

MPR MESSENGER



MPR Welcomes New Members

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Our pool has experienced steady and positive growth in the past five years. The first quarter of 2009 marks another surge of growth. Please join us in welcoming the City of Hillsboro, KS, the City of Sedalia, MO Cass County, MO and Jackson County, KS into our employee benefit program. Collectively these members represent 490 employee lives. MPR staff has visited and enrolled the employees at Hillsboro which commenced October 1st. Sedalia, Cass County and Jackson County programs will commence on January 1st.

Member representative contacts for these new members will be

Michele Phillips (Cass County), Keith Riesberg (Sedalia) and Larry Paine (Hillsboro). If you already know these individuals we hope you will make contact with them and share your experiences and knowledge with them. For those of you who do not know them, please look for opportunities to seek them out at our various meetings and welcome them to the pool.

First and foremost, MPR strives to maintain rate stability and cost containment in each of our three programs; employee benefits, workers' compensation and property/casualty. Inevitably, the costs

inherent in these programs rise from year to year. Positive growth allows the pool to allocate the administrative overhead over a larger base, thus reducing the costs for all members. Direct referrals are a key factor in this process, so we continue to encourage your communication with peers and contacts in other communities.

Once again, MPR welcomes each of these new members with great pride and appreciation. We look forward to continued success in our endeavors of building rewarding relationships for years to come.

24 HR Pre-Litigation Law Enforcement Liability Consulting Now Available

In the spirit of the Fall Conference Theme, "What If and Why Not?" the risk management has rolled out a 24 hour call line to assist law enforcement departments. Law enforcement and emergency personnel can now contact an attorney at the firm of Fisher, Patterson, Sayler and Smith on a 24 hour-7 day a week basis, to discuss arrest, lock-up, processing and other liability related matters as they arise. This program provides police and emergency service personnel with immediate professional counseling as situations and needs arise. The

attorneys at Fisher-Patterson, specialize in police professional liability and now carry pagers to be available to our membership around the clock. There is no charge for this service.

This program has been available since October 1st and has already reduced or eliminated two claims. If you have not disseminated this information to your police department please do so immediately. Further information can be secured from Todd Foster, Risk Management.

To utilize this service, contact:

Dave Baker
Weekdays: (913) 339-6757
Evening & Weekends: (816) 853-0951
dbaker@fisherpatterson.com



For More Information, visit www.mprisk.org

WORDS OF WELLNESS . . .

A Wellness Perspective: Surviving the Cold & Flu Season

According to research in the journal, *Epidemiology and Infection* (2006 Dec; 134 (6):1129-40), there is a connection between the flu and vitamin D deficiency. Vitamin D deficiency is common in the winter (flu season) due to the lack of sun light. Sun exposure triggers vitamin D production in the skin.

Ultraviolet radiation (found in the sunlight) reduces the incidence of viral infection. As of September 22, 2009 thirty-six children in the U.S. had died of the Swine Flu according to the CDC. Two-thirds of the deaths occurred in children who had epilepsy, cerebral palsy, or other neurodevelopmental conditions. All of these conditions are

associated with childhood vitamin D deficiency.

58 million American children are vitamin D deficient, 7.6 million are severely deficient.

How much vitamin D should you take?

Take enough Vitamin D3 to get your 25(OH)D level above substrate starvation levels (50 ng/mL or 125 nmol/L). Levels of 50 ng/mL usually require at least 5,000 IU per day for adults, some adults will require more. Children should take 1,000 IU per every 25 pounds of body weight. After taking this dose for 3 months test your [25\(OH\)D level](#). (See below)

There is also a connection between stress and susceptibility to the common cold. Lifestyle, in general, can have an effect on the immune system. Alcohol consumption, smoking, and even skipping breakfast can make you more susceptible to colds and the flu, according to a study by the Economic and Social Research Council (March 2002).



Measuring Vitamin D Levels Can Save Your Life...

...or at least your quality of life. Deaths from cardiovascular disease are more common in higher latitudes, at lower altitudes and during winter. This is related to sun exposure and the natural production of Vitamin D.

