

Alzheimer's diagnostic guidelines updated for first time in decades

For the first time in 27 years, clinical diagnostic criteria for Alzheimer's disease dementia have been revised, and research guidelines for earlier stages of the disease have been characterized to reflect a deeper understanding of the disorder. The National Institute on Aging/Alzheimer's Association Diagnostic Guidelines for Alzheimer's Disease outline some new approaches for clinicians and provide scientists with more advanced guidelines for moving forward with research on diagnosis and treatments.

They mark a major change in how experts think about and study Alzheimer's disease. Development of the new guidelines was led by the National Institutes of Health and the Alzheimer's Association. The original 1984 criteria were the first to address the disease and described only later stages, when symptoms of dementia are already

evident. The updated guidelines cover the full spectrum of the disease as it gradually changes over many years. They describe the earliest preclinical stages of the disease, mild cognitive impairment, and dementia due to Alzheimer's pathology. Importantly, the guidelines now address the use of imaging and biomarkers in blood and spinal fluid that may help determine whether changes in the brain and those in body fluids are due to Alzheimer's disease. Biomarkers are increasingly employed in the research setting to detect onset of the disease and to track progression, but cannot yet be used routinely in clinical diagnosis without further testing and validation.

To learn more, please see <http://www.nih.gov/news/health/apr2011/nia-19.htm>

(CDC)

Hamm elected NAIC secretary-treasurer

Members of the National Association of Insurance Commissioners (NAIC) held a special plenary meeting recently to elect a new Secretary-Treasurer. The interim election was convened to replace Illinois Insurance Director Michael T. McRaith, who was selected in March to lead the Federal Insurance Office in Washington, D.C.

Members elected North Dakota Insurance Commissioner Adam Hamm to the position. He assumed Secretary-Treasurer duties on May 31, 2011.

"It is an honor and a privilege to be elected by my fellow commissioners to serve as an officer of the NAIC," Hamm said. "I look forward to working together on the many issues we face as insurance regulators."



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 or call her at 1.888.575.6611.



Adam Hamm
Insurance Commissioner

Bristol-Myers Squibb Destination Access Oncology Program

Bristol-Myers Squibb Destination Access Oncology is a new program that combines three previous BMS Destination Access programs for Erbitux, Ixempra and Sprycel. YERVOY was also added to this new program.

A new application is used for Erbitux, Ixempra and YERVOY. The application for Sprycel has not been changed.

(NeedyMeds)

Bridges to Access and GSK Access programs change

As of June 1, 2011, the following medications will be removed from the Bridges to Access and GSK Access PAPs:

- Amerge
- Coreg (IR)
- Flonase
- Imitrex (all formulations except nasal spray)

- Requip
- Rythmol
- Valtrex
- Wellbutrin (IR + SR)
- Zovirax

(NeedyMeds)

NIHSeniorHealth.gov offers information about long-term care

When people hear the words “long-term care,” they often think only of nursing homes, but long-term care includes much more. Personal care, home health care, transportation services and adult day care are all long-term care services, and they can be critical to an older person’s health care.

services available and suggestions about planning for future needs on NIHSeniorHealth, the health and wellness website for older adults from the National Institute on Aging. To read about long-term care, visit NIHSeniorHealth at <http://www.nihseniorhealth.gov/longtermcare/toc.html>.

Find information on the range of long-term care

(National Institute on Aging)

Correction: In the May issue of *RxConnector*, the article “Medicare coverage of inpatient mental health services” was missing information regarding three situations to watch out for. Read the article in its entirety here: <http://bit.ly/m7xc7b>

Medicare reminder

Medicare may help pay for skilled nursing facility (SNF) care if:

- You need skilled nursing care seven days a week or skilled therapy services at least five days a week;
- You were formally admitted as an inpatient to a hospital* for at least three consecutive days in the 30 days prior to admission in a Medicare-certified skilled nursing facility; and
- You have Medicare Part A before you are discharged from the hospital.

*Note: If you are admitted to the emergency room under observation or only receive emergency room services, this time does not count toward meeting the three-day prior hospital requirement for SNF coverage.

However, Medicare will provide coverage for a SNF

stay only for a limited period of time. If you need more than 100 days of skilled nursing facility care, you will need to pay for this additional care yourself. If you have long-term care insurance, it may cover this care or, if your income is low, Medicaid may pay for this care. Call your Medicaid office for more information.



(Medicare Watch)

Benzocaine products: reports of potentially fatal condition

FDA continues to receive reports of methemoglobinemia—a rare but serious condition—associated with benzocaine products.

These products may be used either as:

- A spray during medical procedures to numb the mucous membranes of the mouth and throat
- A gel or liquid sold over-the-counter to relieve pain from teething, canker sores, irritation of the mouth and gums, and other conditions.

Brand names include Anbesol, Hurracaine, Orajel, Baby Orajel, Orabase and store brands.

