

Medicare Expansion Would Be Financial Balm for an Aging U.S.

(Bloomberg) -- Senate Democrats' plan to expand Medicare coverage would help a growing senior population often struggling with hefty out-of-pocket medical expenses, potentially providing ballast for the economy in coming years.

Democrats on the Senate Budget Committee agreed Tuesday on a \$3.5 trillion spending level for a bill to carry most of President Joe Biden's economic agenda into law without Republican support. The bill would include one key item that wasn't in Biden's plans: vision, dental and hearing benefits for Medicare recipients, who are disproportionately those over 65 years old.

That would provide tens of millions of seniors -- many of

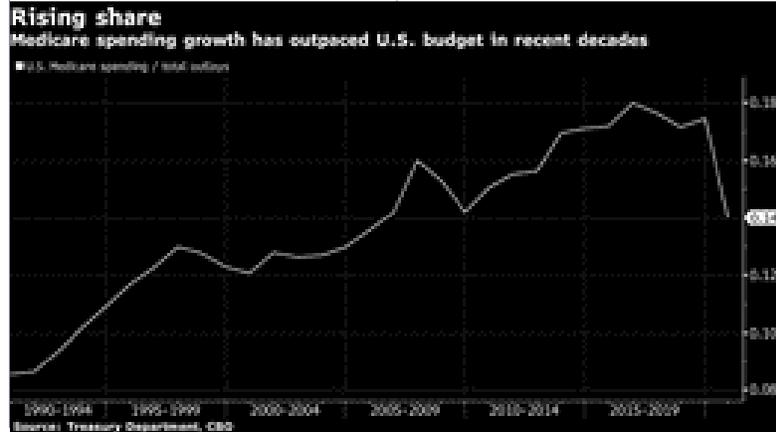
whom have low incomes -- with care that they don't currently have, likely boosting not only health spending but also freeing up money to go toward other goods and services, particularly essential goods. With 10,000 Baby Boomers turning 65 each day across the U.S., Democrats hope the expanded coverage will also help provide political wins.

"This would be a very significant change for Medicare," said Tricia Neuman, executive director of the Kaiser Family Foundation's program on Medicare policy, who said it would be the biggest change since the start of Medicare's drug benefit in 2006. "How big an impact it will have will depend on the details of the proposals."

Democrats are leaning toward expanding Medicare Part B, which pays for outpatient services, to include these new benefits, according to two senior Senate staffers familiar with the discussions. Like many other parts of Medicare, there

would be no cost-sharing for preventative services and limited copays for elective procedures.

Part B is voluntary and includes premiums, which could rise with the addition of new benefits... [Read More](#)



The U.S. Surgeon General Is Calling COVID-19 Misinformation An 'Urgent Threat'

With about a **third of adults in the U.S.** still completely unvaccinated, and cases of COVID-19 on the rise, the U.S. surgeon general is calling for a war against "health misinformation."

On Thursday, Dr. Vivek Murthy released the **first surgeon general's advisory** of his time serving in the Biden administration, describing the "urgent threat" posed by the rise of false information around COVID-19 — one that continues to put "lives at risk" and prolong the pandemic.

Murthy says Americans must do their part to fight misinformation.

"COVID has really brought into sharp focus the full extent of damage that health misinformation is doing," Murthy told NPR in an exclusive interview ahead of the advisory's

release. Surgeon general's advisories are reserved for significant public health challenges that demand immediate attention.

In some cases, he says, the simplest way to stop the spread is to not share something questionable you read online: "If you're not sure, not sharing is often the prudent thing to do."

The U.S. has dealt with misinformation around other public health crises, including decades of persistent rumors about HIV/AIDS, but Murthy says the coronavirus pandemic is underscoring just how problematic the false information and rumors related to health can be.

Rates of COVID-19 are rising nationwide, driven in large part by the spread of the highly transmissible delta variant. [A recent analysis by NPR](#) shows



that cases are highest in places where vaccination rates lag. Multiple factors, including inadequate access to vaccines, can keep vaccination rates low in some communities, but Murthy says fear about possible side effects or extremely rare adverse events are also a powerful driver of vaccine hesitancy.

In many cases, false information about the vaccines feeds that hesitancy. According to **polling from the Kaiser Family Foundation**, two-thirds of unvaccinated adults either believe vaccine myths or are unsure about whether they are true. Murthy says that means misinformation is literally putting lives at risk.

"Every life that is lost to COVID-19 when we have vaccines available, is a

preventable tragedy," Murthy says.

Talk to friends and family, the surgeon general suggests Murthy hopes that drawing public attention to the harms of misinformation will lead more Americans to take action in their own lives, including through simple one-on-one conversations with friends and family who are reluctant to get the COVID-19 vaccine. Rather than judging others, Murthy encourages people to listen to their concerns and come prepared with sources of good information to counteract the bad. Research shows that vaccine-hesitant people are more likely to be open and listen to those they know. "These conversations are all driven by trust," he says.... [Read More](#)

Action Alert: Tell Congress to Strengthen Medicare

Congress is currently considering strategies to improve health coverage and affordability. **Weigh in today to make sure that Medicare is part of that discussion.**

Medicare offers critical health coverage to 62 million older adults and individuals with disabilities. Gaps in coverage and archaic rules mean many beneficiaries can still struggle to afford the care and medications they need.

Half of all people with Medicare live on \$29,650 or less per year, and one quarter have less than \$8,500 in savings.

Although most beneficiaries cannot afford to pay more for care, **annual drug price hikes** consistently **exceed the rate of inflation** and new drugs are launching at **ever-higher price points**.

