

## N.D. Dept. of Human Services launches online application for public assistance programs

The North Dakota Department of Human Services announced recently that people can apply online for assistance programs such as Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program (food stamps), Child Care Assistance, Medicaid and other programs.

"This gives North Dakotans more choices in how they can apply for help," said Tove Mandigo, director of the department's Economic Assistance Policy Division. "Previously people applied by calling, corresponding or going into their county social service office. We recognized that this is a hardship for some applicants who are elderly, have disabilities, or have young children. It also affects applicants who have jobs and work, but need temporary short-term help due to some sort of setback in their households."

Department data show that almost half of the online applications received through Sept. 3, 2010, were from people seeking Supplemental Nutrition Assistance Program help. Twenty-five percent were for Medicaid or the Healthy Steps Children's Health Insurance Program.

Mandigo said North Dakotans can complete the application at their convenience at <https://secure.apps.state.nd.us/dhs/ea/oasys/login.htm>. Completed online applications are routed electronically to the appropriate local county social service office, where their employees review the

information and follow-up with people to determine if they qualify for programs.

It uses the same login process as other online North Dakota government applications including child support enforcement, Game and Fish, and Department of Transportation. Anyone who has already obtained a state login for those services can use their existing login.

Those less comfortable with technology will continue to have other options. If they prefer, they can print out a paper application from [www.nd.gov/dhs/info/pubs/application.html](http://www.nd.gov/dhs/info/pubs/application.html), complete it and return it to their county social service office. They can also call their county social service office and ask for an application to be mailed to them, or they can go to a county office to meet with an eligibility worker and complete an application in person.

Information about public assistance programs and client rights is on the department's website at [www.nd.gov/dhs/info/pubs/docs/sfn-405-guidebook-for-applic-for-assistance.pdf](http://www.nd.gov/dhs/info/pubs/docs/sfn-405-guidebook-for-applic-for-assistance.pdf).



**North Dakota**  
**INSURANCE**  
**DEPARTMENT**  
PROTECTING THE PUBLIC GOOD  
PRESCRIPTION CONNECTION

■ 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

## Almost half of all Americans use prescription drugs each month

Nearly half of all Americans used at least one prescription drug per month in 2008, according to a study by the Centers for Disease Control and Prevention, Bloomberg reports. That's a 10 percent increase over the preceding decade. Over that time, yearly spending by Americans on drugs doubled to \$234 billion.

“The two biggest-sellers last year were Pfizer Inc.’s Lipitor for high cholesterol and Bristol-Myers Squibb Co.’s clot-buster, Plavix. The rise of such medicines may continue as insurers add as many as 32 million customers through the U.S. health-care overhaul, according to the Congressional Budget Office” (Olmos, 9/2).

HealthDay adds some details: “Use of two or more drugs [per month] increased from 25 percent to 31 percent, and the use of five or more drugs increased

from 6 percent to 11 percent, according to the analysis of data from the National Health and Nutrition Examination Survey (NHANES). The study also found that 20 percent of children and 90 percent of adults aged 60 and older reported using at least one prescription drug in the past month, said the [CDC] researchers” (9/2).

The Wall Street Journal’s Health Blog notes the drug industry’s reaction to the study: “The Pharmaceutical Research and Manufacturers of America (PhRMA), the trade association for drug makers, said in a statement that ‘as we learn more about disease, prescription medicines are justifiably playing an increasingly important role. ... The best solution for all patients is to strike the right medical balance between proper and effective use of prescription medicines and other therapies and interventions” (Hobson, 9/2).

Please note: *RxConnector* and *SHICTalk* will not be published in November and December.

## Federal appeals court declines to reconsider 'pay-for-delay' on generic drugs

A federal appeals court said recently it will not revisit its decision to uphold settlements that allow pharmaceutical companies to pay competitors to keep generic versions of their drugs off the market, The Wall Street Journal reports. "In April, the U.S. Second Circuit Court of Appeals [in New York] affirmed the legality of a settlement in which Bayer AG, in essence, paid Barr Pharmaceuticals Inc., a potential generic competitor, to drop its patent challenge to Cipro, a Bayer antibiotic." Drug purchasers including Rite Aid and CVS Caremark challenged the settlement, which are known as "pay-for-delay." The next stop could be the U.S. Supreme Court (Bray, 9/8).