Vitamin D deficiencies have also been associated with:

- 17 varieties of cancer
- Heart Disease
- Type 1 and Type 2 Diabetes
- Hypertension
- Osteoarthritis
- Multiple Sclerosis
- Depression
- Epilepsy
- Migraine Headaches
- Polycystic Ovarian Syndrome
- Musculoskeletal Pain
- Autoimmune

Vitamin D levels are measured from a simple blood test called 25(OH) Vitamin D. People with 25(OH) D levels above 35 ng/ml are half as likely to have a heart attack as compared to those individuals with less than 35 ng/ml.

In an eight-year study of 25,000 subjects, colon cancer was reduced by 80 percent in those with Vitamin D levels above 33 ng/ml.

Q. What are normal levels of Vitamin D?

A. Optimal Vitamin D status: 40-65 ng/ml (See Chart Below)

Q. How should I find out my Vitamin D levels?

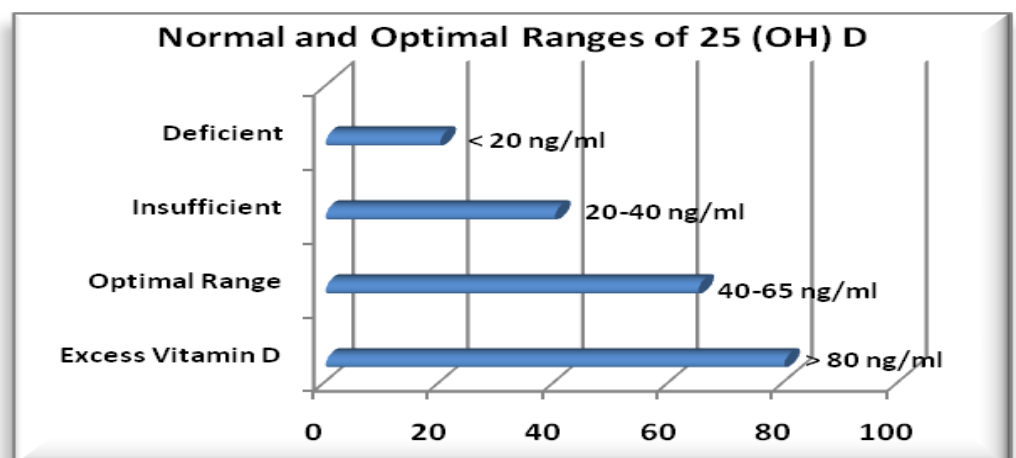
A. Ask your doctor to run blood tests to determine your levels or encourage your entity to provide this service for you.

Q. How much Vitamin D supplement should I take each day?

A. The physiologic requirements for vitamin D appear to be 3000-5000 IU per day in adult males. Full body-exposure to ultraviolet light can produce the equivalent of 10,000-25,000 IUs a day.

Q. What form of vitamin D should I supplement with if my levels are low?

A. Although cholecalciferol (vitamin D3) and ergocalciferol (vitamin D2) are both used as sources of vitamin d. D3 is the human nutrient and is much more efficient in raising and sustaining serum 25(OH) D Levels.



High Cholesterol: Statin Drugs and Potential Health Risk

Statin medications work to inhibit production of cholesterol from the liver. At the same time, they also inhibit production of a vital nutrient called CoQ10. We are all familiar with high cholesterol being related to heart disease, but “what is CoQ10?”

CoQ10 is a vital nutrient necessary for energy production of muscle at the cellular level. CoQ10 is one of the most powerful antioxidants known. It protects the mitochondria (energy producers of the cell). Decreased mitochondria energy production has been related to the aging process, fibromyalgia, neurodegenerative disorders such as Parkinson’s and dementia and cardiovascular disease.

Did you say Statins lower CoQ10 levels?

Isn’t a lower level of CoQ10 related to cardiovascular disease?