At the same time, Medicare's lack of comprehensive coverage for oral, vision, and hearing services continues to expose beneficiaries to high out-of-pocket costs, and they often have nowhere to turn for help. While low-income assistance programs and Medigap policies can help people with Medicare pay for



coverage, eligibility and access rules are outdated and out of step with beneficiary needs.

Congress must act immediately to address these challenges. **But they need to hear from you!** Tell your lawmakers to:

◆ **Make Prescription Drugs More**

Affordable by reducing high and rising drug prices and limiting beneficiary costs.

◆ **Improve the Medicare**

Benefit by adding comprehensive dental, vision, and hearing coverage to Part

B; capping beneficiary costs, program-wide; and expanding Medigap protections and purchase rights.

◆ **Ease Access to Medicare's Low-income Programs** by eliminating unduly restrictive eligibility requirements for the Part D Low-Income Subsidy (LIS) and Medicare Savings Programs (MSPs).

◆ **Modernize Part D**

Appeals by simplifying the process, including as outlined in the **Streamlining Part D Appeals Process Act** (S. 1861/H.R. 3924).

New Research Highlights Supplemental Coverage “Cliff” For Some with Medicare

A new **research article** published in *Health Affairs* examines the supplemental coverage “cliff” that some people with Medicare may experience. These beneficiaries are generally people who don't qualify for Medicaid but can't afford a private plan.

For **most people** with Original Medicare, supplemental coverage helps pay for deductibles, coinsurance, and copayments. This insurance may be from Medicaid, an employer, or a Medigap plan, and may also cover some services that Medicare does not.

However, not all Original

Medicare beneficiaries have supplemental coverage. One prominent coverage gap is among the nearly 30% of beneficiaries with incomes between 100% and 200% of the federal poverty level (FPL). They exceed the income limit for Medicaid supplemental coverage (which the article defines as the **Qualified Medicare Beneficiary program**) but frequently lack access to an affordable alternative.

This coverage cliff is a steep one. According to the study, beneficiaries with incomes even slightly above the 100% FPL threshold were nearly 26% less



likely to have supplemental coverage than those with incomes just below it.

Beneficiaries affected by this abrupt difference in exposure to cost-sharing were more likely to face high costs and to forego care. They incurred an additional \$2,288 in out-of-pocket spending over the course of two years, were 33% more likely to see catastrophic health care spending, and used 55% fewer outpatient services per year. They also filled fewer prescriptions, in part because of their relatively low uptake of Part D subsidies, which Medicare beneficiaries

automatically receive if they have Medicaid.

Medicare Rights agrees with the study's conclusion that “expanding eligibility for Medicaid supplemental coverage and increasing take-up of Part D subsidies would lessen cost-related barriers to health care among near-poor Medicare beneficiaries.” We continue **to urge the Biden administration** and Congress to strengthen Medicare in ways that will help improve health care and prescription drug access and affordability.

19% of Americans Are Changing Their Social Security Filing Plans Due to COVID

Choosing a **Social Security** filing age isn't easy. There are different factors you'll need to weigh as you arrive at that decision, such as what your **retirement savings** look like and how long you expect to live (not that you can predict that, but you can give it your best guess based on your family history and health).

It's not uncommon to arrive at a filing age well ahead of retirement and use it to shape your plans. But a lot of people's plans may now be changing due to the impact of the pandemic.

In a recent **Nationwide survey**, 19% of people say they're planning to alter their Social Security filing plans in light of the events of the past year. For 9% of survey respondents, that means filing for benefits earlier than expected, but for 11% of respondents, it means **delaying benefits**.

The question is: Should you alter your filing plans, too?

You may want to file earlier than planned

Millions of Americans have lost their jobs in the course of



the pandemic, and that extends to older workers who may have only planned to spend a few more years in the labor force. If you've lost your job and don't have enough money between savings and unemployment benefits to cover your expenses, then you may have no choice but to file for Social Security sooner than expected. In fact, doing so is preferable to racking up debt, even though claiming benefits ahead of **full retirement age** means reducing them on a permanent basis.

Furthermore, if you're out of work voluntarily right now due to health concerns, there may come a point when it pays to just retire fully rather than bide your time and wait to get hired again. Unfortunately, the longer you stay out of the workforce, the more difficult it can become to re-enter it. The good news is that Social Security could help you make that exit gracefully, even if it means taking benefits earlier than you would have liked.

Or you may want to delay your filing....[Read More](#)

Expert: It's 'a little scary' for retirees to spend their savings

Yahoo Finance, *Stephanie Asymkos*

Retirees often are reluctant to draw on their nest eggs in their golden years, according to one retirement expert, after spending decades saving up.

"[The] reality is that many of us are accustomed to spending less than our income during our working years and then we get to retirement, and it feels a little bit odd spending down our savings," Michael Finke, an investments and retirement professor at The American College, recently told Yahoo Finance Live. "It can seem a little scary to spend down our savings."

Finke described why certain

people, especially those with flush retirement savings, don't spend as much as they could as a "puzzle" because their spending sacrifices during the working years don't seem worth it.

Retirees generally fall into two camps: spenders and non-spenders, Finke said, with research showing that pension carriers are more apt to spend.

"Those who have a pension spend significantly more than those who have the same amount of wealth and investment assets," he said. "People just tend to leave lesser investment assets sit — they don't actually spend them."



Immediately following retirement is when people tend to drop the most cash and "get the most enjoyment from spending," he explained. After all, it's when people typically have the most energy to spend money on things like grand vacations and relocations.

Finke's advice is to resist the temptation of owning retirement status symbols like RVs or vacation homes.

"Give different things a try," he said, while still "using your money — don't just sit on it."

Instead of a spending free-for-all, he encouraged new retirees to reflect on what's going to spark the most joy and not

"dump all of your money into one thing."

