The Three Minute Read™

Insights from the Healing American Healthcare Coalition™

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HEALING AMERICAN HEALTHCARE COALITION

From the Editor: Happy 2024, the first full post-pandemic year and **TMR's** fifth year of publishing a curated newsletter to help keep our busy colleagues updated on health policy developments. The pandemic is behind us, but Covid lingers on with yet more variants. Click on the headline to read the full article. If you enjoy **TMR**, please subscribe here.

Covid variant JN.1 dominates US, by Ashleigh Hollowell, Becker's Hospital Review, 12/27/23

TMR Topline – The latest CDC data indicate that the JN.1 variant now accounts for 44.1% of cases in the US, noting that even so, *"there is no evidence that JN.1 presents an increased risk to public health relative to other currently circulating variants."* Another variant, HV.1, now makes up 22.1% of cases nationally.

TMR's Take: Covid remains a serious public health threat, especially for older adults, infants, people with compromised immune systems or chronic medical conditions and those who are pregnant.

KFF Health News

Year in Review: 10 Health Policy Issues for 2023, KFF Health News, 12/22/2023

TMR Topline – Here are the top ten issues that KFF tracked and reported on in 2023:

1. Healthcare costs continue to be a burden for many Americans: family health insurance premiums for employer coverage rose 7% to nearly $24,000 this year.
2. Anti-obesity drugs captured a lot of attention, but coverage, cost, and access is unclear.
3. Access to Abortion and contraception remained top issues for voters.
4. Abortion also played a role in reauthorizing PEPFAR, the U.S.' signature program to provide HIV prevention and treatment services that has saved 25 million lives over the past 20 years.
5. Medicaid enrollment began to dip as more than 12 million people have been disenrolled from Medicaid due to states unwinding of pandemic-related continuous enrollment protections.
6. As authorized by the 2022 Inflation Reduction Act, Medicare drug negotiations began.
7. The public health emergency ended in May, but Covid is still a concern.
8. Misinformation continued to be prevalent across health issues.
9. Advancing health equity remains a top issue for health policy experts and researchers.
10. Everything old is new again with former President Trump and Governor DeSantis calling to replace or alter the Affordable Care Act.

How Merck extended its monopoly on a blockbuster diabetes drug, by Andrew Seidman The Philadelphia Inquirer, 12/22/23

TMR Topline – Merck has enjoyed a monopoly on its blockbuster diabetes drugs Janovia and Janumet since a 2002 patent was issued on their active ingredient, generating about $50 billion in global sales since then. Merck's key US patents on the active ingredient were set to expire in early 2023, and rivals started gearing up to launch low-cost copies — an outcome that would drive down the drug's price and offer consumers more choices. As pharmaceutical patents begin to sunset, drugmakers work to establish secondary patents to extend their monopoly, a process known as evergreening. Merck's secondary patents will extend Januvia's proprietary status

through 2026 in the US, allowing it to gain an added $3.5 billion in revenue. Intellectual property laws in other nations do not allow this practice, resulting in a 28% decline in global revenue for the first nine months of 2023 to $2.6 billion. The US list price for Januvia remained at $6,346/year, but now costs 82% less in Canada and 66% less in France. Januvia is among the first 10 drugs subject to government-negotiated prices for Medicare beneficiaries starting in 2026.

TMR's Take: Whether it's "*evergreening*" or "*pay for delay*," Big Pharma has mastered manipulating the patent system to preserve profits while ordinary Americans are charged the highest prices in the world for brand-name drugs. The 2022 Inflation Reduction Act gave the federal government the power to negotiate prices for certain high-cost drugs under Medicare. Januvia is among the ten drugs in the first round of negotiations.

Private equity acquisitions tied to adverse patient outcomes: Study, by Alexis Kayser, Becker's Hospital Review, 12/26/23

TMR Topline – A new study published in *JAMA* found that patients treated at hospitals acquired by private equity (PE) firms are more likely to develop hospital-acquired conditions (HACs). PE-acquired hospitals were associated with a 25.4% increase in HACs including a doubling in surgical site infections, a 27.3% increase in falls and a 37.7% increase in central line-associated bloodstream infections. The study's authors attribute the increase due in part to reduced clinician staffing.

TMR's Take: PE's playbook apparently places preserving partners' profits above protecting patients from HACs.

Cancer Patients Face Frightening Delays in Treatment Approvals, by Lauren Sausser, KFF Health News, 12/22/23

TMR Topline – This well-written article describes Marine Corps veteran Ron Winters difficulties in being treated for bladder cancer through the VA's Community Care Program, established in 2018 to enhance veterans' choices and reduce their wait times. It took four weeks to get authorization for cancer surgery and, after completing chemotherapy, another month to get approval for surgery to remove his bladder. Even the imaging scans every 90 days to track progress require preapproval. Winters' diagnosis now is stage 4 and cancer has spread to his lungs. His wife said: *"The VA's processes are still broken."* Sadly, it's not just the VA – the article also covers other instances of insurers delays in authorizing oncology treatment. It's well worth reading.

TMR's Take: From Agent Orange to burn pits to cancer treatment delays, the US continues to treat its veterans without the respect they deserve for their sacrifices. SAD!

Sickle cell patient's journey leads to landmark approval of gene-editing treatment, by Rob Stein, NPR, 12/26/23

TMR Topline – This seven-minute read relates the four-year journey of sickle-cell patient Virginia Gray as she navigated a landmark medical experiment that culminated in December with FDA approval of the first treatment that uses gene-editing to alleviate a human illness. Gray said *"It's a blessing that they approved this therapy. It's a new beginning for people with sickle cell disease."* Sickle cell affects millions throughout the world, including about 100,000 in the US. At $2.2 million per patient, the therapy is expensive, arduous and complicated. Other treatments that use the gene-editing technique CRISPR are showing promise for other diseases such as muscular dystrophy, cancer and heart disease. The treatment, which was developed by Boston based Vertex Pharmaceuticals and CRISPR Therapeutics, will be marketed as Casgevy.

TMR's Take: The FDA approval of a treatment using gene-editing technology is a major breakthrough.

From the Publisher: Two years ago, when Covid's death toll exceeded that of the 1918-19 "Spanish flu" pandemic, John Dalton and I co-authored *"Lessons from the Pandemic."* Some lessons have been learned while others remain works-in-progress. The book is available in both soft-cover and eBook versions and provides a comprehensive view of the first 18 months of the pandemic. Click here to buy it at a discounted price with coupon Printbook or ebook at checkout.