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Senate has struck a $2 trillion deal on coronavirus stimulus: Here's what's in it

Senate Democrats have reached a deal with the Trump White House and Senate Republicans on a massive $2 trillion coronavirus stimulus package that is targeting relief toward America's workers, hospitals, industries, and state and local governments. "At last, we have a deal," Senate Majority Leader Mitch McConnell said early Wednesday morning. "After days of intense discussions, the Senate has reached a bipartisan agreement on a historic relief package for this pandemic." What the plan includes

A $500 billion loan program for businesses: The biggest sticking point between Democrats and Republicans throughout the negotiations was $500 billion worth of emergency loans both for large businesses and municipalities grappling with the coronavirus outbreak. For instance, $50 billion of that money was allotted to passenger airlines, according to the Washington Post.

Rather than trying to negotiate that figure down, Democrats instead negotiated to have strings attached to it. Instead of giving the Trump administration broad discretion to make the loans, Schumer and Pelosi said there will likely be a new inspector general in the Treasury Department specifically to oversee these funds, as well as a congressional oversight panel to examine how the money is being used.

A slew of additional conditions, championed by progressives and supported by the public, including a requirement for companies to implement a $15 minimum wage, have not made it into the final legislation.

- **"Unemployment insurance on steroids":** Schumer announced Monday afternoon that unemployment insurance will be expanded to grapple with a new surge in claims, calling it "unemployment insurance on steroids." The new bill will increase unemployment insurance by $600 per week for four months. This money is in addition to what states pay as a base unemployment salary. This benefit would extend to gig economy workers, freelancers, and furloughed workers who are still getting health insurance from their employers, but are not receiving a paycheck.
- **Expanded funds for hospitals, medical equipment, and health care worker protections:** In a statement, Schumer reported to Senate Democrats that the latest bill will contain $150 billion for hospitals treating coronavirus patients. Of that money, $100 billion will go to hospitals, $1 billion will go to the Indian Health Service, and the remainder will be used to increase medical equipment capacity.
- **Increased aid to state and local governments:** Schumer also said about $150 billion of federal money would be allocated for state and local governments who are dealing with the impacts of the crisis in their local communities, including $8 billion for tribal governments.
- **Direct payments to adults below a certain income threshold:** The legislation would include a one-time $1,200 check that would be sent to most adults making $75,000 or less annually, according to past tax returns. A $500 payment would also be sent to cover every child in qualifying households. The final policy marks a significant change from the direct payments initially proposed by Republicans, which would have given less to many individuals who do not have taxable income. It now includes the majority of adults who are under the $75,000 threshold and phases the payment out as people's incomes increase.
- Social Security recipients will receiving the Stimulus payment as long as they received SS benefits even though they didn't file an income tax return…..**Read More**

Coronavirus May Mean No Social Security COLA in 2021

The negative economic impact of coronavirus on the U.S. economy is bad news for Social Security's more than 64 million beneficiaries.

Social Security's annual COLA announcement is highly anticipated

Right now, there are more than 64 million people that count on a Social Security benefit check each month. Many of these beneficiaries (80%-plus) are senior citizens, with a majority **leaning on their Social Security payout** to account for at least half of their income.

For Social Security recipients, there's probably not a more important or anticipated announcement each year than the mid-October unveiling of the program's cost-of-living adjustment (COLA) for the upcoming year. Think of COLA as the "raise" that beneficiaries receive that's designed to help them keep pace with the rising price of goods and services they're contending with.

Since 1975, it's been the job of the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) to be the program's inflationary tether. It has more than a half-dozen major spending categories, along with dozens upon dozens of subcategories, each with their own respective weightings, which help determine what levels of inflation or deflation urban and clerical workers are dealing with.

Over this 45-year span where the CPI-W has been responsible for **determining Social Security's COLAs**, there have only been three instances – in 2009, 2010, and 2015 -- where deflation reared its head and the average CPI-W reading during the third quarter of the current year fell from the average CPI-W reading from the third quarter of the previous year. Only CPI-W readings from July through September are taken into account when determining Social Security's COLA. These deflationary readings resulted in Social Security beneficiaries receiving no COLA in 2010, 2011, and 2016.

Well, folks, we could be in line for the fourth such occurrence, with **coronavirus being directly to blame.**

Coronavirus might push Social Security's COLA to zero in 2021

One more thing...

To make matters worse, it's also worth pointing out that Social Security's COLA wasn't exactly lighting things up prior to the emergence of COVID-19.

Congress Passes Additional Measures to Address Medicare Coverage and Costs Related to Coronavirus

This week, Congress passed legislation (**H.R. 6201**) that waives all Medicare beneficiary cost-sharing for coronavirus testing and the associated doctor's office visit.

The legislation contains a number of other provisions that also advance critical health care and fiscal priorities, including enhanced federal Medicaid funding for states, support for nutrition services, unemployment aid, and paid sick leave. The package is the second coronavirus bill to pass Congress. **Earlier this month**, Congress provided $8.3 billion in emergency appropriations to improve public health preparedness and response.

These bills are important initial steps, but additional financial relief and program flexibilities will likely be needed as the coronavirus emergency evolves. Lawmakers are already working on a third package, which may tackle any number of issues—from improving Medicare access and affordability to changes that address industry, economic, and workforce concerns.

The Medicare Rights Center weighed in this week with two letters to Congress that outlined shared priorities for any future legislation. The letters focus on investments and policies that are needed to promote the health and economic security of older adults and people with disabilities during this uncertain time. Among the recommendations are solutions to help people stay safe and healthy in whatever place they call home, as well as several to facilitate timely and meaningful access to Medicare health care and prescription drug coverage.

Such reforms are needed now more than ever. While more information about coronavirus is emerging every day, the data have long been clear that people with Medicare are uniquely at risk. As this crisis continues, so will our work to protect and strengthen Medicare and other programs on which older adults, people with disabilities, and their families rely.

Read advocates' letter to Congress.

Read the Leadership Council of Aging Organizations (LCAO) letter to Congress.

Medicare Rights will continue to monitor this evolving situation.

We will provide updates and information as available. If you have questions about your Medicare coverage and the outbreak, please check our **coronavirus resource page** and call our National Helpline at 800-333-4114.

For the latest on Medicare coverage and services regarding COVID-19, read Medicare Rights' article on **What You Need to Know About Medicare Coverage and the Response to Coronavirus.** We are updating this resource ongoingly, as new information becomes available.

