RxConnector

A publication of the North Dakota Insurance Department

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Medical bills underlie 60 percent of U.S. bankruptcies

"Medical bills are involved in more than 60 percent of U.S. personal bankruptcies, an increase of 50 percent in just six years, U.S. researchers reported recently," according to Reuters. The researchers found that "more than 75 percent of these bankrupt families had health insurance but still were overwhelmed by their medical debts." Most of them were "well-educated, owned homes and had middle-class occupations," the researchers from Harvard Law School, Harvard Medical School and Ohio University wrote in the American Journal of Medicine.

CQ Politics also reports on the many insured Americans whose "policies just aren't comprehensive enough to protect them from potentially crushing bills." "As costs rise and employer benefits become weaker, the phenomenon of 'underinsurance' has become increasingly common, patient advocates say." A Commonwealth Fund study found that "about 25 million Americans had inadequate health coverage in 2007." Regulation of insurance plans historically "has been left up to the states, with the result that insurance protections vary widely around the country."

Consumer groups say the federal government should take a new roll in "spelling out exactly what should be covered." But conservatives say it's not the role of the government, and they "question whether Congress is capable of coming up with a workable solution." An important question in regulating insurance plans is "where to draw the line between guaranteeing that benefits will be adequate and requiring so much coverage that all policies become more expensive" (Benson, 6/4).

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 or call her at 1.888.575.6611.

Adam Hamm
Insurance Commissioner

North Dakota Insurance Department
Protecting the public good
Prescription Connection

RxConnector is a publication of the Prescription Connection program.
Contact us at: 1.888.575.6611 insurance@nd.gov www.nd.gov/ndins

Consumers warned not to use Clarcon skin products

Risk of bacterial contamination has led the Food and Drug Administration (FDA) to warn consumers to not use any products made by Clarcon Biological Chemistry Laboratory Inc.

The Roy, Utah, firm voluntarily recalled some skin sanitizers and skin protectants sold under a variety of brand names after a recent FDA inspection found that the products contained high levels of disease-causing bacteria.

What products are consumers being warned not to use?
Consumers should not use any Clarcon products. Examples of these products include:

- Citrushield Lotion
- Dermasentials DermaBarrier
- Dermassentials by Clarcon Antimicrobial Hand Sanitizer
- Iron Fist Barrier Hand Treatment
- Skin Shield Restaurant
- Skin Shield Industrial
- Skin Shield Beauty Salon Lotion
- Total Skin Care Beauty
- Total Skin Care Work

What should consumers do with these products if they have them?
Stop using them immediately and throw them away in household refuse.

PAP updates

• **Wellbutrin XL** is no longer available through the GSK Bridges to Access program but is available to former GSK Bridges to Access users through Biovail. For additional information regarding the product, contact Biovail at 1-866-268-7325.

• Janssen Ortho Patient Assistance Foundation added **Simponi Injection** to its program. There is an updated application on Needy Meds.

• **Venofer Patient Assistance Foundation** is a new program through Fresnius Medical Care North America. The new application is available on Needy Meds.

• **Timoptic** products have been taken off, and Noroxin Tablets have been added to the Merck PAP.

• **Librax** is no longer on the Xubex program.

• **Topamax** has been added to the Xubex generic program.

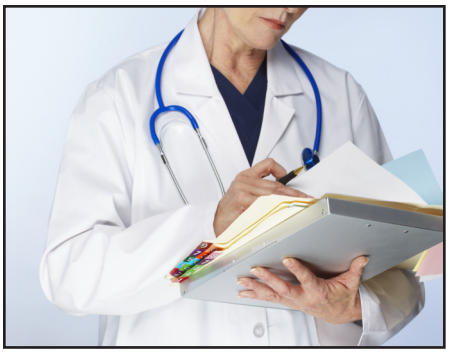
• **Cephalon** has added the drug Treanda to its oncology assistance program in addition to Trisenox and the program is now called the CORE program.

• AZ&Me Programs have been updated with some additional drug dosages added for **Atacand, Toprol-XL** and **Nexium IV. Seroquel** and **Seroquel XR** are on both the program for those with Medicare Part D and for those without insurance.

For access to more PAP updates, join NeedyMeds Forums for free at forums.needymeds.com.

