

## High-tech drug companies receive protection from generics

“Senators agreed Monday to give high-tech biologic drugs 12 years of market protection before generic versions can compete,” according to The Associated Press.

The AP reports: “The vote in the Senate Health, Education, Labor and Pensions Committee was a victory for the biotechnology and pharmaceutical industries but a defeat for the Obama administration and AARP. The Obama administration had pushed for a seven-year exclusivity period so that patients could get quicker access to cheaper versions of costly medicines used to treat ailments including cancer, Parkinson’s, diabetes and rheumatoid arthritis.

Proponents of the longer time frame say products like the blockbuster cancer drug Avastin deserve longer market protection because they are more expensive

and time-consuming to produce than regular drugs, and the extra time and money is needed to attract investors and promote innovation. The decision would still need agreement from the full Senate and the House, where Energy and Commerce Committee Chairman Henry Waxman, D-Calif., strongly supports a shorter exclusivity period.”

The AP notes: “Biotech drugs currently don’t face generic competition because the Food and Drug Administration doesn’t have power to approve copies of such medications. Efforts to change have been held up for nearly a decade by squabbling between the biotech and generic drug industries and their allies on Capitol Hill” (Werner, 7/14).

*Source: Kaiser Daily Health Report*



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 [sstaubin@nd.gov](mailto:sstaubin@nd.gov) or call her at 1.888.575.6611.



Adam Hamm  
Insurance Commissioner

## Dozens arrested in national Medicare fraud bust

The Associated Press reports: “Federal authorities arrested more than 30 suspects, including doctors, and were seeking others in a major Medicare fraud bust recently in New York, Louisiana, Boston and Houston, targeting scams such as ‘arthritis kits’—expensive braces that many patients never used. More than 200 agents worked on the \$16 million bust that included 12 search warrants at health care businesses and homes across the Houston area, where the bulk of the arrests were made.

Federal authorities say those businesses were giving patients ‘arthritis kits,’ which were nothing more than expensive orthotics that included knee and shoulder braces and heating pads. Patients told authorities they were unnecessary and many never even received them. But health care clinic owners billed between \$3,000 to \$4,000 for each kit. In some cases, clinic owners billed patients who were dead when they allegedly received the items” (Kennedy, 7/29).

The Wall Street Journal reports: “More than \$800 billion is spent annually on Medicare and Medicaid, the joint federal-state program for the poor, and by some estimates more than \$60 billion each year is lost to fraud. Such lost money is part of the debate on Capitol Hill on President Barack Obama’s push for health-care reform.

### Health tip

According to the U.S. Department of Health and Human Services, adults need vaccination shots just as much as children do. So if you are:

- An adult of any age, you need a tetanus shot once every 10 years;
- Age 50 or older, you should get a flu shot every year;
- Age 60 or older, you may need the Zoster vaccine to prevent shingles; and
- Age 65 or older, you need the pneumonia vaccine, which is sometimes called PPV.

Medicare Part B covers a tetanus shot if you have been exposed to tetanus; a flu shot once every flu season, and a pneumonia shot once in your lifetime. If you have a Medicare Part D drug coverage, your plan should cover the Zoster vaccine (as of 2008, any

Since March 2007, the government’s special antifraud teams have produced 293 indictments involving Medicare claims totaling \$680 million in such Medicare-fraud ‘hot spots’ as South Florida, Los Angeles and Detroit, where abuses of the federal health program for the elderly and disabled are more frequently found. The strike forces have obtained nearly \$300 million in restitution” (Kingsbury, 7/29).

The Houston Chronicle reports: “The operation by the newly formed Houston Medicare Fraud Task Force underscored U.S. Justice Department warnings that the Houston metropolitan areas have become a major front in the government’s battle to clamp down [Medicare fraud]. Tim Johnson, the U.S. attorney in Houston, warned other violators that the roundup marked the beginning of a lengthy federal investigation that will lead to more arrests in the future.”

The Houston Chronicle notes: “Investigators say one reason Medicare fraud is on the rise in Houston is a steady influx of immigrants who, in some instances, consider gaming the government for benefits an acceptable practice, said one top Justice Department investigator, speaking on condition he would not be identified” (Pinkerton, 7/29).

*Source: Kaiser Daily Health Reports*

commercially-available vaccine that is not covered by Part B should be covered by your Medicare prescription drug plan.)

The shots that we get as children weaken over time, so these boosters help to make sure that we don’t succumb to illnesses that can be life-threatening.

