

Obama signs stimulus bill providing COBRA subsidy

Employees who lose their jobs will be entitled to generous federal subsidies of their COBRA health insurance premiums under an economic stimulus bill signed into law by President Barack Obama at a ceremony in Denver.

The federal government will pay 65 percent of COBRA premiums for employees who are laid off from Sept. 1, 2008, through Dec. 31, 2009. The subsidy will extend for nine months. However, individuals with an annual adjusted gross income of more than \$125,000 and couples with an adjusted gross income of more than \$250,000 will not be eligible for the subsidy.

Employers will face a significant communications and administrative challenge to comply with the COBRA provisions, which go into effect March 1.

Employees who were laid off since Sept. 1, 2008, and declined to opt for COBRA coverage will have a new right to enroll in COBRA, and employers are required to inform those individuals of that right.

In addition, laid-off employees now receiving COBRA will have to be informed of the new subsidy and their premium contributions will have to be adjusted—as of March 1—to reflect the new subsidy.

The Joint Committee on Taxation estimates that the subsidy could help 7 million individuals and their families. It also estimates that the subsidy will cost the government nearly \$25 billion.

Source: Business Insurance



Adam Hamm
Insurance Commissioner

Welcome to the *RxConnector* newsletter!

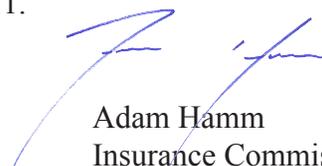
Dear friends,

This newsletter is designed to keep you up-to-date about the Prescription Connection for North Dakota program and to keep you in the know about the various prescription assistance programs that are available. From time to time, we may also include other items of interest related to Medicare and the State Health Insurance Counseling (SHIC) program.

As always, thank you so much for all that you do for the Prescription Connection program.

Without your help, our work would be that much harder. Your efforts are valued and appreciated.

If you have items of interest that you think should be included in this newsletter, we would love to hear about them. Please contact Sharon St. Aubin at ssaubin@nd.gov or call her at 1.888.575.6611.



Adam Hamm
Insurance Commissioner

**NORTH
DAKOTA**
Insurance
Department

**Prescription
Connection**

Adam W. Hamm, Commissioner

RxConnector is a publication of the Prescription Connection for North Dakota program.

Contact us at:

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More hospitals establish residency programs for new nurses to help address shortage



An increased number of hospitals have established residency programs to increase support for nursing school graduates and help address the current nursing shortage, the AP/Detroit News reports.

According to a recent national study, one in five new nurses quits within one

year. The high turnover rate—a “major contributor to the

nation’s growing shortage of nurses,” which could reach 500,000 by 2025—has resulted in part because new nurses face a “demanding environment” and do not undergo residency programs to provide them with “on-the-job training,” the AP/News reports.

In response, some hospitals have begun to have new nurses shadow more experienced nurses, and others have invested in residency programs. In 2002, the American Association of Colleges of Nursing and the University HealthSystem Consortium created a residency program for new nurses at hospitals affiliated with universities. About 52 hospitals participate in the program, and in 2007 they had an average turnover rate of six percent among new nurses. In addition, the federal government since 2003 has awarded \$17 million in grants for 75 hospitals to offer residency programs for new nurses. The National Council of State Boards of Nursing also has considered a standardized residency program for new nurses (Madkour, AP/Detroit News, 2/15).

Source: Kaiser Daily Health Policy Report

Economic stimulus single payment alert

On Feb. 17, President Obama signed the American Recovery and Reinvestment Act of 2009. This new legislation provides a one-time payment of \$250 to Social Security and Supplemental Security Income beneficiaries in all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa and the Northern Mariana Islands. Individuals receiving benefits from the U.S. Department of Veterans Affairs or Railroad Retirement Board are also be eligible for these one-time payments.

Over 60 million beneficiaries will receive a one-time payment. A one-time \$250 payment will be issued to an individual eligible under the enumerated programs in any month during the three month period prior to the enactment of the stimulus. An individual eligible under more than one program will receive only one payment. The Secretary of the Treasury must issue the payment as soon as possible, but no later than 120 days after enactment.