U.S. ranks last among other countries in health care

In May 2007, The Commonwealth Fund released an updated report on the performance of American health care compared to five other nations, including Australia, Canada, Germany, New Zealand and United Kingdom. It measured how the countries perform in several key health care dimensions: quality of care (including subcategories of right care, safe care, coordinated care and patient-centered care), access, efficiency, equity, healthy lives and health expenditure per capita (in 2004). Despite having the highest per capita expenditure ($6,102) of the six countries, the U.S. ranked last or next-to-last in every dimension except for one, right care, in which it ranked first.



Despite our top ranking in right care, which is a measure of provision and receipt of preventive care, The Commonwealth Fund found that other countries use information technology and a team approach toward managing and coordinating care better than we do.

In access to care, Germany ranked first, where patients reported that they were able to access care on nights and weekends, and primary care practices were able to arrange for patients to receive care when they were closed.

In efficiency, the U.K. ranked first, and the U.S. ranked last. Specifically, our administrative costs, national health expenditures, use of information technology and multidisciplinary teams ranked low compared to other countries.

In equity, the U.S. came in last again, where below-average-income Americans were much more likely than their counterparts in other countries to have affordable access to care. In fact, more than 40 percent of low-income adults reported that they went without care in the past year (2006) due to costs.

In healthy lives, Australia ranked first, and the U.S. came in last, where we scored poorly on all three indicators. For example, the U.S. (and the U.K.) had higher death rates in 1998 that were "amenable to medical care," and which were 25-50 percent higher than in Canada or Australia.

Compared with the other countries in the survey, the U.S. is the only one that does not have universal health coverage, a characteristic that, not surprisingly, contributes to its low ranking in access to care and equity of care.

Source: The Commonwealth Fund

Nursing shortage eases with recession's help

"The nation's deep recession is helping to alleviate the decade-long nursing shortage, as workers who had left the field in better times are returning in droves," the *Wall Street Journal* reports. The paper quotes a study, one of six papers on the nursing workforce published today in the journal Health Affairs, that found "nearly a quarter-million nurses entered the work force in 2007-08, an 18 percent surge that was the largest two-year increase in at least three decades." Many of them had left nursing, but "re-entered the work force to compensate for a spouse's lost income or health benefits, the study said."

Source: Kaiser Daily Report

Warning on Hydroxycut products

FDA is warning consumers to immediately stop using Hydroxycut products because of reports of serious liver injuries. Hydroxycut products are distributed by Iovate Health Sciences USA Inc. of Blasdell, N.Y. Iovate has agreed to recall Hydroxycut products from the market.

Hydroxycut products are dietary supplements that are marketed for weight loss, as fat burners, as energy-enhancers, as low-carb diet aids, and for water loss under the Iovate and MuscleTech brand names.

Recall of ACCU-CHEK Spirit insulin pumps

Disetronic Medical Systems Inc. announced a recall of some of its ACCU-CHEK® Spirit insulin pumps due to a potential defect in the "up" and "down" buttons on the pumps.

The buttons may not work all the time, meaning that users may not be able to change any programmed setting on the pump.

Adverse events: The user may not get the proper amount of insulin.

People at risk: Users of an ACCU-CHEK Spirit insulin pump with "up" or "down" buttons that are not working. The recall applies to all ACCU-CHEK Spirit insulin pumps with serial numbers from SN02119552 through SN10006093. Pumps with serial numbers of SN10006094 and above are not affected.

Children's face paints recalled

FDA advises consumers to stop using certain cosmetic face paints labeled as distributed by Oriental Trading Co., Omaha, Neb., due to reports of skin reactions in children. These items were distributed nationwide.

Adverse events: Rashes, itchiness, burning sensation and swelling where the face paints were applied have been reported.

People at risk: Children or others exposed to various colors of the recalled face paints are at risk.

FDA actions: FDA tested samples of the face paints in a laboratory and found them to be contaminated.

Recommendations:
• Stop using any of the recalled face paints; throw them out or return them to the place of purchase.
• Report any side effects from face paints to FDA through MedWatch as well as to state and local health authorities.

Fun Express Inc., a subsidiary of Oriental Trading Co., is recalling the following face paints:

Item number	Product description
85/2077	Blue face paint
85/2078	Purple face paint
85/2079	Red face paint
85/2080	Orange face paint
85/2081	Black face paint
85/2082	Green face paint
85/2338	White face paint

Source: FDA

New state-level data show disparities vary widely across states

A decade after U.S. Surgeon General David Satcher called for the elimination of racial disparities in health, women of color in every state continue to fare worse than white women on a variety of measures of health, health care access and other social determinants of health according to a new study by the Kaiser Family Foundation.

