

IMPLEMENTING HEALTH REFORM

Closing the Doughnut Hole

One of the first provisions of the Patient Protection and Affordable Care Act to take effect is the \$250 rebate for Medicare beneficiaries who fall into the Part D doughnut hole. The first rebate checks were mailed on June 10. The rebates are the first step in a multiyear effort to trim drug costs for seniors and other Medicare beneficiaries.

Next year, patient cost sharing for brand name drugs will be cut in half, and the doughnut hole will be closed completely by 2020.

Just as checks started hitting seniors' mailboxes, the administration launched a \$1 million radio ad campaign designed to help patients protect themselves from fraud, as



criminals launch scams targeted at the new benefits.

Marilyn Tavenner, acting administrator at the Centers for Medicare and Medicaid Services, answered questions about how the new benefit will be implemented.

PEDIATRIC NEWS: How many Medicare beneficiaries will fall into the doughnut hole this year? Will they all get checks this summer?

Ms. Tavenner: About 8 million Medicare beneficiaries are expected to reach the prescription drug coverage gap that we call the doughnut hole this year. Of those, 4 million will be eligible to get a tax-free, one-time rebate check.

The remaining beneficiaries already receive assistance through Medicare Extra Help. Beneficiaries who hit this coverage gap do not need to fill out any form, or make any phone call, to receive this benefit under the Affordable Care Act.

The one-time \$250 rebate checks will be mailed automatically to seniors' homes from Medicare when they enter the doughnut hole.

The first rebate checks were sent in June, and checks will be sent each month throughout this year as more beneficiaries enter the doughnut hole.

PEDIATRIC NEWS: Will the \$250 rebate have a significant impact on patients' out-of-pocket drug costs this year?

Ms. Tavenner: The \$250 rebate is immediate relief that marks the first step in completely eliminating the doughnut hole.

This year's rebate will help put money back in the pockets of seniors who are too often forced to choose between paying for their groceries or for their medications.

Next year, seniors who reach the coverage gap will get a 50% discount on brand-name drugs that will help reduce their costs.

In addition, under the new law, the actual coverage gap will get smaller and smaller every year, until it completely disappears in 2020.

PEDIATRIC NEWS: Physicians in all specialties spend a lot of time helping patients find affordable medications. How will these changes decrease the burden on doctors?

Ms. Tavenner: Physicians are on the front lines in helping seniors obtain medications that are not only successful in treating the patient, but are also affordable. By closing the coverage gap and making care more affordable, Medicare beneficiaries will be able to get the care they need and deserve.

And starting next year, patients with Medicare can get free preventive care services like colorectal cancer screening and mammograms.

Medicare also will cover an annual physical, where they can work with their physician to develop a personal prevention plan based on current health needs.

PEDIATRIC NEWS: How can physicians help their patients to take advantage of this new benefit?

Ms. Tavenner: Doctors can continue to help their patients by educating them about the Affordable Care Act so they can take full advantage of its new benefits.

If patients have questions on their rebate checks, they can call 1-800-Medicare or visit www.medicare.gov. And to receive updates on the health reform law as it is implemented, they can visit www.healthreform.gov.

One important note: Along with the additional benefits provided by the Affordable Care Act come increased threats of fraud. That's precisely why we're working with the Department of Justice to crack down on scam artists who are trying to procure personal information from Medicare beneficiaries by promising them rebate checks and other benefits under the law.

Patients should never give their Medicare ID number to anyone promising benefits or discounts under the new law.

For fraud-fighting tips, please visit www.stopmedicarefraud.gov. ■

Ms. TAVENNER is acting administrator for the Centers for Medicare and Medicaid Services, which administers the Part D Medicare benefit and will be responsible for implementing many elements of the new health reform law. She previously served as secretary of health and human resources for Virginia.



