## Insured, Uninsured Both Have Unmet Care Needs

BY MARY ELLEN SCHNEIDER

New York Bureau

ne in five Americans postponed or skipped needed medical care last year because of cost, insurance problems, or difficulty getting an appointment, according to a report from the Center for Studying Health System Change.

Researchers, who compared nationwide survey data from the years 2003 and 2007, found that the number of Americans that reported problems with access to health care increased dramatically during the intervening period. In 2007, more than 23 million individuals (8%) said that they went without needed medical care, compared with 13.5 million (5.2%) in 2003.

There were even more problems with delaying care. In 2007, 36 million (12.3%) reported that they delayed seeking care, compared with about 23.5 million (8.4%)

The most recent figures come from the 2007 Health Tracking Household Survey, a nationally representative sample of about 18,000 individuals. The earlier data are drawn from a similar survey with a sample size of about 47,000 individuals.

The change is not only large, but it is widespread," Peter J. Cunningham, Ph.D., the lead author of the study and a senior fellow at the Center for Studying Health System Change, said during a press conference. "It's changing for a lot of people."

Specifically, the researchers found that access problems were increasingly affecting people with and without insurance. In 2007, about 20% of uninsured people and 11% of insured people reported delaying care. In addition, 17.5% of uninsured people and 6.3% of insured people reported unmet medical needs.

But while more uninsured people re-

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ported access problems, the rate of increase for unmet medical needs between 2003 and 2007 was higher among people who had insurance. Of the additional 9.5 million people who reported unmet needs between 2003 and 2007, 6.7 million had health insurance, Mr. Cunningham said.

The researchers also found greater unmet medical needs among individuals with fair or poor health and among children from families with lower incomes. For example, unmet medical needs increased from 11.9% in 2003 to 17% in 2007 for people who were in fair or poor health.

And researchers saw the gap in access to care between low- and higher-income children widen in 2007 after having been virtually eliminated in 2003 following expansions of the Medicaid and State Children's Health Insurance Programs. In 2003, 2.2% of children below 200% of poverty experienced unmet medical needs, the same percentage as those children whose family incomes were at 200% of poverty or higher. However, in 2007, 5.4% of children below 200% of poverty had unmet medical needs, compared with 2.9% of children at 200% of poverty or higher.

The most commonly cited reason for access problems remains cost. In 2007, 69% of people who decided to delay or forgo needed medical care said worries about cost were the reason, which was up from 65.2% in 2003. Among insured people, cost worries were cited by 60.8% of people in 2007, compared with 53.7% in 2003.

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(levonorgestrel / ethinyl estradiol tablets) 0.15 mg / 0.03 mg and (ethinyl estradiol tablets) 0.01 mg Brief Summary. See full package brochure for complete information

Brief Summary. See full package brochure for complete information.

Patients should be counseled that this product does not protect against HIV-infection (AIDS) and other sexually transmitted diseases.

CONTRAINDICATIONS: Oral contraceptives should not be used in women who currently have the following conditions: • Thrombophlebitis or thromboembolic disorders • A past history of deep vein thrombophlebitis or thromboembolic disorders • Cerebrovascular or coronary artery disease (current or history) • Valvular heard disease with thrombogenic complications • Uncontrolled (hypertension • Diabetes with vascular involvement • Headaches with focal neurological symptoms • Major surgery with prolonged immobilization • Known or suspected carcinoma of the breast or personal order known or suspected estrogen dependent neoplasias • Undiagnosed abnormal genital bleeding • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas, or active liver disease • Known or suspected pregnancy • Hypersensitivity to any component of this product

Cigarethe smoking increases the risk of serious cardiovascular side effects from oral contraceptive use. This risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women over 35 years of age. Women who use oral contraceptives should be strongly advised not to smoke.

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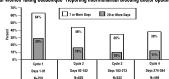
findings of minimal risk may be related to the use of oral contraceptive formulations containing lower hormonal doses of estrogens and progestogens.

