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## MED SUPP NEWS

SPECIALIZING IN MEDICARE SUPPLEMENTS,  
Medicare Advantage, & PART D PRESCRIPTIONS  
Volume 1, 2013

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### 2013 Medicare Changes

Here are the Medicare changes for 2013. These are the Part A deductible, extended hospitalization, the skilled nursing facility co-insurance, the Part B deductible, and the Part B premium\*.

The 2013 changes	2012	2013
Part A deductible	\$1,156	\$1,184
Days 61-90 hospital co-insurance	\$289/d	\$296/d
Lifetime Reserve days 91-150	\$578/d	\$592/d
Skilled nursing co-insurance	\$144/d	\$148/d
Annual Part B deductible	\$140	\$147
Your Medicare Part B Premium	\$99.90	\$104.90

\*Those with higher income brackets may have a higher Part B premium.

### Thank You



First, I want to thank all of you that have been with me for one or more years. I appreciate your continued trust and confidence. And thank you for those of you that are new and came on board in 2012.

This past year was certainly another busy one. And for those that have referred me to your friends, thank you again. I have endeavored to call or send thank you notes, but in the busyness of the fall Annual Election Period, I know have I missed a couple. Thank you for your referrals.

### NWSeniorInsurance.com

A year ago I announced that one of my goals for 2012 was to put up my new website. That I have done; however, it continues to be a work in progress.

The purpose of NWSeniorInsurance.com is two-fold. First, I want my website to be a resource for those that are turning 65 and in the process of looking for a Medicare plan. For example, I have two articles that are launched from my home page to assist in that process. Look for the eagle mascots in the red and blue sweaters and click on them. Under "[Medicare Products](#)" there is complete information about each Medicare supplement Plan A through N.

Under "[Additional Resources](#)" in the right hand column on my website I have included a link to Medicare.gov. You will find seven additional links that take you to key information either to [Medicare.gov](#) or the Social Security Administration's website, [SSA.gov](#).

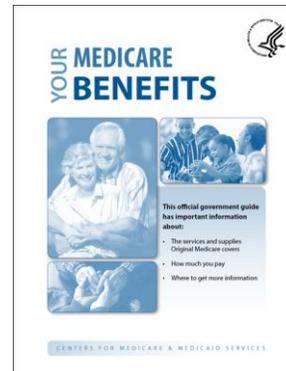
You can do a search for Part D prescription plans. What if you have a question regarding whether or not Medicare covers a particular procedure or service? Simply click on this link: [Find Out if Medicare Covers Your Test, Item or Service](#). Just enter your inquiry into the search box.

Some people have other coverage and are wondering how Medicare coordinates with that coverage. Click on the link, [Find Out How Medicare Works with Your Other Insurance](#), and you will pull up the 36 page booklet in a PDF format that will give you the answers. If you'd like, you can save that to your computer for future reference.

Let's say you are turning 65, not drawing Social Security, and wanting to sign up for Medicare Part B. Simply click on the link, [Apply Online for Medicare Now](#), and you will be directed to SSA.gov. Signing up takes about 15 minutes. Note: If you are already drawing Social Security, the SSA usually signs you up automatically for Medicare Part B. Your Medicare card is inside of your Welcome to Medicare packet.

What if you lost your Medicare card or you have worn it out? Help is at hand. Simply click on the link, [Get a New Medicare Card](#). Complete the information and you will have a new card within 30 days.

There is another helpful 60 page document published by Medicare. This is titled *Your Medicare Benefits*.



You can check and see what procedures are covered by Medicare. Not sure if a particular procedure is covered? Simply check the table of contents and go from there.

You can also access two other flagship Medicare publications. They are *Medicare and You*, which Medicare usually mails out every year and *Choosing a Medigap (Medicare Supplement) Policy*.

My *Ten Medicare Supplement Shopping Mistakes* is found under [Additional Resources](#). There are several other helpful articles. To sum up, I'm intending my website to be a useful resource for someone new to Medicare or who is already on Medicare.

### People and Places Photos

Now active, on my website there is a slider with three client photos just below the eagle logo. It changes every 10 seconds, or you can advance it by clicking on the arrows on the sides. My *People and Places Gallery* should be fully operational by the time you receive this newsletter.

Click on "Gallery" at the top of the gray column on the right hand side. This will direct you to either my [People](#) or [Places](#) gallery. The "People" gallery is where I have posted pictures that I have taken of my new clients. Due to some technical constraints, I can only run a limited number of photos on the three-photos-at-a-time slider. However, I can

post an unlimited number in the People gallery. I have not always had my camera with me, so if your photo is not there, please send me one, either digital or print. I'll be more than happy to add it to the People gallery.

My "Places" gallery is exactly that. As I have traveled, I have stopped to photograph anything that captivates my interest. Now I can share those photos with you.

### **The Second Purpose**

When I taught school for well over two decades, I wasn't content just to pass on a student that was struggling in a given subject, particularly in language and math. Whether it be starting after school math clubs or getting parents involved with their students, I did it. In fact, a student in my class had to really work hard to get an "F" or a "D". Mediocrity was never my style.

