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RI ARA

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Judge Amy Coney Barrett is Latest Threat to the Affordable Care Act

The future of the Affordable Care Act (ACA) has **come into serious question** with President **Trump**'s nomination of **Amy Coney Barrett** for Supreme Court Justice to succeed **Ruth Bader Ginsburg.**

On November 10th, the Supreme Court will hear the case *Texas v. United States* concerning the ACA. The lawsuit, originally brought by Republican attorneys general in 2018, argues that the ACA is unconstitutional, and many legal analysts think Barrett is likely to strike it down if her nomination is confirmed.

In case anyone needed one more reminder of what is at stake in the upcoming elections, the future of the ACA and coverage for 20 million people is at risk," said Executive Director Fiesta. "If the ACA is struck down, we will lose our coverage for preexisting conditions, forfeit free preventive care and re-open the doughnut hole prescription drug coverage gap."

Rich Fiesta

House Oversight Committee questions drug industry executives on high prices

Michael McAuliff reports for **Kaiser Health News** on how yet another pharmaceutical company, Mallinckrodt Pharmaceuticals, acquired a drug that treats a rare disease and sent its price soaring. The US House Oversight Committee questioned executives at Mallinkckrodt, as well as Amgen, Novartis, Celgene, Bristol Myers Squibb and Teva about their drug pricing practices. But, when will Congress put an end to their price-gouging?

Mallinckrodt Pharmaceuticals bought the right to manufacture **H.P. Acthar gel** for $5.8 billion from Questcor in 2014. The orphan drug has been around for decades but the price keeps rising. Even though only a relatively small number of people take the drug, Mallinckrodt knew it could raise the price higher and turn a great profit off of it. Acthar improves the lives of about 2,500 children who have infantile spasms.

What's extraordinary is that, in 2000, a vial of Acthar cost $100. By 2014, Questcor had raised it to $31,626. Mallinckrodt raised the price by more than $8,000, to just shy of $40,000 a vial, after it bought the right to manufacture it. That's $240,000 for a six-week, one vial a week, course of treatment, which is not atypical.

Mallinckrodt sees Acthar as a cash cow, not a critical treatment many children with infantile spasms can't afford. Its executives know the pharmaceutical company can raise some drugs' prices substantially, and they can make out like bandits. They once had prepared materials that literally said: "Acthar Modernization Strategy defines the Future of the Brand as either a Growth Asset or Cash Cow."

For sure, Mallinckrodt is pushing the drug every way it can. In 2011, Medicare spent less than $50 million on the drug. In 2018, it spent $725 million.

There's general agreement among members of Congress that the cost of prescription drugs is too high. House members have passed **HR3** which would have Americans paying the prices people in other countries pay for many of their drugs. But, Republicans say they worry about hurting the new drug pipeline and appear to care less about access to critical medicines.

CMS Releases Medicare Advantage and Part D Cost-Sharing Information for 2021

Medicare's annual Fall Open Enrollment Period (OEP) occurs from October 15 to December 7. During this time, people with Medicare can make unrestricted changes to their coverage, such as switching Part D prescription drug plans or between Original Medicare and Medicare Advantage. Final coverage updates take effect on January 1.

To allow people to preview their options before the Fall OEP begins, the Centers for Medicare & Medicaid Services (CMS) recently posted benefit and cost-sharing information for 2021 Medicare Advantage and Part D prescription drug plans on **Medicare.gov**.

This year, people with Medicare and enrollment counselors will have a lot to wade through, as insurers continue to expand plan offerings. There are also new initiatives taking effect in 2021 that may impact coverage decisions. For example, a new program will offer lower monthly insulin payments for some people with Medicare. It is voluntary for drug plans, so beneficiaries should use the Medicare Plan Finder or contact a drug plan directly to learn if it is participating. At the same time, the COVID-19 pandemic continues to put many people with Medicare at risk. Public health guidelines will likely restrict in-person enrollment counseling, potentially making it more difficult for people to find the best coverage for their unique circumstances—at a time when they need it most.

These decisions and considerations can be daunting. Read more for some tried and true Fall OEP advice from Medicare Rights...**Read More**

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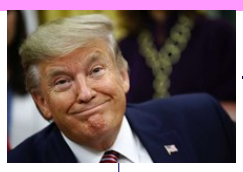
White House Testing Regimen Did Not Protect the President

President Donald Trump's COVID-19 diagnosis is raising fresh questions about the White House's strategy for testing and containing the virus for a president whose cavalier attitude about the coronavirus has persisted since it landed on American shores.

The president has said others are tested before getting close to him, appearing to hold it as an iron shield of safety. He has largely **eschewed mask-wearing** and social distancing in meetings, travel and public events, while holding rallies for thousands of often maskless supporters.

The Trump administration has increasingly pinned its coronavirus testing strategy for the nation on antigen tests, which do not need a traditional lab for processing and quickly return results to patients. But the results are less accurate than those of the slower PCR tests.

Testing "isn't a 'get out of jail free card,'" said Dr. Alan Wells, medical director of clinical labs at the University of Pittsburgh Medical Center and creator of its test for the novel coronavirus. In general, antigen tests can miss up to half the cases that are detected by polymerase chain reaction tests, depending on the population of patients tested, he said.



The White House said the president's diagnosis was confirmed with a PCR test but declined to say which test delivered his initial result. The White House has been using a new antigen test from Abbott Laboratories to screen its staff for COVID-19, according to two administration officials.

The test, known as BinaxNOW, **received** an emergency use authorization from the Food and Drug Administration in August. It produces results in 15 minutes. Yet little is independently known about how effective it is. **According to the company**, the test is 97% accurate in detecting positives and 98.5% accurate in identifying those without disease. Abbott's stated performance of its antigen test was based on examining people within seven days of COVID symptoms appearing.

The president and first lady have both had symptoms, according to White House chief of staff Mark Meadows and the first lady's Twitter account. The president was admitted to Walter Reed National Military Medical Center on Friday evening "out of an abundance of caution," White House press secretary Kayleigh McEnany said in a statement.

Vice President Mike Pence is also tested daily for the virus and tested negative, spokesperson Devin O'Malley said Friday, but he did not respond to a follow-up question about which test was used.

Trump heavily promoted another Abbott rapid testing device, the ID NOW, earlier this year. But that test relies on different technology than the newer Abbott antigen test.

"I have not seen any independent evaluation of the Binax assay in the literature or in the blogs," Wells said. "It is an unknown."

