

Message from the Alliance *for* Retired Americans Leaders



History Made As Justice Ketanji Brown Jackson Joins the Supreme Court



Robert Roach, Jr.
 President, ARA

On Thursday retiring Supreme Court Justice Stephen Breyer swore-in Ketanji Brown Jackson as the Court's newest Justice.

"We congratulate Justice Brown Jackson on this extraordinary achievement and look forward to her serving the American people for many years to come," said Robert Roach, Jr., President of the Alliance for Retired Americans. "It is



important that the Supreme Court includes people of all races and backgrounds and as the first Black woman on the court we are now one step closer to achieving this goal."

Senate Democrats Working to Pass Legislation to Lower Drug Prices in July



Rich Fiesta,
 Executive Director, ARA

have been negotiating a plan to lower drug prices, including

The Washington Post and other media outlets reported Thursday that Senate Majority Leader Chuck Schumer (NY) and Senator Joe Manchin (WV)

requiring Medicare to negotiate lower prices directly with pharmaceutical corporations. A spokesperson for Sen. Manchin claimed Thursday that the plan has the support of all 50 Democrats.

The Schumer-Manchin proposal reportedly includes mandating that the Secretary of Health and Human Services negotiate prices beginning in 2023, making vaccines free to Medicare patients, limiting Medicare premium increases, and capping out-of-pocket costs for Medicare patients at \$2,000 per year.

The draft legislation still needs to be reviewed by the Senate

Parliamentarian to determine if it can be passed through the budget reconciliation process with a simple majority vote.

"We are encouraged that Senate leaders have not stopped working on legislation to lower drug prices," said Rich Fiesta, Executive Director of the Alliance. "There is no more urgent issue facing retirees. High drug prices hurt patients who have to choose between putting food on the table or taking the medicine they need to stay healthy. It's time for Congress to finally put patients ahead of drug industry profits."

How Pfizer Won the Pandemic, Reaping Outsize Profit and Influence

The grinding two-plus years of the pandemic have yielded outsize benefits for one company — Pfizer — making it both highly influential and hugely profitable as covid-19 continues to infect tens of thousands of people and kill hundreds each day.

Its success in developing covid medicines has given the drugmaker unusual weight in determining U.S. health policy. Based on internal research, the company's executives have frequently announced the next stage in the fight against the pandemic before government officials have had time to study the issue, annoying many experts in the medical field and leaving some patients unsure whom to trust.

Pfizer's **2021 revenue** was \$81.3

billion, **roughly double** its revenue in 2020, when its top sellers were a pneumonia vaccine, the cancer drug Ibrance, and the fibromyalgia treatment Lyrica, which had gone off-patent.

Now its mRNA vaccine holds 70% of the U.S. and European markets. And its antiviral Paxlovid is the pill of choice to treat early symptoms of covid. This year, the company expects to rake in more than \$50 billion in global revenue from the two medications alone.

Paxlovid's **value to vaccinated** patients isn't yet clear, and Pfizer's covid vaccine doesn't entirely prevent infections, although each booster temporarily restores some protection. Yet, while patients



may recoil at the need for repeated injections — two boosters are now recommended for people 50 and older — the requirement is gold for investors.

"Hopefully, we could be giving it annually and maybe for some groups that are high-risk more often," CEO Albert Bourla **told investors** this year. "Then you have the treatment [Paxlovid] that will, let's say, resolve the issues of those that are getting the disease."

Just last week, the Biden administration agreed to buy another 105 million doses of Pfizer's covid vaccine for the fall booster campaign, paying \$3.2 billion. At \$30.47 a dose, it's a significant premium over the \$19.50-a-dose rate the

government paid for the first 100 million. The vaccine is being modified to target early omicron variants, but newer variants are gaining dominance.

Because the virus keeps mutating and will be around for a long time, the market for Pfizer's products won't go away. In wealthier countries, the public is likely to keep coming back for more, like diners at an all-you-can-eat restaurant, sated but never entirely satisfied.

The reliance on Pfizer products at each stage of the pandemic has steered the U.S. response, including critical public health decisions....**Read More**

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Government Watchdogs Attack Medicare Advantage for Denying Care and Overcharging

Congress should crack down on Medicare Advantage health plans for seniors that sometimes deny patients vital medical care while overcharging the government billions of dollars every year, government watchdogs told a House panel Tuesday.

Witnesses sharply criticized the fast-growing health plans at a hearing held by the Energy and Commerce subcommittee on oversight and investigations. They cited a slew of critical audits and other reports that described plans denying access to health care, particularly those with high rates of patients who were disenrolled in their last year of life while likely in poor health and in need of more services.

Rep. Diana DeGette (D-Colo.), chair of the subcommittee, said seniors should not be “required to jump through numerous hoops” to gain access to health care.

The watchdogs also recommended imposing limits on home-based “health assessments,” arguing these visits can artificially inflate payments to plans without offering patients appropriate care. They also called for the Centers for Medicare & Medicaid Services, or CMS, to revive a foundering audit program that is more than a decade behind in **recouping billions** in suspected

overpayments to the health plans, which are run mostly by private insurance companies.

Related to denying treatment, Erin Bliss, a Department of Health and Human Services assistant inspector general, said one Medicare Advantage plan had refused a request for a computed tomography, or CT, scan that “was medically necessary to exclude a life-threatening diagnosis (aneurysm).”

The health plan required patients to have an X-ray first to prove a CT scan was needed.

Bliss said seniors “may not be aware that they may face greater barriers to accessing certain types of health care services in Medicare Advantage than in original Medicare.”

Leslie Gordon, of the Government Accountability Office, the watchdog arm of Congress, said seniors in their last year of life had dropped out of Medicare Advantage plans at twice the rate of other patients leaving the plans.

Rep. Frank Pallone Jr. (D-N.J.), who chairs the influential Energy and Commerce Committee, said he was “deeply concerned” to hear that some patients are facing “unwarranted barriers” to getting care.

Under original Medicare, patients can see any doctor they want, though they may need to buy a supplemental policy to



cover gaps in coverage. Medicare Advantage plans accept a set fee from the government for covering a person’s health care. The plans may provide extra benefits, such as dental care, and cost patients less out-of-pocket, though they limit the choice of medical providers as a trade-off. Those trade-offs aside, Medicare Advantage is clearly proving attractive to consumers.

Enrollment **more than doubled** over the past decade, reaching **nearly 27 million people** in 2021. That’s nearly half of all people on Medicare, a trend many experts predict will accelerate as legions of baby boomers retire.

