Uninsured numbers keep climbing

The number of Americans without health insurance climbed to a record high in 2005, with 46.6 million people, or 15.9% of the population, saying they lacked coverage for medical care, according to the Census Bureau's annual update of income, poverty, and health insurance coverage.

This means that 1.3 million Americans were added to the rolls of the uninsured last year, according to the most recent Census Bureau data, which were released August 29. Nearly 1 million of those affected were working adults 18–64 years of age, and the remainder were children.

The figures on insurance coverage continue a trend that began in 2000—a trend that many health policy experts would like to halt.

“Our health system does not work well for far too many families,” Commonwealth Fund President Karen Davis said in a statement. “These findings point to the need for a national solution to ensure that all Americans have affordable and comprehensive health insurance coverage and access to needed health care.”

“Our country desperately needs bold thinking and brave leadership to fix this crisis,” echoed a statement from Risa Lavizzo-Mourey, president of the Robert Wood Johnson Foundation. “The alternative is to continue to watch the inevitable, as the health care system of the United States . . . slips further into a fractured state of have and have-nots.”

Kathleen Stoll, health policy director for the advocacy group Families USA, likewise decried the recent health coverage news. She stated that the numbers would have been worse without the availability of publicly financed insurance programs like Medicaid and called for steps to preserve those programs.

The proportion of insured Americans who received their benefits through Medicaid, Medicare, or other government-funded sources was unchanged from 2004 to 2005 at 27.3%, according to Census Bureau data.

Of those with insurance coverage in 2005, 59.5% received the benefit from an employer-sponsored health plan—a drop from the previous year, when 59.8% of insured Americans had health benefits through an employer. A declining proportion of Americans received medical coverage from other private sources; in all, private insurance coverage rates fell from 68.2% in 2004 to 67.7% last year.

David Johnson, chief of housing and household economic statistics for the Census Bureau, acknowledged during an August 29 media briefing that the entire increase in the uninsured rate was caused by the decline in private insurance coverage.

Putting a face on the numbers. An issue paper published in August by the Kaiser Family Foundation's Commission on Medicaid and the Uninsured found that three major national estimates of the uninsured population paint a reasonably consistent picture of the number and characteristics of uninsured Americans.

For example, the commission reported that estimates of the uninsured population for 2003 varied from 41.1 million, using data from the National Center for Health Statistics (NCHS), to 46 million, according to the Agency for Healthcare Research and Quality’s Medical Expenditure Panel Survey, or MEPS. The Census Bureau estimate for that year fell in the middle, with an estimated 44.7 million people lacking insurance.

Differences in the figures are partly attributed to whether the survey defines people as uninsured if they lack insurance when interviewed, as NCHS does, or if they were uninsured for the entire year, as the Census Bureau does. The MEPS survey polls the same respondents at different intervals to determine insurance status and monthly coverage estimates over an extended period.

According to the Kaiser analysis, all three surveys agreed that adults account for about 80% of uninsured Americans. About 50–60% of uninsured working-age adults have incomes under 200% of the federal poverty level, the surveys find.

Also common to the surveys is the finding that the vast majority of uninsured adults—67–78%—work at least part-time but are not offered insurance by their employers or cannot afford employer-based coverage.

About a quarter to a third of uninsured adults did not finish high school, and

Correction

Acetaminophen’s maximum dosage yields unexpected result (September 1, 2006, News). On page 1581, the second paragraph should read as follows: “Serum concentrations of the enzyme, a marker of liver cell damage, rose to more than three times the upper limit of normal in 39% of 106 healthy 18–45-year-old adults who consumed 1 g of acetaminophen every six hours for up to 14 days in an industry-funded study.”

DOI 10.2146/cor060004

Is the glass half empty or half full?

Although the Census Bureau reports that more Americans than ever lacked health insurance last year, the number of those with coverage also rose to a record high in 2005.

In all, 247.3 million Americans had health insurance coverage in 2005, an increase of 1.4 million over the previous year.

The seeming conflict in numbers is due to the fact that the U.S. population grows each year, resulting in increases in the overall number of those with insurance and those without coverage.

The Census Bureau estimates that the U.S. population grew by about 3 million from 2004 to 2005, to more than 296 million. After accounting for births, deaths, and migration, America's population grows by about 1 person every 10 seconds, the Census Bureau estimates.

The U.S. population grew by about 3 million from 2004 to 2005, to more than 296 million. After accounting for births, deaths, and migration, America's population grows by about 1 person every 10 seconds, the Census Bureau estimates.
News Briefs

- FDA on August 24 granted non-prescription marketing approval to Barr Pharmaceuticals’ emergency contraceptive Plan B for consumers age 18 years or older. Women 17 years or younger must still obtain a prescription for the medication. The product will be marketed as a single package of two levonorgestrel tablets 0.75 mg each, which will allow for a prescription label to be adhered to the package when dispensed to women 17 or younger. Because Plan B will remain a prescription product for women 17 or younger, it will be sold behind pharmacy counters. A licensed pharmacist must be on duty at the pharmacy when Plan B is sold without a prescription. Those who seek to purchase the drug without a prescription must present proof of age at the pharmacy counter.

- A federal appeals court in August upheld the ban that FDA had instituted two years ago on sales of dietary supplements containing ephedrine or related alkaloids. The ruling by the 10th U.S. Circuit Court of Appeals overturned a 2005 decision by a federal judge in Utah who had concluded that FDA lacked the authority to stop the sale of a dietary supplement that provides a daily dose of 10 mg of ephedrine alkaloids or less when taken in accordance with the product’s labeling. Nutraceutical Corporation and subsidiary Solaray Inc. had originally sought to have FDA’s entire ban declared invalid.

- More than 800 pharmacy residency programs in 2006 are accredited or have applied for accreditation by ASHP. Sixty-two percent of the programs provide postgraduate year-one training.

- Larry G. Bettesworth, B.S., Pharm.D., age 58, died August 13 in a tractor accident in Spokane, Washington. Bettesworth was the director of the pharmacy and the pharmacy practice residency program at Spokane’s Sacred Heart Medical Center, part of Providence Health and Services. He was the developer and leader of Sacred Heart’s tele-pharmacy outreach project, which served small communities throughout the state. During his pharmacy career, Bettesworth also served as president of the Spokane Area Society of Hospital Pharmacists and on the board of directors of Hospice of Spokane and the Washington state societies of hospital pharmacists and health-system pharmacists. Memorial contributions may be made to the Larry Bettesworth Pharmacy Scholarship Fund, c/o Sacred Heart Foundation, 101 West 8th Avenue, Spokane, WA 99204, or to the Sacred Heart Children’s Foundation at the same address.

Appointment

John C. Poikonen, Pharm.D., was appointed Director of Outpatient Pharmacy Services, UMass Memorial Health Care, Worcester, Massachusetts; previously he was the medication safety pharmacist in the Office of Patient Safety at Partners Healthcare System, Boston.