Rhode Island Alliance for Retired Americans®

RI ARA

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Message from the Alliance *for* Retired Americans Leaders

White House to Name First 10 Drugs for Medicare Negotiations Next Week

Robert Roach, President, ARA

The Biden-Harris administration **plans** to unveil the first 10 drugs selected for Medicare price negotiations Tuesday, in a milestone in the president's plan to lower the price of prescription drugs.

Democrats in the House and Senate passed legislation requiring Medicare to negotiate lower prices for some of the most expensive drugs last year as part of the Inflation Reduction Act. The Centers for Medicare and Medicaid Services is required to publish up to 10 Medicare Part D drugs that it selects for negotiation no later than September 1.

Health officials have closely guarded the specific medications that they plan to name. The list is likely to include expensive blood thinners, diabetes medicines, and cancer drugs that cost Medicare billions of dollars annually.

The negotiated prices are slated to go into effect in 2026, but many of the companies whose products are believed to be on the initial **list have already filed suit** against the U.S. Department of Health and Human Services, which oversees CMS, and U.S. Health Secretary Xavier Becerra. Pharma — the drug industry lobbying group — and the U.S. Chamber of Commerce have also sued. However, many Wall Street analysts say that the Medicare drug price negotiations are **unlikely** to be derailed by the lawsuits.

"Millions of seniors are paying less for their drugs today thanks to the IRA. The power of this law to change lives for the better will come into even sharper focus when the names of the first 10 drugs are released," said **Robert Roach, Jr., President of the Alliance**. "Alliance members fought Big Pharma for nearly two decades to require Medicare to negotiate a better deal for retirees and taxpayers and we are anxious to see the result of our advocacy."

It is Possible to Control Negative Thoughts about Aging

Joseph Peters ARA Sec.-Trea.

Age bias doesn't show up only as discrimination or snarky birthday cards, according to The Washington Post. One potent source of ageism comes from **older people themselves**.

Internalized ageism is the negative voice in people's heads that sometimes pushes them to tell themselves they're having a "senior moment" when they forget a name, or to take extreme measures to look younger. These attitudes are quite common: Over 80 percent of people between ages 50 and 80 subscribe to ageist stereotypes, according to a **study** led by Julie Ober Allen, assistant professor of health and exercise science at the University of Oklahoma.

Like other forms of ageism, the self-inflicted kind is associated with lower levels of emotional and physical health and can subtract years off people's lives. It may include feeling that decline is inevitable.

The irony is that in reality, the vast majority of older **people feel in good health** and **are satisfied with their lives**. But you'd never know that from how seniors are portrayed in advertising and entertainment — forgetful, cranky and frail.

Older people do have the power, however, to shift these negative feelings and improve their well-being. When seniors are reminded of the many positive aspects of aging, such as wisdom gained from experience, they often see immediate benefits such as becoming stronger and having more will to live.

"Studies have **shown** that when people unconsciously absorbed uplifting words about aging, they exhibited changes such as improved memory, and their blood pressure and heart rate were reduced," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "On the other hand, after unconsciously taking in negative messaging about growing older, participants had worse recall and heightened stress."

To All Our Brothers & Sisters, Active & Retired
The Alliance for Retired Americans & The Rhode Island Alliance for Retired Americans Wish You A Safe & Joyful 2023 LABOR DAY

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Most Americans Encounter Health Misinformation, and Most Aren't Sure Whether It's True or False

A **new KFF survey** reveals the broad reach of health misinformation, with at least four in 10 people saying that they've heard each of 10 specific false claims about COVID-19, reproductive health, and gun violence.

Relatively small shares say that each of those false claims are "definitely true", ranging from as few as 3% who definitively believe that COVID-19 vaccines have been proven to cause infertility to as many as 18% who definitively believe armed school guards have been proven to prevent school shootings.

At the same time, roughly half to three-quarters of the public are uncertain whether each of the 10 false claims are true or not, describing them as either "probably true" or "probably false." This suggests that even when people don't believe false claims they hear, it can create uncertainty about complicated public health topics.

"Most people aren't true believers in the lies or the facts about health issues; they are in a muddled middle," KFF President and CEO Drew Altman said. "The public's uncertainty leaves them vulnerable to misinformation but is also the opportunity to combat it."

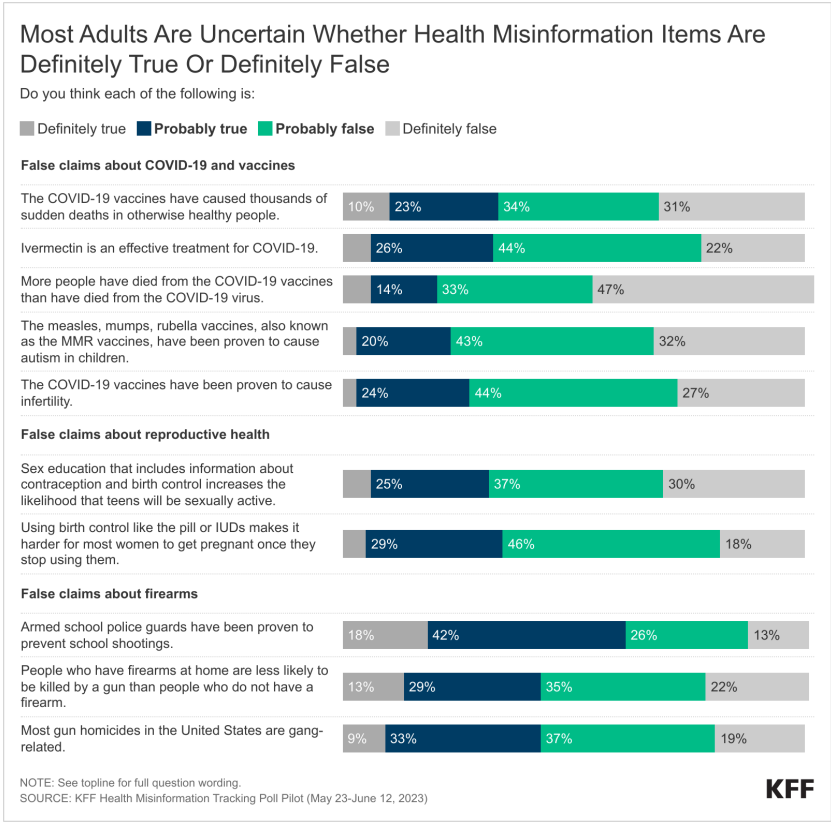
The new survey is one component of a new KFF program area aimed at identifying and monitoring health misinformation and trust in the United States, placing particular emphasis on communities that are most adversely affected by misinformation, such as people of color, immigrants and rural communities.

Alongside today's survey findings, KFF will soon release companion survey reports highlighting the extent of health misinformation among Black and Hispanic adults, as well as rural residents. KFF will also soon release a regular "Health Misinformation Monitor," which will document emerging health misinformation, identify its primary sources, and examine the role that social media and news outlets play in its spread. **Sign up for alerts from KFF on this topic.** KFF Health News is also expanding its **reporting on this topic** in conjunction with the new program.