James Mathews, who directs the Medicare Payment Advisory Commission, which advises Congress on Medicare policy, said Medicare Advantage could lower costs and improve medical care but “is not meeting this potential” despite its wide acceptance among seniors.

Notably absent from the hearing witness list was anyone from CMS, which runs the \$350 billion-a-year program. The agency took a pass even though committee **Republicans invited** CMS Administrator Chiquita Brooks-LaSure to testify. Rep. Cathy Rodgers (R-Wash.) said she was “disappointed” CMS had punted, calling it a “missed opportunity.”

CMS did not respond to a

request for comment in time for publication.

AHIP, which represents the health insurance industry, **released a statement** that said Medicare Advantage plans “deliver better service, access to care, and value for nearly 30 million seniors and people with disabilities and for American taxpayers.”

At Tuesday’s hearing, both Republicans and Democrats stressed a need for improvements to the program while staunchly supporting it. Still, the detail and degree of criticism were unusual.

More typically, **hundreds of members of Congress** argue against making cuts to Medicare Advantage and cite its growing popularity.

At the hearing, the watchdogs sharply criticized home visits, which have been **controversial for years**. Because Medicare Advantage pays higher rates for sicker patients, health plans can profit from making patients look sicker on paper than they are. Bliss said Medicare paid \$2.6 billion in 2017 for diagnoses backed up only by the health assessments; she said 3.5 million members didn’t have any records of getting care for medical conditions diagnosed during those health assessment visits. **Read More**

Primary care through CVS? Financial incentives pose a serious concern

Lucia Ryll shares her opinion in **MedPage Today** on the risks posed by CVS’ latest move into primary care. Ryll recognizes the obstacles many people face accessing primary care, including delays that can result in poor health outcomes. She questions whether CVS Health offers a solution in the form of primary care doctors at its clinics, given CVS’ financial incentive to maximize profits.

CVS Health now has nearly 10,000 retail stores. It also operates just over 1,000 MinuteClinics. Caremark, its Pharmacy Benefit Manager (PBM) serves 105 million people. It sells 6,000 CVS-branded

medical products. And, it provides health insurance to 34 million Americans. Enlisting a large team of primary care doctors to deliver primary care at CVS clinics is its latest business initiative.

CVS’ expansion into primary care will be through its MinuteClinics renamed HealthHUBs. With this expansion, CVS will engage primary care doctors to provide care to individuals, sell these individuals medicines through its pharmacies, cover medicines through its insurance plans and build its formulary (list of covered drugs) through its PBM. What does that mean for



individuals who rely on CVS for these services?

No question that it could mean easier access to primary care for people, as most people live close to a CVS. But, financial incentives could get in the way of CVS providing people with high-quality care.

CVS as insurer should have an incentive to keep people out of the hospital, to keep its spending down. But, will it deny access to hospital care inappropriately, because hospital care is expensive, in order to maximize profits? CVS could do so through prior authorization requirements and mandates for people to

receive less costly treatments, perhaps requiring a telehealth visit or a visit to a HealthHUB before going to the hospital.

And, who knows what incentives CVS will give the primary care doctors at the HealthHUBs. These primary care doctors might be financially disincentivized to refer patients out of network even if they need out-of-network care. They also might be financially incentivized to prescribe patients drugs on the **CVS Caremark formulary** rather than lower-cost drugs. Physicians are human and subject to the same **financial incentives** as everyone else....**Read More**

Staffing Shortages Have U.S. Nursing Homes in Crisis

There's a shortage of nursing home beds for the elderly in America due to a severe staffing crisis that has caused long-term care facilities to cut back on new admissions, new research shows.

Three out of five nursing homes (61%) have limited new admissions due to staffing shortages, according to a [survey](#) conducted by the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) of 759 nursing home providers.

And nearly three out of four (73%) are concerned that they'll have to close their facilities over staffing problems, the survey found.

"We project that more than 400 nursing homes could close this year due to this workforce and economic crisis," said Beth Martino, senior vice president of public affairs for the AHCA/NCAL.

These factors could leave some

elderly bereft of the care they need as they age.

"One administrator in Kansas recently told me he's got a waiting list of residents, but not enough staff to admit," said Katie Smith Sloan, president and CEO of LeadingAge, the association of nonprofit providers of aging services.

"He's contracted with four staffing agencies, but not one can provide a licensed registered nurse. His story is not unique," Sloan said. "Across the country, providers are being forced to pare back admissions. Some of our members say the situation is increasingly unsustainable."

The AHCA/NCAL survey found that 87% of nursing home providers are facing moderate to high staffing shortages, with nearly half (48%) struggling with a severe staffing shortage.

Nearly all providers said they are having trouble hiring staff



(98%), and as a result are asking staff to work overtime or extra shifts (99%).

"I have never been to a place which was fully staffed yet," Diondre Clarke, a traveling certified nurse assistant in Charlotte, N.C., told *CBS News*.

Clarke said she sometimes has to look after 20 or more residents during a shift, which leaves staff struggling to provide good care to residents.

Pandemic added strain

The staffing among nursing homes has been tight for quite some time, Martino said.

"For decades, Medicaid has notoriously underfunded nursing home care, and this chronic underfunding left long-term care providers struggling to compete for qualified, dedicated caregivers," she said. "We have been calling for help for years."

But the COVID-19 pandemic "really turned these challenges

into a historic crisis," Martino added. "Nursing homes have lost more than 240,000 caregivers, or roughly 15% of its workforce, since the beginning of the pandemic. This is worse than any other health care sector."

"The pandemic has caused increased burnout among caregivers, especially in long-term care, where many feel forgotten or blamed by public officials and the public for COVID," Martino continued. "The Great Resignation has made it difficult for long-term care providers to recruit replacements and to compete against other employers, especially because of chronic Medicaid underfunding."

Medicaid is the primary payer for the "long-stay" nursing home residents who take up more than 80% of the beds in skilled nursing facilities, according to LeadingAge....[Read More](#)

How 'unretiring' to go back to work can affect your Social Security benefits

By Kelly Anne Smith-Bankrate

Millions of Americans made the decision to retire during the pandemic, taking advantage of a booming stock market and the time to rethink how they wanted to spend their lives. But as concerns around the pandemic ease and stock market declines have investors and retirees dealing with lower 401(k) balances, many are looking to re-enter the workforce.

But does heading back to work mean [giving up Social Security benefits](#)? The answer depends on how old a person is and what their current benefits are.

Here are four key things "unretirees" should consider when it comes to their Social Security benefits before switching back to being a worker.

