NORTHWEST SENIOR INSURANCE

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SPECIALIZING IN MEDICARE SUPPLEMENTS, Medicare Advantage, & PART D PRESCRIPTIONS
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In this Issue:

Looking ahead in 2011

I appreciate all of you that came on board in 2010. Thank you for your business. Thanks also for the large number of referrals you have sent to me the past few months. I have attempted to keep track of them and send you a thank you note. Please accept my apologies if I missed you.

Because of your continued support over the years, I have a remarkably high persistancy rate in my practice of 98% plus. Persistancy refers to the percent of clients that an insurance agent retains year after year. A few people die, a few move, and a few go elsewhere. A 100% persistancy is impossssible. Thank you for your support and business and being part of Northwest Senior Insurance.

One of the ways that I want to express my thanks to you is by sending you my newsletters. I hope that you find the information that I publish useful and timely. I strive to be far more than just an agent that sells you a plan. Rather, I seek to be a resource that can provide you practical solutions and advice for various issues many of you are facing today.

I had a client, Katie, recently call me inquring as to when the I.D. card for her husband's new plan would arrive. During the course of our conversation she mentioned to me that her husband is diabetic. On a hunch, I asked her if they were using any products with Splenda® in them. She answered affirmatively, and explained to me that they use Splenda® extensively in their foods. During the conversation I did a Google search of "*Splenda side effects*" and read one article to her.

She mentioned to me that they both sleep a lot and are constantly hungry. Among many of the side effects that I read were "sleep disturbances" and "increased appetite". She previously had not made the connection. In fact, she said that her doctor even recommended Splenda®! If you have a mysterious malaise or malady that defies explanation, you might consider doing an inventory to see if there are any hidden chemicals in your diet that are contributing factors.

This Stuff is Poison

I explained to her that sucralose (Splenda®) is made from chlorinating sugar molecules. Organic chlorinated compounds in general are toxic, and many pesticides are made with these compounds. In fact, researchers were working on pesticide research when one accidently discovered that an experimental chlorinated compound had a sweet taste.

The rest is history. The FDA never should have allowed sucralose along with aspartame to be put into our food supply. Big bucks equals political persuasion.

Katie indicated to me that she is going to purge her kitchen of anything containing Splenda®. I'll contact her in a few months to see if her and her husband's symptoms have started to clear up. I will follow-up on this story.

Connecting the Dots

Remember the children's puzzles of connecting the dots, 1, 2, 3, and so on until you drew the line to the highest printed number? Remember the satisfaction you felt when the outline of the image you were completing appeared right before your eyes? You figured out the *clown* or the *tiger* when you had connected enough of the dots. In a sense, that's what life is about. We connect the dots. In this case we're connecting the dots that lead to the most optimum health possible. The more dots you complete, the more this vision and image will appear in your thinking about the daily choices you make.

This could be feeling better, having more energy, having less serious illnesses, reducing your prescription needs, losing weight, and being able to better cope with the issues that pertain to aging in general. Eliminating sucralose (Splenda®) and aspartame (NutraSweet® or Equal®) from your diet is definitely one of those "AH HA!" connections.

Unfortunately, there are other not-so-good chemicals and additives put into our foods. For those people that are taking antidepressants, I sincerely hope that the summary that I provide further on of a recent edition of the Blaylock Wellness Report will help you connect some more dots.

Planning for the Future

My old website is defunct. After some delays, I expect to have my new website, nwseniorinsurance.com, up shortly. I hope you will find it to be a useful resource.

I have another vision. From time to time I have run across a situation where someone has had an unexpected illness causing extra drug purchases. When hardship cases arise, I want to have another place where people can go for help. I want to found Northwest Senior Reliance as a non-profit to help people in such situations. Let me know if you would like to serve on the board of directors.

On a more somber note, I want to express my deepest sympathies for those of you that lost loved ones in 2010. Also, in various phone conversations, several people have mentioned to me various illnesses that either they or their spouses are dealing with. My family and I keep you in our prayers for healing and comfort.

Thank you again for being such terrific people to work with. I have had many heart-warming phone convesations during the incredibly hectic 2010 AEP. I wish you health and wellness for 2011. God Bless!

Lance D. Reedy

Is Government Sponsored Euthanasia coming?