The payments are expected to be delivered by late May 2009. No action is required on the part of beneficiaries;

they will automatically receive the payment. The payment will arrive separately from the usual monthly payment. Beneficiaries should contact Social Security if they do not receive their payment by June 4, 2009.

The payment will be delivered in the same way the current Social Security or SSI benefit is currently delivered. If the payment is usually delivered by check, the one-time payment will be delivered by check. If the beneficiary usually receives a monthly direct deposit or Direct Express® debit card payment, that is how they will receive the one-time payment.

Payments are disregarded as a resource for purposes of eligibility under any federal program or any state or local program financed in whole or in part with federal funds. This disregard is effective for the month of receipt and the following nine months. The payments are not considered taxable income. Further information will be posted at www.socialsecurity.gov/payment as it becomes available.

Source: Social Security

Climate fears are driving ‘ecomigration’ across globe

Adam Fier recently sold his home, got rid of his car and pulled his twin 6-year-old girls out of elementary school in Montgomery County. He and his wife packed the family’s belongings and moved to New Zealand—a place they had never visited or seen before, and where they have no family or professional connections. Among the top reasons: global warming.

Halfway around the world, the president of Kiribati, a Pacific nation of low-lying islands, said recently that his country is exploring ways to move all its 100,000 citizens to a new homeland because of fears that a steadily rising ocean will make the islands uninhabitable.

The two men are at contrasting poles of a phenomenon that threatens to reshape economies, politics and cultures

across the planet. By choice or necessity, millions of “ecomigrants”—most of them poor and desperate—are on the move in search of more habitable living space.

There were about 25 million ecomigrants in the world a little more than a decade ago, said Norman Myers, a respected British environmental researcher at Oxford University. That number is now “a good deal higher,” he added. “It’s plain that sea-level rise in the wake of climate change will inundate the homelands of huge numbers of people.”

Source: Washington Post

Many older men won’t benefit from PSA test

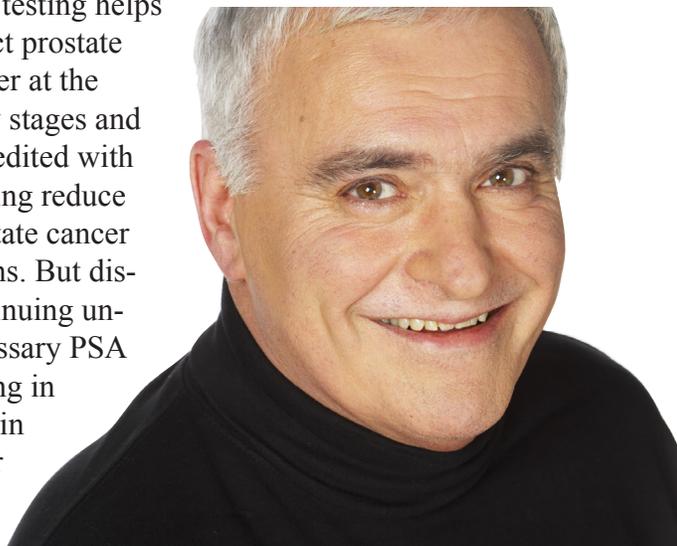
Routine prostate specific antigen (PSA) blood tests offer no benefit to many men ages 75 to 80, a new study suggests.

Researchers analyzed data from 727 prostate cancer patients and 122 cancer-free men who took part in the U.S. National Institute on Aging’s Baltimore Longitudinal Study of Aging and had regular PSA testing.

The Johns Hopkins-led study found that none of the men between 75 and 80 years old who had PSA levels lower than 3 nanograms per milliliter died of prostate cancer and only one developed aggressive prostate cancer. However, men of all ages with a PSA level of 3 nanograms per milliliter or higher had a continually rising risk of dying from prostate cancer.

The findings, published in the April issue of the Journal of Urology, suggest that many older men may no longer require PSA testing. If confirmed in future studies, the results may help determine more specific age-based guidelines for when it’s safe to stop PSA screening, said lead investigator Dr. Edward Schaeffer, an assistant professor of urology at Johns Hopkins University School of Medicine.