For information on how Medicare Rights is responding to the coronavirus public health emergency, read **Our Mission is Unchanged: A Message from Medicare Rights President Fred Riccardi.**

For more information on the coronavirus, please visit the **Centers for Disease Control website**.

For information and resources specific to CMS, visit the agency's **Current Emergencies** website.

Trump Administration Issues Important Guidance Around Telehealth and Nursing Home Waivers

Telehealth Guidance

Medicare generally only covers telehealth in limited situations and for certain beneficiaries. However, **recent legislation** allows the U.S. Department of Health & Human Services (HHS) to temporarily expand telehealth coverage and access, in part by waiving some of Medicare's rules, such as originating site and geographic restrictions, during the coronavirus public health emergency. On March 17, HHS **released guidance**, including a **fact sheet** and **FAQ**s, implementing this policy and appropriately applying it to all **Medicare-approved telehealth services**.

The agency also issued related materials to encourage provider participation. In this new guidance, HHS **clarifies** HIPAA applicability to the telehealth flexibilities and **allows** Medicare providers in one state to temporarily provide services in another. To further ease adoption, HHS notes that it does not plan to enforce the bill's provision requiring an established relationship between the beneficiary and the telehealth provider.

As outlined on Medicare Rights' **coronavirus resource page,** these changes mean that Medicare will cover hospital and doctors' office visits, mental health counseling, preventive health screenings, and other appointments via telehealth for all beneficiaries—in urban and rural locations—and in a wide array of settings that include the beneficiary's home.

The expansion of Medicare telehealth will allow the program to deliver services in a way that facilitates compliance with critical public health guidelines, meeting beneficiaries where they are during this trying time.

Nursing Home Waivers

On March 13, the President **declared** the coronavirus outbreak a national emergency. In conjunction with the public health emergency that HHS Secretary Azar issued on January 31, this declaration gave the Centers for Medicare & Medicaid Services (CMS) new administrative tools to respond to the coronavirus.

Specifically, the agency now has the authority under Section 1135 of the Social Security Act to waive certain Medicare program and provider requirements nationwide. CMS released several such waivers on March 14, including **two that directly impact** skilled nursing facility (SNF) coverage.

Three-Day Stays: Typically, Medicare Part A only covers **SNF care** if someone was a hospital inpatient for three consecutive days before entering the SNF. Under its new authority, CMS is removing this requirement for beneficiaries who experience dislocations or are otherwise affected by the coronavirus public health emergency. As a result, these beneficiaries can obtain Medicare-covered SNF care without a preceding three-day stay.

Spell of Illness: CMS is also making it easier for some beneficiaries to renew SNF coverage. Medicare generally covers up to 100 days of SNF care each **benefit period**. Those who need coverage beyond that must establish a new benefit period by breaking the spell of illness (i.e., by being discharged for at least 60 days). CMS is using its waiver authority to provide up to an additional 100 days of coverage for beneficiaries who are unable to complete this renewal process because of the coronavirus emergency.

CMS is likely to issue additional details regarding these policy changes. We will update our **coronavirus resource page** to reflect the latest information.

Here are ways Congress can ensure the well-being of older adults during the coronavirus pandemic

Congress has just passed an $8 billion emergency spending package to help address the coronavirus pandemic. The emergency spending package includes funding to develop a new coronavirus vaccine. It also includes funding to states and localities for emergency stockpiles to respond to people's needs. In addition, the **Trump administration** has expanded telehealth services for people with Medicare and is giving the states permission to loosen Medicaid eligibility requirements. As Congress works on a large stimulus package, **Senators Jack Reed, Bob Casey** and many other lawmakers have set forth a list of additional actions the federal government should be taking to ensure the well-being of older adults. It is fully captured in **this bill** introduced by Senator Bob Casey.

Congress should provide funding to cover the cost of automatically enrolling low-income older adults and people with disabilities in programs that help cover the cost of their premiums, deductibles and coinsurance. Today these **Medicare Savings Programs** are underenrolled, in part because people are not aware they are eligible. Enrolling them automatically will ensure that financial barriers do not prevent them from getting treated for the coronavirus and other health care needs.

Congress should make it easier for older adults to get tested and treated for the coronavirus and obtain the medicines they need. People should not forego care because of cost. Deductibles and copays should be waived along with prior authorization requirements. People should also be able to get 90-day supplies of their medicines and **telehealth services**. Whether you are enrolled in traditional Medicare or Medicare Advantage, you should have no out-of-pocket costs for testing. Medicare Advantage plans, including **UnitedHealthcare**, do not appear to be waiving out-of-pocket costs for treatment as of now.

Congress should increase funding to **survey and inspect nursing homes**. The Centers for Medicare and Medicaid Services needs money to inspect these facilities and ensure they have protocols both to prevent the coronavirus from spreading and to treat cases as they emerge. Right now, **people in nursing homes are at particular risk of contracting the coronavirus** because of lax infection control policies in many nursing homes.

Congress should provide states with additional **Medicaid funds** to help ensure low-income older adults have better access to home and community-based services. States could then hire more direct service providers and home health workers, pay them appropriately, and provide care to people currently on wait lists.

Congress should provide funding to **Meals on Wheels** and congregate meal programs to ensure older adults have healthy food to eat at home. Since older adults should be staying home as much as possible, they will not be as likely to be getting their meals at senior centers. Meals on Wheels also provides some **companionship for older adults,** an additional benefit that helps address social isolation.

Congress should increase funding for the **Commodity Supplemental Food Program** so that it can help more at-risk older adults.

Congress should provide funding to the **National Family Caregiver Support Program** so that it can help more caregivers. This program helps gives caregivers a break from their caregiving responsibilities.

'Bad advice from the president': Trump touts unproven coronavirus drugs

The president suggested certain programs that the administration could use to get experimental drugs to people quickly outside of clinical trials.

President Donald Trump said he will "slash red tape like nobody has even done it before" in a bid to get unapproved coronavirus treatments to patients faster and identify effective drugs.

The president said Thursday he directed the Food and Drug Administration to "eliminate out-of-date rules and bureaucracy so this can go forward fast" — but he did not offer any details. Instead, Trump and top health officials highlighted steps the government has taken in recent weeks to launch clinical trials of potential coronavirus treatments.

Trump's remarks came one day after he teased that an "exciting FDA announcement" was on the way — news that reportedly caught some in the health agency by surprise as they scrambled to finalize details, said three HHS officials.