A disturbing and I'd say alarming article titled "*Obama Returns to End-of-Life Plan That Caused Stir*" appeared in the Dec. 25, 2010 edition of the New York Times. I say alarming because we are in deep trouble any time any government gets in the business of discussing death with its citizens. Note: While this newsletter was being printed, the administration announced that they rescinded their regulations. Apparently, there was too much of a protest.

Because I believe that it's critically important that every Medicare beneficiary clearly understands what's at stake here, I have reprinted this article in its entirety. You'll find it in the last half of this newsletter.

2011 Medicare Changes

The 2011 changes.	2010	2011
Part A deductible	$1100	$1132
Days 61-90 hospital co-insurance	$275/d	$283/d
Lifetime Reserve days 91-150	$550/d	$566/d
Skilled nursing co-insurance	$137/d	$141/d
Annual Part B deductible	$155	$162
Your Medicare Part B Premium	$96.40	$96.40*

*The Medicare part B premium will remain at $96.40 for some people, but not all. It has been $110.50 if 65 in 2010 and will by $115.40 for those turning 65 in 2011.

Annual Election Period 2011: Oct. 15 – Dec. 7

As we processed hundreds of new applications for the 2010 AEP, I thank all of you for your cooperation and assistance in the prompt processing of your orders.

If you have not received the Summary of benefits for your MA, MA-PD, or PDP, please contact me, and I will either mail or email to you a copy. If you haven't heard from your new company when you believe that you should have, please let me know. The 2011 AEP begins October 15 and ends December 7. This will allow three weeks for the companies to get everyone's I.D. cards out for 2012. Hooray!

Alphabet soup 101

MA = Medicare advantage plan
MA-PD = Medicare advantage plan with prescription drugs
PDP = Prescription drug plan

Annual Disenrollment Period

The new Annual Disenrollment Period (ADP) runs from Jan. 1 to Feb. 14. During this time you can **disenroll** only from your MA or MA-PD plan. If your MA plan has a prescription plan with it, then you can also sign up for a stand-alone PDP.

The Biggest Misconception out there

Your Medicare supplement is not a Medicare product as is an MA, MA-PD or PDP. Rather, the former is an insurance product regulated by each respective state insurance department. Assuming you medically qualify, ***you can change to another Medicare supplement any month of the year***. Several people have voiced to me that they thought they could only change their Med supp during the AEP. Not so!

Example: Sue Reynolds in February receives a 20% rate increase notice for her Medicare supplement effective March 1st. Q: Can she shop for another Medicare supplement? A: Yes

Many of you have contacted me regarding rate increases and have switched to lower cost plans. Please keep in mind that you must *medically qualify*. Bottom line: You can switch your supplement any month. Please call me.

Part D Thinking Mistakes

Avoiding these mistakes frees up a person to make the best buy for his/her situation.

Mistake #1: *Being preoccupied with the premium only for the plan.* You are buying a *package*, not just the premium. Example: If you are taking many expensive generics, then a more expensive plan with no copays or deductibles for generics may actually be the best buy.

Mistake #2: *Thinking that a deductible is bad.* In many cases, getting the deductible out of the way gives you much lower copays compared to a plan with *no* deductible. This may lower your "estimated annual cost." Please refer to plan specifics.

Mistake #3: When someone is presented with the fact that his current plan is not the best buy for the next year he says: *"My current plan does this or does that or whatever."* This is entirely logical. We base our thinking on our current assumptions about how things are. Here's the problem. What was for 2011 may be different for 2012.

I remember speaking with one gentleman whose thinking was stuck on this mistake. He was having trouble getting it until I heard his wife in the background saying, "*Your plan is changing!*" I kept quiet as she was doing better than I was. Fortunately, he understood and made a good move.

Mistake #4: *Arguing with the mathematical calculations made by a computer.* I'll make no further comment here.

Mistake #5: *Staying on the wrong plan for the following year.* Well, it's not a mistake if you feel philanthropic towards your present company, but otherwise it is. Things change and these plans can change.