The Department of Health and Human Services announced in August that it had signed a $760 million contract with Abbott for 150 million BinaxNOW antigen tests, which are now being distributed to nursing homes and historically black colleges and universities, as well as to governors to help inform decisions about opening and closing schools. The **Big Ten football conference** has also pinned playing hopes on the deployment of antigen tests following **Trump's political pressure**….**Read More**

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Medicare Advantage gold mine puts traditional Medicare at grave risk

Beware of corporate health insurers with eyes on Medicare. To date, these insurers have been taking our money in exchange for offering people benefits through Medicare Advantage plans and then running back to their shareholders with a fat share of their revenue. **Healthcare Dive** reports that these corporate health insurers have eyes on every Medicare dollar they can get their hands on; they are lobbying heavily for taking over traditional Medicare's book of business.

Medicare Advantage plans continue to reap huge profits, so they are expanding into more areas and offering lots of goodies to lure people to enroll. But, what matters most is the quality of the care they are delivering, the costs they are imposing on people with serious health conditions, and the legitimacy of what they are charging for their services. On those issues, we know precious little. What we do know is that **government audits over and over again indicate big problems.**

For sure, these corporate health plans are not competing to deliver high value care to older adults and people with disabilities. They are doing their best to enroll people who are healthy, who don't use a lot of services, and then claim that some of these people are in need of care coordination in order to reap greater revenue from the Centers for Medicare and Medicaid Services.

Medicare Advantage plans must have one of the best business models going. They say they are offering people Medicare health care benefits but no one has a clue what that means, the extent to which they are pocketing money that should be going towards the health and well-being of people with Medicare or how to hold them to account. What we do know is that many of these plans have **high denial rates**, some have **high mortality rates** and others have been found to deliver poor quality care. They are contracting with **poorer quality nursing homes** and **home care** agencies to provide services to their members.

Why Congress would consider giving these corporate health insurers more business is hard to understand if members are putting the interests of their constituents and the national treasury first. Yes, some Medicare Advantage plans are helping people who cannot afford supplemental coverage in traditional Medicare. But, the answer should be to strengthen and improve traditional Medicare, which is far more cost effective and allows people unfettered access to the care they want and need, not to hand more business to corporate health insurers who by at least one recent account are responsible for **not meeting their members care needs, leading them to die**.

Medicare Advantage plans have a huge bag of tricks to seduce more people to enroll with them in 2021. But, even the Trump administration's Department of Justice recognizes that at least some of these health insurers are engaging in massive fraud. HealthCare Dive reports a recent DOJ suit against Cigna alleging $1.4 billion in overcharges. There was a suit against Anthem in March and Sutter Health settled a similar fraud suit for $30 million.

Some might think that these insurers only commit fraud against the government. Keep in mind that these insurers also can profit handsomely by delaying and denying care and creating other administrative and financial barriers to keep people from receiving needed services that Medicare covers. Whether the one you might be considering does or does not do so is a gamble you should not take lightly.

House Democrats Release Updated COVID-19 Relief Bill

This week, House Democrats introduced a revised, scaled-back version of their COVID-19 relief bill, the Heroes Act. The new legislation is an attempt to compromise with the White House and Senate Republicans, who prefer a smaller relief bill. Despite its reduced cost, the bill continues to include many changes that are critical for people with Medicare and their families. Key provisions of the bill would:

- **Facilitate access to Medicare.** Critically, the bill seeks to establish a Medicare Special Enrollment Period (SEP) for Premium Part A and Part B, with coverage beginning the first day of the next month. This enrollment pathway is urgently needed to help Medicare-eligible individuals quickly connect with their coverage during this unprecedented crisis.
- **Ensure affordability is not a barrier to treatment**. The Heroes Act eliminates cost-sharing for coronavirus treatment under Medicaid and Medicare for the duration of the public health emergency. It also clarifies that Medicare will cover an eventual vaccine, even if it is approved for emergency use.
- **Protect nursing home residents**. The Heroes Act takes important steps to improve nursing home and resident safety. It allocates funding to help facilities manage outbreaks, strengthens public reporting and data collection, and ensures residents can conduct "televisitations" with loved ones while in-person visits are limited.
- **Support state Medicaid programs**. The legislation increases federal Medicaid payments to states by a total of 14% for one year (October 1, 2020 through September 30, 2021), to help them respond to **growing Medicaid caseloads**. It also directs enhanced funding to Medicaid Home and Community Based Services (HCBS) and requires state Medicaid programs to cover non-emergency medical transportation (NEMT).
- **Provide targeted financial relief**. The package includes a second round of stimulus payments of up to $1,200 per individual ($2,400 for couples) and expands eligibility for the $500 dependent credit to include both children and adults. The automatic, direct payments would reach Supplemental Security Income (SSI) and Veterans Affairs (VA) benefits recipients, as well as people who use Individual Taxpayer Identification Numbers (ITIN).

The House could vote on the bill this week. However, for any of these important reforms to take effect, they must also be adopted by the Senate. We are encouraged that bipartisan negotiations, which have been stalled in recent weeks, are ongoing.

As these conversations evolve, Medicare Rights will continue to urge federal policymakers to finalize a relief package that prioritizes older adults, people with disabilities, and their families.

We encourage you to also make your voice heard! **Weigh in with your lawmakers in the House and Senate**, asking them to advance legislation that protects and strengthens Medicare, as well as the health and economic security of those who rely on its coverage.

Read a summary of the Heroes Act.

Trump includes letter with food boxes to the needy, sparking charges of politicizing hunger

Along with apples and precooked pork, hunger fighters across America who distribute boxes of food from the federal government to those in need are discovering something unexpected inside each one: a letter from President Donald Trump.

The letter, signed by the president, says, "I prioritized sending nutritious food from our farmers to our families in need throughout America."

The so-called Coronavirus Food Assistance Program emergency food boxes are part of an effort to dispense **food to help those hurt by the pandemic**. They are also referred to as Farmers to Families Food Boxes.

Food bank leaders are blasting Trump, saying he is politicizing hunger. At Philabundance, one of the two main hunger-relief agencies in the Philadelphia region, the letter is being pulled from boxes before they reach recipients.

"In its place, we are offering information about voter registration or other services that might be useful for our clients," said Loree Jones, CEO of Philabundance.

Calling the letter "absolutely outrageous," Joel Berg, CEO of Hunger Free America, headquartered in New York City, said: "It essentially blackmails nonpartisan food charities into aiding Trump's reelection campaign by threatening more Americans to go hungry if these food boxes are not distributed.

"This move by the Trump administration is illegal and immoral."

Sociologist Joan Maya Mazelis of Rutgers University-Camden said she was "shocked" by the letter, which flies in the face of Trump administration policy. The president tried on three occasions to cut food stamps, and declined to sign a proposed 15% increase in food stamps — now known as SNAP, for Supplemental Nutrition Assistance Program — due to the coronavirus.