PSA testing helps detect prostate cancer at the early stages and is credited with helping reduce prostate cancer deaths. But discontinuing unnecessary PSA testing in certain older men



could help reduce screening costs and health problems caused by additional tests or treatments.

“We need to identify where we should best focus our health care dollars by concentrating on patients who can actually benefit from PSA testing. These findings give a very strong suggestion of when we can start to counsel patients on when to stop testing,” Schaeffer said.

Source: HealthDay

A guide to safe use of pain medicine

If you've ever been treated for severe pain from surgery, an injury, or an illness, you know just how vital pain relief medications can be.

Pain relief treatments come in many forms and potencies, are available by prescription or over-the-counter (OTC), and treat all sorts of physical pain—including that brought on by chronic conditions, sudden trauma, and cancer.

OTC medications

These relieve the minor aches and pains associated with conditions such as headaches, fever, colds, flu, arthritis, toothaches and menstrual cramps.

There are basically two types of OTC pain relievers: acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs).

Acetaminophen is an active ingredient found in more than 600 OTC and prescription medicines, including pain relievers, cough suppressants, and cold medications.

NSAIDs are common medications used to relieve fever and minor aches and pains. They include aspirin, naproxen, and ibuprofen, as well as many medicines taken for colds, sinus pressure, and allergies. They act by inhibiting an enzyme that helps make a specific chemical.

Prescription medications

Typical prescription pain relief medicines include opioids and non-opioid medications.

Derived from opium, opioid drugs are very powerful products. They act by attaching to a specific “receptor” in the brain, spinal cord, and gastrointestinal tract. Opioids can change the way a person experiences pain.

Types of prescription opioid medications include:

- **Morphine**, which is often used before and after surgical procedures to alleviate severe pain
- **Oxycodone**, which is also often prescribed for moderate to severe pain
- **Codeine**, which comes in combination with acetaminophen or other non-opioid pain relief medications and is often prescribed for mild to moderate pain
- **Hydrocodone**, which comes in combination with acetaminophen or other non-opioid pain relief medications and is prescribed for moderate to moderately severe pain

The FDA has recently notified makers of certain opioid drugs that these products will need to have a Risk Evaluation and Mitigation Strategy (REMS) to ensure that the benefits continue to outweigh the risks.

Affected opioid drugs, which include brand name and generic products, are formulated with the active ingredients fentanyl, hydromorphone, methadone, morphine, oxycodone, and oxymorphone.

FDA has authority to require a REMS under the Food and Drug Administration Amendments Act of 2007.

Types of non-opioid prescription medications include ibuprofen and diclofenac, which treat mild to moderate pain.

Use as directed

Pain medications are safe and effective when used as directed. However, misuse of these products can be extremely harmful and even deadly.

Consumers who take pain relief medications must follow their health care professional's instructions carefully. If a measuring tool is provided with your medicine, use it as directed.

Do not change the dose of your pain relief medication without talking to your doctor first.

Also, pain medications should never be shared with anyone else. Only your health care professional can decide if a prescription pain medication is safe for someone.

Here are other key points to remember.

With acetaminophen:

- Taking a higher dose than recommended will not provide more relief and can be dangerous.
- Too much can lead to liver damage and death. Risk for liver damage may be increased in people who drink three or more alcoholic beverages a day while using acetaminophen-containing medicines.
- Be cautious when giving acetaminophen to children. Infant drop medications can be significantly stronger than regular children's medications. Read and follow the directions on the label every time you use a medicine.

Be sure that your infant is getting the infants' pain formula and your older child is getting the children's pain formula.

With NSAIDs:

Too much can cause stomach bleeding. This risk increases in people who are over 60 years of age, are taking prescription blood thinners, are taking steroids, have a history of stomach bleeding or ulcers, and/or have other bleeding problems.

Use of NSAIDs can also cause reversible kidney damage. This risk may increase in people who are over 60 years of age, are taking a diuretic (a drug that increases the excretion of urine), have high blood pressure, heart disease or pre-existing kidney disease.