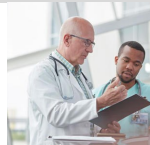
1. **A portion of your Social Security income may be withheld**
2. **You might have to pay back any benefits you've received**
3. **At full retirement age, you're still eligible for full benefits**
4. **Know the special rule for retiring and then unretiring**

mid-year Social Security's annual earnings test

If you're below normal retirement age, not currently working and receiving Social Security benefits, [the earnings test](#) can help you determine if your benefits will be withheld if you return to the workforce.

Here's how the earnings test works: Social Security withholds benefits if your earnings exceed a certain level and if you're below normal retirement age. One of two different exempt amounts apply — a lower amount in years before the year you reach normal retirement age and a higher amount in the year you reach it. In 2022, people who will reach normal retirement age after this year, the exempt amount is \$19,560, while people who will reach that age in 2022, the exempt amount is \$51,960. This higher amount applies only to earnings made in the months of the year before reaching normal retirement age.

The SSA adds that any benefits withheld while working aren't



"lost." Monthly benefits will be increased to account for the time in which your benefits were withheld.

Experts advise workers to use the earnings test as a way to keep the SSA up-to-date on your earnings, and to help avoid any necessary repayments in the future.

"The key to avoiding an unexpected (and unwanted) letter demanding you repay previous benefits due to the earnings test is to provide Social Security with an estimate of how much you expect to earn each year before attaining full retirement age," says Tim Adams, a certified public accountant and Social Security advisor. "If your estimate changes during the year, contact Social Security right away so they can re-adjust if necessary."

How going back to work might affect Medicare coverage

Once someone turns age 65, they are automatically enrolled in Medicare Part A, which is usually free and covers hospital insurance.

At 65, people are also eligible for Part B (doctor and outpatient services) and D (prescription costs) if they are receiving Social Security benefits, and premiums are deducted from the benefits check.

If you have applied for Social Security benefits while receiving Part B coverage, withdrawing your application will have implications. If you keep the Part B coverage, you will be billed for future premiums — and failure to pay them on time will put your coverage at risk of removal.

Also keep in mind that individuals earning above \$91,000 are charged more for Part B premiums than the standard \$170.10 per month. [The Medicare website details monthly payments over multiple income thresholds](#)

Think about your taxes

If you adjust your Social Security benefits, your taxes will be changed as well....[Read More](#)

TSCL Endorses New Legislation to Protect Seniors from Misleading Drug Ads

A new bill was just introduced into the House of Representatives that would protect seniors, prevent drug manufacturers from obscuring dangerous side effects of their prescription drugs in their advertisements, and help consumers make informed decisions.

The United States and New Zealand are the only countries in the world that permit direct-to-consumer pharmaceutical advertising — and there are serious consumer safety concerns around the proliferation of these ads.

Frequently, the ads supplant the knowledge and judgment of physicians in determining whether a drug is most suitable for a particular medical condition. Studies have shown that an ad's use of visuals when discussing the side effects of a drug distracts American consumers from the risks.

To address these concerns, U.S. Representatives Susan Wild (D-Pa.), Cindy Axne (D-Iowa), Katie Porter (D-Calif), Angie

Craig (D-Minn.), and Abigail Spanberger (D-Va.) (with whom TSCL is working in support of her bill H.R. 82, The Social Security Fairness Act) introduced the *Banning Misleading Drug Ads Act*.

This new legislation would require the U.S. Food and Drug Administration (FDA) to finalize a 15-year-old proposed rule clarifying that drug ads must include a statement related to side effects, contraindications, and effectiveness — while also prohibiting distractions from neutral information. If enacted, this rule would prevent advertisements from including “distracting representations” — including statements, text, images, or sounds — that detract from the communication of the major statement.

TSCL has endorsed this legislation. TSCL Chairman Richard Delaney released this statement in support of the bill:

“An estimated 65 million Medicare beneficiaries rely on Congress to ensure patient safety and protect consumers from misleading advertising tactics by



prescription drug manufacturers. We support legislation that helps keep ads honest by endorsing the *Banning Misleading Drug Ads Act of 2022*.”

New Health Care Cost Transparency Rule Now in Effect

Last week a new federal rule that is supposed to give a clearer picture of what insurers and employers pay for health care went into effect. However, there are doubts about how successful it will prove to be.

Patients often have no idea what a procedure or service costs, and therefore, have little ability to comparison shop. As a result, they can be stuck with a higher bill than they expected.

Now, because of the new rule, insurers will have to list their negotiated rates with in-network providers, as well as out-of-network allowed amounts and billed charges for certain items and services. However, it is thought that it will take a while for the new rule to impact the average consumer.

As an example, while the idea

of shopping for a CT scan online has obvious appeal, the fact is that we may not be able to do that yet because health care is full of unfulfilled, tech-driven promises. Some researchers also assert that consumers just aren't as inclined to shop for health care the way they would for a car or cell phone.

And while there is a lot of price data available, the law did not require payers and providers to work together to define what a total episode of care means.

Take for instance, a hip replacement. Does it include anesthesia? Does it not? Is there any post-care or follow-up? Or no post-op? Even if [the payer and provider] both display hip replacement, they can display wildly different prices.”

There has been no discussion of how this may or may not affect Medicare, but it is not inconceivable that if all the uncertainties can be answered and individuals are able to determine the costs of health care procedures, Medicare will look and see if and how this may affect the services it pays for.

Should I Buy a Home in a 55-Plus Community?

By Stacy Johnson - Money Talk News

Is it wise to buy a home in a 55-plus community?

It's a good question, and Money Talks News reader Kim has asked it:

“I was wondering if it is good idea to purchase a home in a 55-plus community. I hear that they are difficult to sell and don't retain their value.”

In some ways, buying a home in a retirement community is like any other home purchase. But in other ways, it's not. Here are a few tips.

Before you buy, think sell

In her question, Kim says, “I hear they are difficult to sell and don't retain their value.” Well, as with any home, that's going to depend on supply and demand, the specific community and the individual house.

Fortunately, checking historic prices is relatively easy to do. If you're looking at a house, search

the county records online, see what it's sold for in the past, and get an idea of whether the trend is up or down.



One of the main things that drives price appreciation in any kind of housing is an expanding demand with a limited supply. Is the population of the area increasing? See a lot of building going on? These are good signs.

Keep in mind that until a community is completely built out, as a seller, you're competing with the developer. That could put a lid on appreciation. For example, it's going to be hard for you to sell your house for \$200,000 if the developer is selling identical new homes for \$180,000.