Q: Why, then, do some people yet cling to an overpriced plan?
A: It's the fear of change. A person's rationale goes like this: "*The plan I have is working. The devil I know is better than the one I don't. I don't want to change.*"

Recommended: Get a Part D Checkup

If you're taking several meds, I strongly recommend getting a Part D checkup during the 2011 AEP. Doing so could save you hundreds, or even a $1,000 or more over the course of a year. It can also give you the peace of mind that you are on the *right* plan for the following year. That was the case for Edna of Kingston, Idaho. I did a checkup for her. Her current script list: Crestor, Doxasosin, Micardis/hct, and Singular. Here are her results for 2011:

Note: These numbers are approximate. Medicare's rules do not allow me to publish the names of actual companies' names.

Estimated Annual Drug Cost for 2011	**Plan name**	**Prem/Deduct**
$1,760	Drug Plan Brand A	*$35.00/$150*
$2,150	Drug Plan Brand B	*$42.00/$310*
$2,160	Drug Plan Brand C	*$39.50/$310*
$2,190	Drug Plan Brand D	*$42.50/$310*
$2,205	Drug Plan Brand E	*$41.00/$100*

I always receive phone calls in January from a few people that call and express their dismay when they discover that one of the copays on their PDP is way higher or that one of their scripts is no longer covered by their plan. The best way to avoid these kinds of surprises is to get a Part D checkup during the next AEP.

Hail from Kellogg, Idaho

The following is an interview with Sally Jones, one of my clients from Kellogg. This discussion occurred after I made a follow-up call to her regarding her prescription drug plan.
Lance: *You say that you are trying to wean off your blood pressure prescription. What are you doing?*
Sally: *I workout three days a week for over an hour at the Silver Valley Medical and Fitness Center in Kellogg. I spend 30 minutes on the treadmill to warm up, and then I lift weights for about 35-40 minutes. Then I stretch for around 10-15 minutes. On the off days I walk my dog about one to three miles.*
Lance: *What about diet?*
Sally: *I drink 8 to 10 glasses of water per day and 2 glasses of milk per day. All of my soups, stew, etc. are made from scratch. I have at least one to two fresh raw vegetables per day. I limit the amount of meat I eat. I am not a big fish eater, but I like chicken and lean pork.*
Lance: *Anything else?*
Sally: *I limit sweets to special occasions. I get 8 – 9 hours of sleep, and I eat at regular meal times. A lot of people I meet at the wellness center say they are nibblers all day long, and that's their problem. We have a lot of obese people up there, but we have a lot of dedicated people as well.*
Lance: *Any concluding thoughts?*
Sally: *My sister weighs 200 pounds and drinks two cases of pop a month. She figures if she gets the "Cherry" she's doing okay. She's on pills for high blood pressure and heart meds and is borderline diabetic.*
Lance: *Often that excess weight wears one's joints out much faster. Has she had any joint issues?*
Sally: *She had a knee replacement already. (Shifting her thoughts) I can't tell you how many doctors told me just to take a pill. I went through eight of them. I finally found Dr. Ronald Dorchuck in Osburn, Idaho.*
Lance: *What did he tell you?*
Sally: *He told me to exercise, watch what I eat and read the labels, avoid soda pop and all caffeine (I do have a cup of coffee in the morning), and use natural supplements.*
Lance: *What supplements?*
Sally: *I take Co-Q-10, D3, a baby aspirin, and flax seed. Heart problems in my family are hereditary, so that's why he has me taking those supplements.*
Lance: *Those were his recommendations?*
Sally: Yes
Lance: *Anything else?*
Sally: *We pretty much covered it…sleep, exercise. The more people eat of home-prepared stuff and avoid the packaged stuff the better off they will be. I had cancer in my thirties, and I almost died. I made up my mind then that I was going to know what went into my foods. I got more into the organic gardening after that. We bought raw milk from a local farmer and bought beef and pork from a farmer that raised his own meat.*
Lance: *Are you still gardening?*
Sally: *Yep!* □

Blaylock Wellness Report

You can subscribe at drblaylock.newsmax.com.

Are you taking any anti-anxiety drugs or any antidepressants? His entire Dec. 2010 issue discusses the issue of depression and anxiety and the link with diet. Part one is titled: ***Beat Depression and Anxiety With Nutrients.*** Quoting: "*The famed neuroscientist Paul Broca once said, "The least questioned assumptions are the most questionable." This insight applies particularly well to the medical community's traditional views on depression.*

In the past, the medical world thought of depression and anxiety as reactions to external events. For most people, such depression, while painful and difficult, is ultimately controllable. Yet, for a small number of people, depression seems to come from nowhere and refuses to yield — eventually becoming all-consuming.

