Rhode Island Alliance for Retired Americans ©

# RI ARA

*Affiliated with the Rhode Island AFL-CIO*
*"Fighting for the future of our members."*
*"NOW, more than ever!!!"*



## January 31, 2021 E-Newsletter

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RI ARA


## Alliance for Retired Americans 2020 Activity Report

The unrelenting coronavirus pandemic shaped and informed the work of the Alliance for Retired Americans this year. Seniors have been the hardest hit, and as of December, 80% of those who died from COVID-19 were over the age of 65. Nursing homes and senior living facilities across the country have been hotspots for the disease, with both workers and residents infected in massive numbers.

As soon as the scale of the pandemic was clear, we went to work to help and protect older Americans. We called on Congress to include the needs of older Americans in all coronavirus stimulus and relief packages. We worked to streamline the delivery of stimulus checks to seniors and people with disabilities. We held a national tele-town hall meeting to answer questions from our members about how to protect themselves with AFL-CIO President Richard Trumka and Dr. Steven Albert of the University of Pittsburgh Graduate School of Public Health.

The pandemic also meant that the 2020 presidential election would be unlike any other. Our members rose to the challenge—learning new tools and techniques to campaign virtually and protect their health.

We endorsed and worked to elect hundreds of pro-retiree candidates, including Presidentelect Joe Biden. President Roach announced the endorsement during a virtual town hall with Dr. Jill Biden on Social Security's August 14 anniversary that reached nearly 300,000 Americans nationwide.

Older voters were advised to vote by mail, but public polling found that many seniors were reluctant and unsure about the process. We conducted public education on voting by mail for months through our weekly newsletter, action alerts and social media. Several of our Florida retirees starred in a documentary produced by Brave New Films about voting by mail in their state. And as part of the final push to the election, we partnered with members of the Pittsburgh and Detroit National Football League Players Association Former Players Chapters on non-partisan public service announcements in Pennsylvania and Michigan.

We also fought to protect voting rights in the courts, filing lawsuits in nine states to ensure that older voters could cast a ballot that would actually be counted without putting their health at risk. The Alliance made voting easier and safer for millions across the country.

The incoming Biden Administration has put forward a robust agenda for older Americans that will strengthen and expand earned Social Security benefits, protect pensions, lower the cost of prescription drugs and strengthen Medicare.

We look forward to fighting to make those policies a reality, to ending the pandemic and strengthening retirement security for all Americans.

We are confident that with your continued support, we will succeed

In solidarity,

*Robert Roach, Jr.,*
*President*
*Joseph Peters,*
*Secretary-Treasurer*
*Richard J. Fiesta,*
*Executive Director*

**Reed the full Report**

## Report Finds Pensions Make a Significant Contribution to the Economy, Not Just to Beneficiaries

A new report finds that economic gains attributable to private and public sector defined benefit pensions in the United States are substantial. Retiree spending of pension benefits in 2018 generated $1.3 trillion in total economic output, supporting nearly seven million jobs across the nation. Pension spending also added nearly $192 billion to government coffers at the federal, state and local levels.

**Pensionomics 2021: Measuring the Economic Impact of Defined Benefit Pension Expenditures**, released January 6, 2021 by the **National Institute on Retirement Security (NIRS)**, calculates the national economic impacts of U.S pension plans, as well as the impact of state and local plans on a state-by-state basis.

Because retirees with a pension receive a stable income every month, they can continue spending at the same level even if a recession hits. The same cannot be said for retirees relying heavily on savings, who may be fearful to spend their 401(k) funds during an economic downturn. This allows pensions to serve as economic stabilizers, similar to Social Security and unemployment insurance.

Pension spending also supports jobs and the local economy where retirees reside and spend their benefits. These purchases, combined with those of other retirees with pensions, create an economic ripple effect.


Robert Roach, Jr
President, ARA

"Pension expenditures are especially vital to small or rural communities, where other steady sources of income may not be readily available if the local economy lacks diversity," said **President Roach.**

ADD YOUR NAME

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

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# Several Key Health Bills Included in Recent Congressional Action to Address the Pandemic and Fund the Government

At the end of 2020, Congress passed sweeping legislation addressing the COVID-19 public health emergency, updating Medicare and Medicaid policies, funding the federal government for the rest of the fiscal year, and extending essential health care programs.

While the bill's COVID-19 relief was necessary and important to ensure equitable access to needed health and economic supports for all Americans in the coming months, Congress and the Biden administration must do more to meet these pressing needs.

As Medicare Rights outlined in our **transition memo** to then President-elect Biden, policymakers can take steps to immediately respond to COVID-19 in ways that prioritize older adults and people with disabilities. This includes reinstating COVID-19 related Medicare enrollment flexibilities; ensuring access to affordable care, treatment, and vaccines; providing needed economic relief; promoting health, safety, and quality of life in nursing homes; and supporting increased funding for Medicaid and other community living programs.

Below are summaries of key Medicare, Medicaid, and COVID-19 provisions from the legislation.

### Medicare Modernizes Medicare Enrollment

The legislation includes several BENES Act reforms, updating the Medicare enrollment rules for the first time in over 50 years. The adopted BENES Act policies will modernize Medicare enrollment in several important ways:

- The bill eliminates the up to seven month-long wait for coverage that people can experience when they sign up for Medicare during the General Enrollment Period (GEP) or in the later months of their Initial Enrollment Period (IEP). Beginning in 2023, Medicare coverage will begin the month after enrollment.
- It reduces barriers to care by expanding Medicare's authority to grant a Special Enrollment Period (SEP) for "exceptional circumstances." A long-standing flexibility within Medicare Advantage and Part D, in 2023 this critical tool will be available to facilitate enrollments program-wide, enhancing beneficiary access and administrative consistency.
- To further maximize coverage continuity and ease transitions to Medicare, the bill directs the U.S. Department of Health and Human Services (HHS) to identify ways to align Medicare's annual enrollment periods. HHS is to present these findings in a report to Congress by January 1, 2023.

### Extends Low-Income Outreach and Assistance Activities

The bill authorizes funding for community-based organizations to conduct low-income outreach, enrollment, and education activities for three years, at $50 million per year. Initially authorized in 2009 by the Medicare Improvements for Patients and Providers Act (MIPPA), the program has helped nearly **three million** low-income Medicare beneficiaries apply for and obtain assistance that makes their health care and prescription drugs more affordable.

### Makes Transitional Part D Coverage for Low-Income Beneficiaries Permanent

It makes the Limited Income Newly Eligible Transition (LI NET) program permanent, effective January 1, 2024. **LI NET** helps low-income Medicare beneficiaries access the care they need, by providing them with temporary prescription drug coverage while they apply for Medicare Part D. It applies retroactively for dual eligible individuals and those that receive benefits under the Supplemental Security Income program.