And, before you buy, be sure to check any selling restrictions. Some communities force you to use their real estate agents. Others may prohibit putting signs in the yard. Many will require

your buyer to be screened for age, finances and health before you can sell to them. In short, before you buy, see what the deal is if you should decide to sell.

Other tips

- ◆ **Rent first.** Hopefully, it goes without saying, but wherever you consider buying a home, unless you're intimately familiar with the area, rent first. Nothing beats experience with a community before becoming a permanent member.
- ◆ **Buy in the off-season.** If you're moving to Florida or Arizona, you're going to get a better deal in July than you will in January.
- ◆ **Check the taxes.** Some states, like Florida, don't have state income taxes. But they do have high property tax rates.
- ◆ **Review the financial records of the homeowners**

association. The last thing you want is to buy into a community that's bleeding cash or about to approve a giant assessment. Visit the homeowners association office and ask a few questions.

- ◆ **See what's going on.** When you retire, you've got more time on your hands. What will your community provide to occupy you?

Research the rules. You know your community has age restrictions, but that could be the tip of the iceberg. Does it allow pets? Smoking a cigar outdoors? On-street parking? Talking on your balcony after 10 p.m.? You may be amazed, and turned off, by the restrictions you encounter. Bottom line? While buying a home in a 55-plus community can be like buying a home anywhere, there are differences.

Last week, Medicare Rights **submitted comments** in response to a **proposed rule** that would implement elements of the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act **signed into law** as part of the **Consolidated Appropriations Act, 2021** (CAA) in December 2020. These elements would improve access to Medicare benefits, reduce delays and gaps in coverage, provide essential relief for some who make honest enrollment mistakes, and allow the Centers for Medicare & Medicaid Services (CMS) to ease enrollment for people who may face exceptional circumstances in the future. The rule would also implement new benefits for people who have lost Medicare coverage after a kidney transplant and modernize systems for state payments of Medicare premiums.

Specifically, the proposed rule would implement the BENES Act's elimination of the months-

long wait for coverage that people currently experience when they sign up for Medicare during the General Enrollment Period or the later months of their Initial Enrollment Period. It would also create Special Enrollment Periods (SEPs) for certain individuals, including those losing Medicaid coverage or leaving incarceration, and those whose enrollment errors are due to misinformation from an employer or group health plan, to prevent gaps in coverage or punitive late enrollment penalties. Each of these changes are long-awaited, and our comments strongly support CMS finalizing these proposals. We also urge the agency to make several adjustments to ensure the SEPs are consistent with the stated aims of the proposed rule—to increase coverage, decrease health inequity, and minimize disruptions in care and coverage.

The rule would also



implement the creation of a new Medicare benefit to provide continued coverage for immunosuppressive medications for people who had Medicare at the time of their kidney transplant, but whose coverage under Medicare has since terminated, and who do not have comprehensive health insurance through Medicare or other sources. As noted in the proposed rule, adequate education and information is essential so that people who avail themselves of this limited coverage understand that, unlike all other Parts of Medicare, this is not comprehensive health insurance and will not cover care outside of the narrow scope of immunosuppressive treatments.

CMS also proposes to update and centralize the rules that govern the way states pay Medicare premiums for people with low incomes. CMS does not anticipate these changes to have any impact on the

operation of these programs, as the modifications largely alter existing language to more accurately reflect current practices. Ensuring that the rules plainly reflect current practice not only reduces opportunity for confusion but may also increase the likelihood that states take up expansions to these programs.

At Medicare Rights, we are excited that many of these much-needed Medicare improvements will finally be implemented. We hope CMS will take our suggestions into account as they move forward with this rule. We also will continue to work with Congress to further simplify Medicare enrollment through passage of the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) 2.0 Act (**S. 3675**), which would build upon the original BENES Act by promoting informed enrollment choices.

Medicare seeks to stop disclosing hospital safety information

It's bad enough that hospitals can be dangerous places, yet most people check in to a hospital without knowing whether the hospital is safe for patients. For years now, Medicare has published some data on hospital safety and rated hospitals from one to five stars based on those ratings. Rachel Cohrs reports for **Stat News** that Medicare might stop doing so, although that information can

help people avoid being admitted to an unsafe hospital.

Hospital-acquired infections can literally kill patients, and each year thousands of people die from them. **One in four people with Medicare** are harmed in the hospital. They get sepsis, a life-threatening infection, or some other serious illness while being treated for something else in hospital.



So, while **Hospital Compare**, Medicare's online hospital quality comparison tool, is far from perfect, it's worth checking out. Medicare also has tools for comparing nursing homes and other health care providers. But, the government agency that compiles the care compare data lost a bunch of funding and is looking to cut back on the data it provides the

public.

Medicare wants to hide from public view 10 measures it has disclosed to promote patient safety and warn patients of poor quality. It wants to keep secret information on rates of hip fractures, sepsis post surgery and pressure ulcers in hospital. According to the Leapfrog Group, each year nearly 25,000 patients die from these hospital-acquired illnesses....**Read More**

Pharmaceutical companies put low-income patients at risk

If you have been reading Just Care, you likely already know that Medicare only covers about half of a typical person's health care costs and, unless you also qualify for Medicaid, you likely struggle to afford critical health care. Out-of-pocket health care costs present a huge barrier to care for millions of older adults and people with disabilities as well as millions of younger Americans with low incomes. **Pew Trusts** describes a worsening situation for low-income patients as drug

manufacturers fail to participate as much in a federal drug discount program—the 340B program—and, in the process, make it harder for physicians and hospitals to treat low-income patients.

Doctors, clinics and hospitals are at risk of not being able to survive financially with the loss of drug manufacturers providing them with discounts on drugs under the federal 340B discount drug program. Some hospitals are losing millions of dollars a



year. They cannot afford to pay staff or treat as many patients without insurance.

Lots of people are blaming the pharmaceutical companies, which certainly should be blamed for lacking the compassion to provide the drug discounts to people in need. But, they are businesses that are obligated to return as large profits as possible to their shareholders. Some hospitals might be profiteering off the drug discounts they get.

But, pharmaceutical corporations continue to make out like bandits in the US. And, the real culprit here is Congress and state governments, which give these drug corporations the power to charge whatever they please.

Just two states, Arkansas and Michigan, have passed laws that require pharmaceutical companies to continue the 340B discounts for prescriptions patients fill at 340B pharmacies....**Read More**

Your Path to Riches Could Shape Your Attitude to the Poor

How sympathetic a rich person feels toward those of lesser means may be influenced by whether they were born rich or became rich during their lifetime.

And not in the way you might expect: New research found that those who started out poor were less likely to be sympathetic to those who remained poor.