"While many Americans struggle to separate health information fact from fiction, our survey shows that credible sources of information, and messengers, represent an opportunity to break through and help increase trust," said Irving Washington, senior fellow for misinformation and trust at KFF. "We'll continue to focus on this opportunity and what type of efforts can make a difference."

The misinformation examined in the survey includes:

- **Vaccines.** A third (34%) of adults say the false claim that COVID-19 vaccines have caused thousands of sudden deaths in otherwise healthy people is definitely (10%) or probably (23%) true. Black adults are more likely to believe this false statement than White adults, while Republicans and independents are more likely than Democrats to do so. People with college degrees are less likely than those with a high-school education or less to say this is true.
- **Reproductive health.** About a third of adults say the false claim that using birth control such as the pill or an IUD makes it harder for most women to get pregnant once they stop using them is "definitely" (5%) or "probably" true (29%). Adults under the age of 65, Republicans, independents, and Black and Hispanic adults are more likely to say this claim is true than their counterparts.
- **Gun violence.** When asked about the inaccurate statement that people who have firearms at home are less likely to be killed with a gun, about four in ten (42%) say it is "definitely" (13%) or "probably" (29%) true. Gun owners are more likely than non-gun owners to say that this false claim is definitely or probably true (55% vs. 37%) ….**Read More**



CMS details plan to allow Part D beneficiaries to pay in installments

The Centers for Medicare & Medicaid Services (CMS) released new draft guidance Monday on how it plans to roll out a program that allows Medicare members to spread out monthly payments for prescription drug purchases.

The cost-sharing option must be offered beginning in 2025 and comes on the heels of President Joe Biden etching the Inflation Reduction Act (IRA) into law. Federal agencies believe the plan could help customers avoid large, upfront out-of-pocket drug costs.

"For people with Medicare Part D who face high costs early in the year, today's announcement will ease the burden of out-of-pocket prescription drug costs," said Department of Health and Human Services Secretary Xavier Becerra in a statement. "This is one more example of how the president's prescription drug bill is reducing costs and increasing access to life-saving medicines for our Medicare beneficiaries."

Sponsors and pharmacies are expected to use the **draft guidance** (PDF) to see which enrollees benefit from the program as well as to understand the opt-in process and data collection that is required. It also includes requirements for Part D sponsors to reimburse pharmacies and how they should handle monthly billing.

"The new Medicare Prescription Payment Plan helps those who struggle the most with high upfront prescription drug costs and provides a way to ensure people with Medicare can get the life-saving medications they need," said CMS Deputy Administrator Meena Seshamani, M.D., Ph.D.…**Read More**

Doctors and Patients Try to Shame Insurers Online to Reverse Prior Authorization Denials

Sally Nix was furious when her health insurance company refused to pay for the infusions she needs to ease her chronic pain and fatigue. Nix has struggled with a combination of autoimmune diseases since 2011. Brain and spinal surgeries didn't ease her symptoms. Nothing worked, she said, until she started **intravenous immunoglobulin infusions** late last year. Commonly called IVIG, the treatment bolsters her compromised immune system with healthy antibodies from other people's blood plasma.

"IVIG turned out to be my great hope," she said.

That's why, when Nix's health insurer started denying payment for the treatment, she turned to Facebook and Instagram to vent her outrage.

"I was raising Cain about it," said Nix, 53, of Statesville, North Carolina, who said she was forced to pause treatment because she couldn't afford to pay more than $13,000 out of pocket every four weeks. "There are times when you simply must call out wrongdoings," she wrote on Instagram. "This is one of those times."

Prior authorization is a common cost-cutting tool used by health insurers that requires patients and doctors to secure approval before moving forward with many tests, procedures, and prescription medications. Insurers say the process helps them control costs by preventing medically unnecessary care. But patients say the often time-consuming and frustrating rules create hurdles that delay or deny access to the treatments they need. In some cases, delays and denials equal death, **doctors say**.

That's why desperate patients like Nix — and even some physicians — say they have turned to publicly shaming insurance companies on social media to get tests, drugs, and treatments approved.

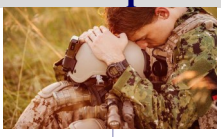
"Unfortunately, this has become a routine practice for us to resort to if we don't get any headway," said Shehzad Saeed, a pediatric gastroenterologist at Dayton's Children's Hospital in Ohio. In March, he **tweeted a photo of an oozing skin rash**, blaming Anthem for denying the biologic treatment his patient needed to ease her Crohn's disease symptoms.

In July, Eunice Stallman, a psychiatrist based in Idaho, joined X, formerly known as Twitter, for the first time to **share how her 9-month-old daughter**, Zoey, had been denied prior authorization for a $225 pill she needs to take twice a day to shrink a large brain tumor. "This should not be how it's done," Stallman said.

The federal government has proposed **ways to reform prior authorization** that would require insurance companies to provide more transparency about denials and to speed up their response times. If finalized, those federal changes would be implemented in 2026. But even then, the rules would apply only to some categories of health insurance, including Medicare, Medicare Advantage, and Medicaid plans, but not employer-sponsored health plans. That means roughly **half of all Americans** wouldn't benefit from the changes.

The 2010 Patient Protection and Affordable Care Act prohibits health insurance plans from denying or canceling coverage to patients due to their preexisting conditions. AHIP, an industry trade group formerly called America's Health Insurance Plans, did not respond to a request for comment….**Read More**

Suicides Among U.S. Veterans Jumped 10-Fold in Decades After 9/11



Suicide has become an urgent issue among American military veterans, with rates increasing by more than 10 times in nearly two decades, a new study reveals.

"Suicide rates for post-9/11 veterans have steadily increased over the last 15 years and at a much faster pace than the total U.S. population, and post-9/11 veterans with TBI [traumatic brain injuries] have a significantly higher suicide rate than veterans without TBI," said lead researcher **Jeffrey Howard**, from the department of public health at the University of Texas at San Antonio.

In fact, the suicide rate for those with a TBI was 56% higher than among veterans who didn't suffer a TBI, the researchers found.

Exposure to TBI, even a mild one, is associated with severe long-term health risks, including suicide, Howard noted.

"It used to be believed that once initial symptoms of a mild TBI resolved, the patient was healed and there were no long-term health impacts, but as we are compiling longer-term follow-up data on these patients a different picture is emerging," Howard said.

These data suggest that closer and longer-term monitoring of patients with TBIs may be needed, he explained.

"In addition to the clinical implications, the data point to the need for a more holistic approach to ensuring veterans' health and well-being, which would integrate family and social support networks and other societal factors," Howard added.

Evidence from other recent studies of this population shows alcohol abuse plays a significant role in suicide risk, which suggests that more efforts to prevent alcohol and substance abuse in military veterans may be warranted, he said.