Well yes, you read correctly. Taking Statin drugs seems to be an oxymoron. The reason you take Statin medications is to help lower your risk of a cardiovascular event. However, it may still promote an event by lowering CoQ10 levels. In fact the drug label for Crestor states “The effect of CRESTOR on cardiovascular morbidity and mortality has not been determined”.

It has been determined that Statins like Crestor, Lipator, and Simvastatin do lower cholesterol levels, but at the expense of CoQ10 levels. The issue in question is not that Statins lower cholesterol, but do they prevent cardiovascular events?



Research on Pravastatin appearing in the Journal of American Medical Association (December 18, 2002) shows that the Pravastatin does indeed lower cholesterol, but it does not reduce the risk of death or heart disease in those with moderately high cholesterol and high blood pressure. It is a very controversial topic with opinions and arguments on both sides of the issue.

One thing that should not be argued is that Statins also lower CoQ10 levels and that this creates other medical issues. If you and your doctor have determined you need to be on a Statin drug, it should also be advised that you take CoQ10 as a supplement. If not, you run the risk of promoting the very thing you are trying to prevent, cardiovascular disease.



In Canada, it is required when prescribing Statins to also advise individuals to take CoQ10 to negate the side effects.

What are the side effects of Statins?

- Muscle pain, tenderness, or weakness with fever or flu symptoms

- Nausea, stomach pain, low fever, loss of appetite
- Dark urine, clay-colored stools, and jaundice
- Constipation, bloating, and gas
- Stuffy nose, headache
- Itching, skin rash
- Memory loss

If you are experiencing any of these problems while taking Statins, you should contact your physician immediately.

Supplementing with CoQ10 can help prevent and/or eliminate the muscle pain and flu like symptoms associated. 100 mg of CoQ10 daily is acceptable while on Statin medications.



For specific questions regarding this article or the topic in general, please contact Dr. Rice at brooks@mprisk.org.

Looking for your next safety meeting topic or all employee training topic?

Call or email Dr. Rice for any of the following presentations:



Basic Nutrition

Metabolism 101

Diabetes

Stress Management





Benefits Buzz...



National Health Care Reform Effects

The Obama administration indicated that the present debate on health reform would be the last debate. This debate has now raged for 10 months. So what, if any impact will this have on our benefits program? The complete picture is still unknown. What we do know is:

- Everyone agrees that something needs to be done. Historical health care increases are not sustainable over the short or long term.
- There is no consensus on how reform should be done.

H.R. 3962 was released in October and is 1,990 pages in length. The bill will no doubt go through considerable change before becoming law. Contained in this bill for 2010:

- An 85% minimum would be set for loss ratios (MPR loss ratio meets this requirement)

- Rescissions (terminations) of coverage would only be allowed when fraud occurs (MPR does not rescind coverage from member employees. The bylaws provision for terminating members may need to be changed)
- Plans would be required to justify any premium increases (it is believed that our independent actuarial process would meet this requirement)
- A "look back" period for determining preexisting conditions would be reduced from 6 months to 30 days (MPR has no such provision and thus meets this requirement)
- Individuals through age 26 who are not otherwise covered would be allowed to remain on their parent's health care coverage. (This would add expense to our plans, estimate 2-3%)
- Lifetime limits would be prohibited. (This would add expense to our plans, estimated at 1/2 -1%)

Restated, the passage of the bill as presently written would require MPR to



drop its \$2 million lifetime maximum, rewrite member termination language in the bylaws and allow children to remain on health plans until age 26. Collectively these changes would increase plan expenses from 2½% - 4%.

The more substantive changes required in 2013, (e.g. Public option, Health Insurance Exchange creation, etc.), are not yet addressed as it is "too early" to determine what will be required.

New Privacy Regulations: Effective 2010

On October 1st, three federal agencies issued a lengthy package of regulations under the Genetic Information Nondiscrimination Act of 2008 ("GINA"). Though it will take some time to digest this entire package, one point is abundantly clear: Health plan sponsors should think twice before including questions concerning an individual's family medical history in any health risk assessment ("HRA").