In fact, depression and anxiety are not necessarily caused by external forces. Over the past 50 years, we have learned that many so-called psychiatric conditions are, on the contrary, ***neurological diseases****. (*my emphasis)

Disorders that were once thought to be merely the way people think and feel are actually caused by abnormalities in the functioning of the brain itself — not some mysterious reaction to our mother's rejection or the poor toilet training we got early in life.

Neuroscience, that is, the science of the functioning brain —approaches mental disorders purely as a breakdown in the machinery. And that machinery is incredibly complex.

Despite all we have learned about the functioning of the brain, we should not assume that all of the mystery has been explained away.

He goes on to discuss excitotoxicity and glutamates and how they work in one's brain. He lists things that you absolutely must avoid to protect your brain:
Fluoride, MSG, Pesticides, Vaccinations, Aluminum, and Mercury fillings.

Dr. Blaylock continues. *One of the worst offenders are excitotoxin food additives. This consists of a long list of additives*:

- Monosodium glutamate (MSG)
- Hydrolyzed protein • Whey protein isolate
- Vegetable protein • Hydrolyzed vegetable protein
- Soy protein and soy protein isolate • Carrageenan
- Sodium and calcium caseinate • Vegetable extract
- Natural flavoring • Autolyzed yeast extract
- Enzymes (a major disguised name) • Stock
- Broth (Think of those innocent little bullion cubes.)

He continues with the next section titled: ***How Dietary Factors Affect Depression.*** *A number of other dietary factors also increase brain immunoexcitotoxicity. For example, diets high in omega-6 fats worsen brain inflammation. These include corn, safflower, sunflower, peanut, soybean, and canola oils. Most processed foods contain at least one of these oils.*

During cooking, these oils become oxidized, making them even more harmful. Foods should never be prepared or cooked in these dangerous oils. Studies have shown that a high intake of omega-6 oils increases the incidence of depression and neuroticism."

If you're suffering from any type of depression or anxiety or taking prescriptions such as Effexor, Paxil (Paroxetine), Zoloft (Sertraline), or Celexa (Citalopram), you very well may appreciate reading the entire twelve-page article.

Judy's success story

Judy Waite of Kalispell notified me that she was looking for lower Medicare supplement rates. I contacted her and

completed a new application for her. The following discussion took place.

L. So Judy, you tell me that you're losing weight. What are you doing?

J. I'm have been on hCG (Human Chorionic Gonadotropin) drops. It can be taken by injection or pills.

L. How did you learn about it?

J. My daughter and her friend. It's been amazing and helpful for people like me without a lot of will power. It's a 500 calories per day diet no matter how big you are, male or female. It's a 40-day plan.

L. Where do you obtain the formula?

J. I got mine by mail order. There are also clinics in town.

L. Any side effects?

J. Haven't had any. I was on metformin, and I'm not on that any more. My doctor was very pleased with my cholesterol and triglycerides. My liver count was way better.

L. How much weight have you lost?

J. About 34 pounds. I had lost about 39, but a little came back on during the holiday season. I previously stayed off the sugar. But this time I started consuming a little more sugar in my diet, and some pounds came back on.

L. So, then what have you learned from that?

J. I just have to stay off refined sugar. If I want sugar in my coffee of tea, I use stevia instead.

L. What about Equal® and Splenda®?

J. They (meaning the promoters of the diet plan) don't recommend it. They recommend stevia. I went to the health food store and found all kinds of things to do instead of using all of that sugar.

L. Well, I used to have a sugar addiction myself.

J. What do you do, just don't have sugar?

L. That's essentially it. It's like if a little sets you off, then you want more.

J. Like being an alcoholic?

L. Yeah, that's right.

J. When I would feel like getting a sweet tooth, I would get an apple. They've been my lifesaver. They always took care of my sweet tooth.

L. How do you feel with the lost weight?

J. Great. I sleep well. It's so nice to be able to put things on and be comfortable and not have to go through the whole closet. I have energy. And I'm not on any prescriptions.