### Expands Access to Mental Telehealth Services

It also expands access to telehealth services in Medicare to allow beneficiaries to receive mental health services via telehealth, including from the beneficiary's home. To be eligible to receive these services via telehealth, the beneficiary must have been seen in person at least once by the physician or non-physician practitioner during the six-month period prior to the first telehealth service, with additional face-to-face requirements determined by the Secretary.

### Continues the Independence at Home Demonstration

The package extends the Independence at Home demonstration for three additional years, through 2023, and grows the demonstration by 5,000 beneficiaries—from 15,000 to 20,000.

### Improves Coverage of Immunosuppressive Drugs for Kidney Transplant Patients

Current Medicare policy limits coverage of immunosuppressive drugs for kidney transplant patients to 36 months. People who need the medications beyond that timeframe may not be able to afford them and can experience worse health outcomes and lower transplant success rates as a result. The year-end package contains a solution. Beginning in 2023, patients whose coverage under Medicare Part A would otherwise end post-transplant, and whose drugs are not covered by other insurance, can have their immunosuppressive drugs covered under Part B. This provision is expected to save Medicare **$400 million over 10 years**, largely by averting the return of transplant patients to dialysis.

### Waives Medicare Co-insurance for Certain Colorectal Cancer Screening Tests

The bill gradually decreases the current 20% cost-sharing that Medicare beneficiaries pay for colorectal screening tests where a polyp is detected and removed.

### Continues Coverage of Certain Temporary Transitional Home Infusion Therapy Services

The legislation ensures Medicare will continue to cover certain temporary transitional home infusion therapies (self-administered and biological drugs) when the permanent home infusion therapy benefit takes effect.

### Extends the Medicare IVIG Treatment Demonstration

It also continues the Intravenous Immunoglobulin (IVIG) treatment demonstration through 2023 and expands it, allowing to up to 2,500 additional Medicare beneficiaries with primary immunodeficiency diseases (PIDD) to participate.

### Increases the Use of Real-time Benefit Tools

The package directs Medicare Advantage and Part D plans to implement real-time benefit tools that can integrate with electronic prescribing and electronic health record (EHR) systems, which provide benefit and cost-sharing information to prescribing professionals.

### Allows Occupational Therapists to Conduct Certain Home Health Assessments

The bill requires the Secretary of HHS, no later than January 1, 2022, to allow occupational therapists to conduct initial assessment visits and complete comprehensive assessments for certain home health services, if the referral order by the physician does not include skilled nursing care but does include occupational therapy and physical therapy or speech language pathology. This makes permanent a current pandemic-related 1135 waiver flexibility.

### Improves Access to Skilled Nursing Facility (SNF) Services for People with Hemophilia

It adds blood clotting factors and items and services related to their furnishing to the categories of high-cost, low-probability services that are excluded from the SNF per diem payment system and are separately payable. This change will allow SNF care to be an option for beneficiaries with hemophilia….**Read More on Medicaid & COVID 19**

# Medicare Rights Recommends Key Policy Actions for the New Biden Administration

The Medicare Rights Center looks forward to working with the Biden administration to protect and strengthen Medicare as well as the health and economic well-being of those who rely on its coverage. To facilitate this dialogue, we recently submitted a set of recommended actions for the administration's consideration.

Our memo is rooted in our experience helping people with Medicare understand and navigate their coverage. Through this work, we know that immediate and long-term policy solutions are needed. We frequently hear from people with Medicare who are struggling with limited financial resources, rising health care and prescription drug costs, antiquated Medicare coverage and enrollment rules, entrenched and systemic racial injustice and discrimination, and burdensome program requirements. In addition to these longstanding barriers, older adults and people with disabilities have been among the hardest hit by the COVID-19 pandemic and its economic fallout.

These challenges, as well as the Biden administration's role in responding to them and in shaping Medicare's future, are reflected in our recommendations. Chiefly, we urge the administration to:

- Immediately respond to the COVID-19 pandemic in ways that prioritize older adults and people with disabilities;
- Simplify Medicare enrollment to ensure active, informed, and meaningful beneficiary choice;
- Reduce barriers to care by making coverage more available, accessible, and affordable; and
- Address disparities and inequities to improve health care and coverage for all.

While the majority of the solutions we present are administrative, some require more broad collaboration. We encourage President Biden to work with Members of Congress, state policymakers, and stakeholders to advance these and other goals. In the coming weeks, we will also outline our legislative priorities for the 117th Congress.

**Read Medicare Rights' policy recommendations for the Biden administration.**

# We have a new repeal the GPO/WEP bill H.R. 82

Representative Rodney Davis from Illinois came through for us again! He introduced the Social Security Fairness Act on the very first day of the new session of Congress. It is **H.R. 82**. As many of you know, every two years all the bills that haven't been passed and signed into law have to be re-introduced with a new bill number. We had signatures from both parties and almost enough co-signers to force a vote in the House of Representatives last year. This year we will get there!

Any "fixes," short of repeal, that have been proposed have so many caveats that they end up introducing more inequities. And cause more confusion. Just get rid of the Government Pension Offset and the Windfall Elimination Provision!

**Social Security Fairness**
Repeal the Government Pension Offset and Windfall Elimination Provision!

The Bill already has 21 co-signers — get your Representative on that list!

Call or email your elected Member of Congress. Find them at www.house.gov, and put their number on your speed dial.

Ask them to co-sign the new bill to repeal the Government Pension Offset and the Windfall Elimination Provision because it affects YOU! **Tell them some of these facts they may not be aware of:**

- The offsets affect people who have fully earned Social Security retirement or spousal benefits.
- Both the GPO and the WEP cause **lower income people to lose a larger percentage** of their retirement income than they do for wealthier retirees.
- Currently, more than half a million retirees **lose ALL** their earned spousal and survivor benefits because of the GPO.
- The cost to repeal both the GPO and the WEP is **less than 2%** of what Social Security pays out in benefits every year.
- The law requiring public employers to inform **new** employees that the offsets might affect their Social Security only became law in January, 2005. Many people still don't understand the cuts to their benefits that are coming….**SS Fairness Link**

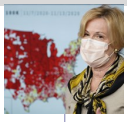
**Sign the Petition here**

# 'I'm not looking to be vindicated,' Deborah Birx says in televised interview

Not being publicly outspoken enough about issues with the Covid-19 response may have been Deborah Birx's biggest mistake, the former White House coronavirus task force coordinator said **in a 30-minute interview** that aired Sunday morning on CBS News's Face the Nation.

In her conversation with CBS's Margaret Brennan, Birx shed some new light on what was happening behind the scenes of the Trump administration's pandemic response — a response that has been widely criticized for being disconnected from the advice of scientists on and outside of the task force. Birx said she had chosen not to do the interview until after President Joe Biden's inauguration.