Food and Drug Administration Commissioner Stephen Hahn appeared to downplay the president's optimism about speeding up access to three drugs in particular. "What's important is not to provide falsehood but provide hope," Hahn said.

"We need to make sure the sea of new treatments will get the right drug to the right patients, at the right dosage, at the right time," he added. "That's why it is important we have our professionals looking at these therapeutics in development."

Trump suggested certain programs that the administration could use to get experimental drugs to people quickly outside of clinical trials. One such route, known as "Right to Try," was established by a 2018 law that Trump and Vice President Mike Pence supported to help people who are seriously ill and have no other treatment options. "What we're talking about today is beyond Right to Try," Trump said, adding that the law "has been a tremendous success."

But outside researchers were quick to sound the alarm.

"Wow, that is bad advice from President Trump," said Diana Zuckerman, a drug safety expert at the National Center for Health Research. "Lives can be saved if red tape is cut in terms of making tests, respirators, and hospital beds more available. Making untested antivirals available is not a good strategy."

The Right to Try program allows patients to appeal directly to drugmakers to use medicines that are still being developed and tested. Bioethicists and drug policy experts argue there are other ways to help people access experimental medicine — like the FDA's compassionate use route, also name checked by the president — and that Right to Try fuels false hope, while making it difficult to collect data on how well the drugs work.

The drugmaker Gilead has provided its experimental antiviral drug remdesivir to patients with coronavirus under compassionate use rules first established in 1987. The National Institutes of Health has also started a clinical trial of the drug in coronavirus patients.

There is limited data available on remdesivir's effectiveness against coronavirus, Gilead spokesperson Ryan McKeel said. "It is not approved anywhere globally and has not been demonstrated to be safe or effective for any use," he added. McKeel said that Gilead is in discussions with the FDA about how to move forward if clinical trial data suggest the drug helps patients with coronavirus….**Read More**

Governors and mayors in growing uproar over Trump's lagging coronavirus response

President Trump's response to the coronavirus pandemic sparked uproar and alarm among governors and mayors on Sunday as Trump and his administration's top advisers continued to make confusing statements about the federal government's scramble to confront the crisis, including whether he will force private industry to mass produce needed medical items.

As deaths climbed and ahead of a potentially dire week, Trump — who has sought to cast himself as a wartime leader — reacted to criticism that his administration has blundered with a torrent of soaring boasts and searing grievances. He tweeted that Illinois Gov. J.B. Pritzker (D) and others "shouldn't be blaming the Federal Government for their own shortcomings. We are there to back you up should you fail, and always will be!"

Trump changed his tone at an evening news conference, however, touting an "amazing" relationship with New York Gov. Andrew M. Cuomo (D) and saying governors he spoke with on Sunday will be "very happy" with the upcoming federal response.

"The governors, locally, are going to be in command," Trump said, as he pledged support from the National Guard and federal agencies. "We will be following them, and we hope they can do the job. And I think they will."

Bing COVID-19 tracker: Latest numbers by country and state

But the growing gulf between the White House and officials on the front lines of the pandemic underscored concerns in cities, states and Congress that Trump does not have a coherent or ready plan to mobilize private and public entities to confront a crisis that could soon push the nation's health-care system to the brink of collapse. "We're all building the airplane as we fly it right now," Michigan Gov. Gretchen Whitmer (D) said on ABC's "This Week." "It would be nice to have a national strategy."

Uncertainty prompted by the Trump administration's statements abounded amid the rancor. Federal Emergency Management Agency Administrator Peter T. Gaynor said Sunday the president has not yet invoked the Defense Production Act, which would allow the government to order companies to ramp up the production of ventilators and protective masks, among other products.

Gaynor's remarks directly contradicted what Trump told reporters on Friday, when he said he had "invoked" the law and "put it into gear" — and were coupled with vague optimism about corporate America's ability to do what is necessary without being compelled by an executive order.

The administration's sunny outlook about companies' ability to act was met with sharp disagreement from governors facing mounting illness and deaths from covid-19, the disease caused by the novel coronavirus.

"We need the product now," Cuomo said at a news conference on Sunday. "We have cries from hospitals around the state. I've spoken to governors around the country, and they're in the same situation."

Cuomo said the Trump administration must "order factories" to make "essential supplies" and invoke the Defense Production Act as soon as possible, calling it the "difference between life and death." **Read More**

Policymakers should not allow pharmaceutical companies to win big on the new coronavirus

In a **New York Times op-ed** today, Azzi Momenbalighaf and Mariana Mazucato explain that Americans are investing huge amounts in taxpayer dollars on government research to come up with a vaccine, tests and treatments for the new coronavirus. Yet, once again, pharmaceutical companies will be the big winner.

Over the last 17 years, Americans have invested almost $700 million on coronavirus research. The National Institutes of Health took up this research after the 2003 outbreak of SARS. Our tax dollars are currently destined to boost pharmaceutical companies' profits when the new coronavirus vaccine, tests and treatments go to market. Big Pharma will get a government-issued license to distribute these medicines and tests with no limit on their price.

In short, in return for our investment in critical research, we are not guaranteed either a vaccine or treatment at an affordable price. And, as with the **price of insulin**, many people will suffer and die unnecessarily.

Congress should now be acting to ensure coronavirus medicines–and all other medicines–are affordable in the US. Instead, Health and Human Services Secretary Alex Azar has made clear that the Trump administration will not guarantee that the new coronavirus vaccine will be affordable. In response to a huge public outcry, the administration says its rethinking its position on the affordability of the vaccine and other treatments.

The administration could easily ensure the vaccine's affordability if it granted multiple licenses to different pharmaceutical companies to produce it. In **a letter** to the administration, forty-six Democrats in Congress urged that the vaccine be "accessible, available and affordable," given that it is funded with taxpayer money and is a public health priority. Instead, at the moment, corporate drugmakers will get exclusive licenses to produce coronavirus treatments with no demand that they be affordable.

Regeneron Pharmaceuticals will be able to sell a coronavirus vaccine and sell it at whatever price it pleases, even though taxpayers will cover 80 percent of the cost of developing and manufacturing it. And Gilead Sciences will be able to sell another coronavirus treatment, remdesivir, also developed with taxpayer dollars, at whatever price it pleases.

It is worth noting that the original coronavirus spending bill in Congress, which commits $3 billion in taxpayer dollars to research and development for coronavirus vaccines, tests and treatments, had much stronger language on the need for them to be affordable. But, the big Pharma lobby was able to get that language removed.