Likewise, I feel that it is imperative for me to be far more than a one, done, and gone agent. That's what *The Second Purpose* is all about.

We have some serious issues in regards to the future of healthcare in our land. There are some cracks that are beginning to appear. Don't believe it? Read Bev's story in the article titled *Hospital Observation vs. Admission*.

This is why I'm stepping up my emphasis on health and wellness for my readers. The bottom line is this: The system is creaking and listing. The ability to continue as it (Medicare) has in the past is in serious doubt. The more a person can keep himself/herself healthy and use prescription drugs minimally, so much the better for that person. The less a person needs to use Medicare, the more that will be left for those really in need.

### **A follow-up with Marlee**

For several years I have used my newsletters to place down-to-earth health and wellness information into my readers' hands. For example, a year ago I published an interview with Marlee. She described how she lost 55-60 pounds and was able to discontinue five prescription drugs. She described her new-found joy of now being able to get on the floor and play with her grandkids. Talk about a win-win situation...I can't think of a better one. Look for my follow-up discussion with her later in this issue.

In that same issue I brought to light some of the negative side effects of statin drugs. Just a year later yet more information has come out as to why people might want to think twice before taking them. Look for "**Statin Drugs, More Bad News**" later on in this issue.

As people bring up subjects or stories that I deem timely for everyone, I'll publish them in my newsletters. If you know of a situation or have information that you believe would benefit our readers, please contact me.

### **My Blogs**

Another feature on my website is the "**Current Blog Post**". Most of these are articles that I have pulled from various sources that provide timely and important health related information. For example, my January 1, 2013 blog is titled "*Dr. Mercola: The Top Ten Health Stories of 2012*". This one link takes you to his top ten stories for the past year.

The most recent three blogs are listed. Please click on "**Recent Blog Posts**" for all previous listings and links.

So far, so good, but that's not good enough, especially for those that are beginning to connect to dots. There is much more information that I want to make available to you my

clients. And yes, people are beginning to make the health improving connections. Please see my interview with Larry titled, *We did the Splenda Purge*.

### **Book Review and Digest—coming soon!**

I'm currently working on my first book report. The first one is "*Secret Nerve Cures*" by Dr. Bob Martin. Even if you don't read the book, you will find the Cliff's Notes version on my website. This will be available on my website exclusively for my clients. If you don't have internet access, please contact me for a print version.

The subject matter of the books that I plan to review will be dealing with health and wellness. The second book will likely be "*Excitotoxins—The Taste that Kills*" by Dr. Russell Blaylock. This book deals with various food additives and how they adversely affect our health.

### **Free Monthly E-Letter**

I also plan to start a clients' only monthly email newsletter. This will be short and will contain important messages. I will also include any new developments, proposals, or changes with Medicare.

For those of you that do not have email available, please contact me, and we'll make arrangement for you to receive a paper version of this monthly publication.

### **In Conclusion**

I'm thrilled whenever I hear a story of a person improving his/her health. I recently met a new client in Kalispell, and she briefly told me that, in losing 40 pounds, she was able to get off several of her meds. Another win-win!

There is another side to this. There are those that have been in apparently excellent health only to be stricken by a fast moving illness or cancer. My heartfelt condolences go to those that have lost their spouses this past year, and my prayers go out for those who are currently dealing with medical issues. Wishing you the best for 2013...

*Lance D. Reedy*

## **Hospital Observation vs. Admission**

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One of the cracks that has recently appeared in Medicare in the past two or three years is the fact that some people have had a hospital stay that was not coded as an "*admitted*" patient. The following interview with Bev tells the story.

### **Meet Bev Riker in Missoula, MT**

I called Bev subsequent to her returning the response form at the beginning of the fall 2012 Annual Election Period (AEP). During the course of our conversation she told me about a situation regarding her mother Louise and her stay in the hospital. Bev explained to me that Louise was in the hospital for five days, but it was NOT a hospital *admission*. It was an *OBSERVATION* visit only. Here's the story.

**Bev:** During July of 2011 my mom fell and broke her hip and had it replaced. Then in January 2012 she fell and broke her left femur in three places and had it pinned. Then in October of 2012 she fell and broke her pelvis in two places. It was cracked in half. She was in the hospital for five days and received pain meds and intravenous hydration. We were told that she should go to a convalescent facility that would help take care of her. She couldn't even roll over in bed because of the pain.

We put her in a convalescent home in Missoula, and the first thing we were told when we arrived there was that

Medicare would not cover anything because she had not been *admitted* to the hospital. She was there under *observation* only.

**Lance:** During that time did they give her any treatment?

**Bev:** Yes. I mentioned the pain meds and hydration. That was it.

**Lance:** She was treated but never admitted?

**Bev:** Yes, she spent five days there. It wasn't like it was overnight.

**Lance:** So who ended paying for her stay at the convalescent home?

**Bev:** She did. It was \$6,900 for 30 days! They also told us that we had to pay in advance.

**Lance:** That was well over \$200 per day. Did she have a recovery?

**Bev:** We brought her home and took care of her. With a broken pelvis she needed lots of bed rest. It took her another two months to walk with a walker. She still is unsteady on her feet. There is now a family member with her 24 hours per day.