"People might think the president is for expanding their access to food as opposed to decreasing it, and that strikes me as particularly dishonest," Mazelis said. "And it doesn't help people who are really suffering."

Food need in the region and across America is estimated to have **increased 60%** since the pandemic hit, experts say.

The boxes — each weighing 35 pounds and typically containing produce, dairy products, and meats — were developed by the U.S. Department of Agriculture at the start of the pandemic, when Americans overwhelmingly purchased shelf-stable goods, and restaurants were forced to close. That left farmers with fresh food languishing in their fields and silos.

The government was then able to aid farmers by buying their yields and sharing them with those in need, paying out around $3 billion, according to the Pennsylvania Department of Agriculture. The first deliveries of boxes were in May.

It does not appear that Trump's letter became part of the shipments until recently, anti-hunger advocates said.

In North Philadelphia on Thursday, Thelma Kennerly, who provides meals to those in need at Devereux Methodist Church**,** accused Trump of "playing politics with people suffering from hunger."

"It's a political move," she added. "I'm sorry. I don't believe he's for the small man."

In his letter, Trump said that "safeguarding the health and well-being of our citizens is one of my highest priorities." He added that his administration has delivered 50 million boxes across America in the last month.

Trump also suggested recipients wash their hands, practice social distancing, "and consider wearing a face covering when in public**."...Read More**

Obamacare repeal would bring a huge tax cut for the rich, research shows

The fate of the Affordable Care Act (ACA), known as Obamacare, **lies with the Supreme Court:** The nation's highest court will begin to hear arguments on Nov. 10 about the health care law's constitutionality.

A ruling on the ACA's "individual mandate" provision, and **potentially the entire law**, is expected in the spring of 2021.

And beyond forcing millions of Americans **off their health insurance**, a repeal of the ACA would bring a major tax cut for the richest Americans. According to **research** from the Tax Policy Center (TPC), the top 0.1% would receive a tax cut of $198,250 per year while the top 1% of Americans would see a tax cut of $32,370. (The Center for American Progress (CAP) came to a **similar conclusion**, citing the TPC data.)

"We knew that repealing ACA would be a windfall for the wealthy," Seth Hanlon, a senior fellow at CAP, told Yahoo Finance. "But the magnitude of the tax cut for the top 0.1% — people making $3.8 million and upwards — is still stunning."

'Repealing it would unwind all that'

The ACA is funded by taxpayer dollars, which is part of the reason why the GOP has spent years attempting to **dismantle** the landmark law.…**Read More**

Table T20-0170
Repeal All Taxes Enacted by the Affordable Care Act (ACA)
Baseline: Current Law
Distribution of Federal Tax Change by Expanded Cash Income Percentile, 2019 [1]
Summary Table

Expanded Cash Income Percentile [2,3]	Tax Units with Tax Increase or Cut [4]				Percent Change in After-Tax Income [5]	Share of Total Federal Tax Change	Average Federal Tax Change ($)	Average Federal Tax Rate [6]	
	With Tax Cut		With Tax Increase					Change (% Points)	Under the Proposal
	Pct of Tax Units	Avg Tax Change ($)	Pct of Tax Units	Avg Tax Change ($)					
Lowest Quintile	3.3	-1,060	0.0	0	0.3	3.0	-40	-0.3	2.9
Second Quintile	5.5	-750	0.0	0	0.1	3.2	-50	-0.1	7.7
Middle Quintile	48.3	-100	0.0	0	0.1	3.2	-50	-0.1	12.9
Fourth Quintile	95.3	-80	0.0	0	0.1	4.1	-80	-0.1	16.7
Top Quintile	98.9	-1,950	0.0	0	0.7	86.1	-1,930	-0.5	23.4
All	41.9	-750	0.0	0	0.4	100.0	-320	-0.3	18.5
Addendum									
80-90	98.4	-110	0.0	0	0.1	2.5	-110	-0.1	19.6
90-95	99.3	-210	0.0	0	0.1	2.3	-210	-0.1	21.4
95-99	99.8	-1,580	0.0	0	0.4	13.5	-1,580	-0.3	23.0
Top 1 Percent	99.8	-32,370	0.0	0	1.9	67.8	-32,290	-1.3	28.2
Top 0.1 Percent	99.9	-198,420	0.0	0	2.5	42.4	-198,250	-1.7	28.4

Source: Urban-Brookings Tax Policy Center Microsimulation Model (version 0319-2).

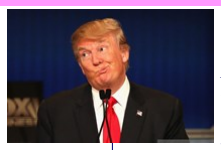
Trump's barrage of new claims of voter fraud have been disproven

In the last interview that President Trump gave before entering the hospital to receive treatment for covid-19, he spent far less time talking about his health than he did about what he sees as the real threat looming over the country: alleged voter fraud.

He warned his friend Sean Hannity that it could take days or weeks to know the results of the November election, which is accurate, given the need to count votes submitted by mail. Then he shifted to this purported fraud, which he seemed to imply would further muck up the works.

"There will be [fraud]," he told Hannity. "Just take a look at New York. Take a look at the ones — the ballots that were thrown into a garbage can and they all had the Trump name on it. They were military ballots that were thrown into the garbage can. The ones that were on a tray, and they were thrown into a creek or a river. It's a terrible thing.

"And if you look at Carolyn Maloney, what they did to that guy that ran against her, it's a disgrace," he continued. "That's in New York. And that's only for a congressional race. They have no idea where the votes are, where the ballots are. This is going to be all over. This is in Virginia. This is in New Jersey. It's a very, very sad thing."



Trump's ploy here is transparent. Allege rampant fraud, bolstering the case with whatever examples present themselves. Then use those allegations as justification to fight any effort to count ballots after Election Day, ballots which polling has repeatedly suggested will benefit his opponent. This is why Trump says flatly that there *will* be fraud — any insinuation that there isn't undermines both his future and current arguments. (In North Carolina, for example, his campaign is **pressuring county elections officials** to ignore counting rules with the rationale that doing so protects voter intent.)

There's another point worth making here, too, however: None of the claims of fraud made by Trump in the above rant are actually examples of fraud.

"Just take a look at New York," Trump said, an apparent reference to the primary race which Rep. Carolyn Maloney (D-N.Y.) won. Trump's repeatedly conflated the slow count in that race — a function of an increase in absentee ballots — as somehow indicative of fraud. He claims to be defending Suraj Patel, Maloney's opponent, who'd called for fewer disputed ballots to be discarded as the count continued. But Patel himself rejects Trump's framing.