Historically, giving pharmaceutical companies taxpayer-funded research without requiring them to sell drugs at a fair price has been the norm. Taxpayer dollars have funded almost every new drug developed and FDA approved in the last ten years. Americans pay for much of the research and innovation, and drug companies make outsized profits selling the drugs.

Something has got to change and soon. Congress needs to put the public health and public interest first and prevent profiteering by pharmaceutical companies. If not, Americans will continue to pay too big a price for our drugs, both financially and in lives lost.

CDC Coronavirus Testing Decision Likely To Haunt Nation For Months To Come

As the novel coronavirus snaked its way across the globe, the Centers for Disease Control and Prevention in early February distributed 200 test kits it had produced to more than 100 public health labs run by states and counties nationwide.

Each kit contained material to test a mere 300 to 400 patients. And labs, whether serving the population of New York City or tiny towns in rural America, apparently received the same kits.

The kits were distributed roughly equally to locales in all 50 states. That decision presaged weeks of chaos, in which the availability of COVID-19 tests seemed oddly out of sync with where testing was needed.

A woman in South Dakota with mild symptoms and no fever readily got the test and the results. Meanwhile, political leaders and public officials in places like New York, Boston, Seattle and the San Francisco Bay Area — all in the throes of serious outbreaks — couldn't get enough tests to screen ill patients or, thereby, the information they needed to protect the general public and stem the outbreak of the virus, whose symptoms mimic those of common respiratory illnesses.

Rapid testing is crucial in the early stages of an outbreak. It allows health workers and families to identify and focus on treating those infected and isolate them.

Yet health officials in New York City and such states as New York, Washington, Pennsylvania and Georgia confirmed to Kaiser Health News that they each initially got one test kit, calling into question whether they would have even stood a chance to contain the outbreaks that would emerge. They would soon discover that the tests they did receive were flawed, lacking critical components and delivering faulty results.

During those early weeks, the virus took off, infecting thousands of people and leading to nationwide social distancing and sheltering in place. Public health officials are just beginning to grapple with the fallout from that early bungling of testing, which is likely to haunt the country in the months to come.

Too Little Too Late

The first shipment to Washington state arrived more than two weeks after officials there announced the first U.S. case of coronavirus, and at a moment when deadly outbreaks of the disease were already festering in places like the Life Care Center in Kirkland. Within weeks, three dozen people infected with COVID-19 would die at the nursing home in the suburbs of Seattle.

The spread of COVID19 would not take long to overwhelm the state, which as of Friday had more than 1,300 cases.

The Trump administration in recent days has attempted to speed testing for the virus after early missteps hampered the government's response to contain the contagion, and officials have had to respond to a barrage of criticism from public health experts, state officials and members of Congress. ….**Read More**

Coronavirus: Medicare coverage

The Centers for Medicare and Medicare Services and Congress have expanded Medicare coverage to help the 60 million older adults and people with disabilities who might need testing and treatment for the novel coronavirus and other health care services. People over 65 and people with disabilities are at particular risk if they get the virus.

There is no vaccine or cure for COVID-19, the respiratory disease caused by the new coronavirus. People with fever, cough and other serious symptoms should quarantine themselves and, if they are having difficulty breathing, should get tested. If necessary, they should also have their symptoms treated.

What is covered: Medicare Part B covers the full cost of testing, whether you are in traditional Medicare or a Medicare Advantage plan. For Medicare to pay, your doctor must order the testing. You pay no deductibles or coinsurance.

Congress just passed a **new law** fully covering testing-related services, whether you are enrolled in traditional Medicare or a Medicare Advantage plan. And, **Medicare Advantage plans cannot require prior authorization** or other utilization management tools in order for people to receive these services. These services include the doctor visit, in person or electronically, and emergency department services. These are services that lead to the ordering or administering of the test.

All Medicare inpatient and outpatient services continue to be covered. You are covered for all medically necessary services, including **hospitalization, therapy, skilled nursing** and **home health care**. Please click on the links to understand the scope of coverage. For skilled nursing facility care, Medicare has waived the three-day prior hospitalization requirement.

What will you pay: If you are enrolled in a Medicare Advantage plan and you follow plan rules, you will be responsible for the deductible and copays up to the plan maximum, which can be no higher than $6,700 a year.

If you are enrolled in traditional Medicare and do not have **supplemental coverage** to fill gaps–Medigap, retiree coverage or Medicaid–for inpatient hospital care, you will be responsible for the Medicare Part A deductible of $1,408 for each benefit period in 2020. After 60 days, you also must make a daily $352 copayment through day 90. If you are quarantined in the hospital, you have no further financial responsibilities.

If you were admitted to a skilled nursing facility, your copayments would be $176 a day for days 21-100.

There is no limit on out-of-pocket costs if you are in traditional Medicare and do not have supplemental coverage. And, Medicare Advantage HMO plans can charge deductibles and copays up to $6,700 for in-network approved services. If you are enrolled in a PPO, the cap on out-of-network care is $10,000.

That said, the **federal government is requiring Medicare Advantage** plans to cover people's care from out-of-network providers at the same cost as if the providers were in-network. If you are enrolled in a Medicare Advantage plan, simply see any doctor or use any hospital that takes Medicare. About 95 percent of doctors and hospitals do. You do not need a referral.

If there is a coronavirus vaccine, Medicare will cover it. It might be covered under Part B or Part D. And, there may be a deductible or copays.

Recent federal legislation also now allows Part B coverage for **telehealth services** for people in traditional Medicare effective March 6, 2020. Coverage is available no matter what health care services you need, including an office visit, mental health care and preventive care.

As for drugs, the federal government has not mandated that the Part D prescription drug insurers allow people to secure more drugs than usually permitted during this time of emergency. The **Centers for Medicare and Medicaid Services** simply states that it expects them to. Call your Part D insurer to find out whether you can get an extended supply of your drugs.

Help fight Medicare fraud

Con artists may try to get your Medicare Number or personal information so they can steal your identity and commit Medicare fraud. Medicare fraud results in higher health care costs and taxes for everyone.

Protect yourself from Medicare fraud. Guard your Medicare card like it's a credit card. Remember:

- Medicare will never contact you for your Medicare Number or other personal information unless you've given them permission in advance.
- Medicare will never call you to sell you anything.
- You may get calls from people promising you things if you give them a Medicare Number. Don't do it.
- Medicare will never visit you at your home.
- Medicare can't enroll you over the phone unless you called first.

