

Medicare drug plan requires study

By Lorinda M. Bullock
Special to Sentinel-Voice

WASHINGTON (NNPA) - Open enrollment has taken on a more literal meaning for the Medicare Prescription Drug program, now in its second year. Unlike last year, everyone on Medicare — regardless of income, health status or the kinds of drugs taken — is now eligible to change their plan or keep the one they have.

But Medicare beneficiaries only have from now until Dec. 31 to choose from a number of plans during the open enrollment period that started last week.

That is why a number of organizations, including AARP, the nation's leading advocacy group for America's seniors, have opened telephone hotlines, created massive websites explaining the program and are putting on sessions in local communities to help seniors pick the right program for the right price.

"We've seen some various research that has shown seniors are satisfied with their current plans, but we're

encouraging all beneficiaries to evaluate what coverage they have," said Natalie Tucker, the AARP Medicare Part D campaign manager.

For the people who stick with their plans, they do not have to re-enroll or fill out new paperwork, but Tucker suggests they contact their current drug plan provider to make sure the plan hasn't changed.

"They need to check out if the drugs are still on the same formulary list, (and) if the co-pays or the deductibles will change," she said.

But choosing a program is not so easy. According to Barbara Cebuhar of the Centers for Medicare and Medicaid Services, a branch of the U.S. Department of Health and Human Services, there are more than 1,900 different "free standing" prescription programs available across the country.

Everyone won't have the headache of choosing from thousands of plans because people have to pick plans mostly in their region — cutting the number drastically

— but Nancy Wood, AARP media relations manager, said the average beneficiary still has to choose from 20-50 different plans.

To help seniors and family of seniors, Medicare has a prescription drug plan finder on their medicare.gov website and if a person doesn't have access to a computer, they can get the same information by phone.

To use the drug plan finder, beneficiaries need to plug the names of the current drugs they take, the dosages, and their city into the website and a number of plans specific to those needs are found.

"That is a way you can compare," Tucker said. "It will give you what the deductibles are, the premiums, the total annual cost so that people can make an informed decision. They give you the phone numbers to the plans directly so you can call them to ask questions too."

Because the drug plans are administered by private companies, Wood warned about competitive prices.

"Some plans will have very low monthly premiums,

but they may have a restriction on the types of drugs they cover," she said.

Wood said that if a person prefers a particular brand name drug instead of a generic brand, to make sure the plan they choose will cover it.

This enrollment season, Cebuhar said, the CMS is hoping to add about 3 million more eligible people to the Medicare Part D program. Of those 3 million, being courted to enroll, 1 million are Black.

Cebuhar said 75 percent of the 4 million Blacks in the system are currently enrolled. There were about 38 million Americans on Medicare with drug coverage last year. Of those, about 23 million depended on Medicare's drug plan entirely, while the rest had other types of coverage in addition to Medicare.

So far, the efforts of groups like the AARP have been working. In the first week of the open enrollment, 47,000 people enrolled online.

There is a major push to

help people understand the open enrollment process and the drug plans. CMS has created more than 140 community education networks and is working with about 10,000 local partners like the State Health Insurance Programs and Area Offices on Aging.

Tucker said all 53 of the AARP state chapters are holding events to share information with seniors on how to pick the right plan.

She said AARP is also trying to spread the word about a Social Security subsidy for low-income people that could pay for all or most of the premiums or co-pays that come along with these drug plans.

To be eligible for the subsidy, the income requirement for a single person is at or below \$14,700 and below and for married couples, at or below \$19,800.

Tucker encourages all eligible people not to just sit and wait for approval for the social security benefit, but to also go ahead and pick a plan during open enrollment.

People on Medicaid, who were 65 and older last year, were automatically rolled over into the Medicare prescription drug program last year, creating what Wood called an eligibility "myth" this year.

Wood said people who were on Medicare but not on Medicaid automatically assumed that because they weren't on Medicaid, their income was too high and they were not eligible this year for the drug prescription program. That is not true.

"It's available to everyone, and it's not based on your income," she said.

