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Vaping Linked To 215 Possible Cases Of Severe Lung Disease

U.S. health officials are investigating 215 possible cases of severe lung disease associated with vaping across 25 states, according to a joint-statement issued in August by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA).

The agencies said they need more information to understand whether there's a relationship between specific products or substances and the reported illnesses.

As of now, it does not appear the cases are linked to one particular product, the agencies said, noting that in "many" of the cases, patients reported using THC or CBD, compounds found in cannabis.

"Even though cases appear similar, it is not clear if these cases have a common cause or if they are different diseases with similar presentations, which is why our ongoing investigation is critical," CDC Director Robert Redfield and acting FDA Commissioner Ned Sharpless said in the joint statement.

In a separate statement, Health and Human Services Secretary (HHS) Alex Azar said, "this situation, and the rising tide of youth tobacco use, is a top public health priority for the Trump Administration and every leader at HHS."

The CDC and FDA also stated that people who use vape should not buy products off the street, modify e-cigarette products or add any substances that are not intended by the manufacturer (THC oil). People who use e-cigarettes should also monitor symptoms and seek immediate medical attention if they have any concerns about their health. Patients in many cases experienced symptoms gradually, including breathing difficulty, shortness of breath and chest pain, before being

hospitalized. Some people reported vomiting and diarrhea or other symptoms like fevers or fatigue.

Federal officials are working with state and local health departments to track the outbreak. They have identified 215 possible cases as of August 27, 2019, up from the 193 possible cases the agencies reported the previous week. On August 30th the CDC issued a health advisory to make doctors and public health officials aware of the outbreak of severe lung disease and encouraged them to submit any information they have.

An Illinois patient died in August from a critical lung disease in what regulators consider is the first vaping-related death in the U.S. As of August 29th, the state has recorded a total of 27 cases that fit the description of the illness and another 8 that need more investigation. Illinois Department of Health Director Ngozi Ezike stated that

patients in more than half of the 27 cases reported vaping THC, the compound in marijuana. State health departments are coordinating to share information with each other and federal agencies, including the CDC and the FDA. While the dangers of smoking cigarettes are well documented, the risks of vaping, whether nicotine or THC, are relatively unknown. "We're on the cusp of what we consider new territory in that this is not an illness, or an association between vaping and acute respiratory illnesses, that have been reported before or that the CDC even collects information on," Ezike said.

Regulators are puzzled over why the mysterious disease is appearing frequently. Former FDA Commissioner Scott Gottlieb, said that it may be due, in part, to a rise in counterfeit e-cigarette products.

© CNBC. This article originally published August, 2019



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The Anti-Vaping Tipping Point

Axios took a closer look recently at the sudden tidal wave of anti-vaping action nationwide, noting that the Trump administration's surprise announcement in September of a ban on most flavored e-cigarettes was just one data point.

Why it matters: Companies like Juul and others – which now market their vaping products around stopping smoking – suddenly face a nasty political climate based on fears of kids getting addicted.

- Numerous states are pushing major anti-vaping efforts, testing everything from banning flavored cartridges to PSA messages aimed at teens that feel like re-hashes of the anti-cigarette movement.
- That now extends to local government: D.C. suburb Montgomery County is considering a rule that would ban vape shops from within a half mile of public middle and high schools, effectively closing 19 of the county's 22 stores.



- Legal vaping manufacturers (particularly in the marijuana variety) are rushing to make sure their product does not get mistaken for the bootlegged cartridges that officials believe are causing some of the vaping-related lung illnesses.

The big picture: Hundreds of people nationwide have suffered vaping-related lung illnesses, with 7 deaths. It's still a mystery what exactly is causing the illnesses.

- The FDA has pointed to vitamin E acetate in THC vaping cartridges, but no candidate substances have consistently turned up across samples so far, Scientific American warns. Although most cases involve pods containing THC, not all of them do.

Go deeper: Nicotine addictions are increasingly driving vape users back to cigarettes.

© Axios. This article originally published September, 2019

Trump Administration Hits Brakes On Law To Curb Unneeded Medicare CT Scans, MRIs

Five years after Congress passed a law to reduce unnecessary MRIs, CT scans and other expensive diagnostic imaging tests that could harm patients and waste money, federal officials have yet to implement it. The law requires that doctors consult clinical guidelines set by the medical industry before Medicare



will pay for many common exams for enrollees. Health care providers who go way beyond clinical guidelines in ordering these scans (the 5% who order the most tests that are inappropriate) will, under the law, be required after that to get prior approval from Medicare for their diagnostic imaging.

© Kaiser Health News. Originally published August, 2019

Uptick In Rare Mosquito-Borne Virus Uptick In Michigan And Other States

The number of U.S. deaths and illnesses from a rare mosquito-borne virus are higher than usual this year, health officials report. Eastern Equine Encephalitis (EEE) has been diagnosed in 21 people in six states, and five people have died. The infection is only being seen in certain counties within a small number of states.

The U.S. each year has seen seven illnesses and three deaths, on average. It's not clear why numbers are up this year, but for some reason cases seem to spike once every several years, said Dr. Mark Fischer, an expert at the U.S. Centers for Disease Control and Prevention. Most infections occur in the summer, so health officials do not think it will get much worse.