Later, Trump claimed that "they have no idea where the votes are, where the ballots are" in that race. That's not true: They know where the votes are; Patel just wanted those votes to be counted despite their being rejected. They were rejected, of course, due to a process *specifically meant to screen out fraud* — a process which is arguably too aggressive at rejecting valid votes

Trump then talked about military ballots being thrown in a garbage can. This refers to an incident in (Trump-friendly) Luzerne County, Pa., where ballots were, in fact, discarded. After being briefed on the incident by Attorney General William P. Barr (county officials looped in the Department of Justice out of an abundance of caution), Trump first revealed the incident in a radio interview.

But here, too, there's no evidence of fraud, according to Pennsylvania's secretary of state.

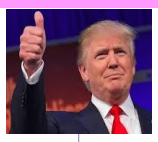
"The investigation is still going on, but from the initial reports we've been given, this was a bad error," Kathy Boockvar said. "This was not intentional fraud. So training, training, training."

"While the actions of this individual has cast a concern, the above statement shows that the system of checks and balances set forth in Pennsylvania elections works," Luzerne County Manager C. David Pedri said in a statement last month. "An error was made, a public servant discovered it and reported it to law enforcement at the local, State and Federal level who took over to ensure the integrity of the system in place."...**Read More**

Trump vows to lower Medicare drug costs but backs lawsuit that would raise them

President Trump has been unsuccessful at keeping pharmaceutical companies from raising prices, let alone enacting policies that lower them. So, he's now claiming he is going to give $200 to millions of people with Medicare to help pay for the cost of their drugs. Even if he succeeds at this cockamamie plan, he is backing a challenge to the Affordable Care Act that would raise drug prices for people with Medicare considerably.

To be clear, it's not at all likely that this whacky idea has legs or would offer meaningful help. Trump is talking about giving away $200 "Trump cards" in order to try to get older Americans to support his candidacy for re-election. It's his latest attempt to show he cares about them. But, his actions speak louder than his words, and **his actions hurt older adults** substantially.



President Trump probably would need to take money from the Medicare Trust Fund to pay the $6.6 billion cost of this discount card idea. His authority to do so is questionable at best. He wants to use the Medicare waiver program, which requires that money spent on a new health care "innovation" come from health care savings. Trump claims savings from a proposed **executive order** to test pricing drugs for people with Medicare at the average of what other countries pay. Since that order is far from being implemented and will likely be challenged by the pharmaceutical industry, there are no savings.

Pharma has no idea what Trump is trying to do. And, even Pharma does not believe these $200 Trump discount cards will be of much help to older people in getting their medicines. The biggest winner would likely be the pharmaceutical companies, as many older adults would use the cards to fill prescriptions they might otherwise leave unfilled.

And, if the Supreme Court strikes down the Affordable Care Act, as President Trump would like, older adults with Medicare Part D will be big losers. Their drug costs would rise significantly.

'An embarrassment': Trump tweet angers pandemic survivors

Dizzy with a soaring fever and unable to breathe, Scott Sedlacek had one thing going for him: He was among the first people to be treated for COVID-19 at Seattle's Swedish Medical Center, and the doctors and nurses were able to give him plenty of attention.

The 64-year-old recovered after being treated with a bronchial nebulizer in March, but the ensuing months have done little to dull the trauma of his illness. Hearing of President Donald Trump's advice by tweet and video on Monday not to fear the disease — as well as the president's insistence on riding in a motorcade outside Walter Reed Medical Center and returning to the White House while still infectious — enraged him.

"I'm so glad that he appears to be doing well, that he has doctors who can give him experimental drugs that aren't available to the masses," Sedlacek said. "For the rest of us, who are trying to protect ourselves, that behavior is an embarrassment."

COVID-19 has infected about 7.5 million Americans, leaving more than 210,000 dead and millions more unemployed, including Sedlacek. The U.S. has less than 5% of the globe's population but more than 20% of the reported deaths.

Yet the world's highest-profile coronavirus patient tweeted on Monday, as he was due to be released from the hospital following a three-day stay: "Don't be afraid of Covid. Don't let it dominate your life…. **Read More**

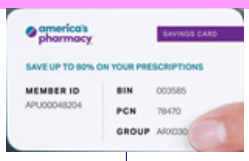
House Committee asks for more Information about Drug Discount Cards

Last week the leadership of the House Ways and Means Oversight and Health subcommittees sent a letter to Health and Human Services (HHS) Secretary Alex Azar requesting more information about President Trump's recently announced drug discount card for certain seniors.

The discount card program, which we reported in last week's update, has left many questions unanswered, chief among them is what legal authority is being used to justify the program and how it will be paid for.

We have reproduced the portions of the letter below that are most pertinent regarding those questions and others that we believe are important.

We write urgently to request information regarding the recent announcement by Mr. Trump that his administration plans to send prescription drug discount cards to certain Medicare beneficiaries over the coming weeks.



It appears that the Trump Administration may seek to rely on existing waiver authority and claim imaginary "savings" from a separate plan that has not even gone into effect yet.

As you know, the Constitution provides Congress with the power of the purse, not the Executive Branch. The administration has no authority to spend billions of taxpayer dollars as it sees fit, no matter the political benefit it may seek.

- Please describe the specific legal analysis and justification for the use of such funding from the U.S. Treasury for this purpose. What source of revenue from the Treasury will be tapped to pay for the money loaded onto the cards? If funds will be spent from either the Medicare Hospital Insurance or Supplemental Medical Insurance Trust Fund, please describe the specific legal authority for expropriating funding from the Medicare trust funds for this purpose.
- At what point in time did HHS become aware of this proposal to send cards to Medicare beneficiaries for the purchase of prescription drugs? Did HHS receive any actuarial estimates regarding how this action would affect the Medicare trust funds or consider whether this would negatively impact their solvency or beneficiary premiums?
- What company will be responsible for printing and mailing the cards? Was this contract competitively awarded? If not, why were usual procurement rules not followed? What is the expectation in the contract for the date at which mailing will begin and conclude?
- Does the Trump Administration intend to prioritize certain states above others in sending out these cards?

Please list the products and criteria for what may be purchased with these cards. Where will beneficiaries be able to use them? Will the funding on the cards expire? Are there limitations on what the cards can be spent on and how or where they can be used (i.e. generics, brand, biologics)? How do these cards interact with co-pays or co-insurance? Are there any fees associated with the cards? Will any amounts need to be repaid by recipients? Please provide any documentation related to how Medicare beneficiaries can utilize these cards.

Medicare Advantage Premiums Projected to Decrease

Last week the Department of Health and Human Services (HHS) released its projected average premium costs for 2021. It shows that average 2021 premiums for Medicare Advantage plans are expected to decline 34.2 percent from 2017 while plan choice, benefits, and enrollment continue to increase and that Part D premiums will be down 12 percent from 2017, with over 1,600 drug plans offering insulin at no more than $35 per month.