The Centers for Disease Control and Prevention has a handy quiz that you can take to see what vaccination boosters you may need. And you can learn more about specific vaccinations for adults at the Mayo Clinic online. Then, talk to your doctor about getting them and staying healthy!

*Source: Dear Marci, Aug. 3, 2009*

## Website helps caregivers navigate Medicare

The Department of Health and Human Services has created a web site called “Ask Medicare” to help caregivers navigate the often confusing Medicare system. CNN reports on the experience of Kim Mickens, a caregiver who used the site to help her mother, who has Alzheimer’s disease.

“Medicare personnel helped her get some of the medical supplies she needed and also recommend a new website called Ask Medicare. Designed to give easy access to people taking care of elderly relatives, Ask Medicare provides information and links to services that are important to caregivers.”

CNN reports that HHS says “at least 44 million Americans provide care for a chronically ill, disabled or elderly family member or friend. Of those family caregivers, 7 percent—like Mickens—provide 40 hours or more of care a week. The new website is



meant to be a navigational tool for caregivers—for whom time is valuable—that cuts through all the bureaucratic red tape.

According to the Center on an Aging Society at Georgetown University, family caregivers provide approximately 80 percent of long-term care services in the United States” (Willingham, 8/3).

Click here to access the Ask Medicare website.

*Source: Kaiser Daily Health Report*

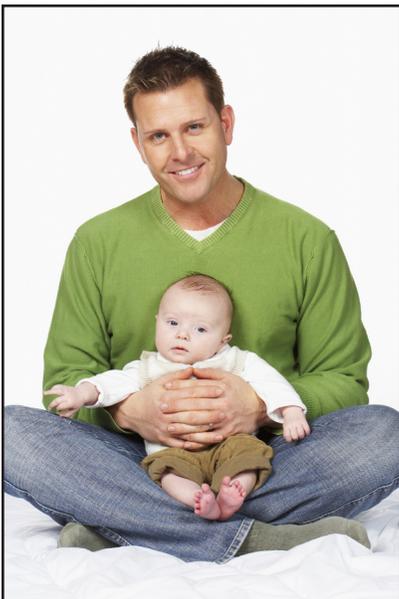
## 10 warning signs of Alzheimer’s disease

It is a myth that only older people can get Alzheimer’s disease. Alzheimer’s can strike people in their 30s. In 2009, it is estimated that there are as many as 5.3 million people living with Alzheimer’s disease in the United States, including 18,000 in North Dakota.

To find the 10 warning signs of Alzheimer’s disease, go to:  
[www.alz.org/alzheimers\\_disease\\_know\\_the\\_10\\_signs.asp](http://www.alz.org/alzheimers_disease_know_the_10_signs.asp)

*Source: AARP, July 2009*

## Baby on board changes insurance needs



A new baby touches every facet of a family’s life, including their finances. According to the National Center for Health Statistics, more babies are born in August than in any other month.

The National Association of Insurance Commissioners (NAIC) suggests these steps in the following website to help new parents protect their growing family.

[www.naic.org/documents/consumer\\_alert\\_baby\\_on\\_board.htm](http://www.naic.org/documents/consumer_alert_baby_on_board.htm)

*Source : NAIC Aug. 4, 2009*

## Total number of uninsured difficult to predict

The total number of uninsured may be a moving target and “could make a huge difference in the billions of dollars it will cost to remake the national system,” The Associated Press reports. “Barack Obama frequently cites last year’s Census Bureau number of 46 million people with no health insurance.” That number may be “off by tens of millions—in one direction or the other” because of “the recession’s continuing toll on jobs, a tendency to undercount people on Medicaid and other factors make it hard to come up with an exact number. And the most widely accepted range—40 million to 50 million—includes some 10 million non-citizens, a detail that’s generally overlooked when Obama and others talk about ‘uninsured Americans.’”

None of the plans currently in Congress would cover illegal immigrants. “New Census Bureau figures expected next month could scramble the equation,

adding billions in costs if the numbers come in higher than expected, or reducing costs if the numbers are lower” (Werner, 8/5).

CBS News assesses 10 “myths” of health reform legislation. For example, they conclude that there is “nothing in any health care reform bill before Congress that would require people to “decide how they wish to die,” referring to the claim that the House bill could encourage euthanasia of seniors. CBS also disputes the claims that “Americans will lose their private insurance,” that “health care legislation mandates taxpayer dollars pay for abortions,” and that “health reform will be paid for” without adding to the deficit (Condon, 8/6).