Massachusetts has eight cases, followed by Michigan, Rhode Island, Connecticut, New Jersey and North Carolina. In Rhode Island, there are three cases, including one death. "This is an extremely unusual year," said Al Gettman, head of the state's mosquito control program. The other deaths were in Massachusetts and Michigan. Catherine Brown, who tracks diseases for Massachusetts, said she thinks introduction of a new strain of the virus may be a factor in that state this year.



The virus is spread to people through mosquitoes that mostly feed on infected birds but sometimes bite humans. Few people who are infected get sick but those who do can develop a dangerous infection of the brain, spinal cord or surrounding tissues.

Cases are generally confined to New England and states along the Gulf of Mexico or Great Lakes, usually in or near swamps. The uptick in cases has prompted health warnings in some places and even calls to cancel outdoor events scheduled for dusk, when mosquitoes are most active. Precautions include using mosquito repellent and wearing long sleeved shirts and long pants outdoors.

Scientists first recognized eastern equine encephalitis as a horse disease in Massachusetts. There's a vaccine for horses, but not people. It's not considered as large a concern as West Nile virus, which also is spread by mosquitoes, and is seen in most states. Nearly 500 West Nile illnesses, including 21 deaths, have been reported to CDC so far this year.

© ABC News. This article originally published September, 2019

Annual Medicare Enrollment Period Ends December 7th

Medicare Enrollment for the millions of seniors and people with disabilities **starts October 15th and runs through December 7th**. This is especially important for newly eligible enrollees, who have to choose between traditional Medicare (often paired with a Medicare

supplement plan and drug plan) or a private Medicare Advantage plan. The change, if received for processing by December 7th, is effective as of January 1, 2020.

Flu Season Is Here!

The best way to protect against influenza is to get a flu vaccine every flu season. If you have questions about this, ask your doctor.

Why get vaccinated against influenza (flu)?

Influenza (flu) is a contagious respiratory disease that can lead to serious complications, hospitalization, or even death. Anyone can get the flu, and vaccination is the single best way to protect against it.

There are 3 reasons for getting a yearly flu shot.

- 1) Flu viruses are constantly changing, so flu vaccines may be updated from one season to the next to protect against the most recent and most commonly circulating viruses.
- 2) A person's immune protection from vaccination declines over time so annual vaccination provides optimal protection.
- 3) There is more than one form of the flu strain. Even if the vaccine does not match the most recent virus, it may make your illness milder if you do get sick.

Who should get a flu vaccine?

Everyone is at risk for seasonal influenza. Health experts now recommend that **everyone 6 months of age and older** get vaccinated each flu season. It is especially important that certain groups get vaccinated:

- Pregnant women;
- Children younger than 5, but especially children younger than 2 years old (not less than 6 month of age);
- People 50 years of age and older;
- People of any age with certain chronic medical conditions;
 - People who live in nursing homes and other long-term care facilities;
 - People who live with or care for those at high risk for complications from the flu, including:
 - Health care workers;
 - Household members and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated).

Some children 6 months to 8 years of age may need 2 doses of the vaccine to be fully protected. Ask your doctor.

For a complete list, see "Who Should Get Vaccinated Against Influenza": <http://www.cdc.gov/flu/protect/whoshouldvax.htm>

Who should NOT get a flu vaccine?

People who are sick with fever should wait until their symptoms have passed to get vaccinated. Some people should not be vaccinated before talking to their doctor. This includes:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillian-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously.

When to Get Vaccinated

Get vaccinated as soon as the vaccine becomes available in your community. Vaccination before December is best since this

timing ensures that protective antibodies are in place before flu activity is typically at its highest. Flu season can last as late as May so getting vaccinated later in the flu season could still provide a protective benefit. About 2 weeks after vaccination, antibodies in the vaccine provide protection against the viruses develop in your body.

What kinds of flu vaccines are available?

Traditional flu vaccines are made to protect against three different flu viruses (called "trivalent" vaccines). Vaccines made to protect against four different flu viruses (called "quadrivalent" vaccines) also are available.

The Trivalent Flu Vaccine protects against two influenza A viruses and an influenza B virus. **Trivalent flu vaccines available include:**

- Standard dose trivalent shots are manufactured using virus grown in eggs. These are approved for people ages 6 months and older;
- A standard dose trivalent shot containing virus grown in cell culture, is approved for people 18 and older;
- A standard dose trivalent shot that is egg-free, approved for ages 18 through 49 years of age;
- A high-dose trivalent shot, approved for ages 65 and older;
- A standard dose intradermal trivalent shot, which is injected into the skin instead of the muscle and uses a much smaller needle than the regular flu shot, approved for people 18 through 64 years of age.

The quadrivalent flu vaccine protects against two influenza A viruses and two influenza B viruses. **Quadrivalent flu vaccines available are:**

- A standard dose quadrivalent shot;
- A standard dose quadrivalent flu vaccine, given as a nasal spray, approved for healthy* people 2 through 49 years of age.