Beneficiaries can expect Medicare Advantage average monthly premiums of about $21 next year. That is down roughly 11% from $23.63 in 2020. Meanwhile, the average number of plan choices per county will jump from 39 to 47 next year.

HHS is hoping that Medicare Advantage plans will woo beneficiaries from fee-for-service Medicare, where it believes costs can spiral because patients and providers have incentives to overuse and provide too many services. Medicare Advantage plans receive a set payment to cover each enrollee's projected cost of care whether or not medical care is provided. Medicare Advantage plans are part of the HHS effort to transform fee-for-service Medicare into a program that rewards quality care rather than the amount of treatment caregivers provide.

In 2021, beneficiaries with kidney failure can enroll in a Medicare Advantage plan for the first time. Average "Part D" Medicare prescription drug premiums will be roughly $30.50 in 2021.

The Center for Medicare and Medicaid Services (CMS) expects to update *Medicare.gov* with the 2021 Medicare Advantage and Part D premiums and cost-sharing information in early October.

Not Pandemic-Proof: Insulin Copay Caps Fall Short, Fueling Underground Exchanges

DENVER — D.j. Mattern had her Type 1 diabetes under control until COVID's economic upheaval cost her husband his hotel maintenance job and their health coverage. The 42-year-old Denver woman suddenly faced insulin's exorbitant list price — anywhere from $125 to $450 per vial — just as their household income shrank.

She scrounged extra insulin from friends, and her doctor gave her a couple of samples. But as she rationed her supplies, her blood sugar rose so high her glucose monitor couldn't even register a number. In June, she was hospitalized.

"My blood was too acidic. My system was shutting down. My digestive tract was paralyzed," Mattern said, after three weeks in the hospital. "I was almost near death."

So she turned to a growing underground network of people with diabetes who share extra insulin when they have it, free of charge. It wasn't supposed to be this way, many thought, after Colorado last year was the first of 12 states to implement a cap on the copayments that some insurers can charge consumers for insulin. But as the COVID pandemic has caused people to lose jobs and health insurance, demand for insulin sharing has skyrocketed. Many patients who once had good insurance are now realizing the $100 cap is only a partial solution, applying just to state-regulated health plans.

Colorado's cap does nothing for the majority of people with employer-sponsored plans or those without insurance coverage. According to the state chapter of **Type 1 International**, an insulin access advocacy group, only 3% of patients with Type 1 diabetes under 65 could benefit from the cap.

Such laws, often backed by pharmaceutical companies, give the impression that things are improving, said Colorado chapter leader Martha Bierut. "But the reality is, we have a much longer road ahead of us."

The struggle to afford insulin has forced many people into that underground network. Through social media and word-of-mouth, those in need of insulin connect with counterparts who have a supply to spare. Insurers typically allow patients a set amount of insulin per month, but patients use varying amounts to control their blood sugar levels depending on factors such as their diet and activity that day.

Though it's illegal to share a prescription medication, those involved say they simply don't care: They're out to save lives. They bristle at the suggestion that the exchanges resemble back-alley drug deals. The supplies are given freely, and no money changes hands.

For those who can't afford their insulin, they have little choice. It's a your-money-or-your-life scenario for which the American free-market health care system seems to have no answer.

"I can choose not to buy the iPhone or a new car or to have avocado toast for breakfast," said Jill Weinstein, who lives in Denver and has Type 1 diabetes. "I can't choose not to buy the insulin, because I will die." ...**Read More**

Congress Passes Resolution to Fund the Government Through the Fall

Congress passed and the President signed a bill that funds the federal government through December 11, setting the stage for negotiations around a more comprehensive spending package later this year.

The short-term continuing resolution (CR) also includes several health care "extenders," ensuring these Medicare and Medicaid programs have the resources they need to operate in the coming months. Among the continued initiatives is essential funding to support those who need low-income assistance through the **Medicare Savings Programs**, financial protections for people whose spouses are on Medicaid and in a nursing home or long-term care facility, and Medicaid's Money follows the Person program, which supports individuals who wish to leave nursing facilities and return to their homes.

The bill also preemptively caps standard Medicare Part B premiums for next year at the 2020 amount plus 25% of the difference between the 2020 amount and a preliminary amount for 2021. The preliminary amount will be calculated in the same way that it would have been in the absence of this bill. In instituting this cap, Congress is aiming to reduce the potential for dramatic changes in premiums that may have otherwise occurred as a result of growing Medicare Part B costs during and due to the COVID-19 public health emergency, coupled with a limited or absent Social Security cost-of-living adjustment (COLA) in 2021.

Read a summary of the CR.

Read the CR text.

Wear a Mask. If Only It Were That Simple.

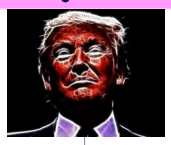
Nils Hase, a retiree who lives in Tarpon Springs, Florida, is wearing a mask and loading his Home Depot haul into his car on a recent weekday afternoon. In the store, because Home Depot insists customers and staff across the country wear masks, most faces were covered. But out here in the parking lot, in a state with a serious infection rate but no mask mandate, plenty of those masks hang down around people's chins.

"It bothers me. They are being defiant," Hase said. "And most of the people I see that walk in without a mask are just looking for a fight. They are asking you to 'Just ask me. Just give me a reason to yell at you.' I just stay away from them and keep on with my own life."

Six and a half months after President Donald Trump declared the coronavirus emergency, COVID-19 has killed more than 207,000 Americans and infected 7.3 million, now including Trump himself and the first lady.

Scientists are warning of a larger wave of infection this winter. They agree the simplest, easiest way to fight that surge is to get most people to wear masks most of the time.

Yet the political fight over face coverings rages. It plays out on city streets, in suburban grocery stores, in rural sheriff's offices and at the highest echelons of government — all the way to the presidential debate stage this week in Cleveland. There, most of Trump's contingent refused to wear required masks, and one of them tested positive soon afterward. Only time will tell if they spread the infection, but their behavior is mirrored across the nation.



Hefty Price in Iowa

In April, Iowa health officials cut an agreement with Iowa University to do modeling on the impact of coronavirus. Among the data are estimates of future death rates and the projection that more than a thousand Iowans could be saved by adopting a universal mask policy.

Later that month, the researchers warned Republican Gov. Kim Reynolds not to ease restrictions aimed at curtailing the virus, saying a spike would result later in the year. They also recommended a strong policy on facial coverings, producing a report that said face shields would dramatically lower the virus's toll.

