social Security. Consequently, because they contribute to, and earn a public pension, any Social Security earnings that make them eligible for benefits are penalized by the federal Windfall Elimination Provision (WEP). The penalty reduces their earned Social Security benefit by 40-60%.

These Rhode Island teachers are not alone. Teachers in neighboring Connecticut and Massachusetts are all affected by the WEP. The teachers in California, Texas, Ohio, and other states- fifteen in all- are a

substantial portion of more than 2,000,000 public employee retirees and over 6,000,000 current public employees who are affected.

The Government Pension Offset (GPO) affects an additional hundreds of thousands of public employee retirees; current classroom teachers and other public employees will potentially triple that number. A Social Security penalized teacher receiving a public pension, whose spouse is collecting a Social Security benefit, is not entitled to that spousal benefit when the spouse pre-deceases the teacher. The Social Security benefit is "offset" by the public pension. Any other surviving spouse is entitled to that Social Security death benefit, even if they are drawing from a substantial retirement account like a 401k or an IRA, as opposed to a public pension.

Teachers are far from the



Roger Boudreau

only public employees affected. First responders- police and fire- and other municipal employees are affected by the WEP and GPO in 27 states. Some former federal government employees are affected. Americans who spent part of their working lives abroad and legal immigrants who receive a foreign pension are affected by the WEP and GPO.

The current teacher shortage crisis is being exacerbated in those states where the WEP and GPO apply.

Someone looking to join the ranks of teachers as a second career isn't going to jeopardize their earned Social Security benefits by taking a teaching job in a school district or state where the penalty will later be applied. Older teachers in their 60's and 70's are being held hostage in

their jobs because, as soon as they retire and begin to collect their pension, the spousal benefit they currently receive from a pre-deceased spouse will be offset by the pension benefit, sometimes totally eliminating the spousal benefit. Those teachers suspended, or started careers later, to raise a family and are years away from a full public pension.

Congressional efforts to undo this Reagan-era unfairness have been unsuccessfully undertaken in recent years. However, in the current session of Congress, there are several bills which would fully repeal the WEP and GPO. There are many national organizations and groups working to support full repeal. All that affected public employees are asking for is to receive the full benefits they earned. It's time to remove the federal Social Security penalty against public service.

Here's How Much Americans Think They'll Need to Retire Comfortably

Americans say they know just how much money they need to accumulate to retire comfortably: \$1.1 million.

Unfortunately, less than one-quarter of workers — 24% — believe they will get near that milestone.

Those are the **rather glum findings** of research by Schroders, a European investment management firm. The company commissioned a survey of 1,000 U.S. investors nationwide who

were between the ages of 45 and 75.

While some investors in the survey believe they will get a fair way toward that \$1.1 million, many more predict they will end up far short of the brass ring.

Among survey respondents, 56% expect to accumulate less than \$500,000. And in that group, 36% expect to pile up less than \$250,000 in savings.

As investors grow closer to



retirement, their hopes for a "comfortable" retirement nest egg of \$1.1 million dim even more, the survey found.

More than half — 54% — of investors between the ages of 60 and 67 who are still working expect to save less than \$250,000 for retirement.

In fact, more than one-third of these workers — 35% — say their best hope of attaining a "dream retirement" is to win the

lottery.

Sadly, the pessimism older workers feel about achieving their financial goals is likely justified, if today's retirees are any indication.

The survey also included people who already are retired. Among this group, 57% said they had less than \$250,000 saved when they stopped working....[Read More](#)

Charlie Crist to Take on Ron DeSantis for Florida Governor after Winning Democratic Primary

Rep. Charlie Crist (D) cruised to a primary victory over state Agriculture Commissioner Nikki Fried in Florida on Tuesday and will face Gov. Ron DeSantis (R) in November in the important race for Florida governor.

"Charlie Crist has a proven record of fighting for seniors, both as Governor of Florida from 2007-2011 and as a member of the U.S. House of Representatives since 2017," said Bill Sauers, President of FLARA. "We have also appreciated Rep. Crist's leadership as a member of Congress. He's fought to strengthen and expand Medicare,

and expand Social Security while protecting the program from cuts or privatization efforts."

Rep. Crist has earned a 96% lifetime score in the Alliance's 2021 Congressional Voting Record in the U.S. House. DeSantis is widely believed to be strongly considering a bid for the White House in 2024.

In April a federal judge struck down Florida's restrictive voting law, S.B. 90, finding the bill signed into law by DeSantis in 2021 to be racially discriminatory. The Florida Alliance had filed a lawsuit on



the day the bill became law, specifically challenging provisions that would make it harder for older and minority Floridians to vote. S.B. 90 is currently on hold as the state's appeal makes its way through the courts.

"The Court agreed that this law not only made it more difficult for millions of Florida citizens to exercise their constitutional right to vote but that it was intended to prevent millions of Floridians' voices from being heard at the polls," said Sauers in April.

The Florida Alliance's lawsuit

specifically challenged provisions that:

- ◆ Impose restrictions on drop boxes voters use to return mail ballots;
- ◆ Effectively ban organizations and volunteers from helping voters return their mail ballots;
- ◆ Require voters to request mail ballots more frequently; and
- ◆ Ban any non-poll worker from giving food or drink, including water, to voters waiting in line to vote.

National Repeal WEP & GPO Repeal Movement

Leadership Council of Aging Organizations
C/O Ms. Katie Smith Sloan,
Chair LeadingAge
2519 Connecticut Avenue, N.W.
Washington, D.C. 20008

Dear Members of the Leadership Council of Aging Organizations (LCAO),

As members of a national movement to repeal the WEP & GPO, we write to ask for your support in fully repealing the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO). These two separate and unjust Social Security offsets reduce or deny benefits for workers and family members who receive or are entitled to a pension based on their uncovered earnings.