*Source: Kaiser Daily Health Report*

## 2009 N.D. KIDS COUNT book now available

This is the 15th annual publication providing profiles of child well-being for North Dakota by the eight planning regions and all 53 counties. There are multiple indicators measuring six components of child well-being:

- Demographics—population, age, race and ethnicity, number of births
- Family and community—single parents, grandparents, working mothers, foster care
- Economic well-being—poverty and income, public assistance
- Education and early care—enrollment, expenditures, children with disabilities, achievement, dropouts, types of early care
- Health—vital statistics, public assistance, health insurance
- Safety and risky behaviors—child abuse and neglect, juvenile justice, idle teens

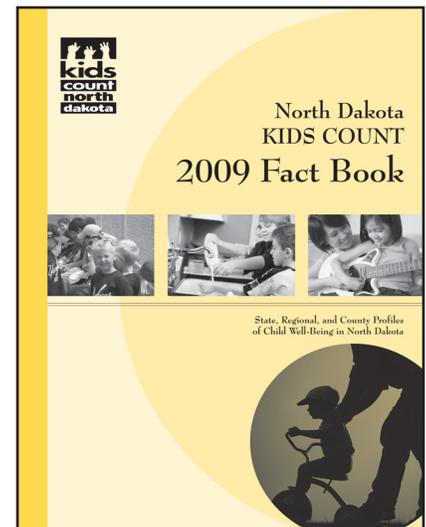
In addition to their website, current and historical Fact Book indicators are available on the Annie E. Casey Foundation’s KIDS COUNT Data Center website: <http://datacenter.kidscount.org/>.

Do you need trend data, graphics, maps or rankings for North Dakota counties and for other participating

states? The KIDS COUNT Data Center is the place to go. The site also features a “raw data” option that allows you to download indicators for further manipulation. Mark this as a “favorite” and encourage others to access this information online.

The annual KIDS COUNT Data Book reveals that children in North Dakota are doing well. The state ranks seventh in the nation for children’s well being. North Dakota is first in the nation with regard to our low percent of teen drop-outs and our low percent of idle teens (not in school and not working).

The 2009 North Dakota KIDS COUNT Fact Book is now available online at: <http://www.ndkidscount.org>.



## U.S. Dept. of Labor announces \$220M competition to fund programs that prepare workers for health care industry

During a visit to the Shawnee County Community Health Center as a stop on the Obama administration's Rural Tour, Secretary of Labor Hilda L. Solis recently announced a \$220 million competition to fund projects that prepare workers for careers in the health care and other high growth industries.

“An important part of our nation's continued economic recovery is ensuring that workers have the necessary skills to enter high growth industries,” said Secretary Solis. “Health care continues to offer workers opportunities to enter career-track jobs, earn good wages and make a positive impact on the communities in which they live and work.”

The competition announced today will result in grants to fund public entities and private, nonprofit organizations to train individuals for careers in the health care fields of nursing, allied health, long-term care and health information technology. Training also will be provided for careers in other growing industries based on specific regional needs. Approximately \$25 million of total funds will be reserved for projects serving communities impacted by automotive industry restructuring.

“Today's announcement is another way that President Obama is making it a priority to get help to auto communities in an efficient and meaningful way,” said Dr. Ed Montgomery, executive director of the White House Council on Auto Communities and Workers. “America's auto workers have sacrificed enormously during this economic downturn. These grants will help those auto workers who have been displaced learn valuable new skills, while giving them the support they need to find new employment in high growth and emerging industries.”

Grants awarded through this competition will be funded under the American Recovery and Reinvestment Act of 2009 (Recovery Act). In an effort to earn the maximum return on each investment, the Labor Department is encouraging prospective grantees to align their proposals with other federal agencies'

Recovery Act investments intended to create jobs and promote economic growth. Projects funded through these grants will be conducted in partnership with the public workforce system in order to prepare workers to enter careers in targeted industries.

A notice of the grant solicitation will appear in the July 22 edition of the Federal Register, and it will be available at [http://www.doleta.gov/grants/find\\_grants.cfm](http://www.doleta.gov/grants/find_grants.cfm) and <http://www.grants.gov>. The notice may be viewed online on the July 22nd Federal Register at: <http://edocket.access.gpo.gov/2009/E9-17416.htm>. For more information on the array of Department of Labor employment and training investments and opportunities, visit <http://www.doleta.gov>.

To learn more about the Recovery Act and efforts across the country to move the economy forward, visit <http://www.Recovery.gov>.