Reynolds took none of that advice. She started easing restrictions in late April. She argued it was more important to reopen the state's economy while encouraging people to be responsible and wear masks than to throw down a mandate she called unenforceable.

"I think the goal is to strongly encourage and recommend that people wear them," she said in late August. "I believe that people are."

Yet at that moment, Iowa was proving the university's predictions true, suffering the highest infection rate in the nation. In late September, the state was one of only seven that **remained in the "red zone,"** averaging more than 890 new infections a day.

The governor's intransigence on masks highlights a troubling problem. At a time when experts believe the nation needs to unite around a strategy to curb a potentially catastrophic winter, the cheapest, best option — masks — have become increasingly politicized. Even Republicans like Reynolds, who agree masks work, refuse to take the advice of their experts. They oppose mandates and favor an educational approach that many people actively resist.

Dissent Within the Trump Administration

The trouble starts at the top. The Trump administration's leading medical advisers have testified repeatedly that masks were the country's best tool to blunt a second wave that could be significantly deadlier than the initial spike.

Dr. Robert Redfield, director of the Centers for Disease Control and Prevention, went as far to say face coverings were a more certain bet than a vaccine if everyone would wear them.

"If we did it for six, eight, 10, 12 weeks, we'd bring this pandemic under control," Redfield said during a Sept. 16 hearing. "They are our best defense."

Trump contradicted him before the day was done, and just a few days earlier, as the president and his coterie did in Cleveland, Trump modeled exactly the opposite behavior. At a campaign rally of thousands in Nevada, he cheered on the mostly maskless crowd. The next day, he held a massive mask-optional indoor rally at a warehouse in Henderson, Nevada, defying state restrictions. He advised the owner (**who was later fined $3,000**) that he'd protect the man if the state went after him.

"I'll be with you all the way. Don't worry about a thing," Trump said….**Read More**

House Committee Says Drug Companies make "Astronomical Profits"

Last week the House Oversight and Reform Committee held two days of hearings on the high drug prices in the U.S. as compared to the rest of the world. The CEOs of six major drug manufacturers testified before the committee regarding the prices of drugs.

The day after the first hearing committee chairperson Carolyn Maloney (D-N.Y.) issued the following statement:

"Internal documents obtained during our sweeping investigation show that drug companies are taking full advantage of the federal law that currently prohibits Medicare from negotiating directly with drug companies to lower prices. Drug companies are targeting the United States for their biggest price increases in the entire world, bringing in tens of billions of dollars in revenues, making astronomical profits, and rewarding their executives with lavish compensation packages—all without any apparent limit on what they can charge."

In addition, committee member Peter Welch (D-Vt.) said: "It's true, many of these pharmaceutical industries have come up with lifesaving and pain-relieving medications, but they're killing us with the prices they charge."

However, the top Republican on the committee, Rep. James Comer (R-Ky.), called the investigation a partisan attack. "These hearings seem designed simply to vilify and publicly shame pharmaceutical company executives," Comer said.

The late Rep. Elijah E. Cummings launched the Committee's investigation soon after becoming chairperson in January 2019. In December, the House of Representatives passed *H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act,* to give Medicare the authority to negotiate directly with drug companies.

The bill has stalled in the Senate, however, because Majority Leader Mitch McConnell (R-Ky) has refused to take up the bill for consideration.

Democrats have long pushed for Medicare to directly negotiate prices with drug makers, a stance that President Donald Trump also took on the 2016 campaign trail. The committee argues that companies are "taking full advantage" of Medicare's inability under federal law to negotiate.

While Trump abandoned the negotiation plan in office, he has tried, albeit mostly unsuccessfully, to advance other measures to cut drug costs….**Read More**

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HealthLink Wellness "Taking Control"

5 Things to Know About a COVID Vaccine: It Won't Be a 'Magic Wand'

President Donald Trump makes no secret he would like a COVID-19 vaccine to be available before the election. But it's doubtful that will happen and, even after a vaccine wins FDA approval, there would be a long wait before it's time to declare victory over the virus.

Dozens of vaccine candidates are in various testing stages around the world, with 11 **in the last stage** of preapproval clinical trials — including four in the U.S. One or more may prove safe and effective and enter the market in the coming months. What then?

Here are five things to consider in making vaccine dreams come true.

1. A vaccine is vital in fighting the virus, but it won't be a quick pass back to our old lives.

Vaccines have helped rid the world of scourges like smallpox, but the process takes time and there are no guarantees. Until clinical trials have been completed on this first round of vaccine candidates, no one knows how effective they might prove to be.

The minimum requirement by the Food and Drug Administration for any COVID-19 vaccine is that it should at least prove 50% effective when compared with a placebo — that is, a neutral saline solution.

By comparison, the annual influenza vaccine

ranges **between 40% and 60% effective** in preventing the illness, depending on the recipient and the season examined. In contrast, a full course of the measles vaccine is about **97% effective**.

"It's very unlikely that a first-generation vaccine will be something like a measles vaccine," notes Dr**. Amesh Adalja**, a physician with expertise in infectious diseases and senior scholar at the Johns Hopkins University Center for Health Security.

2. After vaccines gain approval, the real-world evaluation ensues.

Vaccines undergo a protracted testing process involving thousands of subjects. They win FDA approval only after they demonstrate safety and meet at least the minimum standard of effectiveness. Monitoring continues after they hit the market; effectiveness and any rare side effects or safety issues become more apparent after millions of doses are given.

Hypothetically, let's say the first new COVID vaccines prove 70% effective at preventing the disease. That would mean seven of every 10 people who roll up their sleeves will be protected, but three will not.

While that's good news for those protected, questions remain about who is covered and who is still vulnerable. It's possible, Adalja said, that the vaccine would reduce the severity of disease in the remaining three people, thereby helping cut hospitalizations and severe side effects.

But it's also true that regulators are focused on whether a vaccine prevents disease. Some vaccines can keep you from getting sick without preventing infection, in which case you could still spread the virus even without exhibiting symptoms.

Mysteries remain, at least for now. Scientists don't know how long the protection will last, for instance. Will protection fade, requiring annual shots, as with influenza? Or will it last for years?

Also, the COVID vaccine candidates are being tested only in adults so far. Most vaccine makers have **delayed testing** among children or pregnant and breastfeeding women, for example. That could mean an initial lag in safety and efficacy data for those groups, complicating vaccination efforts for children or even front-line health care workers, many of whom are women of childbearing age.

For all those reasons — "if you are looking for a magic wand, you won't find one in vaccines," said Dr. **William Schaffner**, a professor of preventive medicine and infectious disease at Vanderbilt University Medical Center in Nashville, Tennessee. "That said, vaccines will play a substantial role in reducing the epidemic."

