Top news stories from AMA Morning Rounds®: Week of Aug. 23, 2021

Read AMA Morning Rounds®’ most popular stories in medicine and public health from the week of Aug. 23, 2021–Aug. 27, 2021.

New data show hospitals charge vastly different prices for same services

The New York Times (8/22, A1, Kliff, Katz, Taylor) reports, “This year, the federal government ordered hospitals to begin publishing a prized secret: a complete list of the prices they negotiate with private insurers.” The Times says “data from the hospitals that have complied hints at why the powerful industries wanted this information to remain hidden.” The data show “hospitals are charging patients wildly different amounts for the same basic services: procedures as simple as an X-ray or a pregnancy test.” And it “provides numerous examples of major health insurers—some of the world’s largest companies, with billions in annual profits—negotiating surprisingly unfavorable rates for their customers.” In many cases, insured patients “are getting prices that are higher than they would if they pretended to have no coverage at all.”

FDA grants full approval to Pfizer/BioNTech COVID-19 vaccine for people age 16 and older

CNN (8/23, Howard) reports, “The U.S. Food and Drug Administration on Monday granted full approval to the Pfizer/BioNTech COVID-19 vaccine for people age 16 and older,” making it “the first coronavirus vaccine approved by the FDA.”

The New York Times (8/23, A1, LaFraniere, Weiland) reports that the “decision...is likely to set off a cascade of vaccine requirements by hospitals, colleges and universities, corporations and other organizations.”

The Washington Post (8/23, A1, Guarino, McGinley, Pager) reports that the vaccine “remains available under emergency use authorization for adolescents ages 12 to 15.”


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USA Today (8/23, Weintraub, Weise) reports that approximately “30% of unvaccinated people in polls said they were waiting for full approval to get vaccinated, according to a joint statement from the American Medical Association, the American Hospital Association and the American Nurses Association.”

**USPSTF urges T2D screening starting at age 35 for adults with overweight**

The New York Times (8/24, Rabin) reports adults with overweight “should be screened for type 2 diabetes [T2D] and abnormally high blood sugar levels starting at age 35, five years earlier than currently advised,” the U.S. Preventive Services Task Force (USPSTF) “recommended on Tuesday.” This new recommendation, which does not apply to people who are pregnant, “comes amid cresting rates of obesity and diabetes in the” U.S., meaning that “more than 40% of the adult population should now be screened, according to one estimate.” The USPSTF’s recommendation statement, along with the evidence report, were published in JAMA.

The AP (8/24, Tanner) reports the new guidance “updates the task force’s 2015 recommendations, and says even earlier screening should be considered for...American Indians, Black people, Hispanics and other groups with” overweight or obesity with “disproportionately high diabetes rates.”

Reuters (8/24, Maddipatla) reports that currently, “about one in three Americans has prediabetes—a higher-than-normal blood sugar level that increases their risk of type 2 diabetes, according to national data,” while “just over 10% of Americans have diabetes, and most of those have” T2D. The USPSTF “found evidence that medical interventions for newly diagnosed diabetes have a moderate benefit in reducing diabetes-related deaths and heart attacks over a span of 10 to 20 years.” In addition, the task force “found evidence that lifestyle changes such as diet and exercise reduce progression of prediabetes to” T2D.

**Health care spending, outcomes appear to vary across racial, ethnic groups in the U.S., researchers say**

Healio (8/25, Marabito) reports, “Health care spending and outcomes vary across racial and ethnic groups in the U.S., with underrepresented populations often having higher rates of” emergency department (ED) “spending and poor or fair health,” researchers concluded in a study based on data analysis “from 7.3 million health system visits, admissions or prescriptions, which the researchers collected from the Medical Expenditure Panel Survey and the Medicare Current Beneficiary Survey.”
The research team then “combined the data with insured population and notified case estimates from the National Health Interview Survey, and health care spending estimates from the IHME’s Disease Expenditure project.” The findings were published in *JAMA*.

**Benzodiazepine-involved overdoses increasing, researchers say**

MedPage Today (8/26, Gever) reports that even though “absolute numbers of fatal benzodiazepine-involved overdoses remained small (less than 3,000 in 2020)...the percentage increase from April to June 2019 to the same period in 2020 was not: 42.9%.” In addition, “total overdoses treated in emergency departments (EDs) with benzodiazepines detected also increased sharply.” In fact, “the proportion of all ED visits involving such cases rose 23.7% in 2020 over the previous year, and for those also involving opioids, it increased 34.4%,” CDC researchers concluded. The findings were published Aug. 26 in the CDC’s Morbidity and Mortality Weekly Report.

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