With pension availability dwindling, especially in the private sector, Finke shared that the next best thing would be an annuity or a financial product that guarantees a lifetime stream of income. That enables retirees to enjoy the money they saved because "it gives you a license to spend it without worrying that you could potentially run out," he said.

"Remember there are only two things that you can do with your money in retirement," he said. "Spend it or give it to someone else."

Social Security Spousal Benefit or Survivor Benefit? Consider the Differences

The Center for Disease Control updates their web site, www.CDC.GOV, every evening. On June 22nd, they reported that we have lost 599,860 people to the COVID-19 pandemic since the outbreak started last year. The devastating magnitude of that number is hard to comprehend. However, to make this number even more tragic is the other CDC statistic that of the people who have died, eight out of every 10 were age 65 or older. Which means that as families adjust to the loss of their loved husband, wife, aunt, uncle, or grandmother and grandfather, the survivors must deal with decisions about the Social Security benefits

available for the survivors.

When someone dies, it is important to understand the differences between spousal benefits and survivor benefits. Although both words start with an "S," based on the long-established rules in the Social Security system, there is almost no similarity between survivor benefits and spousal benefits.

Here is the biggest difference: At full retirement age (FRA), spousal benefits are capped at 50%. For example, while both husband and wife are alive, if Bob's benefit is \$2,400 a month, his wife, Mary, qualifies for \$1,200 a month payment at her



full retirement age even if she never worked or paid any payrolls taxes during her lifetime. This spousal benefit is paid without any reduction in benefits paid to Bob. Once Bob has filed for his own benefit, he opens the window for Mary to collect her benefit based on his full retirement age work record. If she is younger than her full retirement age, her benefit will be actuarially reduced for early filing.

With spousal benefits, for those born after January 1, 1954, if Mary has earned benefits from her own work record, those benefits are always paid first. The spousal benefits are then

paid to make sure that Mary receives her 50% of Bob's benefit. In this example, if Bob's benefit is \$2,400 a month and Mary's benefit is \$1,000 then she will receive \$200 from Bob's record making her combined payment equal to \$1,200 a month or 1/2 of Bob's FRA benefit. If Mary has a high earning record, say \$2,400 a month, then she will never receive any spousal benefit from Bob.

Survivor benefits are quite different. First survivor benefits are paid at 100% not 50%. Second survivor benefits can start as early as age 60 with a reduction for early filing....
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Hospital 'Trauma Centers' Charge Enormous Fees to Treat Minor Injuries and Send People Home

The care was ordinary. A hospital in Modesto, California, treated a 30-year-old man for shoulder and back pain after a car accident. He went home in less than three hours.

The bill was extraordinary. Sutter Health Memorial Medical Center charged \$44,914 including an \$8,928 "trauma alert" fee, billed for summoning the hospital's top surgical specialists and usually associated with the most severely injured patients.

The case, buried in the records of a 2017 trial, is a rare example of a courtroom challenge to something billing consultants say is increasingly common at U.S. hospitals.

Tens of thousands of times a year, hospitals charge enormously expensive trauma alert fees for injuries so minor the patient is never admitted.

In Florida alone, where the number of trauma centers has exploded, hospitals charged such fees more than 13,000 times in 2019 even though the patient went home the same day, according to a KHN analysis of state data provided by Etienne Pracht, an economist at the University of South Florida. Those cases accounted for more than a quarter of all the state's trauma team activations that year and were more than double the number of similar cases in



2014, according to an all-payer database of hospital claims kept by Florida's Agency for Health Care Administration.

While false alarms are to be expected, such frequent charges for little if any treatment suggest some hospitals see the alerts as much as a money spigot as a clinical emergency tool, claims consultants say.

"Some hospitals are using it as a revenue generator," Tami Rockholt, a registered nurse and medical claims consultant who appeared as an expert witness in the Sutter Health car-accident trial, said in an interview. "It's being taken advantage of" and such cases are "way more

numerous" than a few years ago, she said.

Hospitals can charge trauma activation fees when a crack squad of doctors and nurses assembles after an ambulance crew says it's approaching with a patient who needs trauma care. The idea is that life-threatening injuries need immediate attention and that designated trauma centers should be able to recoup the cost of having a team ready — even if it never swings into action.

Those fees, which can exceed \$50,000 per patient, are billed on top of what hospitals charge for emergency medical care... [Read More](#)

Health Care Legislation for Seniors Unveiled in the Senate

Last week Senate Democrats reached an agreement on a \$3.5 trillion legislative package that would, among other things:

- ◆ Create dental, vision and hearing benefits in the Medicare program.
 - ◆ Expand long-term care benefits to help people getting home- and community-based services.
- Reduce the cost of prescription drugs.

Senate Democratic leaders plan to pass their agenda using a process known as reconciliation, a move that only requires only 51 votes to pass as opposed to the 60 votes needed to pass controversial legislation in the Senate because of its filibuster rule.

That means Democrats will need all 50 of their members to vote for a final bill because total

Republican opposition to the bill is expected. If that is the case it would require a tie-breaking vote by Vice President Kamila Harris to pass the bill.

One of the big sticking points is paying for the program but Sen. Mark Warner (D-Va.), one of the centrist lawmakers involved in the crafting of the package said the budget measure would be fully financed.

Democrats previously have said they planned to pay for much of their package using tax increases on wealthy Americans and corporations. Otherwise, the plan will not raise taxes on people making less than \$400,000 per year, nor small businesses, in keeping with Biden's prior commitments.

How the bill is paid for will be critical because one of the



obstacles in passing the legislation will be its price tag. With inflation having raised its ugly head the past few weeks there is real concern mounting among Congressional lawmakers over how much more spending the federal government can afford. That fear could force major changes in whatever bill might finally be passed.