During her time as the leader of the task force, Birx said that she saw former president Donald Trump present data and graphs she had not compiled and said only two people in the White House routinely wore masks: herself and a member of her support staff. At times, her private advice to governors contradicted what the federal government was telling the public. She didn't know how



sick the President became after he was **diagnosed with Covid-19** in October. And she said that at the White House, "there were people who definitely believed that [Covid-19] was a hoax."

The interview comes just days after White House press secretary Jen Psaki **said in a press briefing** that she couldn't say in the moment whether Birx was still on President Biden's Covid-19 team. Birx previously said she **planned to retire** after Biden's inauguration.

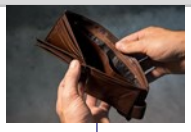
"I understood that to go into the White House and try to support a comprehensive coronavirus response by utilizing the strength of the federal government would be a terminal event for my federal career, which is part of the reason why I didn't want to do it," Birx said in Sunday's interview.

Birx said that while she was publicly supporting the president's efforts — at one point praising "his ability to analyze and integrate data" — she was concerned that White House staff were inappropriately interpreting data about the effectiveness of wearing masks….**Read More**

# Medicare pays more than twice as much as the VA for drugs

In a new report comparing Medicare Part D prescription drug prices to Veterans Affairs prices, the **Government Accountability Office** finds that Medicare pays more than twice as much as the VA for drugs.

The GAO looked at 399 of the most frequently used and most expensive drugs. It found that the VA pays half of what **Medicare Part D plans** pay for more than 200 drugs. The VA pays 75 percent less or a quarter of what Medicare Part D pays for 106 of these drugs. Medicare Part D only pays less than the VA for 43 drugs.



The GAO looked at 2017 prices for both brand-name and generic drugs. It posited that the VA achieves better prices because it bargains on behalf of a large population. The Part D insurers do not bargain collectively for lower drug prices as they do, for example, in **Germany**.

The VA achieved savings of 68 percent over Medicare drug prices for the 203 generic drugs studied. Savings for 196 brand-name drugs was 49 percent or an average of $4.11 per drug.

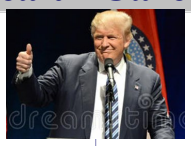
The dollars add up. Together the VA and the Part D plans spend $105 billion a year on drugs. They cover 52 million people. And, they represent about one-third of all prescription drug spending.

# Trump's Pardons Included Health Care Execs Behind Massive Frauds

At the last minute, President Donald Trump granted pardons to several individuals convicted in huge Medicare swindles that prosecutors alleged often harmed or endangered elderly and infirm patients while fleecing taxpayers.

"These aren't just technical financial crimes. These were major, major crimes," said Louis Saccoccio, chief executive officer of the National Health Care Anti-Fraud Association, an advocacy group.

The list of some 200 Trump pardons or commutations, most issued as he vacated the White House this week, included at least seven doctors or health care entrepreneurs who ran discredited health care enterprises, from nursing homes to pain clinics. One is a former doctor and California hospital owner embroiled in a massive workers' compensation kickback scheme that prosecutors alleged prompted more than 14,000 dubious spinal surgeries. Another was in prison after prosecutors accused him of ripping off more than $1 billion from Medicare and Medicaid through nursing homes and other senior care facilities, among the largest frauds in U.S. history.



"All of us are shaking our heads with these insurance fraud criminals just walking free," said Matthew Smith, executive director of the Coalition Against Insurance Fraud. The White House argued all deserved a second chance. One man was said to have devoted himself to prayer, while another planned to resume charity work or other community service. Others won clemency at the request of prominent Republican ex-attorneys general or others who argued their crimes were victimless or said critical errors by prosecutors had led to improper convictions.

Trump commuted the **sentence** of former nursing home magnate Philip Esformes in late December. He was serving a 20-year sentence for bilking $1 billion from Medicare and Medicaid. An FBI agent called him "a man driven by almost unbounded greed." Prosecutors said that Esformes used proceeds from his crimes to make a series of "extravagant purchases, including luxury automobiles and a $360,000 watch."

Esformes also bribed the basketball coach at the University of Pennsylvania "in exchange for his assistance in gaining admission for his son into the university," according to prosecutors….**Read More**

# Older Adults Confused Where to Get Shots

Over a month into a massive vaccination program, most older Americans report they don't know where or when they can get inoculated for covid-19, according to a poll released Friday.

Nearly 6 in 10 people 65 and older who have not yet gotten a shot said they don't have enough information about how to get vaccinated, according to the **KFF survey.** (KHN is an editorially independent program of KFF.)

Older Americans are not the only ones in the dark about the inoculation process. About 55% of essential workers — designated by public health officials as being near the front of the line for vaccinations — also don't know when they can get the shots, the survey found. Surprisingly, 21% of health workers said they are unsure about when they will get vaccinated.

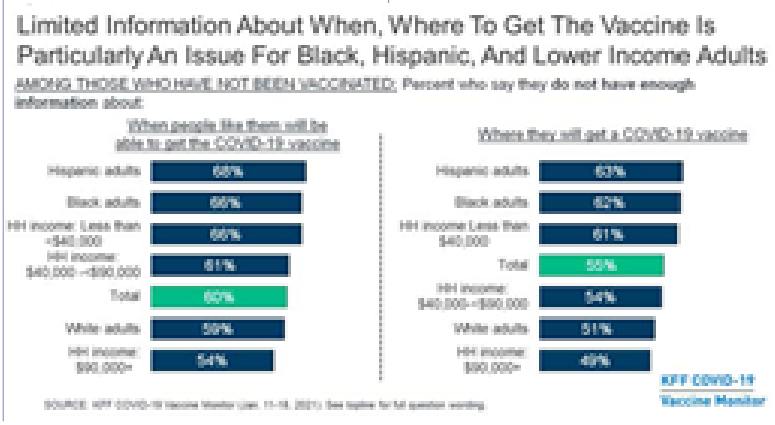
Black and Hispanic adults, as well as those in low-income households, are among the groups struggling most to find vaccine information. Within each of those groups, at least two-thirds said they do not have enough information about when they can get vaccinated, the survey found.

The covid vaccines, which were first distributed in mid-December to health care workers and people living in nursing homes or assisted living centers, are now available for other older adults in most states, though age restrictions vary. Ohio, for example, opened up vaccinations to all residents **80 and older**. In Virginia, the minimum age for the second wave of shots is 65. In **Indiana, it's 70; Maryland, 75**. Some states, such as **Florida** and Texas, started vaccinating anyone 65 and up in December, though many states did not begin vaccinating all seniors until January.

Limited doses have left many seniors scrambling to get an inoculation appointment.