3. After a vaccine is approved, you still may need to wait awhile to get your shot.

Making vaccines is complicated. And so is distributing them. Vaccine makers say they are already producing vaccine in advance of knowing whether they will win approval. But simply having ample vaccine supply doesn't mean manufacturers will have all the needed glass bottles, syringes or injectors to ship them right away. Indeed, some experts fear that a shortage of both production-line capabilities (special facilities are needed to make vaccines under strict sterile conditions) and limited supplies could hamper distribution of an approved vaccine. Many of the vaccine candidates must be shipped and stored at super-low temperatures, adding to the complexity

"Even if you have the vaccine, that doesn't mean you can ship it out. There are multiple, multiple steps, and all of them have to work," said Dr. Ezekiel Emanuel , a vice provost at the University of Pennsylvania who has **warned** of potential shortages. .**Read More**

Dr. Fauci said the four words we've all been waiting to hear

As thoughts of another wave of positive coronavirus cases swell in people's minds, Dr. Fauci is coming in with words of hope during uncertain times. Coronavirus cases may be climbing in 32 states across the U.S., but all hope is not lost.

In a conversation with **Wired** editor Steven Levy, Fauci **sou**nded rather optimistic about the way the coronavirus pandemic was trending, even saying the four words that we've all been wanting to hear: "This outbreak will end."

He added, "We will get a vaccine. And then if we combine a vaccine with prudent public health measures, we can put this outbreak behind us."

Levy then revealed that he was one of the majority of Americans who, according to a recent poll, believe that the rush to create a vaccine is unsafe, and will result in people getting vaccinated before fully understanding the effects of the injections.

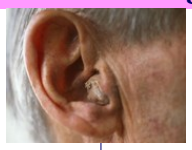
A September 17 poll out of the Pew Research Center shows that 77% of Americans believe that a vaccine would be approved before it could be proven safe. Another 78% of people believe the process is moving too quickly.

Fauci again had some words of optimism to share about the majority of Americans' skepticism over vaccine production. "The fear is understandable, but if I give you the facts, I hope that you would see it's not reasonable," Fauci said.

He continued, "The way the system is set up, there [are] independent bodies that have access to the data that no one else has access to. And they make the decision based on the scientific data, whether the vaccine is safe and effective."

Fauci additionally said that we will likely know about an effective vaccine by November or December of this year, providing a first round of doses to those who need it most.

Lockdown Could Worsen Hearing Woes for U.S. Seniors



(HealthDay News) -- Isolation due to the pandemic and failure to get hearing aids checked has fueled anxiety, depression and more hearing loss for many seniors.

"This has been a very difficult time as senior facilities and individuals try to balance poor health outcomes related to COVID-19 versus poor health outcomes related to social isolation," said Catherine Palmer, president of the American Academy of Audiology.

Unfortunately, older adults who use hearing aids may be using them less, because they think there's no one to interact with. This can reduce sound input to the brain and lead to auditory deprivation. The individual will be seen as not hearing as well and needing extra effort when communicating.

"Family members and friends should encourage their loved ones to continue to use their hearing aids -- there is always sound around us," Palmer said in an academy news release.

Hearing aids also need maintenance. For some, their hearing aids may not be working well or at all and they are unable to visit their audiologist for routine care.

"If an individual continues to use their hearing aid when it is not working, it functions like an earplug -- actually blocking sound," said Palmer, who's also an associate professor at the University of Pittsburgh.

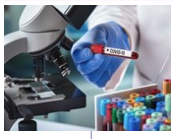
Many audiologists provide online telehealth and curbside care for those who cannot go into a clinic safely. Some senior living facilities allow audiologists in after they have had a temperature check and/or show they meet U.S. Centers for Disease Control and Prevention criteria.

Many simple hearing aid problems can be solved with an online visit. More difficult problems may require a face-to-face visit with an audiologist.

Hearing loss can affect overall health. A study by Johns Hopkins University School of Medicine found that people with severe hearing loss were five times more likely to develop dementia. Their risk of falling is also higher than that of seniors without hearing loss.

"Hearing is an important component of overall health," Palmer said. "If you suspect any amount of hearing loss in yourself, a friend or family member, it's important to get it checked as soon as possible."

Study Sheds Light on Why COVID-19 Hits Elderly Hardest



(HealthDay News) -- Elderly people who get COVID-19 have lower levels of important immune cells, which may explain why they are more likely than younger patients to have severe symptoms or die, new research suggests.

For the study, the researchers analyzed blood samples from 30 people with mild COVID-19, ranging in age from the mid-20s to late-90s. Compared with healthy people, all of the COVID-19 patients had lower numbers of T cells -- which target virus-infected cells -- in their blood.

But COVID-19 patients over 80 years of age had fewer T cells than those who were younger, and so-called "killer" T cells in older patients produced lower amounts of cytotoxic molecules that find and kill infected cells, the investigators found.

This age-related difference in immune response may partially explain why older COVID-19 patients have more severe illness, according to the authors of the study published online Sept. 21 in the journal *mBio*.

"Elderly people have more severe diseases compared to young people, and we found that the cytotoxic part of immune control is not as efficient to respond to the virus in older people," said study leader Gennadiy Zelinskyy, a virologist at University Hospital Essen, in Germany.

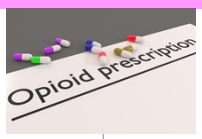
The lower levels of T cells in COVID-19 patients is among the many unwelcome surprises of the pandemic, he noted in a news release from the American Society for Microbiology.

Once inside the body, most viruses trigger a boost in T cells, including cytotoxic-producing killer T cells that play a critical role in destroying virus-infected cells. If a person's immune system produces fewer of these T cells, it has greater difficulty combating a viral infection.

The findings suggest that cytotoxic T cells play a key role in control of early infections, but Zelinskyy said it's too soon to know if these cells can be used to create an immunotherapy against the new coronavirus.

More study is needed to understand the potential risks and benefits of interfering with T cells as a way to control the new coronavirus and other viruses, he concluded.

Older Patients at Risk When Dentists Prescribe Opioids



(HealthDay News) -- Seniors who take depression and anxiety drugs shouldn't be prescribed opioid painkillers by their dentist because it puts them at increased risk for problems, researchers warn.

They analyzed 2011-15 dental and medical data for 40,800 patients aged 65 and older across the United States. There were 947 emergency room visits and hospitalizations in the 30 days after a dental visit.

One in 10 of those who were prescribed opioids were also using medications that shouldn't be taken with them. These patients were 23% more likely to visit the ER or require hospitalization within a month of the dental visit where they received the opioid prescription, the study found.