Medicare.gov
The Official U.S. Government Site for Medicare

- **Do's**

Protect your Medicare Number and your Social Security Number.
Use a calendar to record all of your doctor's appointments and any tests you get.
Learn more about Medicare and **recent scams**.
Know **what a Medicare plan can and can't do** before you join.

- **Don'ts**

Give your Medicare card, Medicare Number, Social Security card, or Social Security Number to anyone except your doctor or people you know should have it.
Accept offers of money or gifts for free medical care.
Allow anyone, except your doctor or other Medicare providers, to review your medical records or recommend services.
Contact your doctor to request a service that you don't need.

Important resources for older adults

With the government and public health experts calling for social distancing and, where possible, social isolation, to contain the spread of the coronavirus, it's important to be aware of free and low-cost national and community resources. Right now, many are likely to be oversubscribed and underfunded, so be persistent. Here are several of the most critical ones:

- **Administration for Community Living,** (ACL), acl.gov, an arm of the US Department of Health and Human Services, which among other things funds services and supports to help older adults and people with disabilities live where they choose and participate as much as they choose in their communities
- **Aging and Disability Resource Centers**, (**ADRCs**) provide information about public and private program options as well as guidance, counseling and assistance
- **Aging Life Care**, a trade association of geriatric care managers: **aginglifecare.org** or **1-520-881-8008**
- **Area Agencies on Aging,** (AAAs or triple A's), eldercare.acl.gov, coordinate and offer services that can help you, including offering home-delivered meals and homemaker assistance
- **Aunt Bertha**, **auntbertha.com**, a social care network that enables you to search online by zip code for free or reduced cost services, such as medical care and food
- **Care Transitions Program**, **caretransitions.org**, offers help to families and caregivers so patient needs are met during transitions
- **Centers for Independent Living**, (CILs), **acl.gov/programs/aging-and-disability-networks/centers-independent-living**, offer community-based centers run by and for people with disabilities and offer a broad range of services to empower people to live independent, fully-integrated lives in their communities
- **Eldercare Locator, eldercare.acl.gov** or 1-800-677-1116 (toll-free), can connect you to your local ADRC or AAA and to a variety of other services.
- **Heating and Energy Assistance Program**, **HEAP**, benefits.gov/benefit/623, assists eligible low-income households with their heating and cooling energy costs, as well as bill payment assistance, energy crisis assistance, weatherization and energy-related home repairs
- **Leading Age, leadingage.org**, a trade association for the community of non-profit institutions, organizations and housing programs serving older adults
- **Leading Age Aging Services Directory, leadingage.org/find-member**, lets you know about 18 types of non-profit resources in the community, including nursing, transportation, home-delivered meals and dementia care and learn about retirement communities, assisted living, and subsidized housing
- **Legal Services for the Elderly**, provides critical help for older adults in accessing long-term care options and other community-based services, call the eldercare locator at 800-677-1116 or visit **lsc.gov**
- **Meals on Wheals**, **mowp.org**, agency that delivers free meals to older adults in their homes
- **Medicaid State Contacts, medicaid.gov/about-us/contact-us/contact-state-page.html**
- **Medicare Enrollment**, **secure.ssa.gov/iClaim/rib**
- **Migrant Health Centers**, National Center for Farmworker Health, **ncfh.org**
- **National Adult Day Services Association (NADSA), nadsa.org,** a trade association for the more than 5,000 adult day services centers that provide day services as a form of long-term care to more than 260,000 people and family caregivers each year
- **National Association of Free and Charitable Clinics**, **nafcclinics.org**
- **NeedyMeds**, **needymeds.org,** helps people find affordable healthcare including free and low-cost medicines, medical, mental health and dental care
- **Rural Health Clinics**, **ruralhealthinfo.org**
- **State Health Insurance Assistance Program (SHIP),** 1-800-677-1116 or **shiptacenter.org**, provide free state-based assistance navigating Medicare and other health care resources for older adults
- **State Pharmaceutical Assistance Programs, SPAPs**, **medicare.gov/pharmaceutical-assistance-program/state-programs.aspx**, offer services in more than two dozen states that may help people with Medicare cover their prescription drug costs
- **Supplemental Nutrition Assistance Program**, SNAP, **fns.usda.gov/snap/supplemental-nutrition-assistance-program**, provides credit to older people so that they can buy food at participating stores

Also, Stop and Shop, Safeway, Giant and other grocery stores are offering special hours for older adults to shop for groceries. Call your local grocery store to see whether it offers these special hours.

With Medical Safety Gear Scarce, The Public Is Stepping Up. Here's Help On Ways To Help.

Increasingly desperate pleas from health care workers and public authorities for donations of face masks and other protective gear are an unsettling sign of just how unprepared American hospitals are for the COVID-19 pandemic.

Dr. Alison Cooke, assistant chief of hospital medicine for Kaiser Permanente-San Francisco, warned recently that her institution had less than a week's supply of medical masks for doctors and nurses. "If you have any masks or safety goggles at home, please consider giving them to your nurse and doctor neighbors," she wrote on the neighborhood social networking site Nextdoor.

On Friday, New York Gov. Andrew Cuomo urged nonessential medical offices and other businesses to donate their protective gear to hospitals. And former federal health official Andy Slavitt tweeted a **request** to dentists, painters, contractors and plastic surgeons, to give "all you have" in the way of masks, gloves or thermometers to local hospitals.

As supplies of critical protective gear dwindle, nurses and doctors are wiping down and **reusing supplies** they'd normally toss after one use. On social media, health workers beg for supplies under the hashtag **#GetMePPE**, using the medical profession's abbreviation for "personal protective equipment."

Officials **are releasing** personal protective equipment from the Strategic National Stockpile, and manufacturers like **Honeywell** and **3M** have boosted production of critical medical supplies….**Read More**

With the coronavirus surging, Trump wants science to move far faster. It can't

For about 20 minutes on Thursday, President Trump undermined six decades of dogma on the development of safe and effective drugs.

Trump, addressing a nation **under shelter and quarantine** from the coronavirus pandemic, said a new drug for Covid-19, yet to be proved safe and effective, was now "approved or very close to approved." Another, also not approved for coronavirus, would be "available almost immediately," in part because using it is "not going to kill anybody."