For example, at 9 a.m. Thursday, Washington, D.C., opened 2,200 covid vaccine appointment slots for people 65 and older in several hard-hit neighborhoods. Within 20 minutes, they were all filled.

To date, more than **15 million Americans** have been vaccinated for covid, which has infected 24 million and killed more than 400,000. The two covid vaccines authorized for emergency use by the Food and Drug Administration require two doses either three or four weeks apart….**Read More**



# Keeping An eye on Social Security, Medicare & Medicaid

We at TSCL are monitoring legislation regarding Social Security, Medicare, and Medicaid as well as other issues of importance to seniors

The need to fix Social Security has come to center stage this week with articles in major news outlets pointing out the urgency.

During his campaign President Biden proposed a plan to reform Social Security by giving eligible workers a guaranteed minimum benefit equal to at least 125% of the federal poverty level. People who have received benefits for at least 20 years would get a 5% bump. Widows and widowers would receive about 20% more per month.

He also proposed changing the measurement for annual cost-of-living increases to the Consumer Price Index for the Elderly, or CPI-E, which could more closely track the expenses retirees face.

To pay for those higher benefits, Biden would apply Social Security payroll taxes to those making $400,000 and up. In 2021, workers generally pay the 6.2% Social Security tax on up to $142,800 of wages.

We're in touch with Congressman John Larson (D-Ct.) regarding his Social Security 2100 legislation which he introduced last year and which TSCL strongly supported. The Larson bill aims to boost benefits and restore the program's solvency for the next 75 years by raising payroll taxes.

He has not yet reintroduced his bill but, according to an article on CNBC.com, he said the Biden administration, and members of the Senate and House, are looking to come to a consensus by holding roundtables and evaluating different proposals.

"There are a lot of similarities between the Social Security 2100 Act and President Biden's campaign proposal," Larson said. "We will be reintroducing a modified Social Security 2100 Act based on what comes out these discussions."

Getting a bill through the House is one thing, but getting it through the Senate is another. With a Senate equally divided between the two parties, the power of every Senator is enlarged because it would only take one Senator to pass or defeat legislation.

But in addition, because of the ability of an individual Senator to mount a filibuster, it often actually takes 60 votes to pass legislation.

One of the worrisome aspects of any Social Security reform legislation is that conservative politicians would likely object to raising benefits across the board, according to Rachel Greszler at the conservative Heritage Foundation.

"There could be room for a compromise to be made here in terms of boosting the minimum benefit that's provided, so it's at least at the poverty level," Greszler said. "But that would have to come … with a reduction in benefits at the top."

One challenge that could emerge in the negotiations is for leaders to face the decision of whether Social Security should be an anti-poverty or entitlement program, Greszler said. The Heritage Foundation is advocating for a universal benefit to protect those who are low income, while reducing how much middle- to high-wage earners rely on benefits.

In short, some politicians and others want to cut the benefits of certain Social Security recipients in order to increase the benefits of others.

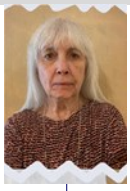
TSCL is totally opposed to that kind of "fix," which is no fix at all.

# After a Decade of Lobbying, ALS Patients Gain Faster Access to Disability Payments

Anita Baron was diagnosed with ALS (Lou Gehrig's disease) after nine months of countless tests. By the time her Social Security Disability Insurance and Medicare came through, Baron and her husband had maxed out their credit cards and raided $10,000 from their IRA and were $13,000 in debt.

Anita Baron first noticed something was wrong in August 2018, when she began to drool. Her dentist chalked it up to a problem with her jaw. Then her speech became slurred. She managed to keep her company, which offers financing to small businesses, going, but work became increasingly difficult as her speech worsened. Finally, nine months, four neurologists and countless tests later, Baron, now 66, got a diagnosis: amyotrophic lateral sclerosis.

ALS, often called Lou Gehrig's disease after the New York Yankees first baseman who died of it in 1941, **destroys motor neurons,** causing people to lose control of their limbs, their speech and, ultimately, their ability to breathe. It's usually fatal in two to five years.



People with ALS often must quit their jobs and sometimes their spouses do, too, to provide care, leaving families in financial distress. A decade-long campaign by advocates highlighting this predicament notched a victory last month when Congress passed a bill opening key support programs earlier for ALS patients.

In late December, then-President Donald Trump **signed the bill into law**. It eliminates for ALS patients the required five-month waiting period to begin receiving benefits under the Social Security Disability Insurance program, which replaces at least part of a disabled worker's income. Gaining SSDI also gives these patients immediate access to Medicare health coverage.

Advocacy groups note that the Social Security Administration **still will need to set up procedures for implementing the law**, before patients will see the benefits.

The Muscular Dystrophy Association, an umbrella organization for people with 43 neuromuscular conditions, partnered with other ALS groups to support the bill to eliminate the SSDI waiting period.

"We're hopeful that it can serve as a model for other conditions that may be similarly situated," said Brittany Johnson Hernandez, senior director of policy and advocacy at MDA.

In the weeks leading up to the passage of the bill, Sen. Mike Lee (R-Utah) sought to broaden the scope of the legislation to include other conditions. He **pledged to continue to work on legislation** to eliminate the SSDI waiting period for additional diseases that meet certain criteria, including those with no known cure and a life expectancy of less than five years.

Eliminating the SSDI waiting period has been a top priority for ALS advocates. There is no simple, single test or scan to confirm that someone has ALS, though symptoms can escalate rapidly. By the time people finally get the diagnosis, they are often already seriously disabled and unable to work. Waiting five months longer for financial aid can be a burden, according to patients and families…

"Five months may seem like a short period of time, but for someone with ALS it matters," said Danielle Carnival, CEO of I Am ALS, an advocacy group. "It's a huge win and will make a huge difference for people right away."

Eligibility for SSDI benefits generally requires people to have worked for about a quarter of their adult lives at jobs through which they paid Social Security taxes. Benefits are based on lifetime earnings; the average monthly SSDI benefit was **$1,259 in June 2020**, according to the Social Security Administration. (The average retirement benefit was $1,514 that month.).**Read More**

# Government Seeks to Stop Implementation of Court Order in Hospital Observation Status Case

Over 10 months ago, in March 2020, a federal district court **issued an order** in *Alexander v. Azar* stating that the Centers for Medicare & Medicaid Services (CMS) must permit certain Medicare beneficiaries to appeal the denial of their Part A inpatient coverage when they are placed on "observation status" in hospitals. It found that CMS is violating the constitutional due process of those beneficiaries by providing no opportunity for them to appeal to Medicare for inpatient coverage. The court's order applies to a nationwide class of individuals who, since January 1, 2009, were admitted as hospital inpatients—covered by Part A—and then reclassified as "outpatient" observation—covered by Part B. The court's order was based in part on the fact beneficiaries may lose access to medically necessary skilled nursing facility care if they cannot appeal for *inpatient* coverage of their hospitalizations. The government appealed the trial court's decision to the Second Circuit Court of Appeals in May, but it did not request a "stay" to pause implementation of the court's order pending appeal.