"In the United States, we find that people expect those who became rich to be more sympathetic toward the poor and social welfare than those who were born rich," said study author Hyunjin Koo of the University of California, Irvine. "However, the 'Became Rich' perceive improving one's socioeconomic conditions as less difficult relative to the 'Born Rich,' which predicts less

sympathetic attitudes toward the poor and redistribution."

In a survey of 736 people in the United States, researchers found that people viewed those who became rich more positively than those who were born rich. They also expected that those who became rich would be more supportive of the poor and **social welfare**.

But later surveys of more than 1,000 relatively wealthy individuals in the United States - including one where annual incomes topped \$80,000 and another with annual incomes over \$142,000 -- the research team found that those who became rich thought it was easier to improve one's socioeconomic status than



people who were born rich. This assumption reduced sympathetic attitudes toward the poor, the authors said.

"There are all sorts of stories and cultural narratives about the rich, what they're like and how they behave. Our findings suggest that not all rich people may be the same," Koo said. "What seems to make a difference is how they got rich."

The researchers then did a study that used a thought experiment to simulate the experience of upward mobility. Participants in the upwardly mobile group did think it was easier to get ahead. This led to reduced sympathy toward those struggling to move up.

More research is needed, Koo said, to conclude that **upward**

mobility changes how someone thinks. He also noted that there are likely many wealthy people who do not match the patterns and are sympathetic toward the poor and social welfare.

Koo said, however, that people should reconsider the cultural narratives that exist today.

"Just because someone has been in your shoes, doesn't necessarily mean they care about you," Koo said. "Overcoming a certain difficulty may, by its very nature, cause people to be less sympathetic toward those experiencing that same difficulty, because they overcame it."

The findings were published June 27 in the journal **Social Psychological and Personality Science**

How Much Health Insurers Pay for Almost Everything Is About to Go Public

Consumers, employers, and just about everyone else interested in health care prices will soon get an unprecedented look at what insurers pay for care, perhaps helping answer a question that has long dogged those who buy insurance: Are we getting the best deal we can?

As of **July 1**, health insurers and self-insured employers must post on websites just about every price they've negotiated with providers for health care services, item by item. About the only thing excluded are the prices paid for prescription drugs, except those administered in hospitals or doctors' offices.

The federally required data

release could affect future prices or even how employers contract for health care. Many will see for the first time how well their insurers are doing compared with others.

The new rules are far broader than those that went into effect last year requiring hospitals to post their negotiated rates for the public to see. Now insurers must post the amounts paid for "every physician in network, every hospital, every surgery center, every nursing facility," said **Jeffrey Leibach**, a partner at the **consulting firm Guidehouse**.

"When you start doing the



math, you're talking trillions of records," he said. The fines the federal government could impose for noncompliance are also

heftier than the penalties that hospitals face.

Federal officials learned from **the hospital experience** and gave insurers more direction on what was expected, said Leibach. Insurers or self-insured employers could be fined as much as \$100 a day for each violation, for each affected enrollee if they fail to provide the data.

"Get your calculator out: All of a sudden you are in the millions pretty fast," Leibach

said.

Determined consumers, especially those with high-deductible health plans, may try to dig in right away and use the data to try comparing what they will have to pay at different hospitals, clinics, or doctor offices for specific services.

But each database's enormous size may mean that most people "will find it very hard to use the data in a nuanced way," said **Katherine Baicker**, dean of the University of Chicago Harris School of Public Policy....**Read More**

These are not your Grandfather's or Father's Republicans



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CIVIL WAR: Republican Says Boebert's "Christian Taliban" Must Be Stopped....Click on picture to view video.

Nerve-Cooling Implant Could Ease Pain Without Opioids

Hinting at a future alternative to opioid painkillers, scientists have developed a tiny implant designed to ease post-surgery pain and then dissolve once the job is done.

So far, **the research** has been limited to lab animals, and it will be several years before the technology could be ready for human testing.

But the hope is to eventually have an alternative to managing **postoperative pain** that relies on engineering, rather than drugs, said researcher John Rogers, a professor at Northwestern University Feinberg School of Medicine in Chicago.

The implant is made of soft, water-soluble materials that form a cuff that can wrap around a peripheral nerve -- the kind that send pain signals from the body to the spine and brain. The device delivers targeted cooling to the nerve, inhibiting those pain signals from reaching the brain.

And once it's no longer needed, the implant dissolves into the body's fluids.

According to Rogers, the implant could potentially provide pain relief after many types of surgery -- reducing or even negating the need for painkillers like **opioids**.

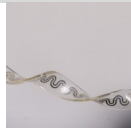
"We hope it can completely replace opioids," Rogers said, adding that a lot of work remains before there can be any real-world use.

"We're talking about a pretty radically new technology," he said.

The implant -- described in the July 1 issue of **Science**, which also published an

accompanying **editorial** -- cools nerves via the familiar concept of evaporation. It contains a liquid coolant that is induced to evaporate at specific spots along a peripheral nerve, similar to the way the body cools itself by sweating.

That cooling is able to slow



and then eventually stop any pain signals traveling along the nerve.

In lab studies with rats, Rogers and his colleagues used the device to cool precise targeted peripheral nerves and turn off pain signals "on demand."

The implant itself is tiny, just 5 millimeters at its widest point, according to Rogers. One end curls into a cuff that wraps around a single nerve. Inside are two "microfluidic" tubes. One contains the liquid coolant perfluoropentane, which is already used in medicine -- in ultrasound contrast agents, for example. The other tube contains dry nitrogen.

When the gas and the coolant mix in a shared chamber, the liquid evaporates and creates the cooling effect. At the same time, Rogers said, an electronic sensor in the implant monitors the temperature of the nerve, to ensure it does not get too cold.

The system does involve

"external hardware," Rogers pointed out. The implanted device connects to a pump outside the body -- similar to an IV line, he said -- that allows the user to activate the implant, and then dial the intensity up or down.

"The implant is not self-contained and wirelessly controlled," Rogers said. But, he added, the hope is to refine the technology so that it can be, with the user controlling the cooling with a wrist-worn device.

First, there are more immediate questions to be answered. Rogers said his team will be looking at whether there are "biological consequences" to prolonged cooling of peripheral nerves.

Unlike the sprouting that occurs when a nerve is heated, cooling allows nerves to stay intact, said Dr. David Dickerson, chairman of the American Society of Anesthesiologists' Committee on Pain Medicine....**Read More**

Will You Be Depositing at the 'Stool Bank' Someday?