**Lance:** That's where you are right now?

**Bev:** Right!

**Lance:** So, the lesson learned is understanding the difference between a hospital *admittance* and a hospital *observation*.

**Bev:** I asked the hospital after the fact that since she was in pain, couldn't they admit her. They said that it would be falsifying documents to do so. I said, "*For God's sake, she was there for five days.*"

**Lance:** What did they say after that?

**Bev:** They said "*No.*" They said that they could not change the way they originally admitted her.

**Lance:** Then there was no way of knowing that this would happen?

**Bev:** We thought that she was *admitted* to the hospital. We were never told that she was an *observation* patient until we were ready to leave.

**Lance:** Were you surprised when you found out?

**Bev:** We were stunned. They told us that she should go to a rehab facility. We thought that Medicare would cover mom's stay [for skilled nursing facility care]. They wanted their money up front...a full month.

**Lance:** How did they know how long she would be there?

**Bev:** It went month by month.

**Lance:** I suppose they have had situations where they didn't get paid.

**Bev:** I'm sure that is the case.

**Lance:** After 30 days your mom was able to come home.

**Bev:** Yes, she was in a wheel chair for two months.

**Lance:** So where does that leave you with the whole experience?

**Bev:** I was disappointed in the way it was handled. We would have liked to have known that she was an *observation* patient right off the bat.

**Lance:** So what can be learned from this is that the family must ask the hospital from the get-go if the stay in an *admitted* stay or an *observation* stay. By doing this the family can be fully informed right from the start.

**Bev:** Right

**Lance:** Anything else that you can share with others about the experience?

**Bev:** Not really. I want people to know their admission status once someone is in the hospital. If they tell you that it is *observation* only, you should do everything possible to change it.

**Lance:** We will likely see more of this. This saved Medicare almost \$7,000.

**Bev:** I'm sure that's the case.

**Lance:** Any other thoughts?

**Bev:** No. We covered it. If Mom hadn't had the three girls, she probably would have been in the rehab facility longer if she didn't have family to help take care of her. Each one of us takes a 24 hour shift.

**Lance:** Thank you.

The reason that the hospital could not change Bev's mother's admission status is because they would run afoul of the Recovery Audit Contractors or RACs for short. My sources tell me that there are now about one million "observation" cases per year, so this isn't something to be ignored. Medicare is putting pressure on the hospitals via the RACs to code the stay if possible as being an *observation* visit only. Not only does Medicare pay less for the *observation* only hospital stay, they are also off the hook for paying 100% of the costs for the first 20 days of a Skilled Nursing Facility (SNF) stay. Yes, follow the money.

### **Recovery Audit Contractors or RACs**

To get a better understanding of RACs I perused the internet to see what I could find. There is a site, [www.racmonitor.com](http://www.racmonitor.com), which serves hospitals and other providers subject to RAC audits. I found an advertisement for an attorney representing hospitals that want to appeal RAC cases. His website, [www.racattorneys.com](http://www.racattorneys.com), has a good summary of what the RACs are all about.

*Recovery Audit Contractors ("RACs") are private companies contracted by the Centers for Medicare and Medicaid Services ("CMS" or "Medicare"), tasked to identify Medicare overpayments and underpayments and return Medicare overpayments to the Medicare Trust Funds. RACs review claims submitted by hospitals and health systems, physicians, durable medical equipment providers, hospice and home health agencies, skilled nursing facilities and other healthcare providers and suppliers in an attempt to identify improper payments. RACs are highly motivated to identify overpayments and other improper payments, as the RACs are compensated on a contingency-fee basis, based upon the principal amount collected from and/or returned to Medicare providers or suppliers resulting from improper payments.*

*The RAC program began as a demonstration program in 2005, mandated by Section 306 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, which directed the Department of Health and Human Services ("HHS") to conduct a three-year demonstration program using RACs. The RAC demonstration program began in 2005 in California, Florida and New York, the three states with the highest Medicare expenditures. In 2007, the program expanded to include Massachusetts, South Carolina and Arizona. The purpose of the RAC demonstration program was to determine whether the use of RACs would be a cost-effective way to identify and correct improper Medicare payments.*

The RAC demonstration program was deemed to be very “cost effective” by CMS.\* CMS estimates that the RAC demonstration program costs approximately 20 cents for each dollar returned to the Medicare Trust Funds.

Section 302 of the Tax Relief and Health Care Act of 2006 made the RAC program permanent and required its expansion nationwide by no later than 2010. According to its most-recently published “Expansion Schedule,” CMS planned to expand to 23 states by March 1, 2009, and the remaining states by August 1, 2009 or later. Thus, Medicare providers and suppliers nationwide can expect RAC auditing beginning in 2009. \*Centers for Medicare and Medicaid Services.

