# Feds Lag Behind States in Covering the Uninsured

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SAN DIEGO — The pressure is building to expand health insurance coverage, and right now the states are taking the lead, Jack Ginsburg said at the annual meeting of the American College of Physicians.

The issue of covering the uninsured is likely to heat up during the 2008 presidential election season, but little is expected at the federal level until after the race is decided, said Mr. Ginsburg, director of health policy analysis and research at the ACP. "Where the action is really taking place is at the state level," he said.

There are comprehensive plans in Maine, Massachusetts, and Vermont. In Maine, the state offers its residents discounts on premiums and deductibles on a sliding scale. In Massachusetts, the strategy for expanding coverage focuses on individual coverage mandates and income-based subsidies. And in Vermont, the state offers subsidies for the uninsured and employers pay an annual assessment for uninsured workers.

Other states, including Connecticut, Illinois, Pennsylvania, and Tennessee, are offering expanded coverage for children. In Connecticut, for example, families with an income of more than 300% of the federal poverty level can buy into the State Children's Health Insurance Program (SCHIP).

In Montana, Rhode Island, Tennessee, and Utah, lawmakers have opted for incremental coverage that relies on public-private partnerships. These programs include combinations of approaches such as limits on insurance premiums, purchasing pools, premium assistance, and tax credits.

Lawmakers in several other states are considering proposals to expand health insurance coverage. For example, in California, Gov. Arnold Schwarzenegger (R) has proposed an individual insurance mandate, an expansion of Medicaid and SCHIP, and the creation of purchasing pools.

There are several legislative proposals circulating at the federal level, starting with the Bush administration plan, which involves tax deductions of $7,500 for individuals and $15,000 for families to offset the cost of purchasing health insurance. The president's plan to expand coverage also relies on health savings accounts, taxing employers' health plan contributions as income, and association health plans.

Other federal proposals include efforts to require employer-sponsored insurance, individual insurance mandates, expanding Medicare coverage to all, expanding Medicaid or SCHIP to cover all children or children and parents, and offering federal grants for state initiatives.

For now, these proposals are circulating in congressional committees and are likely to stay there, Mr. Ginsburg said. ■



# *Hospital Personnel Often Override Allergy Warnings*

WASHINGTON — Clinicians ignored more than half of drug allergy warnings generated by computerized physician order entry programs, based on a review of nearly 30,000 medication orders for 2,732 hospitalized patients.

To determine how often allergy warnings for medications were overridden and why, Philip J. Schneider of the Ohio State University, Columbus, and colleagues analyzed data from four 1-week intervals and one 16-week interval between August 2003 and February 2005. They presented their findings in a poster at a conference sponsored by the National Patient Safety Foundation.

Computerized physician order entry (CPOE) programs allow physicians and other qualified clinicians to enter medication orders directly into a database. Once a prescription has been entered into the database, the system generates alerts regarding patient allergies and potential drug-drug interactions.

Clinicians overrode warnings in 56% of the orders, and changed the medication in 44% of the orders. A total of 54% of physician medication decisions overrode the warnings, compared with decisions by pharmacists (55%) and nurses (61%). The most commonly cited reason for overriding the warnings was that the patient had tolerated the drug in the past. Other reasons included "not a true allergy," "medical reason outweighed risk," and "physician/pharmacist approved."

**—Heidi Splete**