Banking samples of your own poop in your youth and then transplanting them back when you're old might be a key to healthy aging, scientists suggest.

Stool samples frozen and stored when a person is vital and healthy could potentially rejuvenate bacteria in the gut that's become damaged due to aging, disease or antibiotic use, according to an opinion piece published June 30 in the journal **Trends in Molecular Medicine**.

Fecal transplants already are used to treat *C. difficile*, an opportunistic bug that causes severe diarrhea in people whose gut bacteria has been wiped out by antibiotic use, said senior opinion author Yang-Yu Liu, an associate professor at Harvard Medical School.

Damaged or aging gut bacteria also have been linked to increased rates of health problems like **asthma, allergies, gastroint**

estinal diseases and **type 2 diabetes**.

By storing healthy poop when you're younger and then donating it back to yourself -- a process they call autologous fecal microbiota transplantation (FMT) -- you might be able to ward off some of these diseases associated with aging, the scientists said.

"We expect that autologous FMT [stool samples collected from the host at a younger and healthier age] may be a more powerful therapeutic approach to promote healthy aging of the host than heterologous FMT [stool samples collected from an unrelated young and healthy donor]," Liu added.

Many stool banks already have opened worldwide, primarily to store healthy fecal samples so they can be available to patients with *C. difficile*, researchers noted. About half a million people in the United States come down with *C. difficile* each year,



and about 29,000 die from the bug.

However, these facilities gather samples taken from donors and passes them along to others in need; they don't typically store individual samples for that donor's own future use.

The new **paper** envisions a future where everyone stores away their own fecal samples in anticipation of "rewilding" their gut bacteria when they are older.

This would be particularly beneficial because your younger bacteria wouldn't have been exposed repeatedly to antibiotics, and so would not have had a chance to become infested with **antibiotic-resistant bacteria**, the researchers wrote.

But there are a lot of hurdles that will need to be cleared before such stool banking becomes reality, the researchers added.

First off, there are major safety concerns -- could some bacteria

in your younger GI tract actually pose a threat to an older version of yourself?

Doctors will need "to identify opportunistic pathogens that are benign for young adults with a strong immune system but harmful to the elderly with a weakened immune system," Liu said.

There's also a question of whether a fecal transplant would actually rejuvenate an aging gut microbiome, said Dr. Sahil Khanna, a gastroenterologist with the Mayo Clinic in Rochester, Minn.

"When you transplant gut bacteria from a younger version of yourself to an older version of yourself, do the bacteria make you younger, or do the bacteria themselves become older to fit in with your existing microbiome?" said Khanna, who was not involved with the opinion piece. "We don't know if that has been proven to reverse the aging bacteria or not..."**Read More**

Should you be worried about monkeypox?

There are a lot of reasons you should not be worried about monkeypox. But, it is still in its early stages, and there is no telling how monkeypox will spread over time. For now, based on the data, your risks are likely minimal, though as Celine Gounder reports for **Kaiser Health News**, you should be aware of the symptoms.

Monkeypox is not highly prevalent at this time. There are fewer than 5,000 cases of monkeypox reported around the entire world. Although that's likely a major undercounting because many people who get it are not reporting it, the number of cases is a tiny fraction of the world's population.

The US has very few reported cases of monkeypox. In the US, there are around 300 reported cases, so you and all Americans have a

very small risk of contracting monkeypox.

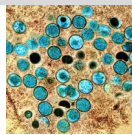
Women are not likely to contract monkeypox: Right now,

the number of women who have had monkeypox is tiny, only ten reported cases. It is most common among homosexual men.

Monkeypox tends to have mild symptoms: Most people will not have serious symptoms, but monkeypox could be life threatening for older adults who are immunocompromised or who have grave skin diseases like eczema.

It could take three weeks from monkeypox infection for symptoms to arise: As with Covid-19, people might have fevers and chills, headaches and swollen lymph nodes.

A common symptom is the monkeypox rash. People's



rashes turn into pus-filled bumps over time. They might appear similar to a blister or pimple.

Eventually, they form a scab.

Symptoms can be painful. Monkeypox rashes are common on the palms of people's hands and soles of their feet. They might also appear inside genitalia and mouths.

Symptoms tend to go away after about two weeks for most people. People can take acetaminophen or ibuprofen for headaches, pain and fevers.

Monkeypox is a virus, a bit like smallpox. You are not likely to get monkeypox from another person unless you are in intimate contact with them. For the most part, monkeypox is transmitted through sex. But, the monkeypox virus can pass through any membrane in the body that is

open, like broken skin, eyes and mouths. Like Covid-19, respiratory droplets could infect someone from a few feet away, though it is not common.

Get screened for monkeypox if you have symptoms. Contact your physician. You can also visit a sexual health clinic. For one near you, [click here](#).

There is an FDA-approved monkeypox vaccine. The Jynneos vaccine is available for adults over 18. But, supplies are limited at the moment, so only people who are at risk can get the vaccine at this time. The vaccine has few side effects, but people can get fevers and fatigued. The vaccine works to prevent monkeypox after you have been exposed, so long as you get the vaccine early, in the first few days after exposure. If you take it later, the vaccine might help ease your symptoms.

Gas Used in Homes Has Links to Cancer; Leaks Often Undetected

The natural gas being piped into your home contains a wide array of toxic chemicals, including nearly two dozen so harmful they're classified as hazardous air pollutants, a new study says.

Natural gas samples taken from 69 Boston-area cooking stoves were found to contain at least 21 different hazardous air pollutants, including benzene, toluene, ethylbenzene, xylene and hexane, according to findings recently published in the

journal *Environmental Science & Technology*.

"One of the reasons we have natural gas in so many homes is because we've been told that it's clean," said co-author Dr. Curtis Nordgaard, an environmental health scientist with the PSE Healthy Energy research institute in Oakland, Calif. "This shows that while it may be cleaner than burning coal and oil in terms of air pollutants, that doesn't mean that it's completely clean."



The benzene found in natural gas is of particular concern because it's a known carcinogen, and was found in 95% of the samples taken, Nordgaard said.

"Some of the others may have some suspected carcinogenic activity, but benzene is really the one of greatest concern. We know it causes leukemia and it's also been associated with lymphoma," he said.

Another study published in the same journal in January

found that most stoves leak natural gas, said Nordgaard and Tasha Stoiber, a senior scientist with the Environmental Working Group in Washington, D.C.