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Kellogg Drops Health Claim

For the second time in a year, Kellogg Company has agreed to drop a questionable health claim from one of its cereals. In an expanded settlement with the Federal Trade Commission, Kellogg agreed to stop using statements on Rice Krispies that the product "now helps support your child's immunity" and "has been improved to include antioxidants and nutrients that your family needs to help them stay healthy." In the original settlement last year, the company stopped claiming that Frosted Mini-Wheats cereal was "clinically shown to improve kids' attentiveness by nearly 20%" and agreed it would refrain from cognitive health claims about its breakfast or snack products. The expanded settlement now prohibits Kellogg from making claims about any health benefit of any food unless those claims are backed by scientific evidence.

FDA Issues Final Tobacco Rule

The Food and Drug Administration has implemented its new rule designed to significantly curb children's use of cigarettes and smokeless tobacco products by making those products less accessible and attractive. The new rule prohibits cigarette sales to minors and ends sales from self-service machines and displays. It also prohibits tobacco-brand name sponsorship of athletic, musical, social, or cultural events and of teams. The rule bans tobacco-logo items such as hats and t-shirts and the reward of gifts or other items given in exchange for buying tobacco products. It requires that audio ads for cigarettes and smokeless tobacco use only words with no music or sound effects. The FDA said it is working with manufacturers and retailers to make sure they understand the new requirements, but it also reminded them that retailers who don't comply with the new rules may be subject to enforcement action.

School Food Bill Introduced

School lunch programs would receive 6 cents more per lunch served—the first real increase in reimbursement in 30 years—under legislation introduced by key House lawmakers to improve child nutrition (H.R. 5504). The bill, sponsored by Rep. George Miller (D-Calif.), chairman of the House Education and Labor Committee, also would increase the number of children eligible for free meals, increase funding for nutrition education in schools, and work to incorporate local produce into school lunches. The bill would extend Department of Agriculture nutrition requirements to foods sold in vending machines and a-la-carte items—not just meals—in schools. It also would require schools to sell only low-fat milk in their lunch lines. The legislation,

which would cost \$8 billion over 10 years, includes proposals from First Lady Michelle Obama's initiative against childhood obesity. A similar bill is pending in the Senate.

Childhood Obesity Toolkit Out

Blue Cross Blue Shield of North Carolina and the Blue Cross and Blue Shield Association are rolling out a physician toolkit designed to combat childhood obesity and diabetes. Initially developed by the North Carolina Blues organization in conjunction with the American Diabetes Association and the American Academy of Pediatrics, the toolkit will be made available to pediatricians nationwide. It includes tip sheets, wall posters, physician reference materials, tracking sheets, and brochures with educational information. It comes in both English and Spanish. The educational materials encourage children to eat fruits and vegetables, limit their screen time, skip sweetened drinks, and exercise.

State to Cover Autism Treatment

Wisconsin's Medicaid program said it will pay for families' use of Rethink Autism, a Web-based program with a comprehensive evidence-based curriculum. The program provides parents with more than 1,200 video-based teaching steps, parent training modules, an assessment tool, and features for tracking a child's progress. The curriculum spans the entire autism spectrum and covers a broad range of skills, including academic, language, social, motor, daily living, and behavior management. The company behind Rethink Autism said in a statement that its program will be important for families that are no longer receiving intensive autism interventions, those waiting for intensive in-home autism treatment services, and those looking to complement their existing treatment plan.

FDA to Review Dental Amalgam

The FDA said it will hold an advisory panel meeting in December to review issues related to possible risk from dental amalgam for pregnant women, fetuses, and young children. Dental amalgam is a mixture of metals, including liquid mercury and a powdered amalgam alloy composed primarily of silver, tin, and copper. The FDA last year designated special controls for dental amalgam and dental mercury. Since then, scientific and advocacy groups have raised questions about the FDA's analysis of the risks posed by mercury and dental amalgam, the cumulative biological effect of mercury, the exposure of pediatric populations to mercury vapor, and the adequacy of the clinical studies on dental amalgam.

—Jane Anderson