Many of our members have leadership roles in one or more of the 68 LCAO organizations, and most are public sector retirees. Your member organizations provide critical services, offer essential and reliable information on aging and disability issues, and engage in pivotal advocacy for older adults. We recognize and appreciate that many LCAO organizations have already passed resolutions about the need for a full repeal of the WEP and GPO, working tirelessly to achieve our collective goal of eliminating the harmful, life-altering, and devastating financial penalties caused by the provisions.

Since their enactment, the GPO

(1977) and the WEP (1983), has affected roughly 2.7 million retired and disabled workers and their children, spouses, and widow(er)s. The GPO is particularly concerning because 83% of those affected are women. Correspondingly, the WEP and GPO offsets encourage the historical legacy of the racial wealth divide, where women of color continue to be economically insecure, directly affecting their families. They are particularly harmful to Americans who are in the greatest social and economic need, and in turn must seek help from our government and agencies for necessary services and supports that are made unaffordable due to reductions in their Social Security benefits. This only leads to longer waiting lists for assistance.

While the list of affected Americans is vast, firefighters, postal carriers, police, healthcare workers, teachers, educational workers, foreign pensioners, and other public servants working in local, state, and federal positions must endure the impact of Social Security's "evil twins." So, fundamentally, this is an ageist attack on public servants who are not receiving their rightfully earned Social Security benefits.

We believe that the WEP and GPO do not represent the purpose and protections guaranteed by our government or the inherent equality we expect from our great

nation. At the same time, actuarial reports indicate that repealing the WEP and GPO reflects only a small portion of Social Security funding. We are working to change these unjust offsets through advocacy and education and ask that you join us in repealing the WEP and GPO.

While aware that the LCAO has unique legislative goals, we believe there are ways we can work in unison to eliminate the offsets. They include:

- ◆ Jointly supporting full repeal advocacy efforts initiated by grassroots volunteers and organizations,
- ◆ Educating members and engaging in advocacy campaigns,
- ◆ Resolving to identify the problem by creating resolutions that address the issue with promises to work towards our collective goal, and
- ◆ Engaging in public awareness campaigns to inform of the implications of the WEP and GPO.

We all look forward to the post-pandemic environment where older adults can enjoy a higher quality of life without facing serious health matters and realistic financial fears. Correcting these unfair and disastrous offsets is a big step towards that vision becoming a reality.

We are also interested in learning about LCOA's position on this critical issue. Please do not hesitate to contact us if you have any questions. We stand ready to meet with our elected officials, share our personal stories, testify at public hearings, and hopefully collaborate with you on this nonpartisan effort to correct this terrible wrong.

Sincerely,

Bette Marafino, President, Connecticut Alliance for Retired Americans, Chair National WEP & GPO Repeal Task Force

Bonnie Cediell, Coordinator, Social Security Fairness, ssfairness.org, California

John A. Pernorio, President, Rhode Island Alliance for Retired Americans/New England Assoc. of Labor Retirees, Inc, Author, of the Repeal WEP & GPO Petition (95,000 Signatures)

Pam Alexandroff, Administrator, National WEP & GPO Repeal Movement, Chicago, Ill.

Patrice Earnest, Aging Resources Specialist – Georgia State Coordinator, National WEP & GPO Repeal Facebook, National Task Force Member

Susan Dixon, President-Elect, State Government Relations Chair, California Retired Teachers Association

Even with two checks in September, Supplemental Security Income benefits fall short. Here's how the program could be updated

Supplemental Security Income beneficiaries will get two checks in September, for a maximum sum of \$1,682.

But the second check is no reason to celebrate, as it is not extra money. In months where bank holidays occur, that pushes up the distribution date for payments. In October, SSI beneficiaries will get no payment.

The maximum check is \$841 in 2022 for eligible individuals for this federal program, which provides support to disabled, blind and elderly people who have little or no incomes. The average monthly benefit is \$624.

'SSI just provides a bare-bones

support'

Managing money for the 8 million beneficiaries who rely on SSI benefits can be difficult. That's because they face strict asset and income rules, many of which have not been updated since the program was created in 1972.

Most of the program's beneficiaries are within 150% of the federal poverty level, according to recent research from the Urban Institute. Because some states may supplement SSI, that may help some beneficiaries get above the federal poverty level, according to Richard Johnson, director of



the program on retirement policy at the Urban Institute.

Still, many beneficiaries struggle financially.

"SSI just provides a bare-bones support for older people and people with disabilities," Johnson said. "It really highlights how little support we provide for the most vulnerable Americans."

Lawmakers are pushing for SSI reform

SSI benefits are long overdue for an upgrade, said Rebecca Vallas, senior fellow and co-director of The Century Foundation's Disability Economic Justice Collaborative.

"Forgetting about SSI for 40-plus years is the poster child of why, it is Exhibit A of why disabled people do not feel that their leaders in Washington care about them," Vallas said.

That could be poised to change as Washington lawmakers show an increased interest in updating the program.

This spring, the two U.S. senators from Ohio — Democrat Sherrod Brown and Republican Rob Portman — **introduced a bill** that would let beneficiaries set more money aside without jeopardizing their eligibility for benefits....[Read More](#)

Part D Reforms in the Inflation Reduction Act Set to Increase Over Time

The **Inflation Reduction Act (IRA)**, signed into law by President Biden last week, includes immediate and longer-term policies that change what people with Medicare will pay for their prescription drugs. These reforms include establishing a hard cap on prescription drug costs for people with Medicare, simplifying and expanding access to the subsidies for people with limited incomes and assets, and further modernizing the program. This will directly ease financial burdens on millions of enrollees while making choosing a Part D plan more straightforward.