"Your stove, regardless of when you use it, is always at a very low level leaking natural gas," said Stoiber, who was not part of the studies. "This is what you're exposed to all the time, when there's this constant leak." ... [Read More](#)

Research Spots Gene That Raises Alzheimer's Risk for Women

(HealthDay News) Researchers studying genes involved in Alzheimer's disease have identified a new gene, called MGMT, that increases risk for this common dementia in women.

"This is one of a few and perhaps the strongest associations of a **genetic risk factor** for Alzheimer's that is specific to women," said co-senior study author Lindsay Farrer, chief of biomedical genetics at Boston University School of Medicine.

For the **new study**, a team from the University of Chicago and Boston University School of Medicine looked for genetic

links using two unrelated datasets and different methods.

One dataset was from a large family of **Hutterites**, a central European group whose isolated culture and small gene pool have made it a popular focus for studying genetic determinants of disease. All the people studied for Alzheimer's in this data were women.

The team also analyzed genetic data from a pool of 10,340 women who lacked **APOE4**. That gene, a well-known Alzheimer's risk factor, is carried by about 60% of people with European ancestry and about 26% of the



general population. For both sets of data, the new gene MGMT was significantly associated with developing Alzheimer's disease.

"This finding is particularly robust because it was discovered independently in two distinct populations using different approaches," Farrer said. "While the finding in the large dataset was most pronounced in women who don't have APOE4, the Hutterite sample was too small to evaluate this pattern with any certainty."

Alzheimer's disease is the most common cause of dementia and affects more than 5.8 million people in the United States.

"This study highlighted the value of founder populations for genetic mapping studies of diseases like Alzheimer's," said co-senior study author Carole Ober, chairwoman of human genetics at the University of Chicago.

Additional study will be needed to understand why MGMT influences Alzheimer's risk in women. The authors noted that the study demonstrates the importance of searching for risk factors that may be specific to one gender.

The findings were published June 30 in *Alzheimers & Dementia: The Journal of the Alzheimer's Association*.

Tests Find Salmonella in Third of Store-Bought Ground Chicken

Nearly one-third of ground chicken may contain dangerous salmonella, a new Consumer Reports investigation shows.

Based on its findings, the group called on the U.S. Department of Agriculture (USDA), which regulates the nation's meat supply, to redouble its efforts to protect consumers from this bacteria, which can cause **serious illness**.

"The USDA has pledged to reduce illness from salmonella contamination for more than a decade, but [Consumer Reports] tests show that more progress is clearly needed to protect the public," said James Rogers, director of food safety research and testing at Consumer Reports. "We need tougher action by the USDA to keep salmonella out of our kitchens and off of our plates."

Salmonella was found in 31%, or 23 of the 75, samples of ground chicken that the group tested.

Nine of the 25 products from Perdue had salmonella, researchers found. Samples from Trader Joe's and Wholesome Pantry, which get their chicken from Perdue, also had salmonella, as did some chicken from Isernio's, Walmart and

Whole Foods, they added.

No one brand stood out as better or worse than another, according to the report, and no difference was found between ground chicken from organic and conventionally raised birds.

Researchers noted that all of the salmonella found was resistant to at least one antibiotic and 78% resistant to several drugs. This could make an infection hard to treat.

Each year, more than 212,000 Americans are sickened with antibiotic-resistant **salmonella** in food and 70 die, according to the U.S. Centers for Disease Control and Prevention.

Consumer Reports also found salmonella in some ground beef, pork and turkey that it tested.

It reported that one sample of ground beef contained **E. coli O157:H7**, a strain considered particularly dangerous because it can harm the intestines and cause potentially fatal kidney damage.

Consumer Reports alerted the **USDA** earlier this year, leading to a recall of more than 28,000 pounds of meat from grocery chains in seven western states.

The group said the USDA has taken aggressive steps to protect



the public from dangerous strains of E. coli but hasn't taken action to protect consumers from salmonella.

More than 1 million Americans get sick from salmonella each year, about five times as many as do with E. coli. About one-fifth of those cases are from contaminated chicken or turkey.

"The USDA allows far too much chicken contaminated with salmonella on the market and puts the burden on consumers to protect themselves," said investigative journalist Lisa Gill, who wrote the story reporting the findings. "There are steps we can all take to reduce the risk of getting sick, but that can be harder to do with ground meat."

Consumer Reports called on the USDA to reduce the percentage of chicken samples allowed to test positive for salmonella. It said the agency should focus on reducing the salmonella strains that pose the biggest threat to human health.

It also said the USDA needs more authority to inspect poultry plants and close facilities immediately when high salmonella rates are found.

To prevent **food poisoning** in

your kitchen:

- ◆ Keep raw meats in a disposable bag away from other foods at the grocery store.
- ◆ Keep raw meat in a bag or bowl in the refrigerator.
- ◆ Thaw frozen meat in the refrigerator, not on the counter.
- ◆ Wash your hands in hot soapy water before preparing food, every time you touch raw meat and again when you're done.
- ◆ Use a dedicated cutting board for raw meat and a different one for fruits and vegetables.
- ◆ Consumer Reports also recommends using a meat thermometer.
- ◆ Ground beef and pork is safe to eat when cooked to 160 degrees Fahrenheit.
- ◆ Poultry should be cooked to 165 F.
- ◆ Beef roasts and steaks and pork roasts and chops should be cooked to 145 F.
- ◆ Refrigerate leftovers within two hours of removing food from the stove.

Poll Finds Many Diabetes Caregivers Exhausted, Lacking Support

Diane Kondyra knows a lot about the hidden dangers of diabetes.

Both she and her husband have been diagnosed with the blood sugar disease, and her husband suffered one of its devastating complications in 2018 when he developed a staph infection that cost him part of his leg. Uncontrolled diabetes can restrict blood flow to the legs, making it more likely that simple cuts can turn into life-threatening wounds.

"I have firsthand experience to know, like anything, you always have to take care of your body ... because if you don't, things like this can happen," the 63-year-old said during a *HealthDay Now* interview.

The whole event was highly traumatic and stressful for Kondyra's family, but it also served as a wake-up call.

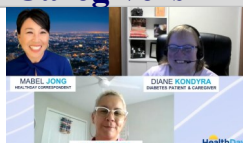
"The health problems that my husband has incurred, I don't want to have myself incur,"

Kondyra said. "I think it's woken us up to take better care of ourselves, to make sure that there are no injuries in the legs and the arms and there are no cuts that go undetected."

Kondyra is not alone in her struggle to manage the chronic condition.

Learning to live with type 2 diabetes can be a significant adjustment, as patients are often confronted with a steep learning curve and sweeping lifestyle changes. In some cases, the effects can reverberate beyond the individual patient and put a strain on their family and friends.