"Despite efforts in recent years to prevent suicide in military veterans the problem has continued to grow, which suggests that new approaches are needed," Howard said.

For the study, Howard's team looked at more than 8,200 suicides among veterans, comparing them with more than 562,000 U.S. adults in the general population….**Read More**

Would A Revocable Trust Protect My House Against a Medicaid Lien?

Many couples place their home in a revocable trust to avoid probate. But that doesn't necessarily protect it from Medicaid estate recovery.

Question:

I was wondering about the current state of the law regarding nursing homes being able to put a lien on real property. We currently have our house in a revocable trust, but my wife is worried that she'll develop early dementia and have to go to a nursing home in her 60s like her mother did. Would the trust protect our estate from a lien?

Response:

Just to clarify, the nursing home would not put a lien on the house. It's the state's Medicaid program that might. To qualify for Medicaid coverage, the nursing home resident must spend down their assets other than the house to $2,000. If the nursing home resident is married, the healthy spouse can keep up to $148,620 (in 2023) in countable assets in addition to the family home. If the house is in the nursing home spouse's name when they die, the state may recover its Medicaid expenses paid out on their behalf from their estate. This is known as "estate recovery."

What's complicated is that estate recovery works differently in different states. Some states only seek recovery against the probate estate and some against all property that passes at death no matter whether it goes through probate. Revocable trusts avoid probate, so would protect the house from estate recovery in those states that only seek recovery against probate property. However, my state of Massachusetts, which only seeks recovery against probate property, requires applicants for Medicaid coverage to remove their homes from revocable trusts so they can be subject to claim….**Read More**

Medicare Advantage endangers rural hospitals

Rural hospitals are a critical source of health care for millions of Americans. But, Medicare Advantage plans are refusing to pay them Medicare rates and denying coverage for a large portion of services they provide. Corporate health insurers offering Medicare Advantage plans are putting the survival of rural hospitals at risk, reports **Axios**.

At more people enroll in Medicare Advantage, more rural hospitals are closing or feeling the threat of closure. These hospitals don't have the negotiating power of larger hospitals to ensure Medicare Advantage plans pay them adequately and appropriately. (And, even some **larger hospital systems are cancelling their Medicare Advantage contracts** because of inadequate payments and patient care concerns.) Traditional Medicare is a far better payer that they have relied on.

Still, rural Americans are enrolling in Medicare Advantage, likely unaware of the risks to their health and well-being, particularly if they develop a complex and costly condition. Medicare Advantage marketing and sales agents highlight the "free" benefits in Medicare Advantage, without describing the dangers–inadequate networks, inappropriate delays and denials of care and coverage, and more.

The biggest dangers in Medicare Advantage come when you most need health care. You can face long waits for approval of care. And, too often, Medicare Advantage plans wrongfully refuse to pay for care that traditional Medicare covers. Hundreds, if not thousands, of Medicare Advantage plans **deny care and coverage inappropriately.** People don't appreciate that it can be hard to come by a good oncologist in Medicare Advantage if you're diagnosed with cancer. **Mental health benefits** can also be hard to get. And, Medicare Advantage plans have been found to **deny people rehab therapy** post hip and knee replacements or to cover far less therapy than people need.

Some Medicare Advantage plans might actually be doing right by their members. But, if they are, no one is disclosing which are the good ones and which are the bad ones. Imagine buying a car without knowing whether the engine is likely to fail or buying a house without being able to inspect for termites. Tens of thousands of older adults and people with disabilities end up with serious health complications or worse because their Medicare Advantage plans refused to cover the care they needed….**Read More**

When to Consider Moving to a Senior Care Facility

Learn the signs of when it's the appropriate time to move your loved one into a senior care facility.

The need for senior care is often evident. If your father just had a stroke, the hospital's care team may organize his transfer to a senior care facility with specialized rehab. However, the signs aren't always so conspicuous, so the decision may not be so straightforward.

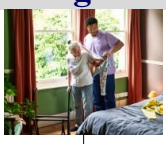
As time progresses, you might start questioning, "Is mom still safe living all by herself?" In these moments, it becomes crucial to recognize when it's time to consider moving to a **senior care facility**.

Levels of Senior Care

Often, a senior care journey begins with more independent **levels of care**. When it's time for a senior to move to a higher level of care, like a **nursing home,** it's usually because they need medical assistance and extra help with their daily activities.

Entry options for senior care often include:

Assisted living. Assisted living facilities are for older adults who need help with activities of daily living, like bathing or walking.



Board and care homes. Board and care homes, or group homes, are smaller abodes that care for 20 or fewer seniors. **Skilled nursing** care is usually not offered at board and care homes, and it's similar to an assisted living environment.

Continuing care retirement communities, or CCRCs. Sometimes known as life plan communities, **CCRCs** are like a campus for senior care. Depending on the community, they may offer a range of services from independent living quarters to skilled nursing care.

Assisted living is a frequent first choice and a great option for seniors who need some assistance and don't want to sacrifice the social atmosphere. These communities are secure and staffed with caregivers and medical personnel. According to the American Health Care Association and National Center for Assisted Living, more than 800,000 Americans are members of an **assisted living community**. ...**Read More**

How to Get a Replacement Medicare Card

Here's what to do if you lose your medicare card and need to get a replacement one.

If you need to get a **Medicare** replacement card, don't worry. It's an easy process. These tips and tricks will make getting a replacement Medicare card as straightforward as possible.

You'll receive your original Medicare card when the Social Security Administration processes your Medicare application. If you already receive Social Security benefits, you'll get a Medicare card three months prior to your 65th birthday. If you don't get Social Security benefits yet, you'll get your card once you **sign up for Medicare**.

Once the application is processed, your Medicare card is sent by U.S. Postal Service. It usually comes along with a welcome packet two weeks after you sign up, says Bob Rees, vice president of Medicare Member Loyalty for eHealth, an online brokerage for Medicare based in Santa Clara, California.

Original Medicare Card

The original Medicare card is printed on regular paper and will have red, white and blue at the top. It'll have your name on it and a unique set of letters and numbers, called the Medicare Beneficiary Identifier. Previously, Medicare used a person's Social Security number and added letter codes to identify a person's marital status, says Matthew Claassen, CEO of the insurance agency Medigap Seminars in Jupiter, Florida.

To prevent Medicare ID theft, the Medicare Beneficiary Identifier is now the number that appears on the card. The card also shows what types of Medicare you have (**Part A, Part B or both**) and the date that your coverage went into effect.

If you change addresses, you don't need to ask for a new card, as your address isn't on the card. However, you should still let the Social Security Administration know your new address.

What To Do If You Lose Your Medicare Card

You'll want to get a replacement Medicare card if you lose your original card or think it's been stolen.

If you lose your Medicare card, the easier way to get a replacement one is through **MyMedicare.gov**. You'll need to create an account if you don't already have one. When you log in, you'll see an option to print a replacement card.