Then, minutes later, the commissioner of the Food and Drug Administration, Stephen Hahn, took the dais in the White House briefing room and delicately walked back each one of Trump's statements. Nothing about the FDA's deliberate process had changed, and no miracle medicine was a pen stroke away from solving the crisis. Pharma stocks that had surged fell back again.

The president's remarks ran afoul of nearly every established FDA norm — prizing data and evidence over rhetoric, for instance, and avoiding promises, let alone those that can't be kept. But they were also a sign of his long-running impatience with the realities of drug development — an impatience that is flaring at a time when the need for new medications seems more urgent than ever.

"Trump entered the White House fuming at bureaucrats, moaning about the deep state, but in particular trying to bring down the FDA," said Arthur Caplan, professor of bioethics and the founding head of New York University School of Medicine's Division of Medical Ethics. "That's pure ideology, and it turns out that ideology is barren and impotent in the face of a pandemic."

In many ways Trump's science policy has been defined by his disdain for red tape at the FDA. At nearly every turn he has equated the agency's success not with its scientific rigor or its role as a watchdog but with faster drug approvals and the slashing of regulations.

Shortly after being elected, Trump turned to billionaire Peter Thiel to help vet candidates to lead the FDA and other science agencies. Among those candidates was Jim O'Neill, a staunch libertarian, who championed the idea of letting the FDA approve drugs without proving they were effective. During his first address to Congress, in 2017, Trump chided the agency for its "slow and burdensome" approval process, despite the fact that the FDA in recent years had acted faster than ever before.

And he has repeatedly touted the passage of the so-called "right to try" law — which gives dying patients access to experimental drugs that have completed basic Phase I clinical trials — despite expert concerns about it.

The White House spent months spearheading support for that legislation despite prolonged efforts by patient groups that insisted it was both unnecessary — the FDA already has a process in place to give patients access to experimental drugs — and dangerous because it would open dying patients up to exploitation by unscrupulous companies.

In fact, experts say, the law has had minimal impact, with only a handful of cases in which patients have used it.

The coronavirus pandemic has rekindled Trump's eagerness to expedite the development of new medicines. But in this case the process of developing new therapies is already moving at an unprecedented pace. The first potential vaccine, **developed by Moderna Therapeutics**, went from a lab experiment to human trials in less than three months, a process that commonly takes years. Gilead began enrolling thousands of patients in its remdesivir studies just weeks after case studies suggested the drug might help with Covid-19.

The FDA, once dismissed by Trump as disruptively sluggish, gave its blessing to both trials immediately.

"The FDA has been a global leader in medical product development," said Jeff Allen, president and CEO of Friends of Cancer Research. "There's nothing to suggest that they are standing in the way of the important development and access to these therapies."

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Still, the bracing pace may not be enough for Trump. The Wall Street Journal reported this week that the White House pushed for an executive order dramatically expanding the use of investigational drugs against the coronavirus, but was met with objections from the FDA. And on Thursday, it was up to Hahn to serve as a fact-checker to the commander-in-chief.

"That was a commendable appearance under immense pressure," said Daniel Carpenter, a professor at Harvard University who studies the history and reputation of the FDA. "Commissioner Hahn did the right thing."

Most FDA watchers can recite by heart the history of how the agency was granted the ability to review drugs for safety and efficacy in the first place. It wasn't until a so-called "elixir" that was being promoted to cure sore throats killed over 100 people that Congress acted in 1938 to give the FDA the ability to regulate drugs for safety. Decades later, in the 1960s, a drug promoted to help with morning sickness led to thousands of babies born with lifelong birth defects. The crisis prompted Congress to again boost the FDA's power. Among those changes were some requiring the FDA to not just consider safety, but also efficacy, when approving drugs.

Those are responsibilities that the FDA still holds dear.

"Let me make one thing clear: FDA's responsibility to the American people is to ensure that products are safe and effective. And we are continuing to do that," Hahn said Thursday.

Would the Trump administration's plan to address insulin costs work?

President Trump is touting a plan that he says would bring insulin costs down to $35 a month for older adults and people with disabilities. But, **Stat News** reports that the Trump administration's plan may not deliver as much it suggests. And, given the new coronavirus pandemic, who knows what will become of this plan. Here's the gist of it.

First, older adults spend a lot more on other drugs than they do on insulin. They face particularly high drug costs when they have cancer or an autoimmune disease or hepatitis C. Insulin is not a drug that is as costly for them as many other drugs. And, the Trump administration is doing nothing to address the cost of those drugs.

Second, it is a pilot for people in **enhanced drug plans**. To benefit from the low copays, their prescription drug insurers have to be willing to participate. About one in three (62 percent) older adults are not in enhanced plans, which tend to have high monthly premiums but low or no deductibles.

Older adults with low incomes who qualify for **Extra Help**, a government program that helps cover prescription drug premiums and out-of-pocket costs, only pay $8.95 or less when they fill a prescription.

To be sure, some portion of older adults do report rationing insulin to keep their costs down. The question is whether setting their costs at $420 a year, $35 a month, will help them. Is it less than what they currently pay? It's hard to know. It should save them some money. The Trump administration says it will save them about $446 a year, but how it came up with that number is unclear.

The biggest problem with the Trump administration's plan is that it does nothing to bring down the price of insulin and make it affordable. Having the government negotiate prices for all drugs is what's needed. We should not be paying more for our drugs than the Germans or the Japanese. For that, Congress would need to pass **Medicare for All** legislation. Right now, the House has passed Speaker **Nancy Pelosi's** drug pricing proposal, which is a good start, bringing down the price of scores of drugs, but the Republican-led Senate is not likely to consider it.

Senators Who Led Pharma-Friendly Patent Reform Also Prime Targets For Pharma Cash

Early last year, as lawmakers vowed to curb rising drug prices, Sen. Thom Tillis was named chairman of the Senate Judiciary Committee's subcommittee on intellectual property rights, a committee that had not met since 2007.

As the new gatekeeper for laws and oversight of the nation's patent system, the North Carolina Republican signaled he was determined to make it easier for American businesses to benefit from it — a welcome message to the drugmakers who already leverage patents to block competitors and keep prices high.

Less than three weeks after introducing a bill that would make it harder for generic drugmakers to compete with patent-holding drugmakers, Tillis opened the subcommittee's first meeting on Feb. 26, 2019, with his own vow.

"From the United States Patent and Trademark Office to the State Department's Office of Intellectual Property Enforcement, no department or bureau is too big or too small for this subcommittee to take interest," he said. "And we will."