Now, after inquiries from the Center for Medicare Advocacy and co-counsel regarding the progress of implementation, the government has requested a stay of the district court's order. In its January 11, 2021 filing, the government states that complying with the judgment while the case is on appeal will cause CMS irreparable harm. The Center and its co-counsel who represent the class will oppose the stay and will continue to press for relief for class members as soon as it can be provided. The Center is also opposing the appeal of the trial court's decision at the Second Circuit.

# Poll: Nearly Half of American Adults Now Want the Covid Vaccine — ASAP

Americans' reluctance to get vaccinated for covid-19 is waning, according to a poll released Wednesday.

Nearly half of adults surveyed in January said they have either already been vaccinated or want the vaccine as soon as they can, up from about a third of adults polled in December, according to the **latest KFF survey**. (KHN is an editorially independent program of KFF.)

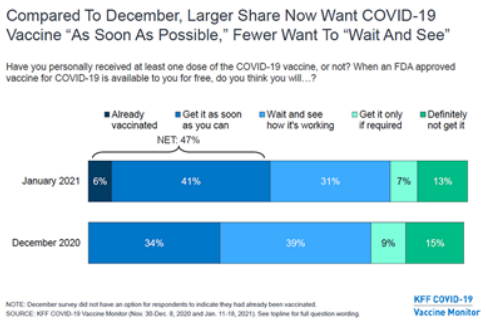
About **20 million Americans** have been vaccinated for covid since distribution of the first vaccines began in mid-December. The pace has also picked up in recent weeks, with more than **a million Americans** on average getting vaccinated every day. The survey found that when people know someone close to them who has been vaccinated, they are more likely to want the shots.

About half of those who said they want the shot as soon as possible know someone who has already gotten a dose, a much larger share than among those who said they'll get it only if required (29%) or will refuse to get it (36%).

Nearly half (47%) of adults said they have personally received at least one vaccine dose or know someone who has. People posting their vaccination status on social networks such as Facebook and Twitter has helped spread the word.

Racial, ethnic and economic disparities continue, however. White adults (51%) are more likely than Black (38%) or Hispanic (37%) respondents to have either been vaccinated or know someone who has, and those with annual household incomes of at least $90,000 are almost twice as likely as those with incomes under $40,000 to say so (64% vs. 34%). (Hispanics can represent any race or combination of races.)

About 3 in 10 adults said they want to wait until the vaccine "has been available for a while to see how it is working for others" before getting it themselves. ….**Read More**




# Debt among older Americans increasing in good part because of health care costs

More older Americans are facing debt now than 20 years ago, reports the **Employee Benefits Research Institute** (EBRI). And the size of their debt is twice what it has been. One principal reason: Health care costs.

Medicare only covers about half of a typical person's health care costs, in large part because it does not pay for long-term supports and services. Expanding and improving Medicare for everyone in the US would help reduce debt significantly for older adults. Not only would it cover health care costs in full, without copays and deductibles, it would cover long-term care. Expanded Social Security benefits would also help tremendously.

The government and businesses once helped to support older people in retirement to a far greater extent than they do today. Medicare covered a larger proportion of people's health care costs and people did not have to rely as heavily on their Social Security benefits for basic needs as they currently do.


According to EBRI, "American families with heads just reaching retirement or those newly retired are more likely to have debt — and higher levels of debt — than past generations." The **EBRI data** show that 68.4 percent of older adults 55 and older faced debt in 2019, up from 53.8 percent in 1992. **Fifty-seven percent** of older adult heads of household between 65 and 74 carried debt in 2016. In 1998, 47 percent of them carried debt.

The proportion of older adults 75 and older with debt is higher than it has been since 1992. In 2019, 51.4 percent of heads of household who were 75 and older carried debt. In 2007, 31.2 percent of them carried debt.

Total debt for 50 to 64 year olds increased by 50 percent between 1992 and 2016, from $80,000 to $120,000. But, for all people 55 and older, average debt decreased a bit from $88,245 in 2010 to $82,481 in 2019.

Older adults represent **about 12 percent of people filing for bankruptcy**. That's five times the percentage of older adults who filed for bankruptcy 25 years ago.

As wealthy people age, their debt tends to fall. As people with less wealth age, their debt tends to grow. And mortgage and credit card debt are most prevalent among people 70 and older.

Blacks and Hispanics and people with low incomes are at severe risk of economic insecurity as they get older. They are more likely than white Americans to spend 40 percent of their income paying off their debt. They are most likely to have credit card debt and loan debt to pay for basic needs.

Older adults also often have student loan debt to pay off. It can be their student loans or their kids' loans.

# RI ARA HealthLink Wellness News

## Variant might partially evade protection from vaccines or prior infection, early research suggests

A new study suggests someone might be able to get infected with one of the new variants of the coronavirus even if they've had Covid-19 before or have been vaccinated.

The variant was first spotted in South Africa in October and has now been found in more than a dozen countries.

"I think we should be alarmed," said Penny Moore, associate professor at the National Institute for Communicable Diseases in South Africa and the senior author of the study.

"Based on Penny's data, it's likely that the vaccine is going to be somewhat less effective, but how much less effective we don't know," said David Montefiori, a virologist at Duke University Medical Center.

Montefiori added that this is the first study that gives him serious doubt about whether prior infection or a vaccine will protect against a new coronavirus variant.

"This is the first time I've been concerned about a variant partially evading the immune response and partially evading the vaccine," he said.

Both experts emphasized that people should still get the vaccine. It's extremely effective against other forms of the virus and they think it likely will still give some level of protection against the new variant as well.

The study was posted on a pre-print server and has not been peer-reviewed and published in a medical journal.

This is one of the first reports to look at the variant's effect on antibody potency. Labs around the world are furiously studying the issue and expect to report results within the next few weeks.

"I worry desperately in the next six to 12 weeks we're going to see a situation with this pandemic unlike anything we've seen yet to date. And that is really a challenge that I don't think most people realize yet," Michael Osterholm, an epidemiologist at the University of Minnesota and a member of President-elect Joe Biden's Transition Covid-19 Advisory Board, told CNN's New Day.

'A two-armed escape from the immune system'

In the study, Moore and her colleagues took blood from 44 people who'd had Covid-19. Nearly all of their cases were confirmed to have occurred prior to September, which is before the variant was spotted in South Africa.

The researchers then looked to see whether their antibodies would fight off the new variant.

For about half of the 44 people, their antibodies were powerless against the new variant.

"We saw a knockout," Moore said. "It was a scary result."