If you don't have a printer or would prefer to get your card another way, you can call Medicare at 1-800-MEDICARE (1-800-633-4227) to order a new card. Getting a replacement card by mail may take a few weeks….**Read More**

Physician assistant, nurse practitioner or doctor: What patients should know

The nurse practitioner will see you now.

It's not the phrase most people are accustomed to hearing, but it's increasingly the case, with patients more likely than ever to see providers with advanced degrees, such as **physician assistants and nurse practitioners**, instead of doctors.

The physician shortage, a growing demand on health care and more people graduating with advanced degrees helped expand their presence at physicians offices. But what does that mean for patients?

Data shows patients have similar health outcomes regardless of whether they see a physician, physician assistant or nurse practitioner in primary care settings, but the jury is still out in other settings, like emergency departments and specialty care.

As providers with advanced degrees become more prevalent in health care facilities, experts say more research needs to be done and conversations had to determine where and how their skills can be most beneficial.

"There's a lot of medicine that requires the care of an M.D. but there's a lot of medicine that doesn't, and the key thing is to allocate providers to the places where they're needed and likely to be most effective," said Dr. Anupam B. Jena, professor at Harvard Medical School

Why there are more PAs and NPs

This shift to other types of medical professionals began about 20 years ago, health experts say, and the COVID-19 pandemic only accelerated it.

"It's been more and more accepted that physician assistants and nurse practitioners are highly qualified professionals that can take on a lot of the work that's traditionally done by physicians," said Perri Morgan, physician assistant, and professor in family medicine and community health at Duke University School of Medicine.

In its 2023 report, **U.S. News and World Report r**anks nurse practitioner and physician assistant as the first- and second-best jobs in health care, respectively, after measuring qualities like compensation, job growth and stress levels, among others**. A March 2022 study** published in the Future Healthcare Journal found physician assistants are estimated to grow 35% by 2035.

These careers became more popular as the physician shortage increased already long wait times for doctor's appointments, experts say. The average physician appointment wait time has risen 24% since 2004, from about 20 days to 26 days in 2022, **according to a survey by Merritt Hawkins**, a physician and advanced practitioner recruiting and consulting company….**Read More**

Medicare moves to crack down on hospice fraud

After a year of scrutinizing fraud in the hospice industry, Medicare dropped the hammer this week: The agency warned nearly 400 hospices are at risk of being bounced from the program if they can't prove they're a legitimate enterprise.

Why it matters: The move to root out fraudulent hospices, following years of reports about **shady practices** in the industry, signals that federal officials are aiming to crack down on unscrupulous actors cashing in on Medicare's **$22 billion per year** end-of-life care program.

The big picture: The Centers for Medicare and Medicaid Services cited the growing popularity of schemes in which providers, sometimes listed at false addresses, fraudulently claim they are providing hospice care for patients who are not terminally ill.

State of play: CMS said it made unannounced visits to more than 7,000 hospices through a new oversight initiative to make sure hospices are operating at the address where they're registered.

Agency officials also pointed to another type of fraud, known as "churn and burn," in which hospices shut down and reopen as a new entity once they've been audited or hit payment limits.

Hospices that can't demonstrate their compliance by submitting a valid provider address could be deactivated or revoked from Medicare, CMS **said Tuesday**.

It's too soon to say how quickly punishments may come down. The time hospice providers will have to come into compliance will vary, a CMS spokesperson told Axios.

CMS earlier this summer also **announced** increased oversight of claims from newly enrolled hospices in Arizona, California, Nevada and Texas, which it says are hotspots for potentially fraudulent actors.

CMS will also start a broader pilot program to review hospice claims after a patient's first 90 days of care, saying the shorter window will help determine if claims are legitimate….**Read More**

The cost of healthcare is out of control, hurting programs for the elderly and the vulnerable

Big Pharma has a legislative blitz to prevent Medicare from negotiating drug prices

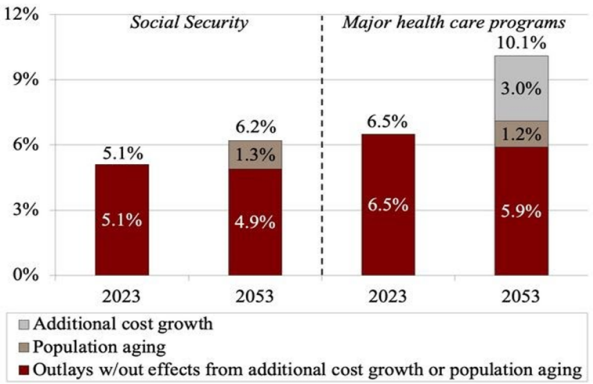
Getting spending on Social Security, Medicare, and Medicaid "under control" is at the top of all the budgeteers' agenda. While the intention sounds reasonable, spending on these programs is not out of control.

Social Security spending is slated to rise from roughly 5% of GDP to 6% of GDP between 2023 and 2053, according to the Congressional Budget Office (CBO). This increase is due entirely to the aging of the population (see Figure 1). And a 1-percentage-point increase is not a large change; defense spending went up and down by 2 percentage points between 2000 and 2023.

In contrast, spending on healthcare programs is slated to rise from 6.5% of GDP in 2023 to 10.1% in 2053. Why is that? A bit of the increase is from population aging, but the bulk is due to the rising cost of healthcare. The U.S. spends twice as much on healthcare as the average for the other OECD countries and has worse outcomes on key metrics such as infant mortality and obesity.

The Inflation Reduction Act took an important step in that direction by giving Medicare the power to negotiate drug prices with pharmaceutical companies — an activity that Medicare has been explicitly barred from doing up to now. The legislation also gives the government real leverage; if companies do not comply, they will face a substantial excise tax or they can withdraw all of their drugs from coverage under Medicare and Medicaid….**Read More**

Figure 1. *Composition of Growth in Outlays for Social Security and the Major Healthcare Programs as a Percentage of GDP, 2023 to 2053*



Source: Congressional Budget Office. 2023. "The 2023 Long-Term Budget Outlook." Washington, DC.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Nearing Retirement, America's Lower-Middle Class Faces Increasingly Bad Health

The American middle-class squeeze has grown even worse in recent years, with many in the "forgotten middle" facing financial pressure and poor health as they near retirement age, a new study reports.

Essentially, the U.S. middle class has split in two, and those relegated to the lower-middle are facing tough times in retirement, said lead researcher **Jack Chapel**. He is a doctoral candidate in economics at the University of Southern California Dornsife College of Letters, Arts and Sciences.

"We see that the middle class is hollowing out a little bit and separating out into this lower-middle and upper-middle," Chapel said. "People in this lower-middle group compared to people in the upper-middle group are going to be living longer lives, but living a longer proportion of their life with worse health."

For **the study**, researchers fed federal survey data into a computer simulation to estimate future life expectancy and disability for people in their 50s at different times between 1994 and 2018.