*Source: U.S. Department of Labor*



## More information on Bridge to Benefits

### What this screening tool can do:

This screening tool can help people in North Dakota learn if they may be able to get benefits from the programs below:

- Caring for Children
- Child Care Assistance Program
- Earned Income Tax Credit (EITC)
- Healthy Steps
- Low Income Home Energy Assistance Program
- Medicaid (pregnant women and children to age 6)
- Medicaid (ages 6-18)
- School Meal Program
- Supplemental Nutrition Assistance Program (SNAP)

If it looks like you or your family will qualify, it will tell you how to apply for these programs.

### What this screening tool cannot do:

This screening tool does not apply for programs for you. If you appear eligible for one or more programs, you will still have to apply for each program by mail or in person. It will tell you how to apply and help you find someone to help you complete the application.

This screening tool also does not guarantee that you will be able to get help. It is a good guess. You will still have to apply for each program to find out if you qualify.

Last, this screening tool does not ask for any personal information that could identify you. It cannot tell who you are by your answers. Your privacy is protected.

### Note to non-citizens:

Using this screening tool will NOT affect your immigration status. You may be able to get help but each program has different guidelines about immigration status. Click here to learn more about how your immigration status will affect eligibility for each program. Click the NEXT button to go to the screening tool!

Visit the newly launched North Dakota Bridge to Benefits web site at: <http://nd.bridgetobenefits.org/>

## PAP updates



Exforge HCT(R) and Coartem(R) have been added to the Novartis Patient Assistance Foundation Program.

Bristol-Myers Squibb, along with Gilead Sciences, has added copayment assistance programs for Reyataz, Sustiva and Atripla.

The Renal Patient Assistance Program now offers Hectorol in Injection formulation.

New program: Trelstar Reimbursement Program. Information and application available.

Gabitril, Fentora, Nuvigil and Provigil are now offered on the new CephalonCares Foundation PAP. The program replaces the former individual programs for these meds.

Cellcept has been added to the Xubex PAP.

For access to more PAP updates, join the NeedyMeds Forums for free at [forums.needymeds.com](http://forums.needymeds.com).

Shire has renamed its program for Lialda and Pentasa Shire Cares.

Carbatrol will be on a separate program. The new program has raised income guidelines and has expanded services to help those who have lost their jobs in 2009. They also offer a discounted copay pharmacy card and a free 30 day trial of Lialda for patients who enroll in the Lialda UC Support Program.

## Progress report: drug discount card

In April 2009, NeedyMeds announced its free drug discount card. It provides a discount of up to 75 percent on prescription drugs and is accepted at over 53,000 pharmacies. The card is free and can be downloaded from the NeedyMeds website.

Its many features include:

- No registration required
- No income or age guidelines
- No insurance or residency requirements

The response has been overwhelming, and the savings have been fantastic. In April, the first month of the card, 335 prescriptions were filled with the card for a total savings of \$9,362. In May, the number of scripts jumped to 2,030, generating a savings of \$58,757. And in June, the last month numbers are available, there were 3,008 prescriptions with a savings of \$108,645!

The average savings for users rose from 31% in April to 35% in May to an astounding 43% in June. Many clinics and other non-profit organizations have signed up as card partners. They can issue their own card and their members can save on prescription drugs, earning money to help them with their missions.

## Hidden health tax

Who helps pay for the health care that the uninsured receive? Insured families and individuals do, which is one reason their insurance premiums are on the rise. Families USA contracted with an actuarial consulting firm to find out the exact cost of this “hidden health tax”—the total cost of uncompensated care that is provided to the uninsured and that is spread across the privately covered, non-Medicare/non-Medicaid population.

The 2009 Families USA report found that:

- The uninsured paid for 37% of the total cost of care they received out of pocket
- Third parties (government programs and charities) paid for 26% of the uninsured’s care
- The remaining 37% of care (\$42.7 billion) was unpaid, uncompensated care.

(For information on becoming a drug card partner just send an email to [richsagall@needymeds.org](mailto:richsagall@needymeds.org).) In addition to prescription medicines, the card can offer savings on over-the-counter drugs that are prescribed (i.e. a healthcare provider writes a prescription for a drug available over the counter), and even pet prescription medicines that are purchased in a drug store.

The card is particularly good for two groups of people in need of help. The first is undocumented residents. Since there are no residency requirements, anyone can use the card.

The second group is people on Medicare Part D who are falling into the donut hole and have no chance of getting out. Although money spend on drugs using the card will not count against true out of pocket (TROOP) expenses, using the card may be a wise choice for some Medicare Part D participants. We expect to see the savings grow as more people learn about the card and we sign up more partners.

