

ed cost of Medicare Advantage plan rebates in 2029 (\$110.2 billion).

Part or all of the amount projected to be spent on rebates could also be used to improve Medicare's financial condition and promote its long-term solvency. This amount would not, of course, cover all gaps in Medicare's benefits and would be less than the expected costs of adding certain expensive benefits, such as comprehensive coverage for long-term care. The major trade-off involved in reducing rebates and implementing benefits for all Medicare enrollees is that doing so would most likely result in fewer benefits, higher premiums, and higher out-of-pocket costs for some Medicare Advantage enrollees.

In 2024, the average Medicare beneficiary could choose among 43 plans offered by an average of eight organizations<sup>1</sup>; ensuring that beneficiaries have sufficient choices isn't a priority currently. Instead, we believe it's important to ensure that the program is meeting the needs of beneficiaries while also being fiscally responsible. Federal payments to Medicare Advantage plans are on autopilot, with ever-increasing rebates funding ever-expanding supplemental benefits for enrollees. The number of beneficiaries who are aware of or use these benefits is unclear, as is the extent to which providing them by means of Medicare Advantage plans improves health outcomes.<sup>4</sup>

A cost of continuing to use this system is that critical benefits, such as comprehensive coverage for hearing, dental, and vision care, aren't provided in a uniform manner to Medicare Advantage beneficiaries and aren't included in traditional Medicare. These particular benefits have been associated with better health outcomes. Private insurers could be better situated than the federal government to leverage community resources and tailor benefits to address the needs of their enrollees. But the potential for greater efficiency in Medicare Advantage doesn't mean that important supplemental benefits addressing unmet health needs should be offered only to Medicare Advantage enrollees.

We believe Congress should actively review the way the federal government pays Medicare Advantage plans and methods of providing extra benefits. This process should include consideration of whether there are more intentional methods of providing supplemental benefits that could improve outcomes for beneficiaries while also improving the Medicare program's financial sustainability. Whether extra benefits are provided by means of Medicare Advantage plans or under the Medicare program more broadly, benefits that improve health outcomes should be prioritized. The focus now should be on being good stewards of the Medicare

program, the Medicare Hospital Insurance trust fund, and federal spending while ensuring that Medicare beneficiaries can receive the care and coverage they need.

Disclosure forms provided by the authors are available at NEJM.org.

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## Celebrating Public Health

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Each year, the *Journal* publishes Clinical Implications of Basic Research (CIBR) articles to coin-

cide with the announcements of two awards, the Lasker Awards for Basic Medical Research and

for Clinical Medical Research. These awards celebrate the best in science and medicine, discov-

eries that have either altered the way we practice (like, this year, the work that has led to the widespread use of GLP-1 agonists to treat obesity and related diseases)<sup>1</sup> or point the way to further breakthroughs (like the discovery of cGAS–STING–mediated DNA sensing).<sup>2</sup> Covering the Lasker Awards each year has allowed us to feature the critical interplay between basic science and medicine.

But there is another award, the Lasker–Bloomberg Public Service Award. Whereas the two other awards can be described in a single sentence, the Public Service Award may be given for a spectrum of activities that can include public communication about medicine, health policy, and public health practice. This diversity means that the award rarely fits into a category that we would routinely cover in a CIBR article.

The result has been that we have not given the same credit to what I'll broadly call public health as we give to basic science. This is our chance to do so. Spectacular breakthroughs in science can't benefit people without translation to populations. To quote Paul Farmer, "In an age of explosive development in the realm of medical technology, it is unnerving to find that the discoveries of Salk, Sabin, and even Pasteur remain irrelevant to much of humanity."<sup>3</sup>

This year's winners of the Public Service Award exemplify a commitment to enabling scientific progress to improve human lives. Quarraisha and Salim Abdool Karim have done work that spans the spectrum from basic and translational science to implementation and outcomes research. To create fertile ground for pub-

lic health improvement, they helped in the peaceful transition from a repressive government to a democracy in their native South Africa, then played important roles in the new government and in international health organizations, created a research institute in their hometown, Durban, and nurtured a generation of medical and public health scientists.

Much of their research has had a direct impact on the population. For example, the CAPRISA 004 trial showed that women were relatively protected against acquisition of HIV infection when they used a topical microbicide, tenofovir gel, one of the first interventions that could reduce HIV transmission.<sup>4</sup> Another study they conducted revealed the optimal timing for starting antiretroviral treatment in patients with newly diagnosed HIV and tuberculosis.<sup>5</sup> The Abdool Karims were instrumental in first identifying a new SARS-CoV-2 variant that emerged in southern Africa and in helping to coordinate international trials to test interventions.

At the same time, they have played key roles in implementing scientific and public health measures. Both have been important advisors to the South African government and the World Health Organization. Salim led the South African Medical Research Council, while Quarraisha has been a strong advocate for women in science and public health. Their work has had a direct impact on millions of people in Africa and throughout the world.

The Drs. Abdool Karim are extraordinary. But their accomplishments remind us of the many people whose public health work is less appreciated. In fact,

the public health field is under threat. In the United States, public health leaders have been vilified and front-line workers have been threatened since the beginning of the Covid-19 epidemic. During each Ebola outbreak, public health workers have faced suspicion and attacks. And community health personnel providing polio vaccines continue to be killed in places such as Pakistan and Afghanistan. In this sense, there may never have been a more difficult time in public health.

So let's take this opportunity to celebrate not only the Abdool Karims but also the thousands of people who, working together, are trying to bring better health to our communities. As Paul Farmer once put it in a commencement address at Northwestern University, "With rare exceptions, all of your most important achievements on this planet will come from working with others — or, in a word, partnership."

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