In the months that followed, tens of thousands of dollars flowed from pharmaceutical companies toward his campaign, as well as to the campaigns of other subcommittee members — including some who promised to stop drugmakers from playing money-making games with the patent system, like Sen. John Cornyn (R-Texas).

Tillis received more than $156,000 from political action committees tied to drug manufacturers in 2019, more than any other member of Congress, a new analysis of **KHN's Pharma Cash to Congress database** shows.

Sen. Chris Coons (D-Del.), the top Democrat on the subcommittee who worked side by side with Tillis, received more than $124,000 in drugmaker contributions last year, making him the No. 3 recipient in Congress. No. 2 was Sen. Mitch McConnell (R-Ky.), who took in about $139,000. As the Senate majority leader, he controls what legislation gets voted on by the Senate….**Read More**

Why Hoarding Of Hydroxychloroquine Needs To Stop

A family of old antimalarial drugs — including one that some patients rely on to treat their lupus or rheumatoid arthritis — is becoming harder to get in the United States, pharmacists say, partly because of remarks President Donald Trump has made, highlighting the drugs as a potential treatment for COVID-19.

"I feel good about it. That's all it is, just a feeling," Trump said during a White House briefing Thursday about **hydroxychloroquine**. "You're going to see soon enough." He again trumpeted his interest in the approach at a press conference Monday.

But health officials have been quick to warn that **enthusiasm for such a treatment is premature**. Big clinical studies of the drug against COVID-19 are only just beginning, the head of the Food and Drug Administration has said; **another study was set to begin in New York on Tuesday.** And there are some good reasons to think cell studies that look promising in the lab **won't pan out in real patients**, other infectious-disease experts say.

Nonetheless, with all the buzz, American pharmacists are concerned about the hoarding of hydroxychloroquine by people who don't have an immediate need.

Dentists And Doctors Writing Prescriptions For Themselves

"Our members are definitely seeing more demand for this medication and possibly some people trying to hoard the medication," said Todd Brown, executive director of the Massachusetts Independent Pharmacists Association.

According to Brown, it appears the hoarders include doctors and dentists who are writing prescriptions for themselves or family members.

"Pharmacists are seeing an increase in requests and prescriptions for them in nstances where it's not clear why the patient needs it at this time," he said.

Brown suggests that pharmacists restrict prescription quantities and fill prescriptions only for patients with an active need for hydroxychloroquine….**Read More**

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Does Everyone Over 60 Need To Take The Same Coronavirus Precautions?

She knew it wasn't a good idea and her daughter would disapprove. Nonetheless, Barbara Figge Fox, 79, recently went to four stores in Princeton, New Jersey, to shop for canned goods, paper towels, fresh fruit, yogurt, and other items.

"I was in panic mode," said Fox, who admitted she's been feeling both agonizing fear and irrational impulsivity because of the coronavirus pandemic.

Susannah Fox, Barbara's daughter, had been warning her exceptionally healthy mother for weeks of the need to stay inside as much as possible and limit contact with other people. Everyone age 60 and older is at high risk of complications from COVID-19 and should adopt these measures, the **Centers for Disease Control and Prevention recommends.**

"At one point, when I was pushing her to limit her activities, my mother said defiantly, 'Well, I'm going to die of something,'" said Susannah, an adviser to health care and technology companies. "And I said, 'Well, that's true, but let's not rush it.'"

Are precautions of the sort the CDC has endorsed really necessary, even in areas where the new coronavirus doesn't yet appear to be circulating widely? What about disease-free adults in their 60s and 70s? Do they need to worry about going to a restaurant or a friend's house for dinner? Are all outside activities ill-advised?

I asked several geriatricians for their advice. All cautioned that what they told me could be upended by unforeseen developments. Indeed, over the past week, the governors of about a dozen states — including California, Delaware, Illinois, Indiana, Louisiana, Michigan, New Jersey, New York, Ohio, Oregon and Washington — have told residents, and not just older adults, to stay inside, in an **aggressive effort** to stem the spread of the coronavirus.

Here's what geriatricians think is reasonable, and why, at the moment:

Know the odds. Current warnings were originally based on data from China, which has reported that 80% of deaths from COVID-19 occurred among people age 60 and older.

The **latest data** from the U.S. was published by the CDC last week. Of 4,226 known COVID-19 cases at the time, people 65 and older were responsible for 80% of deaths, 53% of intensive care unit admissions and 45% of hospital admissions. Those 85 and older suffered the worst outcomes.

Data from China, the U.S. and other countries also indicates that people with illnesses such as heart disease, diabetes, kidney disease and lung disease, and those with compromised immune systems, are more likely to become critically ill and die if they become infected. The **CDC recommends** that these patients stay inside and practice strict precautions.

What's not yet known: lots of details about the underlying health status of older adults in China and other countries who've died from COVID-19. "We just don't have this kind of information yet," said Dr. Carla Perissinotto, associate chief for geriatrics clinical programs at the University of California-San Francisco.

As a result, considerable uncertainty about the true nature of risk remains. What's clear, however, is that older adults have less robust immune systems and are less able to mount a protective response against the coronavirus.

Exercise more caution. Uncertainty also surrounds the degree to which the coronavirus is circulating in communities across the country because testing has been so limited.

Some people don't develop symptoms. Others won't realize they've contracted the coronavirus until becoming symptomatic. Both groups may unwittingly transmit the virus, which can live on hard surfaces such as door handles or store shelves for **up to 72 hours.**

Given how little is known about the extent of the virus's community spread, most physicians suggest erring on the side of caution. ….**Read More**

How to sleep better in these difficult times

With the coronavirus wreaking havoc on everyone and everything, even if you've never had a sleeping problem, this pandemic is likely keeping you up at night. Dr. Susan Molchan's advice, first published in Just Care two years ago, might help you sleep better. To be sure, it was written at a very different time, but the advice holds.

With age, the total amount of time we sleep decreases, and sleep becomes more fragmented. So, we shouldn't expect the same sleep patterns we had when we were younger. Many people's body clocks seem to advance, so that they go to sleep earlier and awaken earlier. **Most people need about 7-9 hours of sleep each night,** though the right amount for any individual leaves them awakening refreshed and allows them to remain alert throughout the day (without resorting to stimulants like caffeine.)

If insomnia is a problem, the first things to address are medical problems that may be interfering with sleep. These include **sleep apnea**, restless legs syndrome, gastro-esophageal reflux disease (GERD) or heartburn, heart failure, pain, frequent urination, and medication. Alcohol too interferes with good, restorative sleep.