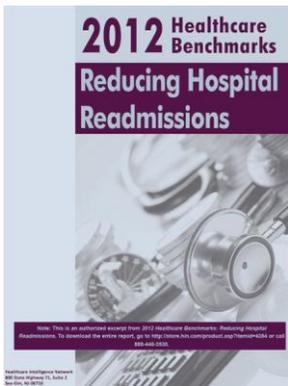
Simply put, a RAC is an auditing collection agency, and an aggressive one at that. It appears that they keep about 20% of what they collect from the “overpayment” audits. The hospitals are fighting back with appeals. Starting in 2013, the RACs can now audit claims up to five years old.

According to American Health Care’s website, we are in region “D”, which covers the West and some of the upper Plains states. The RAC that serves our area is HealthDataInsights, Inc. of Las Vegas, Nevada. When doing a Google search, I did not find a complaint history about them. However, I did a search for Diversified Collection Services, Inc. of Livermore, California, which serves as the RAC for New England. Evidently, they also work with delinquent student loans, and they *do* have a lengthy complaint history as described on RipoffReport.com.

## Re-admission Surveillance

Let’s return to racmonitor.com. Remember, they serve as a trade group to assist hospitals and other providers affected by the RACs. They offer several pricy publications to enable the hospitals to better deal with the situation at hand.

A valid criticism that I have heard in the past concerning a discharged patient is this. John Doe goes home after a bout with pneumonia. He lives alone and is unsupervised. He doesn’t eat right or take his protocol of meds, and he ends up with a relapse and is readmitted.



The hospitals’ re-admission rates are now being scrutinized by the RACs. The website offers two publications for hospitals, which are titled as follows: 1) 2012 Healthcare Benchmarks—Reducing Hospital Readmissions [\$149], and 2) Guide to Reducing Readmissions [\$399].

Here’s an excerpt from the first publication: “Beginning in 2013, the Centers for Medicare and Medicaid Services (CMS)

will penalize hospitals for excess readmission rates, starting with those related to heart failure, acute myocardial infarction and pneumonia. Many private payors are following suit.”

An excerpt from the second publication: “The Guide to Reducing Readmissions examines eight top tactics that healthcare organizations are implementing to close some of the care gaps that contribute to hospital readmission rates,

according to responses to the Healthcare Intelligence Network 2010 survey on Reducing Readmissions.”

It definitely is a win-win for both the patient and Medicare if the patient has a successful recovery and does not have to be readmitted.

The flip side of this discussion is that there have been hospitals that have essentially been over-admitting patients, just to collect more reimbursements from Medicare.

One of my clients reported to me a 60 Minutes story about a hospital administrator that was fired because he blew the whistle on the fraud committed by his own hospital!

What’s the takeaway for anyone reading this? Do everything possible to avoid being hospitalized in the first place.

## Short Term Care Insurance

There is another solution to the problem of Medicare not covering a skilled nursing facility stay. And even if they do, the benefits end after 100 days. Some people have taken out a Long Term Care insurance (LTCi) policy to protect against financial devastation in the event of a protracted illness. Most policies provide benefits for home health care, assisted living, or nursing home care. The problem is that LTCi is expensive, and it’s becoming even more so.

Surveys have shown that around 80% of nursing home confinements are for less than a year. People tend to either get better and return home, or they die. A much more affordable solution is Short Term Care insurance (STCi). The benefit periods run 180, 270, or 360 days.

Can it pay off? I had one client in Sandpoint, Idaho that had a stay not covered by Medicare. Weren’t she and her husband happy when the \$9,000 claim check arrived!

For those that have been interested in LTCi but found it too expensive, Short Term Care insurance may be a good solution. Please contact me for more details.

## Life After a Stent Placement

He couldn’t change his genes, but he sure could change everything else. Here’s Ed’s story.

**Lance:** Ed, you told me last fall when we made a change with your plan that you are healthier now than before. Tell me more. What are you doing?

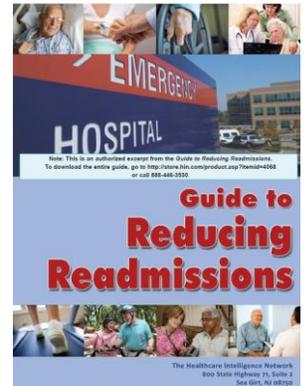
**Ed:** The biggest thing is that in 1998 I had some minor chest pains when I was mowing the lawn. I had it checked, but they didn’t find anything. They did an EKG. The only reason they went further was because of family history. The doctor said that we should follow up on this. My father died at 59 of a heart attack.

**Lance:** Any notable facts about your father?

**Ed:** Smoking, and the same family history. His father died of a heart attack. I had a brother that had a heart attack at 40. There’s the DNA.