(*"Healthy" indicates persons who do not have an underlying medical condition that predisposes them to influenza complications). The Centers for Disease Control and Prevention (CDC) does not recommend one flu vaccine over the other.

Flu seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2007, estimates of flu-related deaths in the United States range from a low of 3,000 people to a high of about 49,000 people. Each year, more than 200,000 people are hospitalized from the flu, including an average of 20,000 children younger than 5 years of age.

What are the side effects of the flu vaccine?

Flu shots are safe and cannot give you the flu because they are made from killed or very weakened virus, but there may be some mild side effects from the two different types of vaccines (shot and nasal spray).

The most common side effects from the flu shot are soreness, redness, tenderness or swelling where the shot is given. Side effects from the nasal spray vaccine include runny nose, cough, or nasal congestion.

For more information about the seriousness of influenza and the benefits of a flu vaccination, talk to your doctor or nurse, visit www.cdc.gov/flu or call CDC at 1-800-CDC-INFO.

Source: National Center for Immunization and Respiratory Diseases



GLEA Immunization Benefits

August 1st, through April 30 each year, you can obtain your **Injectable Seasonal Influenza Vaccine (flu shot)** with your group health insurance ID Card through the Caremark Prescription Drug Card Program.

This is a benefit with a \$0 Copayment, available at many Caremark, participating, in-network pharmacies, where you fill your prescriptions, as long as they also provide injections by the registered pharmacist. For more information, call **1-800-632-5015, ext. 109**.

Present your Group Insurance Identification Card at a Participating Pharmacy.

There are two flu vaccine types:

- 1. Trivalent:** The traditional flu vaccines made to protect against three common flu viruses.
- 2. Quadrivalent: High Dosage.**

Additional Non-Seasonal Vaccines (covered all year)

Preventive Care Vaccines for Adults:

- a) Pneumonia
- b) Zoster (Zostavax) is administered at Age 60+
- c) Tetanus, Diphtheria Toxoids
- d) Hepatitis A & B
- e) HPV vaccines to age 26.

Preventive Care Vaccines for Children (birth to age 18):

- a) Pneumonia
- b) Haemophilus B
- c) Haemophilus B, Hepatitis B
- d) Meningococcal, Haemophilus B, Tetanus
- e) Inactivated Poliovirus
- f) Rotavirus
- g) Measles, Mumps, Rubella, Varicella
- h) Diphtheria, Tetanus
- i) HPV vaccines, age 9 to age 26.

It is important for the pharmacist to follow the instructions on their screen when accessing these benefits. Pharmacies needing assistance should call 1-800-345-5413.

Advise the pharmacy to send a copy of the immunization record to your Primary Care Physician to add to your permanent medical records.

Immunizations listed in this article are allowable/covered by the GLEA Prescription Drug Card Program with a zero copay ONLY when administered at a participating in-network pharmacy; Not at a physicians' office. Immunizations administered at your doctor's office are subject to other limitations including other Policy provisions, limitations (to attend school), applicable copays, injection/administrative and Physician office visit requirements. Children 5 & under are covered at the doctor's office, due to limited treatment at the pharmacy.



Nasal Spray Flu Vaccine

After advising the public to avoid the nasal spray version of the flu vaccine for the last two years, the Centers for Disease Control and Prevention gave it the green light last year.

A favorite of the needle-averse, the spray had not appeared to work as well against H1N1, a strain of the flu, in the last few seasons, according to the public health agency. But it's expected to work better this year, according to the CDC and Dr. Andrew Pavia, chief of pediatric infectious diseases at the University of Utah Hospital.

It's an encouraging sign, especially after an especially virulent recent flu season. In fact, the CDC said last year that more than 172 children died of flu-related illness in the

2017-18 season, the highest on record when it comes to youths for a single season.

In Chicago alone, intensive care units saw more than 580 influenza-associated hospitalizations, city officials reported, a trend that peaked in January.

This would be considered an intranasal or Flu Mist option which the GLEA Prescription Drug Card Plan Allows at your local Participating In-Network Pharmacy for young children, two years old and up.

© Chicago Tribune. This article was originally published August 2018

CMS Medicare-Required Creditable Coverage Notice Being Mailed Soon

A letter will be sent by October 15th, 2019 to Member participants (including Spouses) currently Eligible for Medicare from Group Marketing Services, Inc. on behalf of the Group's Employer Sponsor.

The Member participants will receive the letter, as well as a copy is being sent to the respective Employer.

The Letter is titled *"Important Notice About Your Prescription Drug Coverage and Medicare."*

Mandated by the Centers for Medicare Services (CMS), this *"Creditable Coverage Notice,"* Certifies that the current Prescription Drug coverage contained in the Employer's provided GLEA/GMS Drug program is considered Creditable Coverage.

Additional questions? Please contact, Group Marketing Services, Inc. at **269-343-2611 Ext. 106**.



NOTICE: Important Employee Communications

Please duplicate and distribute to each of your employees, Plan participants or forward as an email to your employees. Many newsletter articles are informative as to current, Employer sponsored, group insurance Plan Benefits, usage and updates. Please post this Newsletter, for employees' review, in a conspicuous, on site location.

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