The report, "Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level," documents disparities on 25 indicators between white women and women of color, including rates of diseases such as diabetes and cancer, as well as insurance coverage and health screenings. It also documents disparities in factors that influence health and access to care, such as income and education. Women of color fared worse than white women on most measures.

American Indian and Alaska Native women experience some of the greatest challenges

American Indian and Alaska Native women had among the worst outcomes on many health indicators, often twice as high as white women. The percentage of American Indian and Alaska Native women in serious psychological distress was more than 1.5 times that of white women. They exhibited the highest rates of smoking and cardiovascular disease and had considerably higher rates of access problems, such as not having a recent checkup. One in three American Indian and Alaska Native women lived in poverty, and the median household income for such women was less than half that of white women.

At the same time, the report reveals tremendous variation among states within racial and ethnic groups. For example, among white women, the rate of diabetes was 7.5 times as high in West Virginia (6.0 percent) as in the District of Columbia (0.8 percent). Among women who are Asian American, Native Hawaiian and other Pacific Islander, 10 percent in Ohio had late or no prenatal care compared to 34 percent in Utah. Forty-three percent of Hispanic women in Oklahoma had not had a mammogram in the past two years, compared to 14.5 percent in Massachusetts.

"We conducted this study in an effort to shed light on the many challenges and the variety of experiences women of color face across the nation," said the Foundation's Cara James, the study's lead author. "We hope that states can use this information as guidance in developing effective solutions to eliminating disparities."

Disparities in states vary, as do factors that shape them

Many forces contribute to the levels of disparities in the states. The report examined underlying factors such as poverty levels and high school graduation rates that are often beyond the control of state health officials. It also looked at some factors that officials do have a hand in shaping, such as the scope of states' Medicaid programs, which can influence how many people have health coverage in a state.

The report illustrates that there are substantial gaps across the board in some states, whereas in other states the differences among racial groups are narrower. For instance, Virginia, Maryland, Georgia and Hawaii all had relatively small disparities between women of color and white women on health outcomes, health care access and the social factors that influence health outcomes and access. In contrast, disparities were larger in Arkansas, Indiana, Louisiana, Mississippi, Montana and South Dakota.

In some states with relatively small disparities, such as Maine, white women and minority women were doing similarly well. In other states, such as Kentucky and West Virginia, they were doing similarly poorly.

Concise state-specific fact sheets detailing the disparities data and access to interactive data tables are available online at: www.kff.org/minorityhealth/rehc061009pkg.cfm.

Source: Kaiser Family Foundation

Analysis reveals rising costs for Medicare Part D enrollees over time

Since 2006, Medicare has provided beneficiaries with a wide range of private plan options to obtain their Part D prescription drug benefit—with more than 26 million beneficiaries now enrolled in a Medicare drug plan. Delivered entirely by private companies through both stand-alone prescription drug plans (or PDPs) and Medicare Advantage plans, the Medicare drug benefit is often held up as a market-based model for providing government-subsidized coverage.

For many beneficiaries enrolled in Part D plans, however, the coverage provided by Medicare's private drug plans has eroded as premiums and cost-sharing requirements have increased over time, with shrinking options for low-income beneficiaries, according to new trend analysis from the Kaiser Family Foundation. The analysis from a new summary of the Foundation's 2009 Medicare Part D Data Spotlights series reveals a pattern of beneficiaries paying more for less over time, on average:

• **Premiums**. Between 2006 and 2009, the weighted average premium paid by beneficiaries for stand-alone Part D coverage has increased by 35 percent, from $25.93 per month in 2006 to $35.09 in 2009. Between 2008 and 2009 alone, the average enrollee paid 17 percent more in premiums—the largest one-year premium increase to date.

• **Cost sharing**. Since 2006, the median cost sharing for a 30-day supply of "non-preferred" brand-name drugs in stand-alone PDPs has increased by 35 percent, from $55 to $74.75, while cost sharing for "preferred" brand drugs increased by 32 percent, from $28 to $37. Cost sharing for generic drugs in PDPs has remained fairly stable.