Currently, there is no cap on out-of-pocket spending in Part D. There is a catastrophic threshold, which reduces but does not eliminate out-of-pocket spending. In 2022, the threshold amount is \$7,050, which includes beneficiary spending plus spending by other entities like State Pharmaceutical Assistance Programs, together with the value of the manufacturer discounts

applied during the coverage gap phase. To reach the current threshold, beneficiaries generally pay about \$3,000 of their own money. Once a person reaches the catastrophic phase, their copay is limited to 5% of the cost of the drug. But because many medications can have monthly costs of hundreds or thousands of dollars, that 5% can add up quickly. An estimated 200,000 beneficiaries spent **\$5,000 or more out-of-pocket** on prescription drugs in 2020.

The IRA reforms effective in 2024 will eliminate that 5% cost sharing after the catastrophic threshold (**projected to be \$7,750**) is reached, effectively capping beneficiary costs at their contribution to that limit (**projected to be \$3,250**) and dramatically reducing annual expenses for people who take high-cost medications, like those for cancer or multiple sclerosis. For example, **in 2020**, among



Part D enrollees without low-income subsidies, average annual out-of-pocket spending for the cancer drug Revlimid was \$6,200 (used by 33,000 beneficiaries); \$5,700 for the cancer drug Imbruvica (used by 21,000 beneficiaries); and \$4,100 for the MS drug Avonex (used by 2,000 beneficiaries).

In 2025, the IRA further reduces costs by simplifying the Part D coverage phases and establishing a \$2,000 out-of-pocket spending cap that doesn't rely on calculating the value of manufacturer discounts. Instead of the current four phases in Part D, there will be three. This change shifts payment responsibilities away from beneficiaries and Medicare and onto plans and drug manufacturers, creating cost savings for people with Medicare and the Medicare program while incentivizing lower drug prices.

This change will directly impact beneficiaries' budgets and

well-being, and it will also make it easier to understand how the phases of coverage work and how to compare plans.

The bill also allows people who have high drug costs to spread out their expenses. Currently, some beneficiaries reach the catastrophic phase in January or February, which exacerbates the financial hardship of the high prices. The IRA will allow those who hit the out-of-pocket cap to spread that cost throughout the year.

The bill also makes changes to insulin copays, increases rebates for rising costs, and establishes zero-dollar cost sharing for vaccines that will take **effect in 2023**. In addition, the bill finally permits Medicare negotiation for high-cost drugs, which will be phased in after 2026 and **require significant operational updates**. We look forward to future guidance and rulemaking on these and other IRA changes.

Say Goodbye to Your 11.4% Social Security Raise in 2023

For the vast majority of aged Americans, **Social Security** income is indispensable. National pollster Gallup found that nearly 90% of current retirees lean on their monthly payout to make ends meet, while 84% of future retirees expect to rely on their Social Security check to some varying degree during their golden years.

Considering how important Social Security is to the financial well-being of current and future retirees, no annual announcement takes more precedence than the cost-of-living adjustment (COLA), which is due out during the second week of October.

It's time to kiss that estimated 11.4% COLA for 2023 goodbye

For the upcoming year, Social Security's beneficiaries -- specifically, the 48 million retired workers receiving a monthly check -- are expecting their largest "raise" in over four decades.

A historically high inflation reading of 9.1% in June set the stage for what some policy analysts believed could be a double-digit percentage increase

to Social Security checks in 2023. Mary Johnson, a policy analyst at The Senior Citizens League (TSLC), a nonpartisan senior advocacy group, opined in July that the 2023 cost-of-living adjustment **could come in as high as 11.4%** if the U.S. inflation rate continued to surpass expectations.

Following the release of July's inflation data from the U.S. Bureau of Labor Statistics, one thing is crystal clear: Inflation is no longer outpacing analyst expectations. With the price for crude oil falling and pain at the fuel pumps easing (if only temporarily), the **prevailing inflation rate eased modestly in July**. In doing so, it all but ensures that the high-end estimate of an 11.4% COLA in 2023 is now off the table.

To add to this point, Social Security recipients are liable to lose much or all of their historically high COLA in 2023 to rising costs. Over the past 12 months, the Consumer Price Index for All Urban Consumers (CPI-U) -- a similar inflationary measure to the CPI-W -- showed



a staggering 13.1% increase for food at home, a sizable 5.7% hike in shelter expenses, and a 5.1% boost in medical care service costs. These are all important expenditures for aged Americans and a good indication that their COLA will likely be eaten up by higher costs in the coming year.

Retired workers have been getting the short end of the stick for over two decades

However, having their Social Security income gobbled up by rapidly rising prices is nothing new for retired workers. In fact, for more than 20 years, aged Americans have been getting the short end of the stick from America's top social program.

Back in May, TSLC issued a report showing that the purchasing power of Social Security dollars has **fallen by a jaw-dropping 40% since 2000**. In other words, what \$100 in Social Security income could buy in 2000 can now only purchase \$60 worth of those same goods and services. Even though aggregate Social Security checks are rising over time, they're not coming anywhere

close to keeping pace with the inflation aged Americans are actually contending with.

If you're wondering how this is even possible, look no further than the CPI-W. As its full name suggests, this is an inflationary index tracking the spending habits of "urban wage earners and clerical workers." These are typically working-age people who aren't receiving a Social Security benefit. More importantly, their spending habits **tend to differ significantly from senior citizens**. As a result, key expenditures for retired workers tend to be underweighted in the CPI-W, while less-important costs, such as apparel and education, receive higher weightings.