Among other things, GINA bars a group health plan from discriminating on the basis of genetic information. This prohibition extends to *collecting* genetic information, if that information will be used for underwriting purposes. GINA's statutory language made clear that family medical history falls within the definition of genetic information. Accordingly, GINA makes it impermissible to ask for family medical history before enrolling an individual in a health plan.

Asking for family medical history in *post*-enrollment HRAs is also prohibited if employees will be *rewarded* for completing the assessment (or penalized for not doing so).

HRAs may not ask for family medical history in either of the following two circumstances:

1. Before an individual is enrolled in a plan (or even before *reenrollment*, if the information may *affect* that reenrollment), or
2. At *any time*, if a reward will be given for providing this information (including a penalty for *not* doing so).

These prohibitions apply to plan years beginning after December 7, 2009 -- or as of January 1, 2010, for calendar-year plans. For MPR, the effective date would be July 1, 2010.

MPR Fall Conference 2009: What if and Why not?

The Fall Conference is now over. The recommended changes “coming out” of this activity are just beginning. The keynote speaker, Mike Rayburn challenged our elected officials and senior staff with a series of simple, yet profound questions of “What if and Why Not?” Creatively, we were asked, “What if MPR were to set a completely different set of goals and deliver services in a way we have never done before.” Through his entertaining delivery, Mr. Rayburn left an indelible imprint on what MPR could become if the membership were to set aside their “limited thinking”.

This address was followed by Terry W. Norwood, CEO at the membership meeting. Mr. Norwood presented pooling data from *Business Insurance* and the *Kansas City Business Journal*. It was pointed out that nationally, MPR was on a select list of pools that offered three programs (EB, WC and P/C). MPR is one of the five largest in the United States that offers all three programs to their membership. Other highlights identified that participation in the benefits program (5500 lives) was the third largest in the Kansas City area

behind Sprint and Cerner. Because the recent presidential address to congress identified co-ops and pools as a preferred method for delivering health care, it is within reason to believe that MPR will become one of the largest health care companies in the Midwest. The CFO, John Hutchison delivered a financial report detailing the present activity of reserve status for each program.

The 2009 conference format was expanded to include four offerings for each time period. Of the 19 sessions offered topics included workers’ compensation law, property appraisal services, drug cost spending, dealing with the media, workplace harassment, health risk appraisals, interacting with MPR online, employment liability, member use of loss control credits, and measuring ROI on wellness. Also available throughout the day were 4 informational kiosks addressing; orthotics, online training, the headquarters construction project and stroke detection screening. Approximately 125 members underwent the ultrasound stroke detection test.

Other business included the formal election of the governing boards. MPR



of Kansas, Inc. and MPR elected their first boards, while MPR of Missouri (formerly MARCIT) underwent their normal election cycle. Interest in serving the organization is also at an all time high. Though the number of directors was expanded from 11 to 18, there were still more member representatives seeking Board openings than seats were available. We believe this is a sign of a healthy and growing organization. It is expected that the Kansas board will expand from 7 to 9 members in the year to come. Another indicator of interest was the record attendance of 395. This compares favorably to prior years ; (05)- 175, (06) - 248, (07)- 334, and (08)- 365. Thanks to staff for making this “premier event” a reality.



Risk Management/Loss Control News You Can Use...



Risk Management Freezes Focus on Snow & Ice Control

Our Risk Management professionals continue to focus directly on our repetitive and severe losses. In the past two years members have suffered several large losses related to snow plow operations. In response, MPR has teamed with Missouri – LTAP to develop and deliver a relevant training module to address these exposures and losses.

On October 22nd and 23rd, professional engineer Jay Jordan



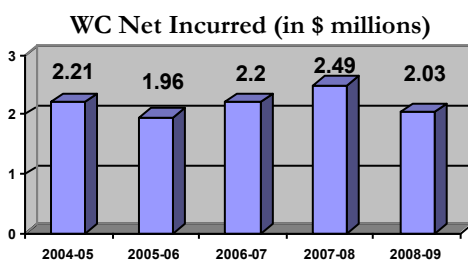
addressed 150 employees from 17 members on the topics of personnel assignments, equipment inventory,

weather conditions, routes, sand and salt operations and liability. The course was designed to provide a broad base of information to prepare our public works personnel for the winter season ahead. The risk management department hopes this “direct” approach addressing actual losses will produce positive results.