**Lance:** Was it fatal?

**Ed:** No, but he lost a third of his heart. He too, was a smoker.



**Lance:** Does he still smoke?

**Ed:** He quit when that happened. The doctors did a stress test on me in Havre. My cardiologist wanted me to come to Great Falls to do one. There was enough concern from the results that they did an angiogram. They found one artery 90% blocked. They put in a stent. That was in 1998. That was more than 14 years ago.

**Lance:** Any issues since?

**Ed:** I changed a lot of things. I was more careful about what I ate. I exercised more.

**Lance:** Anything else?

**Ed:** I had quit smoking early on.

**Lance:** So then is your energy good?

**Ed:** Yes. The whole experience prompted me to have an annual physical. I see my cardiologist every six months and have a stress test about every year. You can quit smoking, you can exercise, and you can watch the way you eat. One other quick thing...Dr. Walker in Great Falls will do an EKG of the carotid artery. If they see a build up there, that will alert them to an issue with a coronary artery.

**Lance:** Thank you for your time.

Note: Ed lives in Havre, Montana

In January 2013 I met Ron, a retired nurse practitioner, in Missoula that worked with heart surgeons. I asked him what he saw as the greatest factor that led to coronary problems. He told me that number one on the plate is heredity. That definitely appears to be a factor in Ed's case.

Ron continued by telling me that number two on the list is smoking. He described the physiological action of what smoking does to one's arteries. It hardens them and makes them far less elastic. Number three is obesity. He commented that not only does obesity lead to coronary disease, but it also is literally wearing out people's joints due to the excess weight that they are carrying.

A person can't do much about his heredity, but everything else is behavior related. That's exactly the case in the next discussion.

## **Marlee's Story Revisited**



A year ago I published in *MedSupp News* #13 an interview with Marlee of Coeur d' Alene. In February 2011, with the help of a naturopath, she went on the HCG diet. She recounted the epiphany that she had and the realization that being ninety pounds overweight was no longer acceptable.

We've all heard stories of people that successfully lost extra weight only to gain it back again. I recently spoke with a man from Orofino, Idaho that told me that he went on the HCG diet and lost all kinds of weight. Then he lamented over gaining it all back, as he confessed that his behavior really hadn't changed.

Now that Marlee is two years into her new lifestyle, how is she doing? This is my follow-up discussion with her.

**Lance:** Are you remaining successful with your weight control?

**Marlee:** Yes. The key is to step on the scale two to three times per week. Plan on what days you are going to do it and stick to it. If it's Monday, Wednesday, and Friday, stick to it. Make yourself stay in check. If you're up a couple of pounds, you know what you have to do. It's just a matter of cutting back on your portions to see that scale dropping back a half pound here and there.

**Lance:** That's a terrific idea. I can say from personal experience that it's easy for one to slip into self-denial. A person knows that she's blowing it, so she doesn't want to admit to herself the bad news. It's easier to be self-indulgent and ignore the scale.

**Marlee:** Absolutely! The key thing is to make yourself stay in check. You haven't died and gone to hell if you have some pumpkin pie as long as your weight is where it should be. You have to plan for the tough times. I went on a cruise with a friend up the eastern side of Canada. On our return we hit the sights in New York. Since I knew ahead of time that there was going to be indulgent eating, I lost ten pounds *before* my trip.

**Lance:** So you banked your expected weight gain in reverse. You lost what you expected to gain.

**Marlee:** Exactly! I put some pounds in storage. I was away from home, and I knew what to expect both on the cruise and in New York. I knew that by the time I got through with the vacation, there was no way that I wasn't going to put on ten pounds. Know yourself and know your fork. I lost those 10 pounds before I left. I put them on and only two more. I didn't want to eat salads for seven days in a row on the cruise. I didn't want to pass up the good stuff in New York. Don't go in the boat without a life jacket. It was very eye-opening to know that I could think ahead.

**Lance:** That's takes discipline.

**Marlee:** I prepared for it. It was easy. For three weeks you get on the scale every other day. I got down a half pound here and there. It's a game. Weight is a game. It's a game that your body cheats on you. Your body doesn't need all of that fat. You are playing with a cheater, so you have to get ahead with a cheater.

**Lance:** You've kept your weight stable?

**Marlee:** I'll soon be starting on year three. I'll spend the next 4-6 weeks to see how much I can do by going back to the things I like. I stocked up on crab at \$9.99/lb. and shrimp at \$7.99/lb. I freeze what I don't need. I've portioned out my seafood, turkey, bison, etc. in 4 ounce packages. Drop it in a bowl of cold water and it's ready to cook.

**Lance:** You're disciplined. I told you about the guy that gained it all back.

**Marlee:** He went back to the child that said, "*I want it now.*"

**Lance:** I like your perspective.

**Marlee:** It's easy and it's not easy. It's easy to say I'm doing it, but it's not easy. You put off not getting on the scale. Our church has an interim pastor that is grossly overweight. He doesn't set a very good example. At a Sunday morning church breakfast I've seen how he scarfs down his food. I wanted to balance my health with a fork rather than spend hundreds of dollars per year on prescription drugs.

