

# LIFESTYLES

## SHARE YOUR STORY

The Journal welcomes ideas for stories about people in our community who have gotten married, graduated, joined the military, etc.  
Call the Journal at 285-7411

## Never too late to quit smoking

**Q. I would like my husband to quit smoking. He knows that it's bad for him, but I want all the ammunition I can get to convince him. Can you help me?**

**A.** Here goes:  
Cigarette smokers die younger than nonsmokers. Smoking shortens lives by about 14 years.

Smoking causes almost 90 percent of lung cancers. Smoking damages the immune system and increases the risk of infections.

Many illnesses in smokers last longer than in nonsmokers.

After surgery, smokers have a greater risk of complications and a lower survival rate.

When smokers get skin wounds, they take longer to heal than those in non-smokers.

Smoking cigarettes causes heart disease. Smokers who have a heart attack are more likely to die within an hour of the heart attack than nonsmokers.

Cigarette smoking doubles a person's risk for stroke.

Cigarette smoking causes emphysema, which destroys a person's ability to breathe.



**Fred  
CICETTI**  
HEALTH CARE WRITER

Smokers commonly suffer from chronic bronchitis.

More than 7 million current and former smokers suffer from chronic obstructive pulmonary disease (COPD), the name used to describe both chronic bronchitis and emphysema. About 85 percent of COPD deaths are caused by smoking.

Smoking causes peripheral artery disease that can affect the blood flow throughout the entire body.

Smoking causes many types of cancer, including cancer of the esophagus, larynx, mouth, bladder, pancreas, kidney and cervix.

Smoking causes cataracts.

Smoking makes your skin age faster.

Smoking increases the risk of sexual impotence.

Smoking cigars and pipes causes cancers of the lung, oral cavity (lip, tongue, mouth, throat), larynx (voice box) and esophagus. Pipe and cigar smokers, who often don't inhale, are still breathing the second-hand smoke that surrounds them.

Tobacco use remains the leading preventable cause of death in the United States, causing nearly 440,000 deaths each year.

Because of exposure to environmental tobacco smoke ("second-hand smoke"), an estimated 3,000 nonsmoking Americans die of lung cancer every year.

It's never too late to quit. It doesn't matter how old you are or how long you've smoked. Within minutes of smoking the last cigarette, the body begins to restore itself.

*If you would like to read more columns, you can order a copy of "How to be a Healthy Geezer" at <http://www.healthygeezers.com/>.*

**Cicetti is a health care writer with more than 40 years of journalistic experience.**

### SENIOR LEGAL LINE

## Issues with Medicare coverage

*A legal question and answer line for seniors*

**Dear Senior Legal Line:**

**I understand that Medicare may pay for a limited stay in a nursing home when recovering from an illness or an accident. One of my friend's hospital and subsequent nursing home costs were paid by Medicare after spending a week in the hospital. However, one of my other friend's costs at the nursing home were not paid, even though he was at the hospital before going to the nursing home too. Why were my friends treated differently under Medicare, when they are both enrolled in Medicare? — Signed, Lilith**

Dear Lilith:  
Your question brings up an issue with Medicare coverage for nursing home or rehabilitative services. In Medicare language they refer to these services as "skilled nursing facility" (SNF) services. Medicare pays 100 percent of the first 20 days of a covered SNF stay. A copayment of \$152 per day (in 2014) is required for days 21-100 if Medicare approves your SNF stay. However, the Medicare recipient must have a qualifying stay at a hospital as an inpatient. This inpatient stay must be for at least three days in a row counting the day that you were admitted as an inpatient but not counting the day of your discharge. The problem arises when people stay in a hospital under "observational services" or observational status. A person that stays in the hospital for observation it is considered an outpatient no matter how many days and nights they are in the hospital.

A person staying in a hospital for observation will not qualify for the nursing home or SNF coverage and may have more co-payments for other treatment. This means that Medicare will not pay for the subsequent nursing home costs, leaving the individual with the bill for the SNF services. Those services can be very expensive. Often, most people

cannot afford the SNF if they do not have Medicare coverage. If they do not get the skilled nursing services, they will often not get better – in fact, they probably will get worse as additional problems can occur such as dehydration, falls, and many other avoidable complications.