In short, the CPI-W does a poor job of measuring inflation for the majority of Social Security beneficiaries. It really doesn't matter how large the cost-of-living adjustment is in 2023; seniors are almost certain to see the purchasing power of their Social Security dollars continue to decline over time.

Will Rx provisions in the IRA disappoint?

Michael Hiltzik writes for the Los Angeles Times about the prescription drug provisions in the Inflation Reduction Act (“IRA”). He makes the case that they could disappoint Americans. Pharmaceutical companies will fight hard to ensure that the drug price negotiation requirements do not achieve their desired outcomes.

On one hand, as Stat News declared, the drug price negotiation provisions in the IRA are a “crowning healthcare achievement.” And, that’s true. But, frankly, it’s unsettling that these provisions could be a crowning achievement, given that all other wealthy democracies have far more comprehensive negotiation provisions for their

entire population in place.

Medicare spends more on prescription drugs than any other purchaser in the US, and Medicare’s costs are only rising. Medicare is responsible for about one in three dollars spent on prescription drugs and about one in five dollars spent on health care. The IRA is not going to bring down those numbers in a meaningful way.

Hiltzik focuses on the fact that drug price negotiation won’t begin for three and a half years and, then, only for 10 drugs. Moreover, only drugs that have been on the market for at least nine years are eligible for price negotiation. All in, the Congressional Budget Office calculates a 1.3 percent reduction



in Medicare spending as a result of the drug price negotiation provision. Hiltzik imagines that the pharmaceutical companies will find ways around even this narrow piece of legislation. I agree. I imagine drug companies will sue if their drugs are chosen to be the ones whose prices are negotiated. And, even if they don’t, prices will still likely be well above what other wealthy countries spend on these same drugs, since the IRA does not give Medicare the tools to drive a hard bargain.

Unlike the Veterans’ Administration, Medicare is not allowed to cut drugs from its list of covered drugs. So, it cannot use the leverage of walking from the table if the negotiated price

the drug company agrees to is too high. Part D drug plans can already negotiate drug prices and walk, in some cases, if they’d like. But, they are looking only to maximize their revenues, which is a far cry from wanting to bring down the price of drugs.

Pharmaceutical companies surely will also raise launch prices to more than make up for any cuts in their drug prices. Hiltzik alludes to one new treatment for a rare drug disease with a launch price of a whopping \$2.8 million.

This all said, Medicare drug price negotiation provides a much needed opening, a big foot in the door, for lower drug prices in the US. And, that’s a big deal.

Senate Finance Chair looks into deceptive Medicare Advantage marketing practices

Senate Finance Committee Chair, Ron Wyden, has written the Oregon Department of Consumer and Business Services and the Oregon Department of Human Services along with several other state insurance departments regarding “potentially deceptive” Medicare Advantage marketing practices. Senator Wyden would like to know more about growing complaints surrounding Medicare Advantage marketing practices that these state agencies might be hearing about. It is unknown whether Senator Wyden has also contacted the Centers for Medicare and Medicaid Services, which is responsible for regulating Medicare Advantage marketing materials.

As Chair of the Senate Finance Committee, Senator Wyden is responsible for oversight of

Medicare Advantage. And, it is good news that he is concerned about MA marketing complaints and aggressive sales practices. Recently, CMS reported a doubling of MA marketing complaints in the year between 2020 and 2021.

Too often people with Medicare have little clue what they are doing when they enroll in a Medicare Advantage plan. CMS’ review of sales calls showed significant confusion among people with Medicare, including “that the beneficiary may be unaware that they are enrolling into a new plan during these phone conversations.” That aside, of those people who understand differences between traditional Medicare and MA, few appreciate the grave risks of enrolling in a Medicare Advantage plan.



We now have compelling evidence from the HHS Office of the Inspector General, the Government Accountability Office

and MedPac that Medicare Advantage is in need of an overhaul. A wide range of MA plans are engaged in consumer protection violations and overcharging the federal government for their services. To date, CMS has not been able to address, let alone correct, these serious violations. Moreover, CMS has not disclosed to people which MA plans are the worst actors, which would help protect them from making a dangerous MA choice.

Senator Wyden recognizes that MA plans have been engaged in misleading ads and fraudulent marketing and sales practices for more than a decade. Hopefully,

the Senate Finance Committee will act swiftly to address these bad acts. For now, Senator Wyden simply asks state officials to report on different types of misleading marketing and sales practices in their states. The Senator does not appear to have expressed concern publicly, let alone taken action, regarding threats to the health and well-being of people enrolled in MA plans

It’s always smart to create a record. But, time is not on the side of people with Medicare who are misled into joining an MA plan. Already, we know about many types of misleading MA marketing. Moreover, CMS engages in misleading marketing of Medicare Advantage plans by not explaining to people in its Medicare and You handbook and other publications Read More

New Bill Would Eliminate Taxes on Social Security Benefits

Social Security is one of the cornerstone programs of the American Social Safety net - even if it doesn't always completely cover a person's retirement expenses, it gives everyone something to build off of when planning for their golden years. One thing some people may not realize, though, is that Social Security payments are taxed - even though the

money is from the government to begin with. A new bill, though, may change that.

Taxes on Social Security: Current Law

As of 2022, Social Security payments are generally taxable. To see if will pay taxes on your Social Security, you'd need to first find your combined income



using the following formula:

Combined Income = Adjusted Gross Income (AGI) + Nontaxable Interest + 1/2 of Social Security benefits

If that number is above \$25,000, you'll have to pay some tax if you are a single filer, head of household or qualifying widow or widower with a

dependent child. The limit is \$32,000 for married couples filing jointly. The exact amount of your Social Security benefit you pay taxes on depends on your total income, but it caps out at 85% of your benefits.