Reuters: "On April 29, a three-judge panel in New York upheld a lower court's ruling dismissing objections to Bayer AG paying Teva Pharmaceutical Industries Inc's Barr Laboratories to prevent it from bringing to market a version of the anthrax drug Cipro. But the panel invited further review by the full nine-judge panel of the U.S. Court of Appeals for the 2nd Circuit, which published an order denying the rehearing. ... The Federal Trade Commission has lobbied hard to outlaw what it calls 'pay for delay' deals because of the antitrust implications. ... The FTC has said 'pay for delay' cost American consumers \$3.5 billion a year in higher prescription drug prices" (McCool, 9/7).

## Don't discount the value of an agent, they discount your insurance

Insurance agents have duties beyond policy sales, often serving as human resources departments for small businesses, and experts say they will continue to serve an important role after the new health reform law is implemented. Agents—who receive special training and must complete state-mandated courses, pass licensing exams, and take continuing education courses—will continue to offer valuable advice to consumers. The National Association of Insurance Commissioners (NAIC) has said, "[Health reform must] protect the indispensable role that licensed insurance professionals play in serving consumers."

*Kaiser Health News*



## Federal money to help prevent, treat diabetes on reservations

Sen. Byron Dorgan says American Indian tribes in North Dakota are getting nearly \$1.9 million in federal money to help prevent and treat diabetes on reservations, where the rate of the disease is much higher than the national norm.

The grants include \$729,000 for the Turtle Mountain Band of Chippewa, \$624,000 for the Standing Rock Sioux, \$453,000 for the Spirit Lake Tribe and \$50,000 for Fort Yates Indian Health Service.

The North Dakota Democrat says the money is coming through the Department of Health and Human Services.

*American News*

## Registries help moms measure medication risks

Whether it's because of the flu or seasonal allergies, diabetes or epilepsy, pregnant women must often take prescription medication—usually while worrying about the potential impact on their developing babies.

With studies showing the average woman takes from three to five medications while pregnant, the Food and Drug Administration (FDA) encourages drug makers and moms-to-be to participate in pregnancy registry studies that track the risks from drugs taken during pregnancy or breastfeeding.

These studies collect and maintain data on the effects of medications used by pregnant and nursing women on themselves and their babies. Participants don't take experimental drugs or medications they would not ordinarily take. Instead, registries collect information on the effects of already approved drugs—for diabetes, migraines, epilepsy, and other health issues—prescribed to pregnant women. The information is then compared to the effects of the drug on women who are not pregnant.

“The FDA's goal is to have data about the use of medicines during pregnancy for all medicines that are used by women of childbearing potential,” says Karen Feibus, M.D., an FDA expert in maternal health.



### Thalidomide tragedy

The effects of the drug thalidomide caused one of the great tragedies of the 1950s. As many as 10,000 babies around the world were born with severe deformities after their mothers took the medication for morning sickness and insomnia.

The drug was marketed in Europe, Japan, Australia and Canada, but it was taken off the market in the early 1960s when the medical community learned that it caused serious birth defects. According to the March of Dimes, about 40 percent of babies exposed to the drug died before or soon after delivery.

FDA medical officer Frances Kelsey refused to support the drug's approval in the U.S. because she was uncertain about its safety. Because of this, most babies affected by thalidomide were born in other countries.

FDA approved the drug in 1998 for treatment of a skin disorder associated with Hansen's disease, also called leprosy, and later for bone marrow cancer.

Registries now collect information on the effects of numerous medications on pregnant women and infants in an effort to identify and manage risks—and prevent tragedy.

### Registry use expands

“Pregnancy registries are useful tools for gathering information about the effects of drugs on pregnant or nursing women and developing infants,” says Dr. Lisa Mathis, director of FDA's pediatric and maternal health division.

With registries collecting information on treatments for a range of illnesses—HIV/AIDS, cancer, diabetes and asthma, Feibus says the data help women make informed choices.

“Sometimes leaving a serious medical condition untreated during pregnancy can be riskier to the mother and her developing baby than the medicine itself,” she says.

continued ...

Congress gave FDA the authority to require drug makers to study the effects of newly approved medicines on pregnant and nursing women and newborn infants in the FDA Amendments Act of 2007.

Under the law, FDA experts also review applications for new drugs and decide if the manufacturer should be required to set up a pregnancy registry after approval, says Feibus.

Sometimes health professionals or the drug industry begin a registry without being required to do so—as in the case of the North American Antiepileptic Drug Pregnancy Registry, which studies the effects of drugs for the treatment of epilepsy.