For the other half, the antibody response was weakened, but not totally knocked out.

The analysis showed that the strongest antibody response was from those who had suffered more severe cases of Covid-19, and therefore had developed a stronger antibody response after their illnesses….**Read More**

## Severe Allergic Reaction Extremely Rare With Pfizer COVID Vaccine

Despite scattered media reports of severe allergic reactions to the Pfizer COVID-19 vaccine, a detailed analysis shows that such incidents are very rare, striking just 11 people for every million doses given.

The study, compiled by researchers at the U.S. Centers for Disease Control and Prevention, also found that episodes of severe allergic reaction -- called anaphylaxis -- typically occurred within minutes of receiving the shot and were also quickly resolved using a shot of epinephrine (such as the EpiPen).

None of the episodes proved fatal, said researchers reporting Jan. 21 in the journal *JAMA Insights.*

The bottom line, according to one expert unconnected to the study, is that people have far more to fear from COVID-19 than they do from the Pfizer vaccine.

"Despite the occurrence of allergic reactions, the fact that we are in the midst of a pandemic and this vaccine is lifesaving still keeps the risk-benefit ratio on the side of the vaccine -- by a lot," said infectious disease expert Dr. Amesh Adalja. He's senior scholar at Johns Hopkins Center for Health Security in Baltimore.

In the new study, a team led by CDC researcher Dr. Tom Shimabukuro tracked data on reactions to the Pfizer vaccine soon after it was approved in December. During the period from Dec. 14 to Dec. 23, about 1.9 million first doses of the two-dose vaccine were dispensed into the arms of Americans.

According to data from the federal Vaccine Adverse Event Reporting System (VAERS), just 21 reports of anaphylaxis in Pfizer vaccine recipients was reported during that time, working out to 11.1 cases per every 1 million shots given.

Some of these very rare cases did prove serious: Four of the patients had such severe anaphylaxis that they required hospitalization (three of them in intensive care), and 17 needed emergency department care. However, none of the events proved fatal, and by the time of the VAERS report, 20 of the 21 cases had already recovered and been sent home.

Most of the severe reactions set in quickly -- a big reason why COVID-19 vaccine recipients are being asked to wait for a short period of time at the locales where they get their shots. For the 21 cases outlined in the new study, the average time of anaphylaxis onset was just 13 minutes. Rash, hives, swelling and throat constriction were the most common symptoms.

And almost all of the cases -- 17 out of 21 -- involved people who had some history of allergies or allergic reactions to things such as drugs, food or bee stings, Shimabukuro's group said.

Besides the life-threatening forms of allergic reaction, the VAERS report also found 83 cases (out of 1.9 million doses given) of milder allergic reactions -- symptoms such as rash, itchy skin, scratchy throats and "mild respiratory symptoms," the CDC researchers said.

Earlier this month, a leading group of allergy specialists offered up guidance on the new COVID-19 vaccines.

While reactions to vaccines are extremely rare, the American College of Allergy, Asthma and Immunology (ACAAI) said anyone being vaccinated should be asked if they have a history of a severe allergic reaction to an injectable medication.

If the answer is yes, the individual should be referred to a board-certified allergist for evaluation before getting the COVID-19 vaccination, the ACAAI said in a news release.

The academy also said COVID-19 vaccines should be given in a health care facility where an allergic reaction can be treated. Patients must be monitored for at least 15 to 30 minutes after injection for any adverse reaction.

COVID-19 vaccines should not be given to people with a known history of severe allergic reaction to any component of the vaccine.

That sounds like good advice, Adalja said. "Those who have had reactions to injectables in the past or to ingredients included in these vaccines should discuss the current COVID vaccines with their physicians if they are concerned," he said.

# Daily Aspirin Can Lower Colon Cancer Risk, But Age Matters

Low-dose aspirin may help some people curb their risk of developing colon cancer -- but not if they wait until age 70 to start, a large, new study suggests.

Researchers found that when people began using aspirin in their 50s or 60s, their risk of developing colon cancer after age 70 was trimmed by 20%.

There was no such benefit, however, among people who began using aspirin at age 70 or later.

No one is saying all middle-aged people should rush to take low-dose aspirin, experts cautioned.

In fact, the U.S. Preventive Services Task Force recommends low-dose aspirin (usually 81 mg a day) for only a select group: People in their 50s who have at least a 10% risk of suffering a heart attack or stroke in the next 10 years.


The rationale is that long-term aspirin use carries a risk of bleeding in the gut or the brain. But for those middle-aged adults, the risk is outweighed by the benefits -- namely, reduced odds of both cardiovascular disease and colon cancer.

With older adults, the benefits of starting aspirin are less clear.

So the task force -- a government-funded panel of medical experts -- suggests people in their 60s talk to their doctor about the pros and cons.

For people in their 70s, the aspirin question gets murkier.

And a 2018 clinical trial fueled concerns about risks: It found that people age 70 and up who were randomly assigned to take low-dose aspirin were actually more likely to die of colon cancer than nonusers.

There was no obvious explanation for that, said study author Dr. Andrew Chan, a gastroenterologist at Massachusetts General Hospital in Boston.

"The results were very surprising," he said. "We were expecting a reduced risk."

The trial findings raised many questions, including:
Is *starting* aspirin after age 70 the problem? Or is there an issue with *any* use of the drug at that age?

The task force guidelines talk about when to start low-dose aspirin, but not when to stop, Chan noted

Those questions, he said, are what prompted the new study.

….**Read More**

# Will Vaccines Work Against the New Coronavirus Variants?

Everyone has heard the scary reports about the new, more infectious coronavirus variants that are circulating in countries around the world, but scientists aren't pushing the panic button at this point.

Why? Because the new COVID-19 vaccines should still work on these viral interlopers.

Luckily, the new variants still rely on the coronavirus' "spike protein" to infect cells, and the two COVID vaccines now on the U.S. market specifically target the spike protein to prevent transmission, explained Dr. Kathryn Edwards, scientific director of the Vanderbilt University Vaccine Research Program in Nashville.

"The spike is really critical. It's really what is needed to interact with the cell," Edwards said. "So, I think it would be hard to circumvent the spike in terms of function."

New COVID variants out of Britain, South Africa and Brazil appear to be more infectious, possibly because the spike protein has mutated to make transmission between people easier, said Dr. Mirella Salvatore, an infectious disease expert and assistant professor at Weill Cornell Medicine in New York City.

"The spike protein is needed to bind to the cell, to allow the virus to enter," Salvatore explained. "If there are a lot of these mutations, maybe this binding is stronger and the virus can enter more easily. This is a possibility why this virus seems to transmit more easily."

But the Pfizer and Moderna vaccines are designed to not only target the spike protein, but to promote the creation of antibodies that will attack it in several different ways, Salvatore said.