Some individual states also tax Social Security income. Make sure you check your state laws.

RI ARA HealthLink Wellness News

Over-the-Counter Hearing Aids May Help Many People with Medicare

Last week, **the Food and Drug Administration (FDA)** finalized a **rule** that will permit people with Medicare, and others, to purchase hearing aids online or in stores, at lower costs, and without a prescription. The long-awaited rule, which will go into effect in October, may make hearing aids more affordable for **as many as 30 million adults** who believe they have mild to moderate hearing loss, even if they have not had a hearing exam.

This rule is an important step to improve access to hearing aids. Currently, hearing aids are prescription-only devices that require exams and fittings by hearing health professionals, and the costs for these visits and devices can run well into the thousands of dollars. This price

tag has put hearing aids out of reach for millions.

The new rule makes devices available over the counter (OTC) for adults with mild to moderate hearing loss. The new devices are expected to be considerably less expensive than traditional hearing aids, will not require professional fitting, and some are likely to offer controls or other integration with smartphones.

OTC devices are not recommended for people with severe hearing loss or people under the age of 18. While they will not require a hearing exam, **experts recommend** that people have exams if they experience sudden or severe hearing loss, pain, tinnitus or ringing, or fluid in their ears. They also recommend that



people choose their OTC devices carefully, including **researching return policies, battery life, and volume**, among other considerations.

Hearing loss is extremely common for older adults. According to the National Institutes of Health, it affects **around 33% of people** in the United States between the ages of 65 and 74 and nearly 50% of those older than 75. Untreated hearing loss can significantly reduce a person's quality of life, making them feel isolated or frustrated, and leaving them potentially unable to follow important conversations like instructions from medical personnel. Hearing loss is also associated with depression and cognitive decline,

increasing the urgency of getting help to those who need it.

Medicare Rights welcomes this rule and the access it will create for many people with Medicare. But it does not eliminate the need for comprehensive Medicare coverage of hearing services. Currently, Traditional Medicare offers no hearing aid coverage. While some Medicare Advantage plans might, it is generally limited, leaving care unaffordable for too many. We will continue to urge Congress to expand Medicare Part B coverage to include comprehensive hearing benefits, as well as dental and vision, to better serve the older adults and people with disabilities who rely on the program.

Read more about the rule.

Vigorous exercise found to ward off dementia

Vigorous exercise can help keep your brain healthy and ward off dementia. Rachel Fairbank reports for the **New York Times** on three recent studies confirming the value of vigorous exercise for your mental health. The good news: Exercise comes in a large variety of forms, including household chores.

The studies involved hundreds of thousands of people over many years. They each concluded that ongoing exercise of myriad types can "substantially" reduce your risk

of developing dementia. They further found that the benefit of exercise for brain health extends to people with a family history of dementia.

The British study of more than 500,000 people published in *Neurology* took a deep dive into the kinds of physical activity people engaged in routinely. After 11 years, about one percent of the participants had developed dementia. Participants who worked out or played a sport had a 35 percent lower risk of developing dementia.



Participants who undertook household chores for an extended period had a 21 percent lower risk.

An appropriate goal is still 30 minutes of exercise five days a week or a total of 150 minutes of exercise that has you breaking a sweat.

A meta-analysis of 38 studies of the effects of leisure activities on brain health was published earlier this month in **Neurology**. These studies, over at least three years, involved over two million people who did not have

dementia. During that time, 74,700 developed dementia. Researchers found that participants who walked, ran, swam, danced, engaged in sports or worked out reduced their risk of developing dementia by 17 percent.

The third study followed young children over a 30-year period. The researchers found that kids who are active end up with greater brain health in midlife.

People With Dementia May Be Less Likely to Receive an Advanced Treatment For Stroke

Among people having the most common type of stroke – one caused by a blood vessel blockage – those with dementia appear less likely than others to receive an advanced clot removal treatment, a large new study reports.

The treatment, called mechanical thrombectomy, uses a device to remove a clot from a large vessel to restore blood flow to the brain. Mechanical thrombectomy has a "significant absolute benefit" for stroke

patients with a large vessel blockage, especially when used within six hours of symptom onset, research has shown.

In the new study, acute ischemic strokes – those caused by a blockage of blood flow to the brain – tended to be more disabling in the group with dementia. Yet just 3.4% of those patients were treated with mechanical thrombectomy, compared with 6% of those without dementia, researchers



found. The procedure has a six-hour recommended time window, though treatment sometimes can be given up to 24 hours after the start of symptoms.

The study found no difference between the two groups in the use of intravenous clot-busting drugs, which can be given up 4.5 hours after symptoms begin. The findings were published Wednesday in the American Heart Association journal *Stroke: Vascular and Interventional*

Neurology.

"The main takeaway point from this is that patients with dementia present with a higher stroke severity at onset. However, the number of thrombectomies were lower for that patient population," said the study's lead author, Dr. Hamidreza Saber, neuro-interventional fellow at the University of California, Los Angeles, David Geffen School of Medicine....**Read More**

Caregiving: Keeping Parents Healthy – Water, Walking, Watch out for Delirium

Just call me lunchmeat. Not that I'm complaining, but that's sometimes how I feel after several years of the pressure and crunch of over-stuffed Sandwich Generation duties. Now my parents are settled into their new home, and the kids are alright.

Although I've continued to practice geriatric psychiatry part-time, I feel like I can pry open those crusts of whole wheat and move some of those back-burner projects, like writing and sharing health care advice, to the front.