The determination as to whether or not a person is admitted to the hospital as an inpatient, as opposed to an outpatient observational status, is theoretically determined by the admitting doctor. However, hospitals and doctors have been pressured by Medicare to classify more and more people as outpatients. A report from AARP shows that observational status used by hospitals more than doubled between 2001 and 2009. The biggest increase in the use of observational status occurred with hospital stays of 48 hours or longer. Often, skilled nursing services are required for recovery from joint replacement surgery, stroke, other brain injuries, or long stays in the hospital for any medical reason. Skilled nursing services help the patient recover their ability to move around on their own and tend to their daily living activities. This rehabilitation is made possible by skilled nursing services. These services are especially important when a patient does not have adequate help at home.

People have tried to address this problem. For example, there was a class action lawsuit to try to correct this problem but it was dismissed by the federal court in September 2013. Congress is now talking about outpatient status in their current legislation (H.R. 1179 and S. 569).

Meanwhile, what should a person do if they think they might need to rehabilitate in a nursing home after their hospital stay? Ask your doctor if you are an inpatient. If you cannot ask because your medical condition has incapacitated you, your health care agent under your Health-care Directive can communicate for you. If you do not have a health care

agent, your next of kin can communicate for you.

If you find out that you are an outpatient and/or under observational status, you should complain about it to the hospital while you are still in the hospital. Ask to be reclassified as an inpatient. If this is refused, ask to speak to your doctor and anyone else who will listen – talk about your probable need for skilled nursing services in order to rehabilitate at the nursing home. If necessary, you may want to ask your regular doctor to speak with your treating doctor in the hospital about why you should be an inpatient based on your medical condition and risk factors. It is much easier to change your status while you are in the hospital than to go through the Medicare appeals process later. If that does not work, a letter or a call from an attorney, describing the patient's medical needs, may be effective.

In some cases the difference between a qualifying stay as an inpatient can save the person thousands of dollars in nursing home fees. If you or somebody you know wants to appeal a decision look at the self help packets available on line at <http://www.medicareadvocacy.org/>. Go to the drop down menu "Take Action" and click on "Self Help Packet for Medicare (Observation Status) Feb. 12, 2013". And you may also call the Senior Law Project for assistance.

Lilith, I hope this article answers your questions.

**This column is written by the Senior Citizens' Law Project. It is not meant to give complete answers to individual questions. If you are 60 years of age or older and live within the Minnesota Arrowhead Region, you may contact us with questions for legal help by writing to: Senior Citizens' Law Project, Legal Aid Service of Northeastern Minnesota, 302 Ordean Bldg., Duluth, MN 55802. Include a phone number and return address. To view previous articles, go to: [www.lasnem.org](http://www.lasnem.org).**

## SENIOR MENU

Hot meals for people 60 or older are served at noon Monday through Friday at Koochiching County Senior Center, 307 Fourth St.

Meals are for anyone, regardless of income. A \$3.50 donation is suggested. Meals are subject to change. Participants under age 60 are welcome at \$6.50 each.

For reservations call 283-3460 the day before the meal. Cancellations may be made the day of the meal.

**MONDAY**  
Hamburgers on buns  
Cheese slices  
Potato wedges  
Baked beans  
Fresh fruit

**TUESDAY**  
Roast pork  
Mashed potatoes  
Gravy  
Parsley carrots  
Jell-O with fruit

**WEDNESDAY**  
Hashbrown egg bake  
Apple juice

Fruit  
Cinnamon strudel cake

**THURSDAY**  
Tilapia with lemon pepper (or alternative)  
Baked potatoes  
Mixed vegetables  
Oatmeal cake with brown sugar frosting

**FRIDAY**  
*Valentines' Day Party*  
Honey glazed meatballs  
Mashed potatoes  
Steamed cabbage  
Cookies

## BIRTHS

The following births have been reported from La Verendrye General Hospital, Fort Frances.

Born to:  
Andy and Christina

Carlson (nee Romaniuk), Emo, Ontario, a son, Knox Andrew Carlson, 9 pounds, 3 ounces, Jan. 20, 2014.

Dayna Harper and Bryden Kelly, Onegaming

First Nation, Ontario, a son, Eli James Miingwaan Kelly-Harper, 8 pounds, 4 ounces, Jan. 22, 2014.

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