

# Three Minute Read™

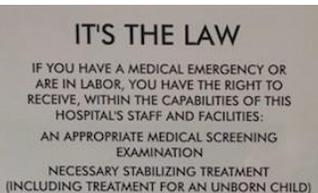
Insights from the Healing American Healthcare Coalition™

November 2022-1



**From the Editor:** The issue begins with three article summaries highlighting some adverse consequences of the Supreme Court's June overturn of *Roe v. Wade*, followed by two virus updates. The final two summaries touch on consumer concerns about the cost of care and Pfizer ending pandemic pricing for its Covid vaccines. To access each article, just click on the headline.

students by student researchers at Atlanta's Emory University found over three-quarters of 490 respondents applying for resi-dency programs will take abortion access into account. Most doctors begin practice near where they received advanced training, so this could further exacerbate the existing shortage of OB-GYNs in the 23 states that ban or severely restrict abortion. Chicago's Rush University Medical Center is partnering with St. Vincent Hospital in Indianapolis to provide training for its OB-GYN residents. It is also looking at setting up a partnership with the Medical College of Wisconsin whose dean called his state's abortion ban "a *disastrous public policy*." Clinical capacity will limit the number of non-Rush residents that can be provided with OB-GYN training in Illinois.



[MO health department investigating hospital at center of abortion-related campaign ad](#) By Kacen Bayless, Kansas City



[New Pentagon abortion policy likely to trigger legislative war](#), by John M. Donnelly, Roll Call, 10/21/22

Star, 10/31/22

**TMR Topline** – A spokesperson for the Missouri Department of Health and Human Services confirmed that CMS has authorized an EMTALA investigation of a Joplin hospital where a woman said she was denied a medical abortion after her water broke early and put her health at risk. The Emergency Medical Treatment and Active Labor Act prohibits hospitals with emergency departments from refusing to treat people with an emergency medical condition. The patient had to travel to Illinois for her abortion.

**TMR Topline** – Defense Secretary Lloyd J. Austin III ordered a number of actions to safeguard Service members' access to reproductive health services including coverage of travel and transportation expenses associated with accessing such services, including abortions. Austin said that the practical effects of the Dobbs decision "are that significant numbers of Service members and their families may be forced to travel greater distances, take more time off from work, and pay more out of pocket expenses to receive reproductive health care. In my judgment, such effects qualify as unusual, extraordinary, hardship, or emergency circumstances for Service members and their dependents and will interfere with our ability to recruit, retain, and maintain the readiness of a highly qualified force."



[Collateral damage from the Dobbs decision](#), by Merrill Goozner, GOOZNEWS, 10/21/22

**TMR Topline** – Modern Healthcare's Editor Emeritus takes a deep dive into the Dobbs decision's adverse effect on medical schools in states that ban abortion. They are still required to provide access to hands-on training in the procedure for residents looking to become OB-GYNs and risk losing accreditation if such training is not provided. A [recent national survey](#) of 3<sup>rd</sup> and 4<sup>th</sup>-year medical

Alabama's Mike Rogers, ranking Republican on the House Armed Services Committee, blasted the move, stating "Taxpayer dollars meant for deterring China and other adversaries should not be squandered on campaign politics. DoD must be blocked from wasting any portion of their budget on this horrendous policy."

**TMR's Take:** The fallout from the Dobbs decision has disrupted medical education and OB-GYN practice. It's likely to exacerbate physician shortages in the 23 states that ban or severely restrict abortion. With the military falling short of its recruiting targets, Secretary Austin's move to protect reproductive healthcare for Service members seems sensible. The US spends more on defense than the next 9 nations combined, yet often has neglected the health of its defenders.



[Immune system-evading hybrid virus observed for first time](#), by Linda Geddes, The Guardian, 10/24/22

**TMR Topline** – Scottish researchers at the University of Glasgow Centre for Virus Research have found that the RSV

and influenza viruses can fuse together to form a new virus pathogen. Their findings could help to explain why this co-infection can lead to worse outcomes for some patients, such as hard-to-treat viral pneumonia that can be fatal. Influenza A causes about five million hospitalizations annually and RSV is the leading cause of acute lower respiratory tract infections in children under five years old. *“Respiratory viruses exist as part of a community of many viruses that all target the same region of the body, like an ecological niche. We need to understand how these infections occur within the context of one another to gain a fuller picture of the biology of each individual virus.”* said Dr Joanne Haney, who led the study published in [Nature Microbiology](#). Human lung cells were deliberately infected with both viruses. Rather than competing with each other they fused together to form a palm tree-shaped hybrid virus – with RSV forming the trunk, and influenza forming the leaves. The hybrid virus was also able to infect neighboring cells – even in the presence of antibodies against influenza that would usually block infection. The next step is to confirm whether hybrid viruses can form in patients with co-infections, and if so, which ones.



[Covid-19 Symptoms Can Rebound Even if You Don't Take Paxlovid](#), by Knyul Sheikh, New

York Times, 10/27/22

**TMR Topline** – A new study found that when the antiviral treatment Paxlovid came into wider use for Covid-19 infections, doctors who prescribed it and patients who took it noticed that symptoms some-times [flared up again a few days after having gone away](#). A small number of patients who received a placebo instead of treatment also

experienced a Covid symptom rebound. *“Symptom return is common,”* said Dr. Davey Smith, chief of infectious diseases and global public health at the University of California San Diego School of Medicine, who led the study. *“It’s just the natural way the disease goes. What is surprising, however, is how many people may experience a rebound.”* The study was conducted from August to November 2020 before vaccines were available. None who experienced a Covid rebound had severe disease or required hospitalization. For unvaccinated patients, treatment with Paxlovid reduces the risk of hospitalization and death by 88%. Dr. Smith’s advice to those experiencing a rebound, *“I recommend staying hydrated, watching ‘The Golden Girls’ and eating chicken soup.”*

**TMR's Take:** The Scottish research is scary given the emerging *“triple-demic”* that already is resulting in a [shortage of amoxicillin](#), used to treat RSV, along with the emergence of vaccine-evading omicron variants and rebound Covid. Continue to be careful out there!



[Price uncertainty deters 35% of Americans from seeking care, study finds](#), by Andrew Cass, Becker’s Hospital Review, 10/27/22

**TMR Topline** – A recent survey found that more than 1/3 of Americans said they would be [deterred](#) from seeking care for themselves if they were unaware of pricing for necessary care or services. The survey commissioned by revenue cycle firm Akasa also found that 64% of respondents didn’t know if their physicians or providers offer payment plans or financial assistance for medical bills.



[Once federal funds run out, Pfizer's vaccine may cost \\$110 per dose](#), by Paige Twenter, Becker’s Hospital Review, 10/21/22

**TMR Topline** – A company spokesperson told [The Wall Street Journal](#) that Pfizer’s vaccine may cost between \$110 and \$130 per dose once it is sold commercially. It expects the commercial rollout to happen early next year, is in discussions with insurance companies and expects that insurance plans will cover the cost.

**TMR's Take:** In its initial deal with the government, the company priced the vaccine at \$19.50/dose Medicare is prohibited by law from negotiating price until 2026, so the program will have to absorb the full price until then.