My mother and father share a room in a nursing home, labeled the "Health Center," in the continuing care community where they moved four years ago—I had to check my resume for the date—as it was when I last held a full-time job. Both have dementia. My father carries a diagnosis of Alzheimer's disease. My mother has vascular dementia; her atrial fibrillation caused her heart to throw tiny blood clots to her brain, which led to "mini-strokes."

My parents have stayed out of the hospital for almost a year. This is a triumph for my sisters and me, and for the nurses, aides, therapists, and doctors involved in their care. I've come up with three basics (for starters here) that have contributed to keeping my parents healthy—water, walking and watching out for delirium. These were important when they were still in their apartment as well. They're important for everyone.

Water – Everyone's heard this before but sometime's it's so incredibly hard to get older people (especially your mother!) to drink enough. As we age, we don't get the 'thirsty' signal transmitted as strongly to our brains as when we were

younger; it's easier to become dehydrated. Lack of water can lead to low blood pressure and falls, to electrolyte imbalances and heart problems, to bladder and kidney infections, just to name a few.

Women of my mother's generation didn't walk around with water bottles or some other container of liquid constantly in their hand like many of us do. In addition, as older bladders start to leak, and going to the bathroom requires help, they may hold back on fluids on purpose.

It's wise to ask the person you're caring for what he or she likes to drink. As long as weight or diabetes or some other health issue isn't a problem, give the person what she or he wants. Juices, tea, coffee, even soda, given that it's not likely to be very much.

A plastic cup like they have in hospitals has helped. The handle on the side makes it easy to grasp, and the top and the straw easy to sip from. Putting the person's name on the cup and maybe a picture he or she likes can help get their attention. How about "Drink to Your Heart's Content!" I like Alice in Wonderland; I'll want Alice and a "Drink Me" tag on mine.

Try to remember to offer (not just suggest) your mom (or dad) the cup as many times as is reasonable whenever you are visiting. Walk in with your own bottle (of water, juice, soda) and say, "I hate to drink alone", or just "Cheers."

Walking – The maintenance of strength, balance, and flexibility as well as getting one's heart pumping continue to be important whatever your stage of life. **Exercise** is at or near the top



of the list for keeping your brain healthy too. **An increasing number of studies show that exercise appears to slow the decline in memory and other brain functions in people who have dementia.**

My father continues to visit the same gym he frequented before joining my mother to live in the nursing home. He pedals the stationary bike and lifts light weights twice weekly with the encouragement and under the supervision of the physical training staff. He looks forward to going to see "the girls," though he no longer remembers their names. One of my sisters or I must accompany him to the gym (and back), as the building is a couple of blocks from where he lives, and he can no longer navigate there himself.

My mother goes to **physical therapy** twice weekly. The therapy room is in the same building as where she lives, so it's easy for staff to come for her. It's also another social outlet, with the therapists and other residents. The cost is out-of-pocket and about \$60 an hour (per session), comparable to personal-training sessions. **(But, Medicare should cover some physical therapy costs if your doctor prescribes it to maintain or restore function and it is provided by a Medicare-certified therapist.)** My sisters and I also get both parents walking whenever we can—outside when it's not too hot (in south Florida).

Watching for delirium – When my mother told me, "They took me in the middle of the night to a shack in the boonies, a place in the swamp with nothing around except grass that swished

all night with the rain . . ." I called her doctor to tell her my mother very most likely had another bladder infection and needed to be treated ASAP.

Although she was speaking perfectly coherently on the phone, my mother had been delirious the night before. She could acknowledge the improbability of the swamp scenario, although she kept referring to it. Her nurse said she had no fever, hadn't been needing the bathroom more than usual, nor did she feel any burning sensations. This lack of specific symptoms is common in people her age.

It's also common for family members to be the ones to notice that mom is expressing strange ideas, or is looking more sleepy or acting more irritably than her usual self. In nursing homes, bladder, or urinary tract infections, are the most common cause of sepsis, which is infection getting into the blood and possibly into other organs. These infections account for one-third of hospitalizations of patients in long-term care facilities, and studies show mortality rates ranging from 4 to 15.5%.

Dementia is the strongest risk factor for delirium. Even after recovering from an acute episode of an infection with delirium, brain function often worsens. Each time a person becomes delirious, it's like the tide goes out a little further on his or her brain and never quite comes all the way back in. Besides infections, dehydration can lead to delirium, as can malnutrition, drug reactions, and lack of sensory stimulation, which can occur in an intensive care unit or with very impaired eyesight or hearing

America's Love Affair With Sleeping Pills May Be Waning

Fewer Americans are turning to sleep medications to fight insomnia. After a dramatic rise in prescriptions for drugs like Ambien, the trend has ebbed, according to a new study, and fewer doctors are prescribing **sleep medications**. Use of these sleep aids dropped 31% between 2013 and 2018, researchers found.

"There are several possible reasons for this decline; for example, there's a greater awareness of the potential dangers in the use of these medications," said lead researcher Christopher Kaufmann. He's an assistant professor in the Department of Health Outcomes and Biomedical Informatics at the University of Florida.



"Also, there's been a recent upsurge in behavioral treatments for improving sleep that don't have the potential adverse outcomes that some medications might have," Kaufmann said.

The biggest drop-off (86%) in use of sleep drugs was seen among those over 80. Before this new decline, researchers had reported that

between 1993 and 2010, prescriptions for **benzodiazepines** jumped 69%. The drugs, which treat anxiety and **insomnia**, include diazepam (Valium) and alprazolam (Xanax). Over the same period, prescriptions for zolpidem (Ambien) rose 140%.....**Read More.**

What Do You Know About Your Risk for Hernia?

Could you be at risk for a **hernia**?

One expert gives the lowdown on hernias, who is most at risk for them, and how they are typically treated.