Democrats in the House of Representatives have Similar Legislation

The Democratic majority in the House of Representatives has previously introduced its own legislative package that would include vision, dental and hearing coverage in Medicare. The legislation would initially add preventive dental, hearing and vision care to Medicare's "Part B" program and later expand the benefits to

cover basic impairments.

The House bill would reduce what seniors would need to pay out of pocket to access the new services. It treats dental, vision and hearing care the same as existing services covered by Medicare, with no co-pays for preventive care and no more than a 20 percent co-pay for other services — an approach that would lead to higher costs for the government.

The bill would also expand the Medicare eligibility age to those between 60 and 65. However, that part of the bill will be the hardest to pass because of its cost and given the growing concerns about inflation most observers are very skeptical that proposal will be part of the final bill.

(HealthDay News) -- COVID-19 vaccination rates in Canada have now beaten those in the United States.

As of Saturday, more than 49% of eligible people in Canada were fully vaccinated, and 70% had received at least one dose of vaccine, according to figures

from the Our World in Data project, *The New York Times* reported. The rates in the United States are about 48% and 55.5%, respectively. In the European Union, less than 43% are fully vaccinated and 55.7% have at least one shot, the *Times* reported.

Globally, wealthy nations are far outpacing the rest of the world. Only about 1% of people in low-income countries are even partly vaccinated, the *Times* reported.

The pace of U.S. vaccinations has remained relatively flat in recent weeks. In a renewed

push, President Joe Biden last week asked employers to set up clinics at work and to offer paid time off for workers to get vaccines. After a sharp drop in virus cases, the highly contagious Delta variant is now fueling infections among the unvaccinated. Outbreaks have emerged in some parts of Texas,

Speaker Pelosi Wants Legislation to Cut Drug Prices

House Speaker Nancy Pelosi (D-Calif.) said last week that she is pushing to attach drug price cutting legislation to the major budget bill carrying most of President Biden's \$4 trillion economic agenda in the coming months.

The Speaker slammed drug companies for the level of stock buybacks and dividends in recent years and argued that cuts

to prices will not harm research and development spending given new findings on buybacks.

The House Democratic bill would allow Medicare to negotiate drug prices, and then force drug companies to lower the prices they charge private insurers or impose huge fines on the companies. Pelosi said she



wants it to be part of a special budget bill that can pass the Senate without Republican support since it is immune from the filibuster.

A report released by the House Oversight Committee last week said that from 2016 to 2020, the 14 top drug companies spent \$577 billion on stock buybacks and dividends. That is

some \$56 billion more than the amount spent on research and development, the report said.

However, pharmaceutical companies have sent in multitudes of lobbyists to stop the House Democrats bill, arguing that it would deter the creation of new drugs and lead to suffering and death.

President Issues Order to Promote Competition, Move Forward with Drug Importation

Last week President Biden issued a sweeping executive order aimed at promoting competition in the economy through 72 initiatives cracking down on anti-competitive practices in multiple industries.

Among other several other things, the order addresses prescription drug pricing and allows hearing aids to be sold over the counter at drug stores and it directs over a dozen federal agencies to implement these 72 initiatives to promote competition in the U.S.

The president has laid out a plan to promote competition in the health care sector, including directing the Food and Drug Administration (FDA) to work with states on importing prescription drugs from Canada,

and direct officials to develop a "comprehensive plan" to lower drug prices in 45 days.

In addition, Biden will direct the Federal Trade Commission (FTC) to evaluate hospital mergers that could be harmful to patient care, especially in rural communities.

The Trump administration had issued rules for states to apply to allow drug imports, and Florida in particular expressed interest, but no imports have actually begun. Drug-makers have also filed a lawsuit to block the rules.

The Biden administration also appears to be considering other actions to lower drug prices as part of the "comprehensive plan," though it is not clear what



steps those will be. Some of the other actions included in the President's order are:

- ◆ Directing the Department of Health and Human Services to consider issuing rules within 120 days to allow hearing aids to be sold over the counter.
- ◆ Directing the Federal Trade Commission and Department of Justice to revise their guidelines for hospital mergers to "ensure patients are not harmed by such mergers."
- ◆ Encouraging the FTC to ban "pay for delay" agreements, where a brand-name drug company pays a generic drug company to delay introducing competition to a certain drug.

The White House blames declining competition across the economy for raising prices of necessities like prescription drugs, lowering wages for workers, and acting as a drag on growth and innovation.

This new order targets areas where it says the lack of competition increases prices and reduces access to quality care, starting with prescription drug prices.

While there is a long way to go from a presidential directive to final regulations TSCL is pleased to see the President taking these actions. Now if Congress will do its job there seems to be a real possibility of major reform this year regarding prescription drug prices.

Dear Marci: How can I appeal a denial from a Medicare Advantage Plan?

Dear Marci,
I received a denial notice for an appointment with a specialist that I think should have been covered based on my plan's coverage rules. How can I appeal a denial from a Medicare Advantage Plan?
-Ricky (Conroe, TX)

Dear Ricky,
If you have a Medicare Advantage Plan and were denied coverage for a health service or item that you have already received, you may choose to appeal to ask your plan to reconsider its decision. Follow the steps below if you think the denied health service or item should be covered by your plan.

First, start by reading your

denial notice closely. It should explain what you need to do to appeal and the reason your care is not being covered. If you do not understand the reason for denial, you should call your plan directly to request more information. **Understanding the basis for the denial will really help you in writing your appeal!**

Start your appeal by following the instructions on the notice you received from your plan. Make sure to file your appeal within 60 days of the date on the notice (**If you have a good reason for missing your appeal deadline, you may be eligible for a good cause extension**). You will most likely



Dear Marci:

need to send a letter to the plan explaining why you needed the service you received. **You may also want to ask your doctor to write a letter of support, explaining why you need care and addressing the plan's reason for denial.** Make sure to keep copies of all the documents you received and sent during this process.