**Lance:** That's a great way of putting it. We also need to keep in mind that gluttony is one of the Seven Deadly Sins.

**Marlee:** True. You have to be careful not to be too critical of others. I've known ex-smokers that are the most critical people of those that still smoke.

**Lance:** Yes.

**Marlee:** You're got to quit standing in front of the fridge. No, you're bored. Don't eat because you're bored. I ate Italian tonight. They brought out the whole bit. I ate half of the portions. I ate one bite of the spaghetti. It doesn't make sense to put two pounds of food in our stomachs when you only need something the size of your fist. Bring the doggy bags with you.

**Lance:** Smart thinking.

**Marlee:** My mother just turned 90. People were taking pictures of her sexy high heels. Overall, she eats very sensibly. She's not overweight.

**Lance:** All things in moderation.

**Marlee:** Yes. One of the things you might look into is FloraMed. It's a vegetable based supplement that I get from my naturopath. It replenishes beneficial bacteria, it supports overall digestive health, helps to strengthen immune defenses, and naturally promotes bowel regularity. It contains no wheat, soy, gluten, yeast, salt, corn, artificial coloring, flavors or preservatives. Take one a day.

**Lance:** Thank you for your time and keeping us updated on your progress.

I appreciate Marlee's words, especially her comment, "It's easy, but it's not easy." I also like her comment in suggesting that controlling the "fork" is a far superior way to achieve better health compared to spending hundreds of dollars per year on prescriptions. Her comment about the child wanting it "now" is spot on.

For the fun of it, I did a Google search for "*reduced calorie eating and longevity*". I have previously heard the assertion that eating a calorie restricted diet leads to a longer lifespan. It turns out that there is considerable controversy about this topic. There are both the adherents and detractors. The latter group cites a recent study that suggests a calorie restricted diet for monkeys did *not* make them live longer. On the other hand, another group did a study with mice, and the mice on the calorie restricted diet *did* live longer.

Rather than falling into the extremes of one way or the other, I really like Marlee's suggestion of stepping on the scale two or three times per week. If she's creeping up a little, she knows it time to cut back a little here and there until her weight stays at her desired level.

Eating a good healthy diet comprised of minimally processed real foods will go a long way in assisting people in maintaining a healthy weight. Unfortunately, the food industry manufactures many products that are anything but real, minimally processed or even remotely whole or natural. In fact, many of these products are anything but healthy.

## **We Did the Splenda Purge**

**Lance:** Larry, when we reviewed your prescriptions on Medicare.gov, you told me that you took yourself off of Splenda. What was the catalyst that prompted you to do that?

**Larry:** It was kind of a fortuitous happening. One day I had consumed an abnormal number of diet soft drinks containing Splenda. I was so weak the next morning that I could barely hold my head up. I didn't know what was going on. I was

extremely lethargic for several hours. I remembered that you had previously mentioned some research about Splenda.

**Lance:** How did you make the connection?

**Larry:** I wasn't certain that was the direct connection, but I didn't know what else it could have been. So I made the point not to drink anything else with Splenda in it. The next morning I felt fine. In retrospect, I figure that previously I had other

occurrences of the lethargy, but they weren't as bad. Based on what I experienced and what I now know, we took the Splenda out of the cupboard and threw it away.

**Lance:** Not just the pop, but all of it?

**Larry:** Yes, we had packets. My wife was using it to some degree in cooking.

**Lance:** Did she notice any changes when she got off the Splenda?

**Larry:** She wasn't experiencing any health symptoms because she wasn't drinking the diet pop like I was.

**Lance:** You're now a Splenda-free household?

**Larry:** Yes. We're now very careful about any of the diet type drinks and make sure they only have Truvia. That's a brand name for stevia. I did two things. I quit buying drinks if they didn't have Truvia, and I started drinking a lot more water.

**Lance:** How much water per day would you say you drink?

**Larry:** Maybe two liters. I used to drink a two liter bottle per day of Sam's Club diet decaf. We got it at Walmart.

**Lance:** That was artificially sweetened?

**Larry:** Don't think it was Splenda. Maybe it was aspartame. I have never noticed the lethargy when I drank beverages that contained aspartame. With so many bad things being said about it [aspartame]...well, that's why I switched to Splenda. I don't notice any symptoms of the lethargy from drinking something with Truvia in it, but I don't drink much of that anymore either.

**Lance:** Any other noticeable changes?

**Larry:** Not really.

**Lance:** What would you say to anyone else that consumes products with Splenda in them?

**Larry:** If they are drinking very much, maybe they should quit it. Maybe a bottle a day, and that's it. The aspartame has formaldehyde in it and the Splenda is made with chlorine. When I read things like that, I'm amazed that the FDA has allowed those things to be put into our food. They used to err on the side of safety, but now I find it hard to believe that they allow that stuff.

**Lance:** Just to clarify, the aspartame doesn't actually contain formaldehyde; however, I believe it's a by-product when the aspartame breaks down. Anything else that you can say?