Recent MPR Loss Analysis Indicates Positive Trend

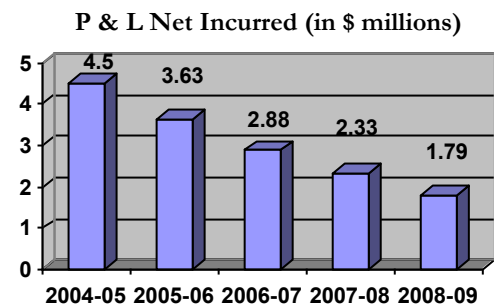
Workers Compensation Analysis:

A recent analysis of MPR losses provided many reasons for Members to take pride in their loss control efforts. For example, 2008-09 resulted in the second lowest level for workers compensation reserves among the last five fiscal years. Considering workers’ compensation losses are historically very respectable, this is impressive. Where can we focus our efforts to do even better? Falls are clearly our most expensive workers’ compensation problem, followed by lifting/materials handling injuries and then injuries involving suspects or inmates.



Property & Liability Loss Analysis:

The good news does not end with workers’ compensation. In 2008-09 member property and liability reserves were the lowest they have been in the past five years. By far, the largest area of loss in this program has been general liability claims, with sewer backups accounting for about 27% of these losses. The next leading loss exposures have been auto liability and property claims.



Training Resource News

The following DVDs have been added to the MPR Loss Control Training Resource Library: 30 Ways to Prevent School Arson, Back Safety for Landscape Maintenance and Custodial Workers, Basic Principles of Restroom Cleanup, Before You Turn the Key, Bloodborne Pathogens – Just the Facts, Emotional Wreck, Fast Food Survival Guide, Flagger Safety, Lockout/Tagout – Lightning in a Bottle, Powerlift:: Lifting Training That Works, PPE for Landscape Maintenance & Custodial, Traffic Control and Winter Walking: Avoiding Slips and Falls.

Risk Management/Loss Control News You Can Use...



Nevada Training Days

Two days each year, the City of Nevada schedules a full day of health & wellness, safety training and benefits information sessions for all employees. Each Columbus Day and Martin Luther King Jr. Day, employees



assemble at the Fox Playhouse on Nevada's historic square to hear and participate with subject matter experts.

Midwest Public Risk staff participates by providing high quality, informative sessions. Nevada's commitment to their employees is evident throughout the year, and especially during these two important days. This past month's topics included hands-on fire extinguisher training by the Fire Department, and sessions on wellness, cellular health, LAGERS, flexible spending accounts, deferred compensation, back injury prevention, safe driving, Employee Resource Committee, nutritional cooking/snacks, DWI checkpoints, waste water treatment plant upgrades/update, and the United Way.



Harrisonville Training Days

One day each fall, employees of the City of Harrisonville are given the opportunity for a half-day of workplace safety training. Most recently, employees stepped up to the "MPR Challenge" of answering questions and hearing information about back injury prevention, driver safety, bloodborne pathogens, and slips, trips & falls. Sean Carter and Mike Morales, Arborists in the Electric Department, provided a hands-on demonstration of extension/straight-ladder set-up, use, and safety. Dr. Brooks Rice of MPR provided sessions on cellular health and wellness. MPR staff provided hands-on information about step-ladder set-up, use and safety. Held at the Police Firing Range and supported by the Parks Department, Fire/EMS Department and City Administration, employees are given additional time to focus on important safety issues they can use on the job or at home.



Midwest Public Risk would like to thank the Cities of Nevada and Harrisonville for providing photos of their loss control efforts and allowing our use in this newsletter.

Please feel free to submit your training photos and ideas for upcoming newsletters. This is an excellent way to communicate to all members how to utilize your available loss control funds.

Mid America Regional Council -
Fire Extinguisher Training