Quality-adjusted life expectancy — living not just longer, but healthier — increased by 5% for people in the upper-middle economic status group, the results showed.

However, their lower-middle peers didn't experience a similar increase. Instead, their quality-adjusted life expectancy has stagnated, the researchers found. They will live longer, but also will suffer more in their old age. For example, an average 60-year-old woman in the lower-middle class in 2018 can be expected to live to 84, but nearly 40% of her remaining years will be lived with a disability, Chapel noted.

Further, the combined value of wealth and resources for these folks after age 60 grew 13% for the upper-middle group, but only 3% for those in the lower-middle class, the study authors reported.

"They are not making any progress," said co-researcher **Dr. John Rowe**, a professor of health policy at the Columbia University Mailman School of Public Health, in New York City. "They are perhaps even getting worse, and they have the precarious situation of being too wealthy to qualify for any of the traditional safety net programs — Medicaid, low-income housing, food stamps — and too poor to afford the out-of-pocket costs for health care and housing that they're going to experience."

Part of the problem is a decline in affordable insurance coverage, Chapel and Rowe said.

"We're finding that in 1994 the lower-middle had pretty high health insurance rates, similar to the upper-middle class, close to 90%," Chapel said. "But that had dropped all the way down to 71% in 2012. This was driven by really large decreases in employer-sponsored health insurance."...**Read More**

Here's the Latest on Dietary Cholesterol and How It Fits In With a Healthy Diet

For more than half a century, scientists have debated the role of dietary cholesterol in a healthy diet. Because it was often associated with saturated fat, limiting dietary cholesterol – especially by restricting egg consumption – seemed to benefit heart-health efforts.

More recently, accumulating data has caused researchers to broaden their thinking about how dietary cholesterol – and eggs – fit into a healthy eating pattern. "We've advanced considerably," said professor Linda Van Horn, chief of the nutrition division in the department of preventive medicine at Northwestern University's Feinberg School of Medicine in Chicago. "And we proceed on these issues as we learn more."

Change can be confusing. So here are answers to a few common questions.

Are dietary cholesterol and blood cholesterol the same thing?

No. Dietary cholesterol is found in food. Blood cholesterol – which includes HDL ("good") and LDL ("bad") – is one of eight essential measures of heart health identified by the American Heart Association. A diet high in saturated fat can lead to high LDL cholesterol levels and further lead to plaque buildup in the walls of your arteries. This restricts blood flow and can lead to a heart attack or stroke.

Your doctor can check your blood cholesterol levels with a blood test.

What is dietary cholesterol, then?

Dietary cholesterol comes from animal-based foods. According to a 2019 AHA science advisory on dietary cholesterol and cardiovascular risk – which Van Horn helped write – high-fat meat, eggs, butter and full-fat dairy products are major sources. It's especially abundant in processed meats – "sausages, burgers, hot dogs or similar foods," Van Horn said.

Dietary cholesterol also can be found in baked goods made with eggs, butter or cream.

Although dietary cholesterol was once singled out as a contributor to heart disease, the 2019 science advisory said studies have not generally supported an association between dietary cholesterol and cardiovascular risk….**Read More**

U.S. health officials lay out plans to cope with respiratory virus season

With last fall's chaotic early start to the respiratory virus season still fresh in the public memory, federal health authorities are trying to move quickly to convey the impression that this year will be different.

In a briefing for reporters Thursday, senior officials of the Centers for Disease Control and Prevention and the Food and Drug Administration detailed the various countermeasures available to combat Covid-19, RSV, and influenza, and discussed the expected timing on the rollouts of these tools. They spoke on condition that their names and titles would not be disclosed.

"We are in our strongest position yet to be able to fight Covid-19 as well as the other viruses that are responsible for the majority of fall and winter hospitalizations," one CDC official said. "We also have more tools, including … for the first time ever, vaccines for all three of the major fall and winter respiratory viruses — influenza, Covid, and RSV. Our goal, our imperative, our task is to make sure we're using those tools."

The updated Covid vaccines have not yet been cleared by the FDA, but that must be coming in the next two and a half weeks or so, because a meeting of the CDC's expert vaccine panel, the Advisory Committee on Immunization Practices, has been **slated for Sept. 12**. ACIP must vote on whether to recommend the updated vaccines — and the recommendation must be endorsed by CDC Director Mandy Cohen — before they can begin to be used. The federal officials said the vaccine rollout would begin by mid-September.

The Covid vaccines will once again be monovalent, targeting a single strain of the SARS-CoV-2 virus. They will be the first not to include the original version of the SARS-2 virus that emerged in late 2019….**Read More**

CDC announces new guidelines for sepsis programs, treatment

The Centers for Disease Control and Prevention has released guidelines to help hospitals create more effective sepsis management teams and improve patient survival rates.

The agency's seven "Sepsis Core Elements," announced Thursday, come as sepsis cases continue to rise and industry leaders call for better surveillance systems, diagnostic tools and education surrounding the life-threatening condition.

Sepsis is a life-threatening complication caused by the body's extreme response to infection, causing damage to organ systems and potentially death. Each year, around 1.7 million adults in the U.S. develop sepsis and 350,000 of them die during their hospitalization or are discharged to hospice care, according to the CDC.

While 73% of hospitals report having sepsis teams, only half say team leaders are given sufficient time to manage the programs, according to a recent CDC survey of 5,221 hospitals that are part of the National Healthcare Safety Network. Additionally, only 55% of hospitals report they use antibiotic stewardship programs to monitor antibiotic and antifungal use in sepsis care.

The survey also found 10% of hospitals had no standardized process to assist with rapid sepsis identification and 35% reported facility leadership had not given resources to support sepsis efforts such as training or data analysis support.

The CDC guidelines instruct hospitals to report all sepsis treatment outcomes to relevant agencies and quality organizations, appoint a leader responsible for sepsis initiatives and program goals, and implement processes to improve sepsis identification and management. Hospitals are also encouraged to provide ongoing sepsis education to clinicians and ensure sepsis teams have **adequate staff**, finances and technology.

Sepsis recognition and management increasingly has become an area of focus for health systems and regulatory agencies as more organizations advocate for the importance of evidence-based protocols in reducing organ failure, length of stay, care costs and mortality.

Earlier this year, the Centers for Medicare and Medicaid Services announced it will incorporate the SEP-1 quality measure—which establishes a treatment protocol for timely sepsis intervention and treatment—into its value-based purchasing program starting in fiscal year 2026.

Gut Troubles Could Be Early Signal of Parkinson's Disease

It might not seem like constipation or difficulty swallowing could signal a neurological problem, but new research suggests that these gut conditions could be an early indicator of Parkinson's disease.

Gastrointestinal symptoms are also thought to precede the development of cerebrovascular disease, including stroke, brain aneurysm or Alzheimer's disease. It has previously been suggested that gut conditions may appear before Parkinson's disease.

