

STELLAR GOOD NEWS

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Read previous issues of Stellar Good News on the resources page of our website!

The Generic Drug Rip-Off

From *mercola.com*, excerpted from the article by William Faloon. Read the full article at: <http://articles.mercola.com/sites/articles/archive/2009/08/18/The-Generic-Drug-RipOff.aspx>

Health Care Costs Bankrupting United States

Everything Life Extension® predicted about the health care cost crisis is happening before our eyes. Major corporations, individuals, and the government are being bankrupted by out-of-control medical costs. Some say the economic challenges facing the United States will result in substantially reduced standards of living. This does not have to happen.

As we long ago identified, the cause behind spiraling medical costs is a crooked and ludicrous regulatory structure.

Today's health care cost crisis is widely acknowledged and feared. No one, however, has yet proposed a practical solution to resolve it.

Even We Are Selling Overpriced Drugs

Three years ago, we established the Life Extension Pharmacy™ to provide members with unique health services and the lowest drug prices. Even though our prices are consistently at the rock bottom end of the marketplace, you still grossly overpay for generic drugs -- no matter where you buy them.

The reason for high-priced generics is not because the active ingredients are expensive. On the

contrary, compared with complicated nutrient extracts, the ingredients in drugs are usually synthetic chemicals that cost only pennies a day.

The culprit behind overpriced generic drugs is an archaic regulatory environment that functions to protect pharmaceutical financial interests, forcing consumers to pay artificially inflated prices for their generic medications.

If our proposal to overhaul today's inefficient regulatory system succeeds, at least part of the health care cost crisis will disappear quickly. A side benefit to lower-priced generic drugs is that it will force pharmaceutical companies to bring out life-saving medications faster, since almost-as-good generics will cost virtually nothing.

An Example of a Grossly Inflated Generic Price

Once a brand drug comes off patent, generic equivalents emerge, but they cost far more than they need to because of FDA over-regulation.

Take the drug finasteride (Proscar®) for example. It came off patent in 2006, but at the end of 2008, chain pharmacies were charging about \$90 for 30 tablets (a one-month supply). All it takes to make this drug is to put 5 mg of finasteride into a tablet that dissolves in the stomach. Vitamin companies do this every day with nutrients, but the FDA does not allow them to freely do the same thing with drugs.

We checked on the cost of buying finasteride and making it into tablets. The free market price for 30 tablets is only \$10.25, which

includes an independent assay of the ingredient quality, potency, and tablet dissolution -- and a reasonable profit margin. It is against the law, however, for GMP (Good Manufacturing Practices)-certified vitamin manufacturers to offer low-cost generic drugs. This prohibition must be lifted as America can no longer afford to subsidize those who are politically connected while the country is driven into insolvency.

Finasteride is a drug that not only helps relieve benign prostate enlargement, but may also reduce the risk of prostate cancer.³⁻⁵

Widespread use could save Medicare lots of money in expensive prostate treatments. Those who follow Life Extension®'s other recommendations would be expected to reduce prostate cancer risk even more.

As evidence mounts about the prostate cancer risk reduction associated with drugs like finasteride, more companies are competing to make it, but its average price at chain pharmacies is around \$86 a month -- a staggering eight times higher than what its free market price would be!

Read the rest at:

<http://articles.mercola.com/sites/articles/archive/2009/08/18/The-Generic-Drug-RipOff.aspx>

Cash or Insurance Practice?

Ronald E. Edgar, DC.

The subject of going from an Insurance driven practice to a cash practice has received a lot of press and I think that each DC should look into the various systems out there and check it out. I have no word mentioning DC's specifically in my talks with the various healthcare planners in Washington DC. I can't say if we will benefit from healthcare reform or lose out big time!

Don Tauer wrote and advised that most practices would benefit from making the change over from insurance to a cash practice. I suggest that we all look into to a cash practice, to be prepared in advance for healthcare reform just in case the outcome is negative for DC's in the final product that the President signs into law.

I know for a fact the White House knows about DC's, but I have not been able to pry out any information on just where and if we are going to be included in a positive manner. In my own practice I have seen the insurance companies offer less coverage for non-medical care with higher co-pays and deductibles, this also affects the other professions but not as severe as the DC.

There is a lot of good clinical data that strongly suggests that DC's save a lot of money by

reducing the overall cost of healthcare, but getting the major players in Washington, DC to listen and put this info to use is another battle.

The Boy Scout's motto is being prepared and it is the same for DC's, let's be prepared for any form of healthcare reform whether we are included or not.

Why not ask your friends about this topic and see what works for them? I am not saying to get out of insurance, but to look into going to a cash practice.

If you do decide to go from insurance to cash there are some things that you need to keep in mind: if you are a member of a PPO-HMO where you have signed a contract (seek legal advice prior to giving notice to an Insurance Company of your intention to withdraw from their plan) once you have informed the insurance company that you will no longer participate some companies will not let you enter in again; we all need to see what insurance / healthcare reform will mean for DC's, go slow but heed Don Tauer's advice and check out the benefits of a cash practice.

Stellar Updates

Some recent changes and updates to Stellar (go to the Help menu in Stellar and click Download Stellar Update for the complete list):

Appointments

Added Cell number and Email address to New Patient screen and rearranged it.

Appointment Listing

Can now manually select exactly which appointments to show.

Added checkbox to indicate that the Cell number is preferred when listing.

Patient Lists

Added option to print email & cell number instead of address.

Diagnosis

When a code is deleted, now allows pointing the old code to a new code.

Main Menu

Added new program under Tools/Purge/Patient ID Numbers.

Configuration, Statements, Visit Sheets

Can now specify plain paper for statements separately from visit sheets.

Posting

Family credit transfer was operating even if "No" was clicked.