Risk

Methemoglobinemia is a condition in which the amount of oxygen carried through the bloodstream greatly decreases. In the most severe cases, methemoglobinemia can result in death. Methemoglobinemia has been reported with all strengths of benzocaine gels and liquids. The condition occurred mainly in children age two years or younger who were treated with benzocaine gel for teething. The signs and symptoms usually appear from within minutes to hours of applying benzocaine and may occur after just one use or after additional uses.

Signs and symptoms include:

- Pale, gray or blue colored skin, lips and nail beds
- Headache
- Lightheadedness
- Shortness of breath
- Tiredness
- Rapid heart rate

Recommendations

- Call 911 immediately if you or someone you are caring for has any of the symptoms listed above after receiving benzocaine.
- Do not use benzocaine products on children under two years of age, except under the advice and supervision of a health care professional.
- Adults who use benzocaine gels or liquids to relieve pain in the mouth should follow the recommendations on the product label.
- Store benzocaine products out of reach of children.
- Talk to your health care professional about using benzocaine.

(FDA MedWatch)

At least 600,000 young adults join parents' health plans

Hundreds of thousands of young adults are taking advantage of the health care law provision that allows people under 26 to remain on their parents' health plans, some of the nation's largest insurers are reporting. That pace appears to be faster than the government expected.

WellPoint, the nation's largest publicly traded health insurer with 34 million customers, said the dependent provision was responsible for adding 280,000 new members. That was about one third its total enrollment growth in the first three months of 2011.

Others large insurers said they have added tens of thousands of young adults. Aetna, for example, added fewer than 100,000; Kaiser Permanente, about 90,000; Highmark Inc., about 72,000; Health Care Service Corp., about 82,000; Blue Shield of California, about 22,000, and United Healthcare, about 13,000.

The Health and Human Services Department has estimated that about 1.2 million young adults would sign up for coverage in 2011. The early numbers from insurers show it could be much higher, said Aaron Smith, executive director of the Young Invincibles, a Washington-based nonprofit group that advocates for young adults.

Insurers described the growth in young-adult enrollment as the industry began reporting first-quarter earnings that showed better than expected profits. But Carl McDonald, an analyst for Citigroup, said that the higher profits weren't related to the new young-adult enrollees. That's because, he said, most of the increase in young people's enrollment has occurred among self-insured employers; in those firms, insurers act as administrators and don't not assume financial risk.

McDonald attributed most of insurers' profit increases this year to their customers using fewer health services, especially hospital care.

Under the health law, health plans and employers

must offer coverage to enrollees' adult children until age 26 even if the young adult no longer lives with his or her parents, is not a dependent on a parent's tax return, or is no longer a student.



The dependent coverage provision went into effect Sept. 23. However, health plans didn't have to adopt the change until the start of the subsequent plan year, which for many companies was January. In addition, dozens of insurers voluntarily adopted the change earlier, soon after President Barack Obama signed the health overhaul law in March 2010.

That helped Alexander Lataille, 23, of Laurel, Md., who graduated from college last spring and was worried about being kicked off his parents' plan. But Blue Cross and Blue Shield of Rhode Island adopted the under-26 provision early – and that kept him insured, even as he took jobs that didn't offer insurance. "It was a big relief," said Lataille, who has asthma.

But while federal officials and consumer advocates are pleased that demand for dependent coverage appears greater than projected, some employers are worried about the cost of the additional coverage.

Helen Darling, CEO of the National Business Group on Health, which represents more than 300 large employers, said employers generally don't like the idea of anything that will add to their health

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costs. “I don’t think anyone is eager to spend more money,” Darling said. “This is not something employers would have done on their own.”

Darling questioned why employers should be required to cover adult children who no longer live with their parents and might be married themselves.

According to the federal estimates, adding young adult coverage is likely to increase average family premiums by about 1 percent.

People in their 20s have the highest uninsured rate of any age group—about 30 percent, federal data show. Two factors are largely behind this: Young adults are most likely to work for employers that don’t provide coverage and young adults don’t understand the need for health insurance.

Until 2014, health plans that were in existence before the health law was enacted don’t have to provide dependent coverage if the adult child’s employer offers any type of health coverage. The exception does not apply to new plans.

The federal government added 280,000 people to its insurance rolls because of the dependent coverage, said a spokeswoman for the Office of Personnel Management.

Before the federal law was passed, many insurers dropped coverage of children either at age 18 or 21 or when the children graduated from college. More than half the states required coverage to continue until at least age 25, but those laws often had several restrictions.

Federal health officials say they are happy with the response to the law.

“We are pleased to see the embrace of this key provision of the Affordable Care Act,” said Jessica Santillo, spokeswoman for HHS. “Young adults are more than twice as likely to be uninsured than older adults, making it harder to get the health care they need, and putting them at risk of going into debt from high medical bills.”

(Kaiser Health News)