

Uninsured Rate Climbs, Reflecting 10-Year Trend

BY ALICIA AULT

The number of uninsured Americans rose last year, with 21% of all adults aged 18-64 years reporting that they were uninsured at the time that they were interviewed for the National Health Interview Survey, federal officials reported June 16.

That's up from 19.7% the previous year and reflects a trend over the past decade of an increasing lack of health insurance, at least among adults, according to a survey by the National Center for Health Statistics, a part of the Centers for Disease Control and Prevention. Rates of coverage for children, on the other hand, have mostly improved.

Since 1999, increasing proportions of people have reported that they were uninsured at the time of the annual survey, for part of the year prior to their interviews, and for a year or more, said the NCHS in its report, which was released early and will be published in CDC's Morbidity and Mortality Weekly Report.

Overall, 46.3 million people—or 15.4% of the population—were uninsured at the time they were interviewed in 2009. The survey found that even greater numbers of people reported that they were uninsured for at least part of the year before the interview—some 58.5 million—but that a slightly smaller number, 32.8 million, had been uninsured for more than a year at the time they were queried.

A greater proportion of children than adults were covered by public health plans, which could explain the

children's higher rate of coverage, according to the survey. In 2009, 37.7% of children under age 18 were covered by a public plan, up from 34.2% the previous year. Rates of public coverage for low-income children increased. Federal officials in both the Obama and Bush administrations have emphasized enrolling more eligible children in the public Children's Health Insurance Plan, which is administered by states.

Conversely, only 14.4% of adults aged 18-64 years had public coverage. And private coverage for adults declined from 68% in 2008 to 66% in 2009, according to the survey. There was no significant change in private coverage for children of any income level.

Hispanics were least likely to have insurance, with one-third reporting no insurance at the time of the interview or for part of the past year. A quarter had had no coverage for more than a year.

Not surprisingly, states with larger Hispanic populations had greater proportions of uninsured. One-quarter of Texas and Florida residents under age 65 years were uninsured at the time of the interview. One-fifth did not have coverage in California and Georgia. In Florida, 13% of children lacked coverage when interviewed, and in Texas, that number was almost 17%.

Nine states had lower rates of uninsured than the national average of 17.5%: Illinois, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania, Washington, and Wisconsin. ■

For more information, go to www.cdc.gov/nchs.

AMA Releases Health Insurer Code of Conduct Principles

BY ALICIA AULT

The American Medical Association on May 25 called on U.S. health insurance companies to adopt its just-issued code of conduct.

The Health Insurer Code of Conduct Principles evolved out of a resolution put forward and unanimously adopted by the AMA House of Delegates at its 2008 Interim Meeting. The New York Delegation called on the AMA to develop such a code, get insurers to sign on, and come up with a way to monitor compliance. The code has already been endorsed by nearly every state medical society as well as 19 specialty societies, according to the AMA.



rectly address the AMA code. AHIP spokesman Robert Zirkelbach said many of the principles are covered in the health reform law—the Affordable Care Act.

“Health plans have pioneered innovative programs to reward quality, promote prevention and wellness, coordinate care for patients with chronic conditions, streamline administrative processes, and provide policyholders with greater peace of mind,” Mr. Zirkelbach said.

The code's principles address topics such as cancellations and rescissions; medical loss ratios and fair premium calculations; open access to care, including transparent rules on provider networks and benefit limitations; fairness in contract negotiations with physicians; medical necessity and who can define it; and a call for more administrative simplification, fewer restrictions on benefits, and better risk adjustment mechanisms for “physician profiling” systems.

DR. ROHACK

Physicians should also have more opportunity to review and challenge their ratings in those systems, according to the principles. The systems are used to select physicians for preferential networks.

The AMA said that it has written to the eight largest health insurers seeking their pledge to comply with the code. ■

It has been 15 years since the insurance industry issued any kind of internal standards, according to the AMA, adding in a statement that the industry has had a “questionable” record of compliance with those standards, known as the Philosophy of Care.

“The health insurance industry has a crisis of credibility,” Dr. J. James Rohack, AMA president, said in the statement. “With the enactment of federal health reform legislation, it's time for insurers to recommit to patients' best interests and the fair business practices necessary to reestablish trust with the patient and physician communities.”

America's Health Insurance Plans, the industry trade organization, did not di-

For details, visit www.ama-assn.org/ama/pub/advocacy/current-topics-advocacy/private-sector-advocacy/code-of-conduct-principles.shtml.

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