50 million US adults without health insurance

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A record 49.9 million US adults went without health insurance for at least part of the past year, up from 46 million in 2008, according to a new report from the Centers for Disease Control and Prevention (CDC).

The uninsured now constitute 26.2 percent of the total adult population, more than one in four, up from 24.5 percent two years ago. Sixteen percent of adults, about 30.4 million, had been without insurance for more than one year at the beginning of 2010, an increase of 1.3 million in one year and also a record. In all, nearly 60 million Americans, about 20 percent of the population, went without insurance.

The sharpest increase in the uninsured took place among adults in middle class households. Nearly one third of adults in households that earned between two or three times the federal poverty level—between $43,000 and $65,000 for a family of four—were without insurance at some point last year, an increase of 1.7 million since 2006. Even among households whose income was between three and four times the official poverty level, approximately $65,000 to $87,000 for a family of four, more than one in five adults were uninsured in the past 12 months.

The data exposes two myths about the uninsured, CDC Director Dr. Thomas Frieden explained. “The first is that only poor people are uninsured,” he said. “The second myth is that only healthy people are uninsured—in fact, more than two out of five individuals who were uninsured had one or more chronic diseases.”

The figures represent both a medical and social disaster. “The uninsured are much less likely to have a regular doctor and more likely to skip or delay care because of costs,” Frieden said in a teleconference on Tuesday to announce the study results. “And middle-aged adults who don’t get preventive care enter Medicare sicker, require more doctor visits, and have higher costs.”

Uninsured adults were seven times as likely as the insured to forgo needed health care due to costs. Among adults with diabetes, the uninsured were six times as likely to pass over needed health procedures.

About 8.7 million of the uninsured at the start of 20010 were children, a decline from 10 million in 2008. The slight fall in the number of uninsured children is owed to the sharp decline in private insurance coverage being offset by public programs such as Medicaid and the State Children’s Health Insurance Program, according to Frieden. “As private insurance coverage fell, the safety net protected children but didn’t adequately protect adults,” he noted.

However, the states’ budget crises have resulted in new cuts to Medicaid, the health insurance program for the poor funded jointly by the states and federal government, which will likely result in an increase in the number of uninsured children. In addition, adults between 18 and 64—who constitute about 83 percent of the uninsured—are in most cases financially responsible for children, meaning that an uninsured health crisis will endanger children and other dependents.

The new data were gathered as part of the CDC’s National Health Interview Survey, a study based on home interviews with 90,000 adults, and were released in the agency’s *Vital Signs* report: “Health Insurance Coverage and Health Care Utilization—United States, 2006-2009 and January-March 2010.”

When the uninsured are forced to seek medical treatment, it invariably means forgoing other necessary expenditures—including food and housing. A study last year from the *American Journal of Medicine* found that medical bills caused 60 percent of the 1.5 million personal bankruptcies in 2009.

Nor is it the case that having health insurance means having access to adequate health care. Indeed, even as the Obama administration’s health care “reform” anticipates the rapid growth in the rolls of Medicare and Medicaid, state governments are reducing co-pays to health care providers, creating a situation in which the elderly and the poor cannot find hospitals and clinics that will treat them. The government and private insurers are simultaneously attempting to reduce forms of health care they deem “unnecessary,” for example breast cancer screening.

This trend was highlighted by a recent column from *Los Angeles Times* columnists David Lazurus. He noted that three of the biggest US insurance corporations recently reported banner profits, among them Aetna, whose third-quarter net income increased 53 percent from last year.

Aetna CEO Ronald Williams attributed the profits to “a reduction in utilization of health care services after the surge we saw in 2009, combined with appropriate pricing and effective medical quality and cost management.” And Angela Braly, CEO of WellPoint, attributed her company’s profits to “disciplined administrative expense control.”

These comments basically mean that US consumers are going to the doctor less—but not because they are any healthier, but because of jacked-up co-pays, rate increases, the denial of claims, and other administrative methods for keeping people away from treatment.

The political system is entirely subordinate to the profit drive of the insurers. The California Department of Insurance in September approved a 19 percent rate increase for Aetna policyholders, after earlier approving increases of 29 percent for Anthem Blue Cross, Blue Shield and Health Net. The increased rates affect over 1 million consumers in California.

Citing the Kaiser Family Foundation, Lazurus notes that “workers now pay 47 percent more for family health coverage they receive through their jobs than they did five years ago, while wages have gone up only 18 percent.”

“This raises an interesting question about the looming reform of the nation’s health care system, under which everyone will be required to have insurance,” he continues. “If available coverage is too pricey for people to use, will Americans be any better off, health-wise?”

Recent reports attest to the decline in access to health services among the insured.

A study in Ohio, reported by the *USA Today*, found that 13 percent of parents with health insurance benefits determined that they could not follow through on prescriptions, exams, and recommended procedures recommended by doctors for their children. The trend was more pronounced among families with private insurance than it was among those insured by the state’s version of Medicaid and the Children’s Health Insurance Program.

Nearly 18 percent of surveyed Ohio parents said it was now more difficult to obtain health care their children need with private insurance than three years ago. The study noted that the most affected were families with an income of under $75,000—the vast majority of all households.

“People who are in those middle income brackets are saying they are having a harder time taking care of their children’s health and their children’s health is suffering,” said study co-author Bill Spears, a professor at Wright State University’s Boonshoft School of Medicine in Dayton, Ohio.

Spears anticipates that the problem will become worse under the Obama health care overhaul. “If I had to guess, I’d say the underinsurance issue is not going to improve and may get worse,” he said.

And a recent study by Wolters Kluwer Pharma Solutions, a health care data company, found that instances of “abandonment”—when consumers fail to pick up prescribed drugs at pharmacies—increased by 55 percent in the second quarter over four years ago. For brand name drugs the increase was 88 percent. The story cites increased co-pays and the proliferation of high-deductible insurance programs that cover only catastrophic health problems as the culprits.

Commenting on the study, the *Wall Street Journal* also noted the sharp increase in drug costs, such as the cholesterol fighter Lipitor, which rose to $28 per prescription this year, an 87 percent increase over its cost in 2000.

Mark Spiers, CEO of Wolters Kluwer, described the scene that takes place in many pharmacies. “They just say, ‘I can’t afford it. I can’t get it.’ And they turn around and walk away.”