With opioids:

Use of opioids can lead to drowsiness. Do not drive or use any machinery that may injure you, especially when you first start the medication.

The dose of an opioid pain medication that is safe for you could be high enough to cause an overdose and death in someone else, especially children.

Know the active ingredients

A specific area of concern with OTC pain medicines is when products sold for different uses have the same active ingredient. A cold and cough remedy may have the same active ingredient as a headache remedy or a prescription pain reliever.

To minimize the risks of an accidental overdose, consumers should avoid taking multiple medications with the same active ingredient at the same time.

All OTC medicines must have all of their active ingredients listed on the package. For prescription drugs, the active ingredients are listed on the container label.

Talk with your pharmacist or another health care professional if you have questions about using OTC medicines, and especially before using them in combination with dietary supplements or other OTC or prescription medicines.

Misuse and abuse

Misuse and abuse of pain medications can be extremely dangerous. This is especially so in regard to opioids. These medications should be stored in a place where they

cannot be stolen.

According to the National Institutes of Health, studies have shown that properly managed medical use of opioid analgesic compounds (taken exactly as prescribed) is safe, can manage pain effectively and rarely causes addiction.

But the abuse of opioids is a significant public safety concern. Abusers ingest these drugs orally, and also crush the pills in order to snort or inject them.

Commonly abused opioid pain medicines include prescription drugs such as codeine, and the brand-name products Oxycontin (oxycodone), Vicodin (hydrocodone with acetaminophen), and Demerol (meperidine).

Addiction is just one serious danger of opioid abuse. A number of overdose deaths have resulted from snorting and injecting opioids, particularly the drug OxyContin, which was designed to be a slow-release formulation.

Use opioids safely: 3 key steps

Keep your doctor informed. Inform your health care professional about any past history of substance abuse. All patients treated with opioids for pain require careful monitoring by their health care professional for signs of abuse and addiction, and to determine when these analgesics are no longer needed.

Follow directions carefully. Opioids are associated with significant side effects, including drowsiness, constipation and depressed breathing depending on the amount taken. Taking too much could cause severe respiratory depression or death. Do not crush or break pills. This can alter the rate at which the medication is absorbed and lead to overdose and death.

Reduce the risk of drug interactions. Don't mix opioids with alcohol, antihistamines, barbiturates or benzodiazepines. All of these substances slow breathing and their combined effects could lead to life-threatening respiratory depression.

Source: Food and Drug Administration



'Superbug' infections decline for procedure

Complications caused by the drug-resistant MRSA bacteria have declined by half for catheter insertions at intensive-care units.

Bloodstream infections caused by methicillin-resistant *Staphylococcus aureus*, or MRSA, have dropped 50 percent in the last decade, at least for one high-risk medical procedure, according to a new study.

The finding, although limited to a single procedure in the intensive-care units of hospitals surveyed—insertion of a central line, or catheter, into a major blood vessel—runs contrary to the widespread perception of MRSA as an out-of-control hospital superbug.

“This study shows that at least in one facet of health care-associated infections, things seem to be moving in the

right direction, and that’s a good thing for patient safety,” said study coauthor Dr. John Jernigan, an epidemiologist at the national Centers for Disease Control and Prevention. “Are we all the way there yet? No.”

The finding was published in the *Journal of the American Medical Assn.*

MRSA catapulted to the general public’s attention two years ago when infectious disease experts estimated that the antibiotic-resistant bacterium causes 19,000 deaths a year and that 85% of the infections are contracted in healthcare settings such as nursing homes, dialysis centers and hospitals.

Source: National Association of State Units on Aging

Freeware as an assistive technology solution

There are software products that may be downloaded and used at no cost called freeware. Freeware provides an opportunity to use software products for an unlimited amount of time, fully and freely. There is a considerable amount of freeware for both personal and commercial use available online. The following freeware programs are currently available:

Magnifier: Virtual magnifying glass

<http://magnifier.sourceforge.net/>

A screen magnification program that increases text size from 1x to 16x; allows an individual to magnify any part of the monitor screen.