Researchers, including **Dr. Pankaj Pasricha** from Mayo Clinic Arizona in Scottsdale, used data from a U.S. nationwide medical record network (TriNetX) to compare more than 24,000 people who had been diagnosed with Parkinson's disease of unknown cause with those who had been diagnosed with other neurological conditions. This included more than 19,000 with Alzheimer's disease, more than 23,000 with cerebrovascular disease and more than 24,000 with none of these conditions.

The investigators matched those with Parkinson's disease with people in the other comparison groups for age, sex, race and ethnicity, and length of diagnosis.

They then compared the frequency of gut conditions included in their electronic health record for an average of six years before their Parkinson's disease diagnosis.

To test the hypothesis in a different way, the researchers divided all the adults who had been diagnosed with any of 18 gut conditions into separate groups according to their condition.

These people were then matched with people without that particular gut condition. They were monitored for five years through their medical records to see how many of them developed Parkinson's disease or other neurological disorders.

Four particular gut conditions were associated with a higher risk of a Parkinson's disease diagnosis, according to the report published online Aug. 24 in the journal ***Gut***

Gastroparesis (which is delayed stomach emptying), dysphagia (which is difficulty swallowing) and constipation were all associated with a more than doubled risk of Parkinson's disease in the five years before the diagnosis. Irritable bowel syndrome (IBS) without diarrhea was associated with a 17% higher risk.**….Read More**

'Eco-Friendly' Paper Straws Contain Harmful PFAS Chemicals

Paper straws, meant to be an eco-friendly alternative to plastic, may not be better for the environment, a new study concludes, warning that they also contain "forever chemicals" that can harm human health.

"Straws made from plant-based materials, such as paper and bamboo, are often advertised as being more sustainable and eco-friendly than those made from plastic," said researcher **Thimo Groffen**, an environmental scientist at the University of Antwerp in Belgium. "However, the presence of PFAS in these straws means that's not necessarily true."

For this study, published Aug. 24 in the journal ***Food Additives and Contaminants***, Groffen and colleagues tested 39 straw brands in a variety of materials for poly- and perfluoroalkyl substances (PFAS).

Straws were paper, bamboo, glass, stainless steel and plastic. Each straw went through two rounds of testing for PFAS.

PFAS were found in 69% of the straws. Testing detected 18 different PFAS.

These chemicals were found in 90% of paper straws; about 80% of bamboo straws; 75% of plastic straws, and 40% of glass straw brands.

PFAS were not detected in any of the five types of steel straws tested.

The most commonly found PFAS was perfluorooctanoic acid (PFOA), which has been banned worldwide since 2020.

Testing also detected trifluoroacetic acid (TFA) and trifluoromethanesulfonic acid (TFMS). These "ultra-short-chain" PFAS are highly water soluble and so might leach out of straws into drinks, according to the study.

These all may pose limited risk to human health because people tend to use straws only occasionally and chemical concentrations were low, researchers said. But the chemicals can build up in the body for years.

"Small amounts of PFAS, while not harmful in themselves, can add to the chemical load already present in the body," Groffen said in a journal news release.

It's not known if the straws contained the PFAS to waterproof them or because of contamination from soil used to grow materials or water used in manufacturing.

PFAS are used in many everyday products, including nonstick pans and outdoor clothing. They make these items resistant to water, heat and stains, but break down very slowly over time and can persist in the environment for thousands of years….**Read More**

New study suggests people who tested negative for Covid-19 can still develop long Covid

Koralnik, who oversees Northwestern's **Neuro Covid-19 Clinic,** also noted that "negative long-haulers" should be included in **long Covid trials and studies,** from which they are currently excluded. Roughly two-thirds of Covid-19 clinics in the country do not accept long Covid patients without a known diagnosis of the virus — but Koralnik's does. This gave him the opportunity to do further testing on 29 of the patients treated there who hadn't tested positive for Covid but had long Covid symptoms. He found that 41% of patients who reported symptoms but hadn't tested positive at the time of the infection had T cell responses or antibody responses to Covid-19, meaning they had been exposed to the virus.

Patients who had long Covid without an official diagnosis faced treatment delays, receiving clinical evaluation at Koralnik's clinic at an average of 10.7 months after the onset of symptoms, compared to evaluations at an average of 5.4 months after onset of symptoms for people who had tested positive for Covid-19.

Many of the missed cases can be attributed to the fact that Covid testing was limited at the beginning of the pandemic. At-home nasal swab kits weren't yet available, said Koralnik, and because blood tests were calibrated to the levels of antibodies in people hospitalized with severe pneumonia related to Covid, they missed milder infections.

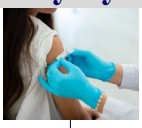
All this meant that many people who had mild or asymptomatic infections at home never received an official diagnosis, nor did people who were tested in the hospital weeks after they had first developed symptoms. Yet some of these people went on to develop post-viral syndrome symptoms that were consistent with those of Covid-19 long haulers, said Koralnik.

"They have the same presentation, the same type of symptoms. They are almost indistinguishable," he said.

Many of these patients have a hard time even getting their symptoms acknowledged. "They felt sometimes very disenfranchised or gaslighted even, because people told them, it's all in your head, it's stress, anxiety, it's going to get better, you can do yoga and relaxation," said Koralnik. "But in fact we can show that at least 40% of this small sample were really exposed to the virus. So it would be vindicating for those people to know that one."

"It's really refreshing and wonderful to actually see data showing this," said Al-Aly. "It really supports our thinking that there are people in the community who are suffering from post-acute sequelae of SARS-CoV-2 who don't have a formal diagnosis of Covid-19 and it doesn't make the disease any less real."

Timing and Cost of New Vaccines Vary by Virus and Health Insurance Status



As summer edges toward fall, thoughts turn to, well, vaccines.

Yes, inevitably, it's time to think about the usual suspects — influenza and covid-19 shots — but also the new kid in town: recently approved vaccines for RSV, short for respiratory syncytial virus.

But who should get the various vaccines, and when?

"For the eligible populations, all three shots are highly recommended," said Georges Benjamin, a physician and the **executive director** of the American Public Health Association.

Still, there's no need to get them all at the same time, and there are reasons to wait a bit for two of them. Some people may also face cost issues. Let's break this down.

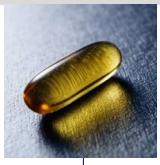
What's the Price?

It depends on the vaccine — and on your insurance coverage.

For covid shots, including the updated ones expected to be available this fall, most people will still be able to get the vaccines for free. People became accustomed to that no-cost availability during the pandemic, but the federal government stopped picking up the entire tab with the **end of the public health emergency** this spring. Now the actual cost of the vaccine, which manufacturers said could be far higher than what the government paid during the pandemic, **will be borne by private insurers** and Medicare and Medicaid. For people without insurance, the Biden administration set up the Bridge Access Program, which will make **free vaccines available this fall** through community health centers and state health departments. Eventually, retail **pharmacies may also participate.**

Pfizer and Moderna, two of the companies producing updated covid vaccines, previously suggested they would charge $110 to $130 per dose, and plan to offer programs for people who cannot afford the vaccines. In July, the **Biden administration urged both makers** to set a "reasonable" rate for the updated versions. Another company, Novavax, has said it will also have an updated vaccine for the U.S. market. It is still unclear how prices will shake out. In a recent **Moderna earnings call**, company officials indicated they are negotiating contracts with payers but did not give per-dose figures. The company expects **covid vaccine sales** worldwide to tally $6 billion to $8 billion this year….**Read More**

Do Fish Oil Supplements Really Boost Your Health?