• **Specialty tier**. In 2009, 87 percent of PDP enrollees and 98 percent of Medicare Advantage enrollees are in a plan with a specialty tier (up from 82 percent and 69 percent, respectively in 2006). The majority of Part D plans with specialty tiers currently charge 33 percent coinsurance for these drugs; in contrast, relatively few plans charged more than 25 percent coinsurance for specialty-tier drugs in 2006.

• **Coverage gap**. In 2009, as in 2006, the majority of Part D plans offer little or no coverage in the so-called "doughnut hole," where enrollees pay 100 percent of total drug costs before catastrophic coverage begins. Since 2006, the share of plans offering coverage of mostly generic drugs in the gap has increased, while full coverage of brand-name drugs in the gap has virtually disappeared.

• **Utilization management**. While the share of drugs covered by plans has changed little in recent years, plans are increasingly placing utilization management restrictions on their use. In 2009, 28 percent of brand-name drugs have such restrictions, up from 18 percent in 2007. These restrictions include requiring step therapy, prior authorization, or a limit on the quantity covered.

• **Plans available to low-income beneficiaries**. In 2009, fewer plans are available without a premium to low-income beneficiaries eligible for additional subsidies than in any previous year. As a result, over 1.6 million low-income subsidy recipients were assigned to new Part D plans, and another two million who remained in their same plan between 2008 and 2009 are now paying premiums for their drug coverage.

These findings are included in the Foundation's 2009 Medicare Part D Data Spotlight Summary, released along with new spotlights on specialty tiers and the 10 most commonly prescribed drugs for Medicare beneficiaries. Earlier spotlights examined premiums, gap coverage and low-income subsidy plans.

All of the spotlights were prepared by a team of researchers at Georgetown University, NORC and the Kaiser Family Foundation and are available online.
Source: Kaiser Family Foundation

AZ&Me Prescription Savings Program

As a reminder, the secure fax number for AZ&Me™ Prescription Savings Program for people without insurance is (888) 810-5282. Please note that this is an 888 number and not an 800 number. The 800 number is a private business and Astra Zeneca has been informed that a number of applications have been sent to this fax number. Applications sent to this fax number have been destroyed and have therefore not been processed by the Program.

To ensure that applications are received and processed efficiently please use the correct (888) 810-5282 fax number. Forward this message to fellow colleagues that may utilize the Program fax to submit patient applications.

Also as another reminder, before faxing a patient's completed application, attach the following:
• An AstraZeneca prescription
• A copy of last year's federal income tax return for the applicant, spouse, and dependents (or other proof of income or a 4506T).

Making a difference

You can make a difference, every single day
You can make a difference, with everything you say
You can make a difference, to that stranger on the street
You can make a difference, with everyone you meet
You can make a difference, by holding someone's hand
You can make a difference, by taking a stand
You can make a difference, to someone who is sad
You can make a difference, and instead make someone glad
You can make a difference, and make someone smile
You can make a difference, by making it last a while
You can make a difference, by making someone laugh
You can make a difference, and help them forget the past
You can make a difference, stop being greedy
You can make a difference, and help those who are needy
You can make a difference, by helping a friend
You can make a difference, and be there till the end
You can make a difference, to those who are near and far
You can make a difference, no matter who you are
You can make a difference, just by being YOU
You can make a difference, with the simple things YOU do!

~Cynthia J. Bader

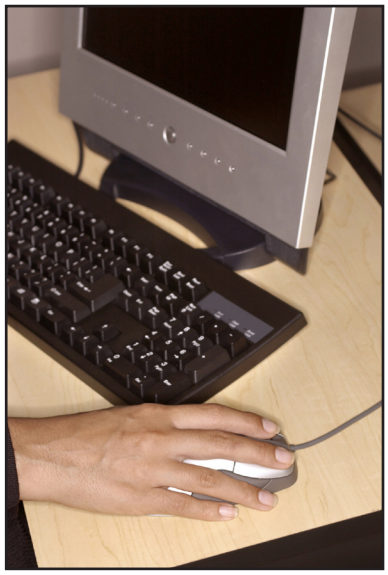
The North Dakota Insurance Department sends a genuine thank you to all those who are making a difference in the lives of others. The Prescription Connection staff understands the complications that can occur when completing the paper work for prescription assistance programs. We also appreciate the dedication of all of you who are handling these papers and any prescriptions that may be coming as a result of the work. You are making a difference in the lives of thousands of citizens of North Dakota. Thank you!