Therefore, it's not likely that a mutation would be able to evade the complex immune response created by a vaccine, even if the mutation makes the spike protein more effective at infecting unvaccinated people, the experts said.

"It's not one single antibody, so if there is a mutation that changed a little bit of the structure of the spike protein, then there would be a lot of other substantial antibodies that would be able to stop the virus from attacking the cell and entering the cell," Salvatore noted.

Edwards and Salvatore spoke Thursday during a briefing hosted by the Infectious Diseases Society of America, of which they are both fellows.

There was a bit of bad news delivered during the briefing: The new Brazilian and South African variants do appear to be capable of reinfecting people who've had COVID before, the experts said.

For example, a Brazilian health care worker fell ill from both the original COVID-19 virus and, months later, again from what turned out to be a new mutation of the virus, Edwards said.

However, the man did not suffer severe illness either time, so it's possible that his body didn't mount a strong enough immune response during the first infection to protect him against the second, Edwards said.

"The height of the antibody response may be somewhat proportional to how sick you are in the beginning. Maybe if the patient had been vaccinated or maybe had a more severe disease, he would have had a higher antibody count that would have protected him," Edwards said.

The heightened transmissibility of the new strains and their potential to evade the natural immunity caused by infection has raised concerns about a new wave of coronavirus in the United States, said Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota.

"I am extremely worried about the U.K. variant," Osterholm said during a **HD Live! interview** this week. "I think over the course of the next six to 12 weeks we could see the darkest days of this pandemic in this country, with that variant being responsible for greatly increased transmission."

The new variants haven't proven more lethal than the original COVID strain, Salvatore said, but increased infection could increase the number of people who die from the coronavirus.

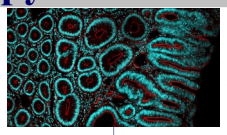
Public health and infectious disease experts will need to continue to track new variants of COVID and decipher their genetics, just in case a new mutation causes a severe decline in vaccine effectiveness, the experts said.

But if that happens, it likely will be easy to change up the lab-created messenger RNA vaccines to maintain their effectiveness against new mutations, Edwards said.

"That is an advantage of the mRNA vaccines," Edwards said, noting that public health officials already change the flu vaccine every year to maintain its effectiveness against the much more mutation-prone influenza virus.

"That process is done so efficiently by the [U.S. Food and Drug Administration] and other regulators that the ability to change is something we do every year," Edwards said. "I think as we are going forward, we are using influenza as the model."

# Could Stem Cell Therapy Be a Breakthrough Against MS?



Stem cell transplants may have long-lasting benefits for some people with aggressive cases of multiple sclerosis, a new study suggests.

Italian researchers found that among 210 multiple sclerosis (MS) patients who received a stem cell transplant -- with cells from their own blood -- two-thirds saw no worsening in their disability 10 years out.

That included 71% of patients with relapsing-remitting MS, the most common form of the disease.

The sustained level of effectiveness is "pretty dramatic," said Bruce Bebo, executive vice-president of research programs for the National Multiple Sclerosis Society.

At the same time, there are important caveats, said Bebo, who was not involved in the study.

For one, the patients were not part of a clinical trial that directly tested stem cell transplants against standard MS medications. They all underwent transplants at various Italian medical centers between 1997 and 2019.

So it's unclear exactly how such transplants measure up against the most effective MS drugs now available. Beyond that, Bebo said there are ongoing questions about which MS patients are the best candidates for a transplant, and the optimal timing for it.

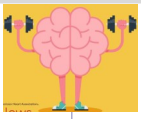
Those are no small matters, since a stem cell transplant is a major undertaking, he pointed out.

"And it's not reversible, like a medication you can change when it's not working," Bebo said.

MS is a neurological disorder caused by a misguided immune system attack on the body's own myelin -- the protective sheath around nerve fibers in the spine and brain. That leads to symptoms such as vision problems, muscle weakness, numbness, and difficulty with balance and coordination.

About 85% of people with MS initially have the relapsing-remitting form, according to the MS society. That means symptoms flare for a time and then ease. Most people, though, eventually transition to a progressive form of the disease, and their disability worsens over time….**Read More**

# Keeping Your Brain Sharp Isn't About Working More Puzzles



Mental decline is one of the most feared aspects of growing older. People will do just about anything to prevent it, from swallowing supplements touted as memory boosters to spending hours solving Sudoku and crossword puzzles.

But do these things really keep the aging brain sharp? The short answer is, not really.

"It can certainly help you concentrate if you spend an hour or two doing puzzles," said Dr. Vladimir Hachinski, a Canadian neurologist and global expert in the field of brain health. "It's good because you're exercising your brain. But don't expect too much from it."

One in 8 Americans age 60 or older report having at least some memory loss and roughly 35% of them report problems with brain function, according to the Centers for Disease Control and Prevention. While this doesn't always lead to full-blown dementia, the number of older people in the United States struggling with cognitive issues is growing: The CDC predicts the number of people in the U.S. with dementia – including its most common form, Alzheimer's disease – will nearly triple to roughly 14 million people by 2060.

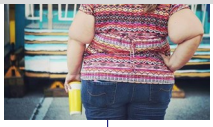
Research suggests there are indeed ways to prevent or delay many types of cognitive loss, but they don't involve fish oil supplements or brain teasers. Instead, Hachinski and others in the field agree, people who want to preserve good brain function should take the same steps they would to protect their hearts.

"If you have a good heart, you have a good brain," said Dr. Rong Zhang, professor of neurology at UT Southwestern Medical Center in Dallas. "Whatever risk factors that are bad for your heart, such as high blood pressure, smoking, obesity or a lack of physical activity, these things are also bad for your brain."

The link between heart health and brain health is well established.

The American Heart Association and an expert-led Lancet Commission advise people to focus on their risk factors for heart disease and stroke. These include lowering blood pressure, blood sugar and cholesterol levels; getting enough sleep; not smoking; limiting alcohol intake; eating a healthy diet; exercising at least 150 minutes per week; maintaining a healthy weight; and staying socially active. The Lancet Commission recently expanded its list of dementia risk factors to also include head injuries in mid-life and exposure to air pollution….**Read More**

# Diabetes Boosts Odds for Heart Trouble 10-fold in Younger Women



With rising obesity rates, more young women American women are developing type 2 diabetes, putting them at hugely increased risk for heart disease, new research shows.

In fact, the study found that women under 55 with type 2 diabetes had a tenfold greater risk of having heart disease over the next two decades compared to their non-diabetic peers.

Even just having high blood sugar appeared to increase the risk for premature heart disease by 600%, according to researchers at Boston's Brigham and Women's Hospital.

All of this means that "we're going to see, unfortunately, younger and younger people having heart attacks," said researcher Dr. Samia Mora, of Brigham's Center for Lipid Metabolomics.