Pregnant women with epilepsy are recruited to participate because they must take medicines to control seizures. The Epilepsy Foundation encourages women to enroll in the registry, which is closely monitored by researchers at Massachusetts General Hospital, the teaching hospital for Harvard University Medical School.

“By enrolling, you will help women in the future have the best chance of a healthy pregnancy and a healthy baby,” the foundation tells expectant moms in a message on its website.

In May 2008, FDA proposed a new rule that includes putting information learned from registries—as well as contact information for registries—on labeling for health professionals. The final rule will be published at the end of a multi-stepped writing and clearance process.

## Registries aid moms, babies

FDA says the registries protect the health of mothers and babies because:

- Many pregnant women have ongoing medical issues that require them to continue taking drugs during pregnancy
- New medical problems may begin or old ones may get worse
- A woman’s body changes during pregnancy and the changes may affect the dosage of a medication she is taking
- A woman often takes medications while she is breastfeeding, potentially exposing her baby to the effects of medicines
- About half of the 6 million pregnancies in the United States each year are unplanned, exposing women and developing babies to drugs before they know they are pregnant

Registries typically collect the woman’s demographics and medications being taken. Massachusetts General in Boston lists more than 30 medications being studied, and promises the process will be quick: one 20-minute phone call at the beginning and two five-minute calls after that.

In most instances, a woman can participate in a pregnancy registry by contacting the drug’s maker, her physician, or pharmacist.

Although FDA does not maintain pregnancy registries, the agency’s Office of Women’s Health has a partial list on the Internet at <http://www.fda.gov/ScienceResearch/SpecialTopics/WomensHealthResearch/ucm134848.htm>. The list also includes the illness each registry represents.

*FDA*

## Allegations of fraud in health credit cards

In this Kaiser Health News consumer column, Michelle Andrews writes: “These days, you may leave your dentist’s office with more than a toothbrush and dental floss in your bag. Thousands of dentists are offering patients health-care credit cards to cover the work that needs to be done, with

seemingly hard-to-resist repayment terms. If you need care and don’t have insurance to cover it or cash in hand, it’s tempting to sign up” (Andrews, 8/31). Click <http://bit.ly/ajYVrD> to read the entire column.

## Ethics of concierge medicine

The New York Times, in a reported column about the ethics of concierge medicine: “[I]t’s hard not to wonder whether it is possible to practice in a way that reconciles concierge medicine with all the ethical concerns. One group of doctors in Boston believes it is possible. And in an article published this summer in the journal *Academic Medicine*, they argue that it can be done to the benefit of doctors and all patients, boutique or otherwise.

Since 2004, the primary care physicians at Tufts Medical Center have offered patients the option of being part of either a traditional general medical practice or a retainer practice.” Those who opt for the “retainer practice” have longer visits, 24-hour access to a physician, “comprehensive wellness and prevention screenings and on-time office appointments within 24 hours of a request. But unlike other boutique practices, the retainer fee of



\$1,800 per year that these patients pay does not go directly to the doctors’ coffers. Instead, it is used to support the traditional general medical practice, the teaching of medical students and trainees and free care to impoverished patients” (Chen, 8/26).

## New online gateway to health reform resources

Nearly six months since the signing of the Patient Protection and Affordable Care Act and as some key provisions are due to be implemented, the Kaiser Family Foundation today launched an online gateway providing easy access to new and comprehensive resources on the health reform law.

Recognizing the transition from the debate about passage to the realities of implementing a law, the Health Reform Source, <http://healthreform.kff.org>, has many new features that provide explanations of the basics of the law, in-depth analysis of policy issues in implementation, and quick and easy access to relevant data, studies and developments.

The Source features the premiere of “Health Reform Hits Main Street,” a new animated short movie designed to explain the health reform law to an American public still confused by how it works. Written and produced by the Foundation, the animated movie features narration by Cokie Roberts, ABC News and NPR news commentator and a member of the Foundation’s Board of

Trustees. The movie has three major sections: explaining problems in the current health care system, short-term changes that will take place between now and 2014, and major provisions that will take effect in 2014.

Another new feature, The Scan, provides a daily feed of easily-digestible summaries of the latest research and studies from the Foundation and others, as well as official actions and other developments related to the health law. The site also features the Foundation’s Twitter entries on health care reform and links to Kaiser Health News’ stories to provide U.S. policymakers, journalists, the health care policy community and the general public easy access to timely information about the law.

*Kaiser Family Foundation*