**Larry:** Nothing that I can think of. I appreciate you tipping me off to the whole thing a few years ago.

**Lance:** Have you noticed any decrease in your appetite since you went off of Splenda?

**Larry:** We have cut down on our portions. Whether I'm eating less after getting off Splenda, I can't say. Also, I can't say whether consuming Splenda had an appetite increasing effect or not.



## Lies, lies, and more lies

Everything promotional about Splenda is a lie, but marketing is a clever animal. After all, how do tobacco companies convince people to spend money to ruin their health? Let's look at some of the lies.

**Lie #1:** Splenda is a splendid idea. The opposite is true. It's a stupid idea [Stupada] with potentially health harming effects.

**Lie #2:** *Made from Sugar.* There is no mention of the use of chlorine in manufacturing Splenda...a lie of omission.

**Lie #3:** *No calorie Sweetener.* A packet has 4 calories. The government allows anything less than 5 calories to be rounded to zero. Nutrition facts: It should say "NONE!"

**Lie #4:** *Suitable for People with Diabetes.* It's **unsuitable** for anyone, and the FDA should never have allowed it into our food supply. The last thing a diabetic needs is yet another chemical assault on his body, a body whose defenses may already be compromised by diabetes. Would you give Splenda to your dog or cat? If not, why would you give it to yourself?

**Lie #5:** Substituting "sucralose" for Splenda in the ingredients list. That still doesn't tell what is in sucralose. This is more like the lie of omission.

The chlorine is still not disclosed!

**Lie #5:** Suggesting that Splenda is a diet product suitable for weight loss. It's an appetite stimulant.

## Statin Drugs, More Bad News

A client in Helena, Karen R, told me that her doctor put her on a statin drug. She experienced severe muscle debilitation, and twenty-one days later she resorted to using a walker. Another client in Kalispell, Harold L, shared his story with me. He told me that his doctor upped his 20 mg does to 40 mg. Harold said to me that all @#%\$ broke loose with muscle aches once he started on the 40 mg. dose. A client, Jackie, from Priest River, Idaho kindly forwarded to me the October 2012 edition of *Health Alert* published by Dr. Bruce West. Here are some excerpts from that edition. The emphasis is his.

*Amazingly, the Food and Drug Administration (FDA) has added new warnings for cholesterol lowering (statin) drugs. The FDA edict says that statin drug labels must carry the warning that these drugs can increase the risk of diabetes and memory loss. The medical community has shrugged this off as a "tiny little tweak," saying that the bigger picture hasn't changed—this is, few drugs have saved as many lives as statins (no proof or references given).*

*And just what conditions are raging like wildfires across our nation's middle-aged and older population over the same time period as the use of statins?--diabetes and memory loss! And try as they may, researchers are unable to show that statins save lives. Instead, the simply lower cholesterol, with all their unintended consequences, ranging from muscle aches to crippling back pain to memory loss, diabetes, and cancer.*

*Statins block the production of cholesterol in the liver. Aside from blocking this compound—vital to the body's proper nerve action, hormone production, muscle functions,*

*brain activity and more—statins also block CoQ10 as well as the biochemical agents the orchestrate its use in your body.*

*These crucial substances normally combine to limit DNA damage. DNA damage, if left unchecked, is recognized by most authorities as the mechanism of premature aging. So along with your statin prescription you can begin to suffer muscle aches and pains, early memory loss, diabetes, weakness, instability, and more. These symptoms, too often diagnosed as "signs of aging," are really caused by statins.*

Dr. West mentions that some first time users of a statin drug have as their first symptom *sudden and severe memory loss referred to as transient global amnesia (TGA). TGA is followed by severe memory lapses, disorientations, and confusion.*

### Does Cholesterol Protest You from Diabetes?

*Once you determine that lowering cholesterol with statin drugs can increase your risk of diabetes, common sense dictates that you ask if adequate cholesterol is protective against diabetes. We have always maintained and written that cholesterol is not a substance that should be universally avoided or lowered artificially with drugs. It is a critical substance in the body. And perhaps its influence over hormones and other critical body functions actually helps the body utilize sugar better, thus protecting one from diabetes.*

*If I have heard it once, I've heard it 100 times...a patient is put on statins, feels miserable, but now has a total cholesterol of 100 or thereabouts. They are actually lauded by their physician, when in fact (but for a small set of patients for whom lower cholesterol is normal) this is actually dangerous. Low cholesterol is dangerous for many reasons. If my cholesterol dropped below 200, I would be concerned about the health of my liver and its ability to make adequate cholesterol. My body needs cholesterol desperately for thousands of functions—perhaps one to prevent diabetes.*

The common statin drugs are as follows: Lipitor (*atorvastatin*), Crestor, Zocor (*simvastatin*), Pravachol (*pravastatin*), and *lovastatin*. The generics are in italics.

### Ruth Tells Her Story

When I wrote Ruth's Medicare supplement application, the subject of statin drugs came up, and I mentioned the recent article about statin drugs by Dr. Bruce West. I also commented about the issues concerning a decline in mental acuity for some people taking statins.