Your plan should make a decision within 60 days. If your appeal is successful, your service or item will be covered. If your appeal is denied, you should receive a written denial notice. If your appeal is denied, the plan should automatically forward your appeal to the next level, the

Independent Review Entity (IRE). You can read about the following levels of appeal [here](#). Note that you will follow different appeal processes if your plan has denied coverage for **care you have not yet received** or a **prescription drug**. Please see this chart for a brief outline of the [Medicare Advantage appeal process](#).

If you need further assistance and counseling around your appeal, I recommend contacting your local **State Health Insurance Assistance Program (SHIP)**. You can locate your SHIP by visiting www.shiphelp.org or calling 877-839-2675.

Best of luck!
-Marci

Canada Surpasses U.S. COVID Vaccination Rates

(HealthDay News) -- COVID-19 vaccination rates in Canada have now beaten those in the United States.

As of Saturday, more than 49% of eligible people in Canada were fully vaccinated, and 70% had received at least one dose of vaccine, according to figures from the Our World in Data project, *The New York Times* reported. The rates in the United States are about 48% and 55.5%, respectively. In the European Union, less than 43% are fully vaccinated and 55.7% have at least one shot,

the *Times* reported.

Globally, wealthy nations are far outpacing the rest of the world. Only about 1% of people in low-income countries are even partly vaccinated, the *Times* reported.

The pace of U.S. vaccinations has remained relatively flat in recent weeks. In a renewed push, President Joe Biden last week asked employers to set up clinics at work and to offer paid time off for workers to get vaccines. After a sharp drop in virus cases, the highly



contagious Delta variant is now fueling infections among the unvaccinated.

Outbreaks have emerged in some parts of Texas, Arkansas and Missouri.

Last Thursday, Prime Minister Justin Trudeau signaled that the country could be ready to accept fully vaccinated U.S. citizens and permanent residents across its border for nonessential travel as of mid-August.

Trudeau also said Canada could open to fully vaccinated travelers across the world by

early September if conditions continue to improve.

Canada's vaccination rate has now accelerated after supply issues slowed the country's early rollout, the *Times* reported.

Experts said that Canada's start was always going to be sluggish because of several key factors, notably its decision last year to spread its 414 million orders among seven different companies to reduce risk, rather than bet on a single vaccine in exchange for early delivery.

Stroke Prevented His Speech, But Brain Implant Brought It Back

Researchers have developed an implant that allowed a man with severe paralysis to "speak" again by translating his brain signals into text.

The achievement is the latest step in "brain-computer interface" (BCI) research.

Scientists have been studying BCI technology for years, with the aim of one day giving people with paralysis or limb amputations greater independence in their daily lives.

It essentially works like this: Electrodes are implanted on specific areas of the brain's surface, where they tap into electrical activity in cells. When a person imagines executing a movement, for instance, the relevant brain cells start firing. Those signals are then

transmitted by wires to a computer, where they are "decoded" by sophisticated algorithms and translated into action.

So far, researchers have used BCI to enable a small number of patients to mentally control robotic limbs or move computer cursors to "type" text on a screen. In a study published in May, BCI successfully translated a patient's mental "handwriting" into on-screen text.

This latest report represents an advance, the researchers said: It brings the field a step closer to decoding patients' intended speech.

"When we think of communication, we think of speaking," said David Moses, a



postdoctoral engineer at the University of California, San Francisco (UCSF), who worked on the study.

He praised the work that's been done using BCI to decode intended hand movements. At the same time, Moses said, speech is the most "natural and fluid" form of communication.

If BCI one day restores that ability to people who've lost it, that would be the "pinnacle" of what the technology can achieve, Moses said.

That's the hope for the future. For now, Moses stressed that the success in this patient is a "proof-of-concept" that attempted speech can be decoded. Much work remains before BCI technology can be moved out of

the research lab and into the lives of people with disabilities.

A report on the man's case was published July 15 in the *New England Journal of Medicine*.

"The need for these technologies is great," said Dr. Leigh Hochberg, of Brown University, in Providence, R.I., and Massachusetts General Hospital, in Boston.

Hochberg, who wrote an editorial published with the study, is part of a research collaboration known as BrainGate that is developing BCI technology.

He called this latest advance a "feat of neuro-engineering," and a "good first step" in moving toward speech-decoding BCI... [Read More](#)

Two Major Health Systems Won't Administer Controversial New Alzheimer's Drug

(HealthDay News) Two major U.S. health systems say they will not administer the controversial new Alzheimer's drug Aduhelm.

The decisions by the Cleveland Clinic and Mount Sinai's Health System in New York City are the latest fallout from the U.S. Food and Drug Administration's widely criticized approval of the Biogen drug on June 7, *The New York Times* reported.

Many experts say there's no clear evidence the drug helps slow mental decline in Alzheimer's patients, and the approval has triggered congressional investigations.

After an expert panel review of "all available scientific evidence on this medication," the Cleveland Clinic has decided not to carry the drug at this time, the clinic said in a statement, the *Times* reported.

Individual doctors can prescribe Aduhelm, but those patients would have to go elsewhere to receive the drug that's administered as a monthly intravenous infusion, the clinic added.

Mount Sinai's decision not to administer Aduhelm was influenced by calls for a federal investigation into the FDA



decision and the agency's relationship with Biogen, Dr. Sam Gandy, director of the Mount Sinai Center for Cognitive Health in New York City, told the *Times*.