"When a younger individual has a cardiovascular event, it will affect their quality of life going forward, their productivity, and their contribution to society," Mora said in a hospital news release.

None of that is inevitable, since so many risk factors for heart disease -- including obesity, diabetes and smoking -- can be brought under control, according to one diabetes specialist. "Risk factor management at a younger age is important and can significantly reduce cardiovascular events in the future years," said Dr. Shuchie Jaggi, attending physician in endocrinology, diabetes and metabolism at Northwell Health in Great Neck, N.Y. She wasn't involved in the new report.

In their research, Mora's group analyzed more than 50 heart risk factors among more than 28,000 American women who took part in the ongoing Women's Health Study.

For example, they tracked 50 "biomarkers" tied to cardiovascular health, including low-density lipoprotein (LDL) cholesterol ("bad" cholesterol) and hemoglobin A1C (a measure of blood sugar levels).

Both of those factors had weaker associations with heart disease onset in women younger than 55 than lipoprotein insulin resistance (LPIR,) a newer metric for insulin resistance.

Insulin resistance occurs when cells in muscles, fat and the liver don't respond well to insulin and can't use glucose. It's typically a precursor to diabetes….**Read More**

# AHA News: Anxiety Is Linked With Smoking – But How Is Still Hazy

In these stressful pandemic times, health experts have more reason to circle back to the link between anxiety and smoking: Does anxiety cause people to smoke? Or does smoking cause anxiety?

Like many other aspects of mental health and addiction, there are no cut-and-dried conclusions.

"I think we've generated more questions on the subject than we have answers," said Brian Hitsman, associate professor of preventive medicine at Northwestern University Feinberg School of Medicine in Chicago.

Anxiety disorders are the most common mental health issue in the U.S., affecting between 15% and 19% of the adult population and encompassing everything from phobias and panic attacks to intense fear of social situations and chronic worrying.


While U.S. smoking rates have dropped over the past 50 years, about 1 in 5 American adults – 50.6 million – still reported smoking, vaping or using other tobacco products in 2019, according to the latest data released in November from the Centers for Disease Control and Prevention. That data also showed 45% of people with severe anxiety use tobacco. Even for those with mild anxiety, 30% use tobacco. Yet for those who report little to no anxiety, only 18% use tobacco.

Other research shows higher rates of anxiety disorders among smokers than the general population. However, a study released last year in Current Psychiatry Reports said that despite "robust evidence" linking smoking and anxiety, there are "considerable discrepancies for the precise role of anxiety in smoking onset, severity, and cessation outcomes."

Lorra Garey, the study's lead author, said alcohol and substance abuse could be clouding the true connection. Another complicating factor is the two-way relationship between smoking and anxiety.

"It's this perpetual loop feeding into itself. You have anxiety contributing to smoking … and then you have people becoming addicted to nicotine and experiencing acute withdrawal with symptoms that mimic anxiety," said Garey, a research assistant professor at the University of Houston.

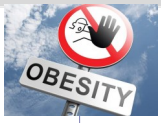
"These things are so interrelated it's hard to tease apart," she said. "Ultimately, we need more rigorous research to really track the different factors over time to fully understand them."...**Read More**

# For Rising Number of People, Obesity Is a Literal Headache

As worldwide obesity rates continue to soar, new research shows that growing numbers of people are developing a potentially blinding type of weight-linked headache that was once considered rare.

Though the study was conducted in Wales, one U.S. expert said the same surge in these headaches is likely happening in this country and elsewhere, but he cautioned that just because someone is obese and has headaches doesn't mean he or she have this rare headache, known as idiopathic intracranial hypertension (IIH).

"Obese individuals are at greater risk for more frequent migraine, too," noted Dr. Brian Grosberg, director of the Hartford HealthCare Headache Center in Connecticut.




In the study, IIH rates increased sixfold in Wales between 2003 and 2017 -- from 12 per 100,000 people to 76 per 100,000 people. During the same 15-year span, obesity rates in Wales rose from 29% of the population to 40%.

"The considerable increase in IIH incidence" has several causes, but is likely "predominately due to rising obesity rates," said study author William Owen Pickrell, a consultant neurologist at Swansea University. "The worldwide prevalence of obesity nearly tripled between 1975 and 2016, and therefore, these results also have global relevance."

His findings were published in the Jan. 20 issue of *Neurology*.

IIH is a type of headache that occurs when the fluid around your brain and spinal cord builds up in your skull. This places extra pressure on your brain and the optic nerve in the back of your eye, causing symptoms that can mimic a brain tumor such as debilitating head pain, blind spots and possibly vision loss, according to the National Eye Institute.

The cause is not fully understood, but weight loss is the main treatment. Some people may need medication and/or surgery to drain the fluid and relieve the pressure. "There is some evidence that weight loss can improve headache symptoms," Pickrell said….**Read More**

# Therapeutic Vaccine Is Keeping Melanoma in Remission 4 Years On

Giving melanoma patients a "personalized" vaccine can prompt an anti-tumor immune response that lasts for years, an early study finds.

The study involved just eight patients with advanced melanoma, the deadliest form of skin cancer.

But it builds on earlier work showing it is possible to spur the immune system to respond to an individual's unique tumor.

All eight patients underwent standard surgery for their melanoma, but were considered high risk for a recurrence. So researchers gave them an experimental vaccine called NeoVax.

Unlike traditional vaccines, it is not a one-size-fits-all jab. Each patient's vaccine was customized based on key "neoantigens" -- abnormal proteins -- that were present on their tumor cells.

Even though those proteins are foreign, the immune system is not able, on its own, to generate a major response against them.

"The problem is, the tumor itself doesn't present enough of a danger signal," said Dr. Patrick Ott, one of the researchers on the new study.

Beyond that, tumors have various ways of eluding the body's defenses, explained Ott, of the Dana-Farber Cancer Institute in Boston.

The idea behind NeoVax is to present the immune system with the tumor neoantigens so it can generate a focused T cell response against them. T cells are immune system sentries that can find and destroy cancer cells.

In earlier work, Ott and his colleagues found the vaccine safely activated a tumor-directed T cell response in six melanoma patients. The new study looked at the longer-term response in those patients, plus an additional two who've received the vaccine since.

After a typical follow-up of four years, all eight patients were still alive and showing a sustained T cell response to their cancer.

What was "striking," Ott said, was that the immune response not only persisted, but had broadened: The patients' T cells remembered the proteins the vaccine had presented, and had "diversified" to recognize other melanoma proteins that had not been included in the vaccine.

The big question, though, is whether it makes a difference in patients' outcomes

Five of the eight patients did see their melanoma recur. In two cases, Ott said, the recurrences happened early, and the patients were given drugs called checkpoint inhibitors.….**Read More**