Text to speech: Sofotex

http://www.sofotex.com/Free-Natural-Voice-Text-to-Speech-Reader-download_L10611.html

Freeware that allows an individual to have both self-created and webpage documents read aloud.

Calculator: Calculate for Free

<http://www.calculateforfree.com/>

Games: Discover Technology

<http://discovertechnology.com/GameP/gamep.html>

A site listing a variety of games for individual use with many links to other accessible game websites.

Text Production: Dasher

<http://www.inference.phy.cam.ac.uk/dasher/>

A unique program that allows a person to produce text by selecting letters and/or words using pointing gestures.

On-screen keyboard: ALS March of Faces

<http://www.march-of-faces.org/resources/vkt.html>

Intended for a person who cannot use a keyboard, this freeware places a keyboard image on the monitor screen.

Screen reader: Serotek

<http://www.satogo.com/>

A program to help individuals with difficulty either reading or seeing the information on their monitor screen; it reads the visual information out loud.

These freeware programs are just a few examples of what is available at no cost online. By searching the internet, other freeware programs may be found to fit individual needs making computer use possible or more effective.

Source: Assistive Technology Key

Trekker Breeze

Global Positioning Systems (GPS) technology is used for people with disabilities. GPS was developed by the United States Department of Defense as a way to determine current location, time, and velocity. HumanWare™ has taken this technology and made a GPS orientation device, the Trekker Breeze, to make travel easier for individuals with low vision and blindness. This device is designed for traveling in familiar surroundings or on pre-defined routes. It increases confidence and makes learning new routes easier. When walking, users receive audible information, such as street names, intersections and reference landmarks. If lost, a person can retrace their steps. Users

can also record routes, and activate them for future use. They can also choose to reach favorite destinations with turn-by-turn audible instructions.

For more information on this device please contact the manufacturer at: 1-800-722-3393 or visit their website at www.humanware.com. If you would like to rent this item from the IPAT loan library, call 1-800-895-4728 or email: ipatinfo@neipat.org

Source: Assistive Technology Key

Ready, set, modify

IPAT is sponsoring a full-day workshop in conjunction with the 6th Annual AT Expo! The topic is home modification, and the workshop will provide participants with a range of solutions to meet both present and future needs of homeowners as they accommodate for disabilities.

This hot topic is fast becoming needed information as American baby boomers begin to experience the effects of aging. With the cost of nursing home placements and the desire of the majority to remain at home throughout their lifespan, this workshop may be of interest and value to all.

The workshop, “Accommodating Home Remodeling 101,” will be presented by Diane Sprague, director of the Lifetime Home Project which is based in Minneapolis, MN, and promotes accessible/universal home design and home telehealth technologies for long-term community living. This workshop will be in Fargo at the Ramada Plaza and Suites on April 29, 2009

For registration information call 1-877-760-2939 or go to www.atexpo.org.

Juice alert



Experts have long known that drinking grapefruit juice while on some meds can cause your body to absorb too much of the medication. But a new study suggests you shouldn't wash down pills with orange, apple or other

juices either; they prevent your body from absorbing enough medication, says lead researcher David G. Bailey, PhD, of the University of Western Ontario. Water is safest.

Source: Health

CellCept medication guide

Roche Laboratories Inc has developed a CellCept Medication Guide that has been developed in conjunction with the FDA to provide important safety and efficacy information in language patients can easily comprehend. Per FDA regulations, a copy of the CellCept Medication Guide must be distributed to every patient who fills a CellCept prescription from this point forward.

Please note that the CellCept Medication Guide is consistent with the currently approved US CellCept

complete Prescribing Information and does not reflect any new safety information. Roche is committed to ensuring patients understand the benefits and risks associated with CellCept therapy.

To obtain copies of the CellCept Medication Guide for distribution to patients, please call 1-800-617-8191 or visit www.rocheusa.com/products/cellcept.