*Source: PATIENTADVOCATENews*

The cost of this uncompensated care was passed on to businesses and individuals in the form of higher premiums. The result? The “hidden health tax” for family health coverage was \$1,017 and \$368 for individuals.

A 2005 Families USA report estimated that the cost of uncompensated care on insured families and individuals was \$922 and \$341, respectively.

*Source: Families USA*

## Q&A about the nation's only multi-manufacturer prescription savings program

Following is a Q&A with Amy Niles, Chair of Medical Relations and Advocacy for Together Rx Access, to learn more about the nation's only multi-manufacturer prescription savings program. In March 2009, Together Rx Access increased its eligibility criteria for the program. Here we learn more about this important update.

**Vikki:** In what has been a direct response to this nation's recession, several major pharmaceutical companies have changed the eligibility criteria for their prescription assistance programs, primarily by increasing the maximum eligible income.

### **What did Together Rx Access do?**

**Amy:** The pharmaceutical companies that participate in Together Rx Access determined that the current economic crisis facing the country called for an expansion of the Program's eligibility income levels. This expansion allows Together Rx Access to help even more uninsured individuals and families, who may now find themselves without prescription coverage, better afford the medicines they need to stay healthy and to manage chronic conditions.

The enhanced income levels are:

- \$45,000 for a single person
- \$60,000 for a family of two
- \$75,000 for a family of three
- \$90,000 for a family of four
- \$105,000 for a family of five

### **With this expanded eligibility, how many more people does Together Rx Access hope will be helped?**

With the new levels, nearly 90 percent of uninsured Americans are eligible for the Together Rx Access Card. In today's economy, more people need assistance in taking care of their health and the health of their families. Together Rx Access hopes to provide this to as many people as possible.

### **Is this expanded eligibility temporary, until the economy bounces back in a year or two, or permanent?**

The new eligibility income levels are a permanent enhancement to the Together Rx Access Program. It's been several months since the expanded guidelines were put into place.

### **What consumer response has Together Rx Access seen so far? Do you know how many more people have enrolled in the program as a direct result of the increased income guidelines, and how much money in prescriptions they've saved?**

Consumer response to the expanded eligibility income levels has been overwhelmingly positive. Proof of the success is the fact that the Program has nearly two million cardholders, and thousands more enroll each week. Those who have used their Together Rx Access Card have saved over \$87 million on their prescription medicines.

### **Finally, if our readers know someone who may meet the new income eligibility criterion, how can they get more information or enroll?**

Potential cardholders can enroll by using any of the following methods. And, documentation is not required.

- Visit [TogetherRxAccess.com](http://TogetherRxAccess.com) to instantly enroll online
- Call a toll-free number: 1-800-250-2839
- Complete a short application and return it by mail

All enrollment materials, including the Together Rx Access website, are available in English and Spanish. For more information, readers can also visit [www.TogetherRxAccess.com](http://www.TogetherRxAccess.com) or call 1-800-250-2839.

*Source: PATIENTADVOCATENNEWS*

## Health care fraud

What is Medicare fraud, abuse and health care error?

- Billing Medicare for services not received.
- Overcharging for services and equipment or incorrect billing.
- Using someone else’s Medicare card (false claims).
- Offering free services or equipment and then charging Medicare.

Protect	Detect	Report
<ul style="list-style-type: none"> <li>• Never give out your Medicare/Medicaid or Social Security number to strangers</li> <li>• Never sign a blank form</li> <li>• Know whom you can trust</li> <li>• Do not accept prizes or “free” offers in exchange for your Medicare number</li> <li>• Avoid providers who promise payment for items or services not usually covered</li> </ul>	<ul style="list-style-type: none"> <li>• Always check your Medicare statements.</li> <li>• Check for overcharges</li> <li>• Check for services not received</li> <li>• Check to ensure another person has not used your Medicare card</li> </ul>	<ul style="list-style-type: none"> <li>• Discrepancies with your Medicare billings, services and claims</li> <li>• Call the company or doctor first to question the change and ask them to correct it with Medicare</li> <li>• If you suspect fraud when someone offers or gives you free services or equipment</li> </ul>

When reporting concerns, have the following information on hand:

1. Your name and Medicare number
2. The name of the company or doctor
3. Date of service
4. Description of the problem

Source: <http://www.ndcpd.org/smp/>

## FDA’s MedWatch safety alerts

FDA has issued recent safety alerts on these medical products. Click on this link to see which items have safety alerts on them: [www.fda.gov/ForConsumers/ConsumerUpdates/ucm176169.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm176169.htm)

“Anyone who has never made a mistake has never tried anything new.”

~Albert Einstein