The longer they took the painkillers, the greater their risk. Those whose opioid prescription overlapped with their existing non-compatible medication for more than three days were 47% more likely to require some form of acute medical care.

Even though electronic health records have improved in recent years, dentists often don't have their patients' full medication history, and patients may not remember every medication they're taking, the Oregon State University (OSU)researchers noted.

As a result, dentists may inadvertently prescribe painkillers that shouldn't be taken with other medications, especially those that act on the central nervous system.

"There is this unfortunate opportunity for dentists to prescribe opioids for any acute or chronic pain that the elderly adult is having, and it may actually pose dangerous interactions for those other medications they're on and place them at greater risk of 30-day ER visits and cause hospitalizations," said study co-author Jessina McGregor. She is an epidemiologist and associate professor in the OSU College of Pharmacy in Corvallis.

One challenge is that seniors are more likely to take multiple kinds of medication than younger dental patients, and may also metabolize drugs differently because of age and changes in their kidney function, according to McGregor.

The findings suggest dentists should be better integrated into electronic health systems so they have access to patient records, and that patients need to be more aware of the importance of providing an accurate medication history, researchers said.

The authors added that pharmacists should take a more active role in explaining medications and their possible negative interactions to patients.

Coronavirus: Lack of timely data jeopardizes public health

In a new report, **Sins of Omission**: **How Government Failures to Track Covid-19 Data Have Led to More Than 1,700 Health Care Worker Deaths and Jeopardize Public Health**, National Nurses United (NNU) underscores the need to reform our health care system. Federal and state governments do not have systems in place to protect the health and well-being of Americans, much less the nurses and other health care workers.

NNU reports that more than 1,700 health care workers of COVID-19. Of those, at least 213 registered nurses have died unnecessarily. The federal government does not have the systems in place to keep health care workers safe in a pandemic. Hospitals and other health care companies are not reporting infection rates or deaths accurately or in real time. Workplaces have not been safe.

Without reliable and timely information, there is no way to respond effectively to the novel coronavirus pandemic. We need to know where the virus is, we need the resources to protect people in those areas, and we need to know what is working to contain the spread of the virus. The report explains that rather than tracking this data, federal and state governments are hiding it or ignoring it. They are likely also playing with available data to mislead the public.

Federal and state governments are not requiring health care facilities to turn over mortality or infection rate data. Of course, these facilities have no interest in so doing. It could tarnish their images.

Fewer than one in three states are providing infection data for health care workers. Without good data, there is no way to understand the breadth of the pandemic. There is no way to respond to it as warranted.

The Centers for Medicare and Medicaid Services (CMS) has only required nursing homes to provide mortality and infection rate data for health care workers. That data is publicly available on its web site. Hospitals are not required to collect this data.

The Trump administration has kept a lot of the COVID-19 data hidden at the department of Health and Human Services (HHS). It has traditionally been kept by the CDC, but the administration transferred it to HHS. The Trump administration is interfering in scientific work and failing to release accurate public health information. To be sure, it is not coming up with a strong national plan to keep the novel coronavirus from spreading.

The CDC must be charged with tracking this data and given the resources and tools to do the job that is needed. Data should be independent and not played with for political or business reasons.

Specifically, NNU calls for:

- Daily reporting of data (as well as cumulative totals) on diagnostic testing and case counts at national, state, and county/local levels.
- Daily reporting and cumulative totals of data on health care worker infections and deaths at an establishment level, such as the specific hospital or business.
- Data on symptomatic cases must be reported at national, state, and county/local levels (influenza-like illness and Covid-like illness).
- Daily reporting of data on hospitalizations and deaths must be reported at national, state, and county/local levels.
- Hospital capacity data must be reported at national, state, and county/local levels; must be updated in real time; and must include total and available hospital beds by type (e.g., ICU, medical/surgical, telemetry, etc.), staffing, health care worker exposures and infections, and nosocomial (hospital-acquired) patient infections.

Data on the stock and supply chain of essential personal protective equipment (PPE) and other supplies must be reported at national, state, and county/ local levels.

Shall You Dance? Study Finds Dancing Helps Seniors Avoid Falls

(HealthDay News) -- Preventing falls in older age could be as fun as dancing them away, new research shows.

Researchers found a 31% reduction in falls and a 37% reduction in fall risk for those aged 65 and older when reviewing clinical trials on "dance-based mind-motor activities" from around the world.

"We were positively surprised by the consistency of our results," said study author Michèle Mattle, a movement scientist and doctoral candidate at the University of Zurich, in Switzerland.

"Although previous research in the field of falls prevention and exercise was suggesting that interventions, including multitasking activities, are promising falls-prevention strategies, it was unclear if dance -based mind-motor activities would lead to comparable results," she said.

Dance-based mind-motor activities are those that have upright movements that emphasize balance and use music or an inner rhythm, such as breathing, according to the study. They include instructions or choreography, as well as social interaction. Tai chi meets those criteria, in addition to a variety of dance-based activities, including ballroom and folk dancing.

Though dance was often suggested as a good fall-prevention activity for older adults, there was not previously evidence for that, Mattle said. The review only found an association between dance and mobility, balance and lower body strength, not a cause-and-effect relationship. It also concluded there is a need for more high-quality trials on dance.

Tai chi is an activity that has been studied more often, but it's not as popular in Europe, Mattle said, where many people engage in ballroom and folk dances. The 29 trials reviewed in the study were from many countries on several different continents. They included trials from the United States and Canada, as well as countries throughout Asia, Europe and South America.

"Our findings now lay an important base for the further development of public health strategies in the field of falls prevention that are accessible for cultures that are not familiar with tai chi but have a cultural bond toward different dance styles," Mattle said.

Impaired balance and gait are important risk factors for falls in older adults, Mattle explained. The ability to multitask with two movements at once, such as talking while walking, can diminish with age. Many falls happen during walking when something unexpected happens and the person needs to react quickly, Mattle said. Balance training helps a person react faster when losing control.

"The movements in dance-based mind-motor [activities] are intentional, focused and involve the constant attention control for the shifting of body weight," Mattle said, calling it good training for keeping dynamic balance in unexpected situations and for enhancing reaction time.

The findings were published online Sept. 25 in *JAMA Network Open*.

Falls are the leading cause of accidental death and injury in people over 65, said Dr. Allison Mays, a geriatrician and assistant professor of medicine at Cedars Sinai, in Southern California. Mays is involved in another study that looks at the impact of exercise classes on older adults.

Causes of falls can range from reaction time slowed by aging, vision changes that affect balance, blood pressure changes and medication, Mays said.

"Falls are not normal, even in older adults," Mays said. "It always should deserve a conversation with your physician."...**Read More**