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President's Perspective

The good news and the bad news

The good news: the costs of some expensive medications will be dramatically dropping for your Medicare patients. The bad news: COVID-19 mask mandates have been reinstated in some areas.

First the good news. On Aug. 29, the federal government announced the first 10 drugs selected for Medicare price negotiations. This means that efforts to rein in the costs of some commonly used and overpriced drugs are underway. For the list of drugs, see the [White House fact sheet](#).

Price changes for the initial list of medications won't take effect until 2026. An additional 30 drugs are slated to be selected for price negotiations beginning in 2027. However, the pharmaceutical industry is challenging these negotiations and filing multiple lawsuits to derail the process. It is expected that at least one of these lawsuits will end up as a case before the Supreme Court.

Seniors who rely on expensive prescription drugs have been anxiously waiting to hear which drugs will be discounted. An example of this is Xarelto, which often costs patients up to \$1,000 a month. Legislation does help — beginning in 2023, a new federal law has already shown success in keeping the cost of insulin capped at not more than \$35 for a one-month supply of each Part-D covered insulin product.

The bad news. Amidst rising COVID-19 cases and hospitalizations throughout the country, some hospital systems have reinstated mask-wearing requirements. COVID-19 cases are still at near historic lows in the United States, although the CDC recently announced that for the week ending Aug. 12, COVID-19-related hospitalizations increased 21.6% from the prior week.

As a result, several hospital systems in the Northeast are now requiring masks, as is Kaiser Permanente in Santa Rosa. Last week Kaiser Permanente Northern California reinstated its mask mandate for physicians and staff at its facilities in the Santa Rosa area. Patients and visitors are strongly encouraged to wear masks.

The immediate concern and controversy over mask mandates once again comes to the forefront of debate. Many scientific reviews have shown that basic facemasks made little to no difference in preventing the spread of COVID-19. Many healthcare providers support mask requirements in hospitals that have vulnerable high-risk patients. However, in cases where masks are used, it has been shown that KN95 or better should be recommended—along with instructions for proper use. These masks should certainly be considered when there is a high volume of circulating respiratory viruses.

As we know, universal mandates did not work because most people wear masks improperly. If people wore KN95 masks in the proper way and used the masks in appropriate settings (e.g., hospitals, nursing homes, doctor's offices), it likely would make a difference, but would anyone actually do this?

Certainly not five-year-olds, certainly not senior citizens, and probably not most adults. So is mandating masks the answer? The debate continues! We are once again on a slippery slope, trying to give clear and helpful medical advice and avoid politically tainted decisions.

To further complicate the situation, we now have EG.5 “Eris,” the latest COVID-19 subvariant, circulating in the country. Updated vaccine is not currently available, but is expected to be ready by mid-September. The current recommendation is to wait for the new vaccine before getting a booster shot. The good news is that the clinical outcomes of current COVID-19 variants appear to be significantly milder than early variants. However, for those in high-risk groups, there may be good reasons to take the new booster when it is available.

The outlook: COVID-19 rates remain at near historic lows in the US, but COVID-19 is likely to become a permanent part of life. It is here to stay because of its incredible mutation rate, just like influenza.

Have some feedback you want to share on these topics? Please email me at jeodorisio@aol.com and share your thoughts! As always, I look forward to hearing from you.

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