**Ruth:** That's interesting. I've sure seen some changes in my husband [Jim] since he started taking Lipitor.

**Lance:** Tell me more.

**Ruth:** You would have a conversation with him, and he couldn't process it. When working on a project in the shop, my son came in and said, "What's going on with him [Jim]? He can't figure out something simple." I don't know any other way to say it...things were confusing to him. Since Jim went to a sleep center, and we discovered that he had sleep apnea. Getting a CPAP machine has helped, and getting more oxygen at night has made a big difference.

**Lance:** Did you see the mental confusion before he started the statin drug?

**Ruth:** Nope

**Lance:** Just when he started the Lipitor?

**Ruth:** I kept seeing a difference. When Jim went off of the Lipitor and took red yeast rice instead, we could see a tremendous improvement. However, I don't think he was

taking a high enough dosage for his body size as his cholesterol did go back up. His doctor insisted that he wasn't getting enough.

**Lance:** The doctor put him back on Lipitor?

**Ruth:** Yes, and we saw the memory issues come back. We have now switched doctors. The new one listens to what's going on. When we were in his office, he was trying to explain something to Jim. This doctor looked at me and said, "Does your husband have a memory problem?" I answered affirmatively. He said, "Oh my goodness." He explained that he was trying to tell Jim how to split into quarters another 100mg. pill that Jim was taking, but that he simply couldn't get it.

**Lance:** Was the confusion there before he started Lipitor?

**Ruth:** No, not like that. That man [Jim] is very good with math. That was part of his job. The confusion started when he started taking the statin drug

**Lance:** Another woman told me about having to use a walker after 21 days on a statin.

**Ruth:** A friend of mine had a horrible time with Lipitor. She had leg cramps.

**Lance:** Does she take any other statin?

**Ruth:** No!

**Lance:** What kinds of things does she do?

**Ruth:** She watches her diet. I don't know if she takes red yeast rice.

**Lance:** Where does all of this leave you?

**Ruth:** We started to do some changes, but the doctor found some kidney problems [with Jim], so we're on hold. His new doctor says that Jim's cholesterol is fine, but his heart doctor says that he still needs the statin. I haven't changed my opinion on the drug at all. I think it's one of the worst ones on the market.

**Lance:** Where do you go from here?

**Ruth:** The kidney disease is due to hypertension for too many years. After we figure that out, I'll talk to the doctor to do something natural. Right now it's overwhelming. I'm also taking Jim to a naturopath. The doctor wants to know what supplements the naturopath is giving him.

**Lance:** Is Jim overweight?

**Ruth:** He's gone from 240 down to 217. He's now exercising. Because of all the craziness, we haven't been at home as much. Also, I take Jarrow Red Yeast Rice with CoQ10. I take it once a day for a month before my blood work. The results are fine, and the doctors leave me alone.

**Lance:** Where do you buy it?

**Ruth:** Super Supplements in CDA. They're the most reasonable. It's on Highway 95.

**Lance:** What would you say to anyone that's been advised to take a statin drug?

**Ruth:** I'll tell anyone that they better look into it. That's the worst drug you can take.

Here's a place to go to hear others' experiences with their prescriptions.

### **AskaPatient.com A Terrific Website!**

I have previously written about AskaPatient.com. It is a forum where people write in with issues about common prescription drugs. Simply enter your drug into the search box on the upper right hand corner. For example, enter "Lipitor" and you can read others' experiences with the drug.

**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.**

### **You Can Change Your Medicare Supplement any Month of the Year!**

Please remember that you can change your Medicare supplement coverage ANY MONTH of the year providing that you medically qualify. You do NOT have to wait for the Annual Election Period (AEP) in the fall. Many people are under the incorrect assumption that a person can only change his/her supplement during the AEP. That is not the case.

Medically qualifying means not having heart issues, internal cancers, dementias, MS, etc in the last two years. Some companies have a longer lookback period. Also, certain prescriptions may be a decline with some companies. For example, some companies will accept insulin, but other companies will decline an insulin user. One company will decline a person taking three or more blood pressure meds. With others, it's not a problem. For a more thorough discussion, please consult the following article on my website found under "Medicare Supplements": **When You Can Change Your Medicare Supplement Plan.** If your rates have gone up markedly, please give me call, and let's see what we can do.

### **Quilts of Valor Foundatiion**

The Quilts of Valor Foundation and its dedicated volunteers continue to make Quilts of Valor for our service members that served in any area of conflict.

Made by my wife, I had the privilege to present this year's quilt to Peter Q. of Missoula. Pete served in the Army in Viet Nam in the 23<sup>rd</sup> Infantry, 27<sup>th</sup> Mobile Army Surgical Hospital.



If you have served in any combat zone and are interested in having a quilt made for you, please contact me or anyone else connected with Quilts of Valor.

If you are a quilter and would like to participate in making quilts for our Veterans, please contact your state regional coordinator at [www.qovf.org](http://www.qovf.org).

Keep connecting the dots. □