Grant program for free clinics and nonprofits

NeedyMeds and RxOutreach® are proud to sponsor a subsidized grant program for free clinics and other nonprofit organizations that serve PAP participants at no charge. Through the generosity of RxOutreach®, NeedyMeds will help underwrite the monthly cost of PAPERxTracker™ for qualifying organizations for 12 months.

Their goal is to increase the number of participants enrolled in patient assistance and deep discount programs.

In 2008, the PAPERxTracker licensees managed PAPs for 2,860 individual enrollees whose 10,352 orders had a wholesale value of \$6,662,716.

PAPERxTracker™ Patient Demographics:

Gender breakdown: Male – 31%, Female – 59%

Average family size: 1.9

Average income: \$8,445

Ethnicity (of those reporting): White: 57%, Black 29%, Hispanic -10%, Other - 4%

Marital status (of those reporting): Married-31%, Single – 49%, Divorced – 15%, Widowed – 4%

Average enrollee age: 50

Percent enrollees by age group:

Age 50 – 59: 33%,

40- 49: 26%

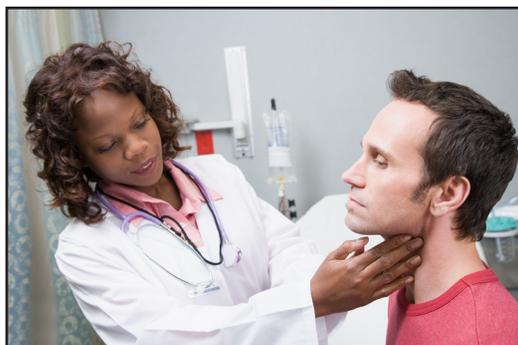
60 – 69: 16%

30-39: 13%

All other ages: 12%

New applications will be accepted beginning March 1, 2009 for grants beginning April 1, 2009. For more info click on incentivegrant@needymeds.org.

Free clinics database grows



Introduced a few months ago, The Needy Meds database of free/ low-cost/sliding scale clinics has turned out to be a very popular

destination on the website. They list approximately 3,300 verified clinics—clinics that are known to exist. Many of the users find the mapping feature particularly handy. More clinics are added every day.

Email NeedyMeds at freeclinics@needymeds.org if you know of a clinic not in their database.

PAP updates

Effective 1/9/09 Sepracor ended its patient assistance program.

Prilosec has been removed from and Zoloadex has been added to the AZ & Me Prescription Savings Program for people with Medicare Part D.

Merrem and Faslodex have been added to the AZ & Me Prescription Savings Program.

The Sanofi Aventis PACT+ program has a new application and income guidelines that go up to 500% of FPL.

BenzaClin Topical Gel, Noritate Cream and Penlac have been added to the Sanofi Aventis Patient Assistance Foundation Program.

Voltaren XR has been added to the Novartis Patient Assistance Foundation program even though it's not listed on the application.

Effective 12/23/08, Nimotop has been removed from the Bayer Patient Assistance Program.

Tegretol and Trileptal have been added to the Novartis Patient Assistance Program.

Xubex has a new non-need-based program that offers a free 30-day supply of approximately 36 medications.

Source. NeedyMeds.com

Medication names that look or sound the same

Drug errors are often due to medication names that look or sound the same. Some examples of these errors include the following names:

Celebrex	for arthritis pain
Cerebyx	for epilepsy
Zyprexa	for bipolar disorder and schizophrenia
Zyrtec	for allergies
Topamax	for epilepsy and migraines
Toprol-XL	for hypertension and migraines
Clonidine	used for hypertension
Klonopin	used for anxiety
Lamivudine	for HIV infection
Lamotrigine	for epilepsy
Prilosec	for gastroesophageal-reflux disease
Prozac	for depression and obsessive-compulsive disorder

Tramadol	for pain relief
Toradol	an anti-inflammatory
Miralax	for constipation
Mirapex	for treating Parkinson's disease and restless legs syndrome

Drugs, with names that look or sound alike, account for a staggering proportion of pharmacy mix-ups. Before you leave the pharmacy with a new medication, confirm you are getting the right drug in the right dose by speaking with the pharmacist.

Source: Health