L. What meds were you on before you started?

J. Metformin and prilosec.

L. Did you go off of them under a doctor's supervision?

J. During my last annual checkup she officially took me off of them. □

Disclaimer: **MedSupp News does NOT endorse hCG.** It is a controversial weight loss formula. 500 calories per day for 40 days will definitely cause one to lose weight.

Lipitor NNT

I had the daughter of one of my clients mention a newsletter writer that suggested looking up the NNT (number needed to treat) for various prescriptions. Intrigued, I did a Google search for "*Lipitor NNT*". Here's one site high on the list. I have copied the article from this URL verbatim.

http://trusted.md/feed/items/system/2008/01/18/the_statin_lottery_number_needed_to_treat_statistic#axzz18rRuJddu

The Statin Lottery: Number Needed to Treat Statistic

Suppose I invited you to join this contest: 250 people are recruited to participate in the contest. Each person gives me $1,000 and after one year one person in the group--selected at random--will receive $250,000 (250 people x $1,000). I keep the interest earned. Would you participate?

That's similar to the wager that people who are taking statins like Lipitor are engaged in according to Dr. Jerome R. Hoffman, professor of clinical medicine at the University of California at Los Angeles, who was quoted in a recent BusinessWeek article (see "Do Cholesterol Drugs Do Any Good?").

He based his analysis of statins on a little-known but useful statistic, the number needed to treat (or NNT). Here's how to calculate the NNT for Lipitor based on Pfizer's claim in those Jarvik-endorsed Lipitor ads: "Lipitor reduces the risk of heart attack by 36%...in patients with multiple risk factors for heart disease."

Here's what that means in terms of NNT:

"...for every 100 people in the [Lipitor] trial, which lasted 3 1/3 years, three people on placebos and two people on Lipitor had heart attacks. The difference credited to the drug? One fewer heart attack per 100 people. So to spare one person a heart attack, 100 people had to take Lipitor for more than three years. The other 99 got no measurable benefit. Or to put it in terms of a little-known but useful statistic, the number needed to treat (or NNT) for one person to benefit is 100."

*But that's based on one clinical trial involving several hundred or a few thousand high-risk people, not millions of people in the real world. According to the BusinessWeek, "several recent scientific papers peg the **NNT for statins at 250 and up for lower-risk patients**, even if they take it for five years or more." (emphasis mine)*

BusinessWeek also published this table showing NNT statistics for several Rx drug treatments. (below)

Dr. Hoffman used the Lipitor NNT of 250 statistic to make this analogy:

"What if you put 250 people in a room and told them they would each pay $1,000 a year for a drug they would have to

take every day, that many would get diarrhea and muscle pain, and that 249 would have no benefit? And that they could do just as well by exercising? How many would take that?"

Meet me in room 101 and bring your $1,000!

WARNING! PLEASE CONSULT WITH YOUR PHYSICIAN BEFORE MAKING ANY CHANGES WITH YOUR MEDICATIONS! THE INFORMATION COVERED IN THE ARTICLES IN THIS PUBLICATION ARE FOR EDUCATIONAL USE ONLY.

THE NUMBER NEEDED TO TREAT

How well do drugs work? Ads and news stories usually say that a medicine slashes the risk of, say, heart attacks by a big number, like 50%. But that often overstates the benefit, because it fails to provide the absolute risk. If only 2 people in a group of 100 are expected to have a heart attack, then a drug that cuts the rate by 50% prevents just 1 heart attack when taken by all 100 people. That's why researchers favor using the "number needed to treat" (NNT). It shows how many people must take a drug for one person to benefit.

DRUG	NNT	DETAILS
Antibiotic cocktail to eradicate ulcer-causing stomach bacteria (H. pylori)	**1.1** to eradicate bacteria	Bacteria will be eradicated in 10 of 11 people with 6 to 10 weeks of treatment.
Antibiotic cocktail to eradicate ulcer-causing stomach bacteria (H. pylori)	**5** to heal ulcers	Ulcers in 1 in 5 people will heal by the end of treatment. One in two will be cured in a year.
Lipitor and other cholesterol-lowering statins, when used in people who have had a heart attack or have signs of heart disease	**16-23** to prevent one heart attack	In clinical trials, with 5 years of treatment, 1 in 16-23 people is spared a coronary event. To prevent an actual death, the NNT is 48.
Lipitor and other cholesterol-lowering statins, when used in patients without heart disease, but who have risk factors like high blood pressure	**70-250** to prevent one heart attack or stroke	Benefits with 5 years of treatment are smaller in those without existing disease, and the NNT increases with lower initial risk.
Lipitor and other cholesterol-lowering statins, when used in patients without heart disease, but who have risk factors such as high blood pressure	**500+** to prevent death or serious medical conditions	In clinical trials, there was no significant reduction in deaths or serious events, so a precise NNT can't be calculated.
Avandia, which controls blood sugar	**1,000+** to prevent heart attacks, other effects of diabetes	The drug reduces blood sugar, but that does not translate into fewer problems, such as kidney failure, nerve damage, amputations.
Zetia, which lowers cholesterol	**1,000+** to prevent heart disease	Companies admit that it has not been shown to reduce heart disease or heart attacks.