Stroll past the supplements in any drugstore and you'll find broad claims about fish oil helping everything from heart and brain health, to joints, eyes and immune systems. But you just might be wasting your money, according to a new study.

"We know from recent large, randomized trials that fish oil supplements do not prevent heart disease in the general population, but yet they are one of the most common supplements taken, often by people who still believe they will benefit their heart," said lead study author **Joanna Assadourian**, fourth-year medical student at UT Southwestern Medical School in Dallas.

The authors researched what these labels actually say, using data from labels of on-market fish oil supplements, to measure the frequency and types of health claims. They included both U.S. Food and Drug Administration-reviewed qualified health claims and those that made assertions about supportingstructure or function in various organs.

The researchers also assessed the total daily doses of combined EPA and DHA, the omega-3 fatty acids found in fish oil, found in supplements from 16 leading manufacturers and retailers.

They found that 2,082 of the 2,819 analyzed made at least one health claim, which is nearly 74%. And of those, only 19% made an FDA-approved qualified health claim, which helps consumers understand any scientific uncertainty surrounding a claim. The others made general structure or function claims, such as "promotes heart health."

The most common claims were assertions about promoting cardiovascular health.

The study also found a lot of variation in daily doses of EPA and DHA, with 9% of supplements among the 16 leading brands containing a daily dose of 2 grams or more of combined EPA and DHA. So far, experts have not established daily dietary recommendations for EPA and DHA, according to the Office of Dietary Supplements.

The study pointed out that 1 in 5 people over age 60 takes fish oil supplements, often for heart health….**Read More**

Forever chemicals take big toll on our health

Tens of thousands of miles from us, between Iceland and Norway, in the Faroe Islands, scientists are finding the toxic effects of "forever chemicals" on residents, reports **The New York Times**. Make no mistake, toxic "forever chemicals" are traveling long distances to get to the Faroe Islands, And, still, they appear to be doing grave harm to the health of Faroe Island residents.

Scientists in the Faroe Islands have been studying how mercury in fish affects pregnant women and their children for nearly 4o years. They have collected blood and hair samples from more than 1,000 women and children that they can test for all sorts of chemicals. They have found low levels of mercury in women's wombs. The risk of learning and memory impairments is high for their children.

Fourteen years ago, the scientists began looking at the effects on these people from exposure to "polyfluoroalkyl substances, which the FDA calls PFAS and classifies "as safe,"

the "A" and "S." You can find them in countless products we use every day. No one knows precisely what harm they cause us, but we do know that they damage the immune system in rats.

In the US, the FDA is not required to test the chemicals in our food. The Federal Food, Drug and Cosmetic Act requires the FDA to create a system for studying chemicals added to foods before they come to market and to reassess their safety when new evidence suggests it is needed. But, the FDA can and has allowed companies that add these forever chemicals to our food and drinks to review their safety. And, the FDA lets these companies' experts determine whether the chemicals are generally recognized as safe, "GRAS."

The scientists in the Faroe Islands knew from lawsuits in the US that some PFAS caused high cholesterol, cancer and ulcerative colitis, among other grave health conditions. The scientists found that children in the Faroe Islands had fewer antibodies than normal from tetanus and diphtheria vaccines.

But, the difference between the children in the Faroe Islands and people in the US who filed lawsuits was significant. The US citizens had high level exposure to the PFAS toxins because DuPont had dumped PFAS waste into the Ohio River in high volumes that affected the air and drinking water. The children in the Faroe Islands had extremely limited exposure to these chemicals.

More than 40 years ago, DuPont's own studies showed that significant exposure to PFAS causes abnormal liver function and other serious harm. Its own workers were affected. One worker had a child with a single nostril and impaired eyes.

For the most part, our federal government continues to allow the use of these toxic chemicals in millions of products, about one fifth of our exposure to these chemicals comes from tap water. The rest is in our food, in the air, in cosmetics and other skin products, furniture, rugs, candy wrappers and raincoats. The European Union found PFAS in organic eggs.

Of the thousands of PFAS toxins, the Environmental Protection Agency has identified only two that are "likely to be carcinogenic to humans." The EPA says its goal is to eliminate them from tap water. Its proposed rule is not yet approved. But, the EPA says the rule "will prevent thousands of serious PFAS-attributable illnesses."

Meanwhile, DuPont and 3M agreed to invest $11.5 billion into cleaning public water, as a result of lawsuits. And, 3M says it is ending production of all PFAS in the next 18 months. There's some pressure to do so, if not from the EPA. The European Chemicals Agency is proposing to forbid all PFAS in the European Union.

Wegovy May Be Valuable New Option for Heart Failure Patients

Weight-loss drug Wegovy (semaglutide) and its diabetes-focused cousin, Ozempic, have already upended the treatment of both obesity and diabetes, with sales of both drugs skyrocketing.

Now, injected Wegovy could prove a boon for many patients battling heart failure, a new study suggests. The trial results were presented Friday in Amsterdam at the annual meeting of the European Society of Cardiology (ESC).

Treatment with the drug "produced large improvements in symptoms, physical limitations and exercise function" compare to placebo, explained study lead author **Dr. Mikhail Kosiborod**, of Saint Luke's Mid America Heart Institute in Kansas City.

In the trial, obese heart failure patients who took Wegovy for a year also showed "greater weight loss and fewer serious adverse events as compared with placebo," Kosiborod added in an ESC news release.

The findings were published simultaneously in the **New England Journal of Medicine**.

The new trial focused on a subset of patients with what's known as "heart failure with preserved ejection fraction," comprising about half of all people with heart failure.

Ejection fraction measures the heart's ability to pump oxygen-rich blood out to the body. Having a low ejection fraction means pumping ability is dangerously impaired. But heart failure patients can have a preserved ejection fraction, meaning they retain pumping ability that's in a healthy range.

Heart failure is still an often lethal ailment, however, with patients experiencing shortness of breath, swelling and fatigue on moving that can lower quality of life.

Since obesity and heart failure often go together, Kosiborod's group wanted to see if Wegovy might help patients with both conditions….**Read More**

Need Quick Help Learning CPR? Don't Rely on Alexa, Siri

If you need quick directions on performing cardiopulmonary resuscitation (CPR) in an emergency, don't rely on Alexa, Siri or another voice assistant.

A new study finds the directions provided by these AI (artificial intelligence) helpers are inconsistent and lack relevance.