Many Alzheimer's experts have said that it is unclear that the drug actually slows cognitive decline while there is also evidence that Aduhelm could cause brain swelling or bleeding, the *Times* reported. The drug is also expensive, with a price tag pegged at \$56,000 a year.

In a recent survey of nearly 200 neurologists and primary care doctors, most said they disagreed with the FDA decision

and did not plan to prescribe the drug to their patients, the *Times* reported.

Last week, in response to growing criticism, acting FDA Commissioner Dr. Janet Woodcock called for an independent federal investigation into the agency's approval process.

"To the extent these concerns could undermine the public's confidence in FDA's decision, I believe it is critical that the events at issue be reviewed by an independent body," she said at the time.

KFF COVID-19 Vaccine Monitor: In Their Own Words, Six Months Later

At the beginning of 2021 as vaccine distribution began in the U.S., KFF conducted interviews with a nationally representative sample of adults using open-ended questions to better understand public concerns around receiving a COVID-19 vaccine. Six months later, we recontacted these individuals to find out whether they *chose* to receive a COVID-19 vaccine, *their reasoning* behind their decisions, and how they are *feeling* about their choice.

- ◆ The vast majority (92%) of those who planned to get vaccinated “as soon as possible” in early 2021 have received at least one dose of a COVID-19 vaccine, as have slightly more than half (54%) of individuals who had previously said they wanted to “wait and see” before getting vaccinated. On the other hand, a majority (76%) of people who had previously said they would “only get vaccinated if required” or said they would “definitely not” get a COVID-19 vaccine remain unvaccinated.
- ◆ One-fifth of adults (21%) now report being vaccinated after saying in January they planned on waiting to get vaccinated,

would only get it if required, or would definitely not get vaccinated. Many of these individuals noted the role of their friends and family members as well as their personal doctors in persuading them to get a vaccine. Seeing their friends and family members get vaccinated without serious side effects, talking to family members about being able to safely visit, and conversations with their personal doctors about their own risks were all persuasive factors for these individuals. A small but meaningful share also say the easing of restrictions for vaccinated people was a factor in their decision to get a vaccine.

- ◆ When asked to name the feeling that best describes how they feel now that they have been vaccinated, nearly a quarter of vaccinated adults offer responses around feeling safe (24%) and relieved (22%). Other positive feelings reported were freedom, confidence, and more certainty that if they did get COVID-19 it would be less serious or they were less likely to die from it. And while most respondents



react with some positive emotion, one in ten said they felt the same or neutral. This feeling was more common among those who initially said they would “wait and see” in January or who said they would only get vaccinated if required or would not get vaccinated.

- ◆ Conversations with family members and friends have played a major role in persuading people to get vaccinated. Two-thirds of vaccinated adults say they have tried to persuade their friends and family members to get a COVID-19 vaccine, and 17% of adults who are now vaccinated after saying in January they planned on waiting to get vaccinated, would only get it if required, or would definitely not get vaccinated, say they were persuaded to do so by a family member and 5% say they were persuaded by a friend. In addition to this, others cite protecting friends and family members as the main reason for getting vaccinated and others offer being able to see their friends and family members as well as family pressure or encouragement as

the main reasons why they chose to receive a vaccine.

- ◆ About one-fourth of those who previously said they planned on getting vaccinated “as soon as possible” or were wanting to “wait and see” before getting a vaccine, remain unvaccinated six months later. Some of these individuals either have an appointment to get a vaccine or still plan on getting it as soon as they are able, but one in ten (6% of total) now say they either will “only get vaccinated if required” or say they will “definitely not” get a vaccine. When asked what changed their mind, many offer concerns about the side effects of the vaccine as the reasons why they now do not plan on getting vaccinated.
- ◆ Being concerned about side effects is the top reason offered by unvaccinated people for why they haven’t gotten a COVID-19 vaccine. When asked what would motivate them to get vaccinated against COVID-19, most in the “wait and see” group say they just want more time to see how the vaccine affects others who have already gotten it....[Read More](#)

Pain and the Elderly

If you're a senior with a chronic condition such as arthritis, most days start with an ache. Your joints hurt as you crawl out of bed. Even a relaxing walk may be out of the question, because your feet are too sore.

You may, in fact, feel like Marilyn P., who was unable to return to work as an office manager in her 60's after an operation on her neck did damage to her nerve endings. The surgery left the San Jose, California, resident with pain in the left side of her body that would travel from her foot to her hip. Although the regimen of painkillers dulls its sharp edges, on some days, the pain tears through her.

"I can't lie on my left side at all. I can't even stand sometimes. It's like I'm walking

on hot coals," she said.

At least 50 million people are wracked with pain that lasts months and even years, according to the American Pain Society. Although experts contend chronic pain is not a normal part of aging, people over 60 are twice as likely to suffer from chronic pain than the rest of the population. To dull the ache, some regularly take drugs such as aspirin or ibuprofen for relief.

"Pain is the most common complaint in physicians' offices among older patients," says Dr. Bruce Ferrell, associate professor of geriatric medicine and director of the Geriatric Medicine Fellowship Training Program at the University of California, Los Angeles.

Chronic pain may keep you from doing the most basic



household chores. You may not walk or exercise because it hurts.

Housekeeping and gardening chores feel agonizing. The inactivity makes you weaker, putting you at greater risk for ailments, such as bone loss or fractures. It can disrupt your sleep. Pain can also interfere with your social life, causing you to withdraw from activities with friends and relatives. Ultimately, pain can squeeze everything but itself out of your life. Small wonder that so many pain sufferers become deeply depressed.