Data: Bandolier, Therapeutics Initiative, *BusinessWeek*

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Obama Returns to End-of-Life Plan That Caused Stir
By ROBERT PEAR New York Times
Published: December 25, 2010

WASHINGTON — When a proposal to encourage end-of-life planning touched off a political storm over "death panels," Democrats dropped it from legislation to overhaul the health care system. But the **Obama administration will achieve the same goal by regulation**, starting Jan. 1. (1)

Under the new policy, outlined in a Medicare regulation, the government will pay doctors who advise patients on options for end-of-life care, which may include advance directives to forgo aggressive life-sustaining treatment.

Congressional supporters of the new policy, though pleased, have kept quiet. They fear provoking another furor like the one in 2009 when Republicans seized on the idea of end-of-life counseling to argue that the Democrats' bill would allow the government to cut off care for the critically ill. (2)

The final version of the health care legislation, signed into law by President Obama in March, authorized Medicare coverage of yearly physical examinations, or wellness visits. The new rule says Medicare will cover "**voluntary advance care planning**," to discuss end-of-life treatment, as part of the annual visit. (3)

Under the rule, doctors can provide information to patients on how to prepare an "advance directive," stating how aggressively they wish to be treated if they are so sick that they cannot make health care decisions for themselves.

While the new law does not mention advance care planning, the **Obama administration has been able to achieve its policy goal through the regulation-writing process**, a strategy that could become more prevalent in the next two years as the president deals with a strengthened Republican opposition in Congress. (4)

In this case, the administration said research had shown the value of end-of-life planning.

"**Advance care planning improves end-of-life care and patient and family satisfaction and reduces stress, anxiety and depression in surviving relatives,**" the administration said in the preamble to the Medicare regulation, quoting research published this year in the British Medical Journal. (5)

The administration also cited research by Dr. Stacy M. Fischer, an assistant professor at the University of Colorado School of Medicine, who found that "**end-of-life discussions between doctor and patient help ensure that one gets the care one wants." In this sense, Dr. Fischer said, such consultations "protect patient autonomy**."

Opponents said the Obama administration was bringing back a procedure that could be used to justify the premature withdrawal of life-sustaining treatment from people with severe illnesses and disabilities.

Section 1233 of the bill passed by the House in November 2009 — but not included in the final legislation — allowed Medicare to pay for consultations about advance care planning every five years. In contrast, the new rule allows annual discussions as part of the wellness visit. (6)

Elizabeth D. Wickham, executive director of LifeTree, which describes itself as "a pro-life Christian educational ministry," said she was concerned that end-of-life counseling would encourage patients to forgo or curtail care, thus hastening death.

"The infamous Section 1233 is still alive and kicking," Ms. Wickham said. "Patients will lose the ability to control treatments at the end of life." (7)

Several Democratic members of Congress, led by Representative Earl Blumenauer of Oregon and Senator John D. Rockefeller IV of West Virginia, had urged the administration to **cover end-of-life planning as a service offered under the Medicare wellness benefit**. A national organization of hospice care providers made the same recommendation. (8)

Mr. Blumenauer, the author of the original end-of-life proposal, praised the rule as "**a step in the right direction**."

"It will give people more control over the care they receive," Mr. Blumenauer said in an interview. "It means that doctors and patients can have these conversations in the normal course of business, as part of our health care routine, not as something put off until we are forced to do it." (9)

After learning of the administration's decision, Mr. Blumenauer's office celebrated "a quiet victory," but urged supporters not to crow about it. (10)

"While we are very happy with the result, we won't be shouting it from the rooftops because we aren't out of the woods yet," Mr. Blumenauer's office said in an e-mail in early November to people working with him on the issue. "This regulation could be modified or reversed, especially if Republican leaders try to use this small provision to perpetuate the 'death panel' myth."