New resource for patients: disease resource pages

One of NeedyMeds' goals has been to partner with disease-based nonprofit foundations. Working collaboratively in this way would enhance NeedyMeds' services and collect—in one online location—information that both NeedyMeds and the partner groups offer.

NeedyMeds is pleased to announce that they have started this collaboration and have added a new feature to their website, disease resource pages. These pages help patients with specific diagnoses save time by being able to see which of their medications may be available on a PAP, as well as learn about sources of information, research and support for their disease. Additionally, any known available source of direct financial assistance that is available to those with specific conditions are also listed and linked to the page.

Added benefits of the disease resource pages, which are accessible from the homepage, include partnering with nonprofit disease-specific organizations that provide accurate patient information on the disease, treatment options, research and patient support resources such as patient education events, support groups and chapters. These partner groups provide links to this information, and NeedyMeds lists the medications used to treat the condition. Patients simply click on the name of the medication name to be taken to available PAPs.



So far, NeedyMeds has partnered with the Scleroderma Foundation and National Multiple Sclerosis Society to provide disease resource pages on these two conditions. You can access these pages from their homepage, www.needymeds.org. They are actively working on partnerships with the Pulmonary Hypertension Association, Crohn's and Colitis Foundation of America and National Psoriasis Foundation to provide resource pages on the diseases those three organizations support.

Pacemaker recall

On June 11, 2009, the U.S. Food and Drug Administration (FDA) alerted patients to the Class I recall of certain Medtronic Kappa and Sigma pacemakers.

Why was this recall necessary?
The recalled devices may fail due to a separation of wires that connect the electronic circuit to other pacemaker components, such as the battery.

Which pacemakers are being recalled?
The recall affects only 21,000 of the more than 1.7 million Kappa or Sigma pacemakers implanted in patients worldwide. Most of the devices affected by the recall have been implanted in patients five years or longer. The affected pacemakers are:
• Kappa Series 600/700/900
• Sigma Series 100/200/300

What is a Class I recall?
A Class I recall indicates reasonable probability that the use of the device will cause adverse health consequences or death.

How will patients know if their pacemaker is being recalled?
Patients with the cited models of Kappa and Sigma pacemakers should determine if their pacemaker is part of this recall by contacting Medtronic at 1-800-505-4636 or going to the firm's website.

Patients who have these recalled pacemakers and those who are unsure if their pacemakers are affected should follow up with their primary care physician or cardiologist.

FDA Transparency Task Force

FDA announces the formation of a Transparency Task Force to recommend ways to improve the openness and transparency of the agency's information. This will help make useful and understandable information about FDA activities and decision making more readily available.

Why is FDA taking this action?
FDA believes that transparency is vital for both citizens and the agency. FDA is forming this task force to promote accountability and to provide the public with information about FDA activities and initiatives. This action is consistent with memoranda issued by President Obama on Jan. 21, 2009. In the memorandum on Transparency and Open Government, the Administration pledged to take appropriate actions to disclose information to the public rapidly, and in a form that is easily accessible and user friendly. In addition, the Secretary of the U.S. Department of Health and Human Services (HHS) has established transparency as a critical priority for the Department.

For instructions on submitting comments, please visit www.regulations.gov. FDA is also exploring other electronic means for the public to provide comments and feedback on this topic.

Source: FDA

Insurance Department conducting health insurance study

The North Dakota Insurance Department is conducting a health insurance study this summer called CHAT, which stands for Choosing Health Plans All Together. CHAT allows small groups of consumers to make health insurance decisions together and learn from each other. The purpose of the study is to help North Dakotans better understand health insurance and to learn what consumers want and need from their health insurance.

Some participants will do the internet-based exercise on their own. Others will do the exercise in a group setting with a facilitator at 13 different locations around the state: Williston, Dickinson, Bowman, Minot, Bismarck, Bottineau, Harvey, Devils Lake, Jamestown, LaMoure, Grand Forks and Fargo, Wahpeton.

If you or someone you know may be interested in participating in this study, please contact the North Dakota Insurance Department at 1-800-247-0560 or insurance@nd.gov or register online at www.nd.gov/ndins/about/chat.

HAPPY FOURTH OF JULY!