"There's not a one of us that hasn't thought of suicide. They think, 'Why go on if you always have this pain? I'm not a contributing person to this family and this community,'" Marilyn P. said.

Catching pain early

The good news is that this suffering is largely preventable. Unfortunately, experts say, older people don't think their pain can be relieved and fail to seek treatment -- partly because they believe pain to be a natural part of aging. A Gallup survey for the Arthritis Foundation found 89 percent of adults feel pain at least once a month, but about 66 percent see a doctor only when the ache becomes unbearable.

Bearing up in silence is risky, experts warn, because persistent pain may leave a "memory" in the spinal cord that sets up an ongoing cascade of suffering, like a switch that can't be shut off. That's why eliminating pain in its early stages is so important....[Read More](#)

FDA to Prioritize Full Approval for Pfizer COVID Vaccine

(HealthDay News) -- Pfizer Inc. announced on Friday that the U.S. Food and Drug Administration has granted priority review to its COVID-19 vaccine, positioning the vaccine for full approval by January.

The Pfizer vaccine has been administered to more Americans than any other shot so far in the U.S. vaccination campaign. According to data from the U.S. Centers for Disease Control and Prevention, some 85 million people have been fully vaccinated with the two-dose Pfizer regimen.

A full approval for the Pfizer vaccine could help boost U.S. vaccination efforts. Some people who have been reluctant to get a shot have said they are unwilling to get an experimental

medication, and an approval could also make it easier for employers, school districts and others to mandate vaccination, *Bloomberg News* reported.

Of the three vaccines approved for use in the United States, Pfizer and Moderna have begun their applications for full approval from the FDA. Johnson & Johnson has said it intends to file for full approval, but had not done so as of Friday, *Fox News* reported.

Right now, the Pfizer vaccine is only authorized on an emergency basis for people aged 12 and over. Pfizer said it would apply for full approval in those aged 12 to 15 once the required six months of data following



second vaccine doses are available.

A recent Kaiser Family Foundation survey showed that 31% of U.S.

adults who have yet to be vaccinated would be more likely to get a vaccine that is fully approved by the FDA, *Fox News* reported. About 20% of U.S. adults who have not been vaccinated said it's because they believe the vaccine is too new.

Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases, said during a White House COVID-19 briefing recently it would be "most unusual" for the FDA to refuse full approval for coronavirus vaccines being used under emergency use authorization.

"You never want to get ahead of the FDA, but it would really be a most unusual situation not to see this ... get full approval," Fauci said, *Fox News* reported. "I believe it's going to happen."

The typical priority review process allows six months, but FDA approval could come before January, *CNN* said.

Andy Slavitt, former White House senior adviser for the COVID-19 response, told *CNN* earlier this month that approval could even come in July, but acknowledged it's a complicated process.

"There's a lot of moving pieces. It's not as easy," Slavitt told *CNN*. "Hopefully in the next four to five weeks, and I think that will be very, very good news."

\$340 Million Settlement Proposed in EpiPen Lawsuits

Pfizer Inc. has agreed to pay \$345 million in a proposed settlement to resolve lawsuits over steep EpiPen price increases.

EpiPens are auto-injectable devices that deliver the drug epinephrine for emergency treatment of a life-threatening allergic reaction called anaphylaxis.

In 2016, a number of class-action lawsuits were filed against Pfizer and its subsidiaries Meridian Medical Technologies Inc. and King

Pharmaceuticals, alleging they engaged in anticompetitive conduct related to EpiPen, the *Associated Press* reported.

Another company that is a defendant in the litigation is Mylan, which owns the EpiPen brand, even though the devices are made by Pfizer.

Mylan acquired the right to market and distribute the devices in 2007, when an EpiPen package cost about \$100. Now, it costs more than \$650 without pharmacy coupons or



manufacturer discounts, the *AP* reported.

Court documents filed Thursday in federal court

in Kansas City, Kansas, show that Pfizer and its two subsidiaries asked the court to give preliminary approval to the settlement, according to Kansas City's NPR station *KCUR-FM*.

Three weeks ago, most of the claims against Mylan were dismissed, but the judge allowed antitrust claims against the company to proceed to trial, scheduled to start on Sept. 7,

the *AP* reported.

Rex Sharp, a lawyer for the plaintiffs, said his clients were pleased that Pfizer had agreed to the settlement, noting it would still need the court's approval, the *AP* reported.

In an email to *KCUR-FM*, a Pfizer spokesperson denied any wrongdoing by the company and said the settlement was sought to avoid "the distraction of continued litigation and focus on breakthroughs that change patients' lives."

Reading, Puzzles May Delay Alzheimer's by 5 Years: Study

An active mind in old age may delay Alzheimer's disease by up to five years, a new study suggests.

"The key element is that you're processing information," said lead researcher Robert Wilson, a professor in the neurological sciences department at Rush University Medical Center, in Chicago.

"Reading is certainly important, but anything that stimulates the mind and is challenging to you intellectually can be helpful," he said.

Wilson cautioned that this study can't prove that being mentally active delays dementia,

but it "suggests that reading and various cognitive activities may be helpful."

Although other studies have shown that an active mind delays dementia, this study put a real-world timeframe on the delay.

"There are already estimates that a five-year delay in the onset of this disease could reduce its impact by 40% in the population," he said.

For the study, Wilson's team collected data on nearly 2,000 people with an average age of 80 who did not have dementia at the start of the study.



Over seven years, participants were given several mental acuity, or cognitive, tests.

At the start, participants were asked how often they read books and how often they played games like checkers, board games, cards or puzzles in the past year. Participants were also asked about cognitive activity in childhood, adulthood and middle age.