Moreover, the e-mail said: "We would ask that you not broadcast this accomplishment out to any of your lists, even if they are 'supporters' — e-mails can too easily be forwarded." (11)

The e-mail continued: "Thus far, it seems that no press or blogs have discovered it, but we will be keeping a close watch and may be calling on you if we need a rapid, targeted response. **The longer this goes unnoticed, the better our chances of keeping it**."

In the interview, Mr. Blumenauer said, "Lies can go viral if people use them for political purposes."

The proposal for Medicare coverage of advance care planning was omitted from the final health care bill because of the uproar over unsubstantiated claims that it would encourage euthanasia. (12)

Sarah Palin, the 2008 Republican vice-presidential candidate, and Representative John A. Boehner of Ohio, the House Republican leader, led the criticism in the summer of 2009. Ms. Palin said "Obama's death panel" would decide who was worthy of health care. Mr. Boehner, who is in line to become speaker, said, "This provision may start us down a treacherous path toward government-encouraged euthanasia." Forced onto the defensive, **Mr. Obama said that nothing in the bill would "pull the plug on grandma**."

A recent poll by the Kaiser Family Foundation suggests that the idea of death panels persists. In the September poll, 30 percent of Americans 65 and older said the new health care law allowed a government panel to make decisions about end-of-life care for people on Medicare. The law has no such provision. (13)

The new policy is included in a huge Medicare regulation setting payment rates for thousands of services including arthroscopy, mastectomy and X-rays (14).

The rule was issued by Dr. Donald M. Berwick, administrator of the Centers for Medicare and Medicaid Services and a longtime advocate for better end-of-life care. (15)

"**Using unwanted procedures in terminal illness is a form of assault**," Dr. Berwick has said. "In economic terms, it is waste. Several techniques, including advance directives and involvement of patients and families in decision-making, have been shown to reduce inappropriate care at the end of life, leading to both lower cost and more humane care." Ellen B. Griffith, a spokeswoman for the Medicare agency, said, "The final health care reform law has no provision for voluntary advance care planning." But Ms. Griffith added, under the new rule, such planning "may be included as an element in both the first and subsequent annual wellness visits, providing an opportunity to periodically review and update the beneficiary's wishes and preferences for his or her medical care." (16)

Mr. Blumenauer and Mr. Rockefeller said that advance directives would help doctors and nurses provide care in keeping with patients' wishes. "**Early advance care planning is important because a person's ability to make decisions may diminish over time**, and he or she may suddenly lose the capability to participate in health care decisions," the lawmakers said in a letter to Dr. Berwick in August. In a recent study of 3,700 people near the end of life, Dr. Maria J. Silveira of the University of Michigan found that many had "treatable, life-threatening conditions" but lacked decision-making capacity in their final days. With the new Medicare coverage, doctors can learn a patient's wishes before a crisis occurs. (17)

For example, Dr. Silveira said, she might ask a person with heart disease, "If you have another heart attack and your heart stops beating, would you want us to try to restart it?" A patient dying of emphysema might be asked, "Do you want to go on a breathing machine for the rest of your life?" And, she said, a patient with incurable cancer might be asked, "When the time comes, do you want us to use technology to try and delay your death?" End (18)

Comments:* Paragraph #1**:** Poll after poll said that the majority of Americans did NOT and still don't want this legislation. The politicians eliminated the most controversial aspect, the death panels, from the 2010 ObamaCare legislation. Now the administration wants to jam it down our throats by "regulation".

Paragraph #3: "Voluntary advance care planning" No wonder that Medicare enrollees are going to get that exam for free. What if the visit is for a healthy enrollee--who doesn't need to discuss end-of-life issues? And, **does this get discussed every year**, so that the physician has complied with the "letter of the rule."?

Paragraph #4: If the administration can't get it done legislatively and then resorts to legislative fiat, then has it rendered Congress and the will of the people null and void?

Paragraph #5: Advance care planning is great when it is done with family and clergy. It's already being done. Do we need the government being involved? Many people have already adopted living wills that state "No tubes, etc."