Second, while sleeping pills work, they are best used on a short-term basis. Even in the short term, sleeping pills can have side effects, such as impairing your ability to think clearly and leading to falls. In the long-term they can be habit-forming, lose effectiveness, and some may contribute to cognitive decline.

Third, **basic sleep hygiene measures are important for just about everyone;** a previous **post** describes them.

If sleep continues to be a problem after getting back to these basics, **working with a therapist or even on your own on a program of cognitive-behavioral measures** specially designed to help with insomnia has proven to be very successful.

[Editor's note: This includes having a routing bedtime and wake time, tracking the number of hours you sleep each night, using techniques to relax. Here's a link to an **online CBT treatment program** New York Times reporter Austin Frakt used to address his insomnia.]

Finally, **mindfulness meditation** helps with a variety of problems such as anxiety and depression, and has also been shown to be helpful for sleep. A therapist or counselor can guide a patient in learning how to do it, and again there are books and online programs that can be used by do-it-yourself-ers. Of course there's an app for that too; **Headspace is a popular one.**

Family Caregiving During Coronavirus

In many ways, all caregivers become long-distance caregivers during a pandemic.

BY NOW, YOU'VE HEARD the stories and seen the video. Loved ones who cannot visit their mom, dad, husband or wife in a senior home due to the coronavirus pandemic have resorted to phone calls and hand signals outside windows. The isolation inside and out is deafening, but the helplessness from the caregiver's side hurts even more.

In many ways, all caregivers become long-distance caregivers at a time like this. Thirteen percent of Americans provide long-distance care already. So, what are some things we can be doing now – and once this passes, that we can do later? Let's take a look.

Keep the Home Safe: Wire Up

If you can't be in the home where your loved one is, at the very least, you can check in. First, let's work with what we might have and what we can send in.

Technically, my wife and I are in a vulnerable population: We're over 60. We also have a fully-alarmed house with cameras inside and out. We alone have access to them, but it would not be a big deal to give our three kids access so they can check in just in case they can't reach us on the phone. In senior living, so called Granny Cams have been debated; these are legal in some states, while elsewhere, family members hide them just to keep an eye on their relatives.

There are solutions such as BrioCare and LifePod that leverage smart speakers to help caregiver monitors loved one, while also engaging the care recipient in trivia, games or books. Using existing technologies that you may already have makes these solutions affordable. And when you add a video component to these app solutions, like Echo Show, you can engage face to face with a loved one too. This is especially important if they don't have a smartphone and FaceTime.

Consider adding whole-house monitoring systems to your house and that of a loved one. There are a variety of home sensor companies on the market. You can cobble together your own systems with Ring or SimpliSafe and with your local security provider.

Isolation Does Not Mean Idleness

Senior isolation is a huge issue, and when you have a situation where able-bodied older adults who want to go out but can't, well, that can be challenging. So how do you keep engaged? If you have a spouse, that's great. Heck, my wife and I are getting creative. Besides learning some new board games, we're knocking out our spring cleaning early. I had already started learning Italian and will ramp that up; likewise, my wife will continue online piano lessons.

An older person alone doesn't have to be lonely. If your loved one reads, ship him or her books. If they have trouble with their eyesight, install an audio book app on their phone.

My senior-living colleagues, who can no longer go into a care home and provide a program, are getting creative. I stream live music concerts from my studio to shut-in elders. A friend of mine does a Science for Seniors program that she has now made virtual.

Take Care of the Essentials: Food and Finance

It's been incredible how restaurants and food delivery services have stepped up their game during this crisis. You can order groceries online and have them delivered. And I know those 33% of millennials who are caregivers can easily send Whole Foods items to mom or dad through their Amazon Prime account. You can also order supplies for your senior parents, make medical appointments as needed and more, all from the comfort of your home.

This extra time we all have is a good time to take stock of where we are in preparing for aging, getting necessary documents in order and uncluttering the house. It's also a good time to take care of your finances. There are shared platforms such as EverSafe and Onist that monitor bank and investment accounts, credit cards and credit data, and provide easy-to-use tools that help organize and analyze personal finances all in one place.

Take a Hand

Chances are your employer offers caregiver services of some type. The uptake on these is low, partly because people aren't aware of the benefits or don't want to self-identify. Now is not the time for that. Many of these companies offer access to aging life professionals and advocates who can help throughout the caregiving journey.

If you haven't done so in the past, once the coronavirus passes, help build a local support system for mom and dad. You can utilize e-tools such as Lotsa Helping Hands or ECare Diary to help coordinate and assign care.

Find your local Area Agency on Aging. They can assess the situation and offer solutions. Non-profit organizations are stepping up locally and can help. Faith-based organizations are a great support too. Of course, mom or dad's neighbors can be a great resource. It's a bonus that neighbors can keep an eye on each other. Even the postman can be your eyes and ears if they see mail and newspapers piling up.

The point of all this is that we can survive this pandemic and actually thrive afterwards if we install the right tools and safeguards to become better and healthier caregivers while helping those we love.

Higher daily step count linked with lower all-cause mortality

In a new study, higher daily step counts were associated with lower mortality risk from all causes. The research team, which included investigators from the National Cancer Institute (NCI) and the National Institute on Aging (NIA), both parts of the National Institutes of Health, as well as from the Centers for Disease Control and Prevention (CDC), also found that the number of steps a person takes each day, but not the intensity of stepping, had a strong association with mortality.

The findings were published March 24, 2020, in the *Journal of the American Medical Association*.

"While we knew physical activity is good for you, we didn't know how many steps per day you need to take to lower your mortality risk or whether stepping at a higher intensity makes a difference," said Pedro Saint-Maurice, Ph.D., of NCI's Division of Cancer Epidemiology and Genetics, first author of the study. "We wanted to investigate this question to provide new insights that could help people better understand the health implications of the step counts they get from fitness trackers and phone apps."

Previous studies have been done on step counts and mortality. However, they were conducted primarily with older adults or among people with debilitating chronic conditions. This study tracked a representative sample of U.S. adults aged 40 and over; approximately 4,800 participants wore accelerometers for up to seven days between 2003 and 2006. The participants were then followed for mortality through 2015 via the National Death Index. The researchers calculated associations between mortality and step number and intensity after adjustment for demographic and behavioral risk factors, body mass index, and health status at the start of the study….**Read More**