Diabetes is staggeringly common in the United States, affecting about 10% of the



population, or 1 in 10 individuals.

According to the **U.S. Centers for Disease Control and**

Prevention, type 2 diabetes makes up more than 90% of these cases.

Considering its prevalence, most Americans now know or love someone with type 2 diabetes. That's borne out in a new survey conducted by the Harris Poll in partnership with *HealthDay* revealing the direct impacts of the disease on families and social support networks.

Providing care to a diabetes patient is no insignificant task -- caregivers play a crucial role in helping patients control their condition and prevent future complications. In the survey that questioned more than 2,000 American adults from June 9-13,

more than 1 in 3 people identified as caregivers, meaning they live with or care for a child or adult with type 2 diabetes.

According to the CDC, the quality of diabetes patients' **support networks** is one of the best predictors of how well they'll manage their condition.

Diabetes management can be a serious undertaking for patients and their families, from the daily medications and frequent blood sugar checks to the dietary changes and health care bills. Almost 80% of Americans surveyed in the Harris poll said the entire household is affected by a family member with diabetes, while 60% of diabetes caregivers said their loved one's disease impacts all facets of their life....**Read More**

Eating avocados offers so many health benefits

If you're looking to switch up your diet to eat healthy and want to continue to enjoy the foods you eat, consider eating lots of avocados. Some experts call avocados a superfood because they offer so many health benefits. And, they are so delicious! What more can you ask for? The benefits of eating an avocado a day appear to have no bounds. Eating avocados provides you with **more than 20 essential vitamins and minerals**, including vitamins **B6, C, E** and **K**.

Avocados also are a great source of folate, potassium, **magnesium**, niacin, riboflavin.

There's more. Avocados can be good for your eyes, providing you with beta carotene and lutein. These nutrients, in turn, have been shown to reduce people's risk of **macular degeneration and vision loss**. Avocados also give you **omega-3 fatty acids**, which have been found to reduce heart disease and stroke, and lots of monounsaturated fats, which



are good for **your heart**. Avocados have been found to lower people's blood pressure and bad cholesterol, LDL. They have also been found to boost people's good cholesterol, HDL. Avocados have been found to reduce people's risk of **heart disease**.

Avocados could help you lose weight, even though a single avocado has around 227 calories. The healthy fat in avocados keeps you feeling full much longer than other fats.

nutritious and equally caloric foods. Moreover, the fat and antioxidants reduce inflammation and help with weight management. One study found that women who ate one Hass avocado a day had **less belly fat** than women who ate the same number of calories but no avocado.

Avocados could do wonders for your skin. A **UCLA study** found that people who ate one avocado a day had improved skin elasticity and firmness.

Some Viruses Make People More Attractive to Mosquitoes

When a mosquito bites and infects you with a virus like dengue or Zika, it also makes you smell good to other mosquitoes, new research suggests.

That makes it more likely another one will bite, pick up the virus and carry it to the next victim.

"The virus can manipulate the hosts' skin microbiome to attract more mosquitoes to spread faster!" said study co-author Penghua Wang, an immunologist at UConn Health in Farmington, Conn.

The findings could explain how mosquito-borne viruses persist for such a long time, researchers said.

Both **dengue** and **Zika** are spread by mosquitoes and are in the same viral family as **yellow fever, Japanese encephalitis** and **West Nile**.

Dengue affects 50 million people a year and kills 20,000, mostly children, according to the National Institutes of Health's National Institute for Allergy and Infectious Disease.

Zika can cause serious birth defects in the unborn children of infected pregnant women, though it rarely causes serious problems in adults.

To keep spreading, both viruses require ongoing infections in animal hosts. If all the mosquitoes died or all susceptible hosts cleared the virus, the viruses would disappear.

But there are always mosquitoes in tropical climates without killing frosts, and the viruses just need one to bite a host to be able to spread.

Researchers suspected the viruses might be altering people's



scent in some way to attract mosquitoes.

They found that mosquitoes seemed to prefer mice infected with dengue more than healthy mice.

They then found and tested several molecules that were more common on infected animals. They applied these to both clean mice and the hands of human volunteers.

One molecule, acetophenone, was especially attractive to mosquitoes.

Similarly, skin odorants from people with dengue found more acetophenone and that these patients also were more attractive to **mosquitoes**.

Acetophenone is made by some Bacillus bacteria that grow on human and mouse skin. An antimicrobial peptide that skin produces typically keeps it under control, but infected mice don't

produce as much of it when they're infected with dengue or Zika, prompting the bacteria to grow faster.

Researchers also tested a potential preventative — a vitamin A derivative called isotretinoin that increases production of the skin's protective antimicrobial peptide. Mice treated with isotretinoin turned out to be less attractive to mosquitoes.

The next step is to analyze more human patients with dengue and Zika, Wang said. The goal will be to see if the skin odor-microbiome connection holds up in real world conditions. Researchers also want to see if isotretinoin reduces acetophenone production in sick people as well as it does in sick mice.

FDA Tells Vaccine Makers to Update Boosters to Target Omicron Subvariants

The U.S. Food and Drug Administration announced Thursday that it has asked vaccine makers to update their COVID-19 booster shots to target the Omicron subvariants known as BA.4 and BA.5.

The two highly contagious subvariants now **account** for more than half of all new COVID cases in the United States.

"As we move into the fall and winter, it is critical that we have safe and effective vaccine boosters that can provide protection against circulating and emerging variants to prevent the

most severe consequences of COVID-19," Dr. Peter Marks, director of the FDA's Center for Biologics Evaluation and Research, said in an agency **news release**.

"Vaccine manufacturers have already reported data from clinical trials with modified vaccines containing an Omicron BA.1 component and we have advised them that they should submit these data to the FDA for our evaluation prior to any potential authorization of a modified vaccine containing an omicron BA.4/5 component,"



Marks added.

"Manufacturers will also be asked to begin clinical trials with modified vaccines containing an omicron BA.4/5

component, as these data will be of use as the pandemic further evolves."

The agency's decision mirrors the recommendation made Tuesday by its vaccine advisory panel that updated COVID-19 booster shots used this fall should protect against Omicron and its highly contagious subvariants.

Pfizer and Moderna are

expected to start producing reformulated doses this summer, the *New York Times* reported. During the expert panel meeting, Pfizer said a shot aimed at the subvariants could be ready for use in early October, while Moderna said it would be able to offer a similar shot in late October or early November.

The vaccines produced by Pfizer and Moderna typically take about three months to produce doses of any reformulated shots, the *Times* said... **Read More**