Paragraph #6: We already have end-of-life discussions.

Paragraph #8: Wow, during "wellness" visits we are now going to discuss death planning. This sounds like an oxymoron to me.

Paragraph #9: "…*a step in the right direction*." This should send alarm bells ringing loud and clear. Is their definition of the "right direction" to send grandma or grandpa off to la-la land because they are no longer any "use" to society? Is this just a step to government-sponsored euthanasia?

Paragraph #12: These people reek of their arrogance. They pushed their regulations through in secret hoping Mr. and Mrs. America were too dumb to figure out their scheme.

Paragraph #13-18: The poison pill is sugared coated to make it sound like what they are doing is good. Evil is cleverly disguised as something virtuous.

* Thank you Ron Iverson of the National Association of Medicare Supplement Advisors for bringing this article to our attention.

The law and public morality in western society has its basis going back to the Ten Commandments: Thou Shall not Murder, Thou shall not steal, etc. We have been a society based on Judeo-Christian precepts. If we allow our government to begin to take part in the decision making process of who lives and who dies, we will have morphed into a utilitarian Marxist state. We will be no better than any other society where the government has its hand in people's deaths. Wouldn't it be a sad irony if we went into Iraq and Afghanistan to free people from despotic regimes while at the same time our own government slides down the slippery slope of government sponsored death?

I recently read Glenn Beck's book, *The Overton Window.* From a literary standpoint, I wasn't all that impressed. However, Beck does an outstanding job at bringing to light the concept of the "Overton Window."

What is the Overton Window? "*Joseph Overton observed that in a given public policy area, such as education, only a relatively narrow range of potential policies will be considered politically acceptable. This "window" of politically acceptable options is primarily defined not by what politicians prefer, but rather by what they believe they can support and still win re-election. In general, then, the window shifts to include different policy options not when ideas change among politicians, but when ideas change in the society that elects them.*" From mackinac.org/OvertonWindow

The regulators writing the "regulations" concerning death counseling are using the Overton Window concept of moving us to a more government controlled and utilitarian (Marxist) state. Their thinking goes like this: "*If old people are too much of a "burden" on society, then we better conserve scarce resources for the more productive members*." That thinking suggests that some people have more value than others. Thus, an elderly person with terminal illness, according to that thinking, is of no further value to society. Those that want government sponsored euthanasia know that they won't get it in one fell swoop. Instead, they will work it incrementally so that we get closer and closer to that goal.

This is the Overton Window at work. We start with voluntary "end of life" counseling. They paint their evil machinations with language that sounds positive. Dr. Berwick clearly states how they think, "*Using unwanted procedures in terminal illness is a form of assault. In economic terms, it is waste.*" Who decides if the procedures are "*unwanted*" or the illness is "*terminal*"? *Unwanted* by whom? So now providing care for an ill, elderly person is an "*assault*"?

Congress passed Medicare in 1965, and President Johnson signed it into law. The purpose of Medicare was to keep older Americans from being financially wiped out due to the high costs of medical care. There was a clear wall that the government would not get between people and their doctors. The government helped pay the costs of medical care, and that was it! Now, the Obama regulations wants to change that!

We do have a real dilemma in our society. Our Federal government is functionally broke. How are we going to pay for the increasing costs for Medicare and Social Security as millions upon millions of baby boomers quality for benefits? There aren't any easy answers. Passing the ObamaCare legislation when we had no money to pay for it was far worse than idiotic. Doing so puts yet further strain on the cash-strapped Medicare program.

Update: Apparently the administration again has backed off on this, at least for now. Do you think it is *permanently* buried?

Two Last Things: Connecting the Dots

Two years ago I published an interview with Ted Robbins. He lost 60 pounds, dropped his one prescription, now walks frequently, and has a whole new lease on life. In this issue we read the stories of Judy Waite and Sally Jones. They have connected the dots and are enjoying much healthier lifestyles. In my next issue I plan to run an interview of a couple in their seventies. We will learn their secrets to robust living.

Lastly, if you are concerned about the administration's "*end-of life*" regulations, then I encourage you to bombard your elected representatives with letters, phone calls, and emails stating your opposition. You can also spread the word *with your various social* contacts. Connect the dots! □