Over the follow-up period, 457 people with an average age of 89 developed Alzheimer's dementia. Those who had the highest levels of mental activity developed dementia at 94.

Those with the lowest levels developed dementia at 89, the researchers found.

Wilson's group also studied the brains of 695 people who died during the study. They looked for markers of Alzheimer's like amyloid and tau deposits and tangles, but no association between mental activity and markers of Alzheimer's disease or other disorders in the brain was found.

Wilson noted that "keeping mentally active is not a pill to stop the underlying plaques and tangles" linked with Alzheimer's disease.....[Read More](#)

COVID Antibodies From Vaccination Are Almost 3 Times Higher Than From Infection

People who've been fully vaccinated against COVID-19 have a much stronger immune system response against the new coronavirus than those who've previously been infected, according to a new study.

"Vaccinated individuals had the highest antibody levels, nearly three times higher than that of convalescent individuals recovering from symptomatic COVID-19," an Israeli team reported.

What's more, while 99.4% of vaccinated people tested positive for COVID-fighting antibodies in blood samples just six days after their second dose of vaccine, the number of these "seropositive" people fell to just under 76% for people recovering

from a COVID-19 infection.

These findings might encourage people who believe they're already well-protected because of a prior encounter with SARS-CoV-2 to go ahead and get vaccinated, one expert said.

"This is an encouraging study that further confirms that vaccination against COVID-19 provides a stronger immune response than recovering from infection," said COVID-19 expert Dr. Eric Cioe-Peña, who directs Global Health at Northwell Health, in New Hyde Park, N.Y. He wasn't involved in the new research.

The study also found that men and women have different



antibody levels after either vaccination or infection.

"It's well-known that there are differences in immune response that vary with sex," noted virologist Dr. Amesh Adalja, who wasn't involved in the research.

"This is likely the result of differential proportions of hormones like estrogen and testosterone," said Adalja, a senior scholar at the Johns Hopkins Center for Health Security, in Baltimore.

The new research was led by Noam Shomron, head of the Computational Genomics Laboratory at Tel Aviv University, and Dr. Adina Bar Chaim, from the Shamir Medical

Center in Tel Aviv. Their team assessed COVID-19 antibody levels in more than 26,000 blood samples from vaccinated and unvaccinated people, along with people who'd recovered from their COVID-19 infections.

The researchers also found age-related differences between convalescent or vaccinated men and women.

Among those older than 51, antibody levels were found to be higher in women than in men. This may be related to the change in levels of the female hormone estrogen, which occur around this age and affect the immune system, the study authors said. ...[Read More](#)

Four studies explore women's brain and heart health during midlife

Midlife health may be an important determinant of cognitive and heart health later on in life, suggests new findings from the [NIH-supported Study of Women's Health Across the Nation \(SWAN\)](#). This study, which has been examining women's health during midlife since the late 1990s, has been collecting data on more than 3,000 multiethnic women at seven centers across the United States. The study focuses on the physical, biological, psychological, and social changes that occur before, during, and after menopause.

By monitoring certain lifestyle choices, such as physical activity, and assessing risk factors, such as high blood pressure, over time, researchers can analyze the possible effects on the development of common diseases. By including women who are Black/African American, Chinese, Japanese, and white, the SWAN study also makes it possible to explore whether racial or ethnic differences may exist.

Cognitive health

As people grow older, their performance on tests of cognition tends to decline. Many



components make up cognition, including learning, memory, attention, and thinking speed. Because not everyone shows decline in the same components as they age, SWAN researchers used tests that measured short-term memory, thinking speed, and memory for events. Participants were asked to remember a list of numbers and repeat them in reverse order, match numbers with geometrical shapes, and recall facts from a short story after a delay of several minutes.

SWAN has enabled researchers to examine cognitive

changes that occur during midlife, before symptoms of age-related decline begin.

Physical activity

A research team led by investigators at the University of California, Los Angeles, set out to understand the relationship between physical activity and cognitive function during midlife and later. Whereas previous studies have mainly tested women older than 65, this study filled a research gap by monitoring 1,718 multiethnic women who were in their 40s and 50s at the beginning of the 15-year testing period. ...[Read More](#)

Coffee Won't Upset Your Heartbeat. It Might Even Calm It

For decades, doctors have warned folks suffering from heart rhythm problems to avoid coffee, out of concern that a caffeine jolt might prompt a herky-jerky heartbeat.

But a large new study has found that most people can enjoy their morning joe or afternoon diet cola free from worry -- caffeine doesn't seem to increase most people's risk of arrhythmias.

"We see no evidence for this broad-based recommendation to avoid coffee or caffeine," said study co-author Dr. Gregory Marcus, associate chief of

cardiology for research at the University of California, San Francisco. "There could be some individuals where caffeine is their trigger, but I think the growing evidence is those cases are actually quite rare."

In fact, results indicate that every additional cup of coffee a person drinks daily might *lower* their risk of arrhythmia by about 3% on average, according to the study published July 19 in *JAMA Internal Medicine*.

"The majority of people, even



those with arrhythmias, should be able to enjoy their cup of coffee, and maybe there are some people for whom caffeine or coffee may actually help reduce their risk," Marcus said.

Coffee is one of the most widely consumed beverages worldwide, but its properties as a stimulant have prompted many doctors to warn heart patients against drinking java, Marcus said.

To see whether caffeine really can cause the heart to race or beat abnormally, Marcus and his colleagues analyzed data from

more than 386,000 people participating in a long-term British health study.

Of that large group, about 17,000 developed a heart rhythm problem during an average follow-up of 4.5 years, researchers said.

All participants were asked about their coffee consumption when they entered the study. Researchers compared their response to their likelihood of developing an abnormal heart rhythm down the line. ...[Read More](#)