Dr. Harvey Rainville, a general surgeon at Hackensack Meridian Mountainside Medical Center in New Jersey, said a hernia is a defect or opening in your muscle layer through which an organ, such as your intestines, can poke through during or after strenuous activity.

Activities such as bowel movements, coughing, sneezing, laughing and bending increase pressure in the abdomen and can force an organ or tissue to squeeze through the opening. It is not uncommon for a hernia to "pop out" and then return to what looks like normal, but a hernia that's disappeared should still be taken seriously, Rainville said in a medical center news release.

Any hernia is potentially dangerous. If you suspect you have one, see your doctor.

Different types of hernias

There are many types of hernias. People can be born with

a hernia or develop one.

The most common type is an **umbilical hernia**, which develops through the belly button. This can occur in young people and adults. Belly button hernias can often appear as a protruding belly button. Women can notice this type of hernia when they become pregnant, Rainville noted.

Hernias of the groin (**inguinal hernias**) are also very common.

The groin area has a natural anatomical defect. With too much pressure, that area can dilate and allow the tissue to bulge through.

Hernias are more common in men

Men are much more likely to develop inguinal hernias than women because men have a small hole in their groin muscles for blood vessels to pass through to deliver blood to their testicles, Rainville said.

People who do strenuous work that involves heavy lifting can also develop hernias at a higher rate. Those who work sedentary jobs are at lower risk.

Hernias are not hereditary

Some hernias occur at birth. An



umbilical hernia occurs when part of the contents of the abdomen pokes through the abdominal wall inside the belly button. It appears as a bump under the belly button. It's not painful and most umbilical hernias go away on their own by age 4 or 5.

Inguinal hernias will appear as a bump in the groin area, Rainville said. They can occur in newborns.

Hernias can cause symptoms

Constipation, nausea and vomiting are symptoms of a strangulated hernia, which occurs when the blood supply to the herniated tissue is cut off. The strangulated tissue then releases toxins and infection into the bloodstream, which could lead to **sepsis** or death. Any hernia can become strangulated and cause a medical emergency, Rainville noted.

Treating hernias

Most hernias can be diagnosed during a regular exam. You may also have a CT scan, which shows the size, location and type of tissues/organs affected.

Most hernias are treated

with **minimally invasive laparoscopic or robotic surgery**. The procedure usually takes 30 minutes to an hour and in most cases is a same-day operation, allowing patients to go home after surgery, Rainville said.

Recovery is quick for most patients and many return to normal activity within a few days. Restrictions after surgery include no heavy lifting and no exercise for 3 to 4 weeks.

Hernias used to have a 10% to 15% chance of recurring in patients, but newer surgical techniques have decreased the chance of recurrence to 1% to 2%, but they still can happen. Diabetic patients have a higher risk for hernias, especially if their blood sugar is poorly controlled. People with autoimmune disorders, a high **body mass index**, healing issues, or a smoking habit are also more likely to have hernias, Rainville said.

New MS Treatment Shows Promise in Trial

An experimental antibody therapy for multiple sclerosis can cut symptom flare-ups by half, versus a standard treatment, a new clinical trial has found. The drug, called **ublituximab**, beat a standard oral medication for **MS** in reducing patients' relapses — periods of new or worsening symptoms. It also proved better at preventing areas of inflammatory damage in the brain.

Ublituximab is not yet approved for treating MS; the U.S. Food and Drug Administration is reviewing the trial data and is expected to make a decision by the year's end, according to drugmaker TG Therapeutics.

If approved, ublituximab would be the latest in a newer group of MS therapies called anti-CD20 monoclonal antibodies: lab-engineered antibodies that target specific immune system cells that drive the MS process.

The **new findings** offer more proof that the approach benefits

patients, according to an expert who was not involved in the trial.

"Is this revolutionary? No. But it's further confirmation of a clinical benefit from targeting this population of cells in the blood," said Dr. Lauren Krupp, who directs NYU Langone's Multiple Sclerosis Comprehensive Care Center in New York City.

MS is a neurological disorder that usually arises between the ages of 20 and 40. It's caused by a misguided immune system attack on the body's own **myelin** — the protective sheath around nerve fibers in the spine and brain. Depending on where the damage occurs, symptoms include vision problems, muscle weakness, numbness, and difficulty with balance and coordination.

Most people with MS have the **relapsing-remitting** form, where symptoms flare for a period, then ease. Over time, the



disease becomes more steadily progressive. Immune system cells called B cells seem to play an especially key role in driving MS. So recent years have seen the development of monoclonal antibodies that deplete the blood of B cells. One, called ocrelizumab (**Ocrevus**), was approved in the United States in 2017. A second — **ofatumumab (Kesimpta)** — followed in 2020.

Both antibodies deplete B cells by targeting a protein on the cells called CD20. Ublituximab has the same target, but it's engineered to be more potent at killing B cells, said Dr. Lawrence Steinman, lead researcher on the new trial.

The trial did not compare ublituximab against either existing anti-CD20 antibody, stressed Steinman, a professor of neurology at Stanford University. So it's not known whether it's any more or less effective.

But a potential advantage of the new antibody, Steinman said, is that it can be administered rapidly.

Both Ocrevus and ublituximab require patients to go to a medical facility for infusions every six months. But an Ocrevus infusion takes about three hours, while ublituximab can be given in one hour.

Kesimpta, meanwhile, avoids infusions altogether. It's taken at home once a month, using an auto-injector.

"There are different solutions for different people," Steinman said. "I think it's always good to have options."