For many Americans on Medicare this enrollment season, finding the right drug plan may be trial and error, but Wood said one of the best things about the plan is that it isn't permanent.

"You're not married to your plan for life, so if the plan you selected this year, you're not satisfied, you will have the opportunity next November to re-evaluate and select a different plan."

HIV/AIDS

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toed legislation allowing public health agencies to distribute condoms to prisoners.

"We can reduce incarceration as a driver of HIV infections by offering voluntary counseling and testing in prisons, making prevention education and condoms available to all inmates and strengthening re-entry programs that help formerly incarcerated individuals successfully transition back into society," Fullilove said.

Rep. Maxine Waters (D-Calif.) authored legislation including the "Justice for the Unprotected Against Sexually Transmitted Infections among the Confined and Exposed Act of 2006" or JUSTICE Act (H.R. 6083) and the "Stop AIDS in Prison Act" (H.R. 6038). Her legislations include using federal funds to provide condoms in prisons and testing for prisoners upon arrival and again when they are released.

The report also urges the government to provide more funding to study Black gay men as well as expanding education programs and routine testing.

The Centers for Disease and Control acknowledged a greater need for more testing and recommended earlier

this fall that Americans between ages 13 and 64 be routinely tested and requirements for written consent and pretest counseling be dropped.

Another recommendation from NMAC was to increase education about injection drugs to prevent its use and create needle exchange programs for the addicted to decrease needle sharing and the spread of the disease.

Rep. Juanita Millender-McDonald (D-Calif.) explained that Black women in particular are under attack.

"It is devastating our community and it's robbing our women of their childbearing years between the ages of 25 and 44. We're clearly not doing enough as a nation to prevent HIV, particularly among African-Americans who account for half of all new diagnosis," she said.

Millender-McDonald authored the Mother to Child Transmission legislation that requests a \$50 million appropriation to treat mothers and children with HIV/AIDS.

I pledge my support now in the next Congress to improve the federal response to HIV prevention for African-Americans," she said. "I am here to support [the National Minority AIDS Council] on

their strategic plan because government alone cannot solve the problem, but we certainly need to be doing more."

Other Black representatives, Donna M. Christensen (D-VI) and Barbara Lee (D-Calif.), also endorsed the report.

"I do feel that the changes in Congress following the election are a symptom of America's real desire to see members of Congress who not only will talk about their issues before November 7, but who will work tirelessly to address them from Nov. 8 forward. That includes working to reauthorize the Ryan White CARE Act in a manner that reflects the trends of the HIV/AIDS epidemic today, as well as ensuring that we have enough money allocated for HIV/AIDS programs, treatment and prevention efforts."

Christensen and other AIDS activists have said that current federal funds do not match up with the ever-growing needs and ever-growing population of American's with HIV and AIDS.

Christensen, who is the chair of the CBC's health brain trust and a medical physician, said that Republicans had numerous opportunities

to address the issue and "failed."

Lee, who co-chairs the CBC Global AIDS Taskforce, said the NMAC report offered, "a clear blueprint." She also agreed the "new Congress" will provide a fresh start for AIDS reform.

"The fact is that this administration and the Republican Congress have never paid much attention to the needs of African-American or minority communities when it comes to fighting AIDS, and you can bet that we are going to work to change that in the new Congress."

Drug-resistant TB spreads in S. Africa

JOHANNESBURG, South Africa (AP) - More than 300 cases of extreme drug-resistant tuberculosis, referred to as XDR-TB, have been confirmed across South Africa, the national health department said recently.

XDR-TB is defined by the World Health Organization as TB that is resistant to the main first-line TB drugs and to three or more of the six second-line drugs.

The patients "are in the hospitals, they are on treatment," the South African Press Association quoted the health department's head of TB, Dr. Lindiwe Mvusi, as saying.

Some patients have died, Mvusi said, but could not say how many.

The health department recorded 263 cases in KwaZulu-Natal, where the strain was first identified earlier this year.

The disease is complicated by the presence of HIV/AIDS.

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