"Our findings suggest that bystanders should call emergency services rather than relying on a voice assistant," said co-author Dr. Adam Landman, chief information officer and senior vice president of digital operations at Mass General Brigham in Boston.

"Voice assistants have potential to help provide CPR instructions, but need to have more standardized, evidence-based guidance built into their core functionalities," Landman, an attending emergency physician, said in a hospital news release.

Researchers presented eight verbal questions to four voice assistants: Amazon's Alexa, Apple's Siri, Google Assistant's Nest Mini, and Microsoft's Cortana.

The study authors also typed the same questions into ChatGPT.

The responses were evaluated by two board-certified emergency medicine physicians.

Nearly half of the responses from the voice assistants were unrelated to CPR, the study found. This included information related to a movie called "CPR" and a link to Colorado Public Radio News.

Only 28% of the replies suggested calling emergency services. Only 34% provided CPR instruction and just 12% gave verbal instructions….**Read More**

Can You Rely on AI to Answer Questions About Cancer?

AI **(Artificial Intelligence)** might not always be your most accurate source of health information, especially when it comes to cancer care, new research finds.

Two new studies assessed the quality of responses offered by AI chatbots to a variety of questions about cancer care.

One, published Aug. 24 in ***JAMA Oncology***, zeroed in on the full-sentence conversational AI service known as ChatGPT, which launched to great fanfare last November.

The upside: About two-thirds of cancer information offered by ChatGPT accurately matched current guidelines from the U.S. National Comprehensive Cancer Network.

The downside: The rest did not.

"Some recommendations were clearly completely incorrect," said study author **Dr. Danielle Bitterman**, an assistant professor of radiation oncology at the Brigham and Women's Hospital/ Dana-Farber Cancer Institute and at Harvard Medical School in Boston. "For example, instances where curative treatment was recommended for an incurable diagnosis."

Other times, incorrect recommendations were more subtle -- for instance, including some, but not all, parts of a treatment regimen, such as recommending surgery alone, when standard treatment also includes radiotherapy and/or chemotherapy, Bitterman said.

That's concerning, she said, given the degree to which "incorrect information was mixed in with correct information, which made it especially difficult to detect errors even for experts."

A **second study** in the same journal issue offered a much rosier assessment of AI accuracy.

In this instance, investigators looked at answers from four different chatbot services -- ChatGPT, Perplexity, Chatsonic and Microsoft's Bing. Each was prompted to discuss skin, lung, breast, prostate and/or colon cancer.

Researchers judged the quality and accuracy of the responses as "good."

But, they said, that doesn't necessarily mean that patients will find the AI experience useful. That's because much of the information provided was too complex for most medical non-professionals.

At the same time, all responses were tethered to a blanket warning that patients should not make any health care decisions based on the data provided without first consulting a doctor….**Read More**

COVID Vaccine Boosters Crucial for Some Cancer Patients: Study

Cancer patients with immune systems weakened by treatment are among the groups most concerned about the continued spread of COVID-19 and the chance of the infection becoming severe.

New research suggests more guidance on how often these patients need protective booster shots.

It's not one-size-fits-all, but depends on the specific treatment, said scientists from Yale University and the University of North Carolina at Charlotte.

The results may also help other non-cancer patients faced with other diseases. "Fears of severe COVID-19 are not restricted to cancer patients," said the study's co-leader **Alex Dornburg**, an assistant professor at UNC Charlotte. "We hope to develop similar analyses that provide guidance to protect other patients who are especially vulnerable."

While the U.S. Centers for Disease Control and Prevention recommends that immunocompromised patients receive COVID-19 booster shots "as needed," this study looked at what that means specifically for cancer patients.

Increased boosting in cancer patients provides benefits similar to those obtained by people without cancer, researchers found.

About 1 in 3 people who don't get boosters will be infected within two years, the study predicts. For those who get a booster every six months, the risk is 1 in 20. "It turns out that most cancer patients are protected nearly as well as the non-cancer population by COVID-19 boosting," said Yale School of Public Health Professor **Jeffrey Townsend,** the study's lead author, in a Yale news release. "But there is a big exception."

"Some cancer therapies directly attack immune cells," Dornburg explained in the release. "This is great for battling blood cancers such as some lymphomas, but the death of immune cells also opens a window not only for COVID-19 infection, but for severe infection."

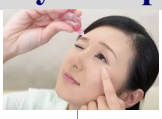
Cancer patients whose treatment directly impacts immune response would benefit from much more frequent boosters. If they received a booster every year, 1 out of 3 patients on these therapies would still be vulnerable to getting COVID within two years unless they had other interventions.

If they were to increase that to getting a booster every three months, their risk would halve.

"These results are based on a typical patient with a typical immune response receiving common therapies," Townsend said. "It remains the case that every patient may have mitigating factors that doctors must consider when advising whether and when an additional COVID-19 booster schedule may be appropriate."

Researchers used data from several COVID-19 studies already published as well as studies of other coronaviruses.

Don't Use Dr. Berne's and LightEyez Eye Drops Due to Bacteria, Fungus, FDA Says



Tainted eye drops are back in the news, with federal regulators warning consumers not to use certain eye drops because of contamination concerns.

The U.S. Food and Drug Administration on Tuesday **advised** people to avoid purchasing and immediately stop using Dr. Berne's MSM Drops 5% Solution and LightEyez MSM Eye Drops—Eye Repair because the drops may be contaminated with bacteria, fungus or both.

Specific microbes isolated from FDA testing include *Bacillus* (a bacterium) and fungal *Exophiala* in the Dr. Berne's MSM Drops 5% Solution.

In the LightEyez MSM Eye Drops—Eye Repair, FDA testing detected bacteria including *Pseudomonas*, *Mycobacterium*, *Mycolicibacterium* and *Methylorubrum*.

The Dr. Berne's products are distributed by Dr. Berne's Whole Health Products. That company agreed on Monday to a voluntary recall of those particular eye drops.

The LightEyez products are distributed by LightEyez Limited. LightEyez has not responded to an FDA email seeking to discuss the FDA's concerns, the agency said.

So far no one has reported adverse events from using the drops, the FDA said, but the products should be thrown out because using them could lead to minor or serious vision-threatening infections. That could even progress to a life-threatening infection, the agency warned.

Patients who have signs or symptoms of an eye infection should talk to their health care professional or seek immediate medical care.

The two eye drops included in the warning also contain methylsulfonylmethane (MSM) as an active ingredient. According to the FDA, no legally marketed ophthalmic drugs contain MSM as an active ingredient, so these products are unapproved drugs and illegally marketed in the United States.

Eye drops are required by federal law to be sterile to be safe for use. The FDA said that it had sampled and tested these products because of the eye drop industry's recent manufacturing issues with eye drops.

By late May of this year, a total of 81 cases of serious infections — linked to 10 brands of eye drops contaminated with a rare strain of a drug-resistant bacteria — were reported across the United States….**Read More**