The findings, published Aug. 25 in the ***New England Journal of Medicine***, are based on more than 1,000 patients with MS, mostly the relapsing-remitting form. A small percentage had secondary progressive MS, a second phase of the disease that follows the relapsing-remitting years....**Read More**

Smoking Can Really Weaken the Heart

Smoking is even worse for your heart than you might already think, new Danish research warns.

"It is well known that smoking causes blocked arteries, leading to coronary heart disease and stroke," said researcher Dr. Eva Holt, of Herlev and Gentofte Hospital in Copenhagen.

"Our study shows that smoking also leads to thicker, weaker hearts," she said. "It means that smokers have a smaller volume of blood in the left heart chamber and less power to pump it out to the rest of the body. The more you smoke, the worse your heart function becomes."

What's the good news? "The heart can recuperate to some degree with smoking cessation, so it is never too late to quit," Holt added.

For the study, the researchers collected data on nearly 4,000 men and women who took part in the 5th Copenhagen City Heart Study. The participants were between the ages of 20 and 99 and none had heart disease.

Participants reported their smoking habits and also had an **ultrasound of their hearts**, to see how well they functioned.

After taking into account age, sex, weight, high blood pressure,



high cholesterol, diabetes and lung function, the investigators found that smokers had thicker, weaker and heavier hearts.

The more cigarettes people smoked, the more the **pumping ability** of their heart suffered.

The findings were presented Thursday at the annual meeting of the European Society of Cardiology, in Barcelona. Findings presented at medical meetings are considered preliminary until published in a peer-reviewed journal.

"We found that current smoking and accumulated pack-years were associated with

worsening of the structure and function of the left heart chamber -- the most important part of the heart. Furthermore, we found that over a 10-year period, those who continued smoking developed thicker, heavier and weaker hearts that were less able to pump blood, compared to never smokers and those who quit during that time," Holt said in a meeting news release.

"Our study indicates that smoking not only damages the blood vessels, but also directly harms the heart," she added. "The good news is that some of the damage is reversible by giving up [smoking]."

Wife of California Congressman Died After Using Herbal Remedy for Diabetes, Weight Loss

Lori McClintock, the wife of Northern California congressman Tom McClintock, died late last year after taking **white mulberry leaf**, a herb used to treat diabetes, obesity and high cholesterol, a recently released report shows.

The cause of death listed in the report was dehydration due to **gastroenteritis** caused by "adverse effects of white mulberry leaf ingestion," a report from the Sacramento County coroner that is dated March 10 but was not immediately released to the public showed, *CBS News* reported. The document, along with an autopsy report and an amended death certificate containing an updated cause of death, was first released in July.

The Republican congressman first found his 61-year-old wife unresponsive in their California home on Dec. 15, 2021, after voting in Congress the night before and returning from Washington, D.C., *CBS*

News reported. Although it wasn't clear how Lori McClintock consumed mulberry leaf -- as a dietary supplement, as fresh or dried leaves, or in a tea -- the report said a "partially intact" white mulberry leaf was found in her stomach.

Her death highlights the dangers of dietary supplements and herbal remedies, a \$54 billion industry in the United States and one that experts say needs more government scrutiny, *CBS News* reported.

The U.S. Food and Drug Administration estimates that between 40,000 and 80,000 supplement products are sold in the United States, and industry surveys estimate **80% of Americans** use them. The agency regulates supplements, but only as food products not drugs.

"Many people assume if that product is sold in the United States of America, somebody has



inspected it, and it must be safe. Unfortunately, that's not always true," U.S. Sen. Richard Durbin, a Democrat from Illinois, said on the Senate floor

this spring when he introduced **legislation** to strengthen oversight of dietary supplements, *CBS News* reported.

But Daniel Fabricant, CEO and president of the Natural Products Association, which represents the dietary supplements industry, questioned the cause of death.

"It's completely speculative. There's a science to this. It's not just what a coroner feels," Fabricant, who oversaw dietary supplements at the FDA during the Obama administration, told *CBS News*. "People unfortunately pass from dehydration every day, and there's a lot of different reasons and a lot of different causes."

Fabricant noted that if the

coroner or the family had reported her death to the FDA, the agency could have launched its own investigation.

Such investigations have been rare: No deaths from the white mulberry plant have been reported to poison control officials in the past 10 years, according to the American Association of Poison Control Centers, *CBS News* reported.

And only 148 cases of white mulberry plant ingestion were reported to poison control officials nationally since 2012, most involving accidental ingestion by children 12 and under, Kaitlyn Brown, clinical managing director for the association, told *CBS News*. Only one case required medical follow-up, she added.

Tom McClintock did not respond to requests for comment on the report Wednesday, *CBS News* reported.

Biggest Study Yet Finds No Link Between Statins, Muscle Aches

Cholesterol-lowering **statins** are proven lifesavers, but they've also gained a reputation for causing muscle aches and pains in a good number of patients.

That reputation is undeserved, according to a new large-scale analysis of data from nearly two dozen clinical trials of statins.

There's a less than 10% chance that **muscle**

symptoms reported by patients are caused by the statin they are taking, researchers report.

"Our analysis showed that over 90% of muscle symptoms were not attributable to the statin, and those cases that were due to statins occurred mainly within the first year of treatment," said joint lead researcher Colin Baigent,



director of the Medical Research Council Population Health Research Unit at the University of Oxford, in England.

Statins have simply gotten a bad rap when it comes to muscle side effects, Baigent said.

"Muscle pain becomes more common as we age, and there

are many causes, such as **arthritis, thyroid problems** or exercise," Baigent said. "Patients may experience muscle pain at the same time as taking a statin, and so it is not surprising that some people associate the statin with the pain — but our analysis shows that in the majority of cases, the statin will not be the cause."...**Read More**