8. Cardhydrate and Lipid Metabolic Effects: Oral contraceptives have been shown to cause glucose intolerance in a significant percentage of users. Oral contraceptives on containing greater than 75 micrograms of estrogens cause hyperinsibilisms, with lower doses of estrogen cause less glucose intolerance. Progestogens increase insulin secretion and create insulin resistance, this effect varying with different progestational agents. However, in the nondabetic woman, oral contraceptives appear to have no effect in stating blood glucose. Beause of these demonstrated effects, prediabetic and diabetic womens should be carefully observed while taking oral contraceptives. A small proportion of women will have persistent hypertriglycerdema while on the pill. As discussed earlier (see WARNINGS, a.a. of 1.d.), changes in serum triglycerdes and lipoprotein levels have been reported in oral contraceptive users.

9. Elevated Blood Pressure: Women with significant hypertension should not be stated on hormonal contraceptive users.

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As in any case of bleeding irregularities, nonhormonal causes should always be considered and adequate diagnostic measures taken to rule out malignancy or pregnancy. In the event of amenorinea, pregnancy should be ruled out. Some women may encounter post-pill amenorinea or oligomenorinea (possibly with anovulation), especially when such a condition was preexistent.

PRECAUTIONS

1. Sexually Transmitted Diseases: Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

Intitled diseases.

2. Physical Examination and Follow-up: A periodic history and physical examination are appropriate for all women, including women unjoy and understanding the second process of the physical examination. However, may be deferred until after initiation of oral contracephives if requested by the woman and judged appropriate by the clinician. The physical examination should include special reference to blood pressure, breasts, abdomen and pelvic organs, including cervical cytology, and evant laboratory tests. In case of undiagnosed, persistent or recurrent abnormal vagined bleeding, appropriate diagnostic measures should be conducted to rule out malignancy. Women with a strong family history of breast cancer or who have breast nodules should be monitored with particular care.

3. Lipid Disorders: Women who are being treated for hyperhipidemias should be followed closely if they elect to use oral contracephives. Some progestogens may elevate LD. Li levels and may render the control of hyperhipidemias more difficult. (See WARHMOST (d.) In patients with familial defects of lipoprotein metalolism receiving estrogen-containing preparations, there have been case reports of significant elevations of plasma triplycerides leading to pancreatifis.

4. Liver Function: If jaundice developies in any woman receiving such drugs, the medication should be discontinued. Steroid hormones may be poorly metalolized in patients with impatied liver function.

5. Fluid Relation: Oral contraceations was one degree of fluid retention. They should be prescribed with qualition, and only with careful monitor-

olized in patients with impaired liver function.

5. Fluid Retention: Oral contraceptives may cause some degree of fluid retention. They should be prescribed with caution, and only with careful monitoring, in patients with conditions, which might be aggravated by fluid retention.

6. Fluid Retention: Oral contraceptives may cause some degree of fluid retention.

6. Fundinant Blowders: Women with a history of depression should be carefully observed and the drug discontinued if depression recurs to a serious degree. Patients becoming significantly depressed while taking oral contraceptives should stop the medication and use an alternate method of contraception in an attempt to determine whether the symptom is drug related.

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7. Contact Lenses: Contact-lens weares who develop visual changes or changes in lens tolerance should be assessed by an optitual molegate.

8. Drug Interactions: Changes in contraceptive effectiveness associated with co-administration of other products. \*a. Anti-infective agents and anticonvulsants. Contraceptive effectiveness rary be reduced when hormoral contraceptives are co-administration of other products. \*a. Anti-infective agents and anticonvulsants. Contraceptive effectiveness rary be reduced when hormoral contraceptives are co-administration of other products. \*a. Anti-infective agents and other drugs that increase the metabolism of contraceptive steptics. This could result in unifiented pregnancy or breakthrough bleeding. Examples include fraingnis. Increase in the contraceptive and discontraceptive and discontraceptive and discontraceptive and discontraceptive and discontraceptive steptics. \*a. Anti-Infective page classes of contraceptive lateral and the products of the anti-Infection of the products and the products of the anti-Infection of the products and the products of the anti-Infection of the products and products and efficiency of combination or all contraceptives of the anti-Infective steptics. \*Breat products containing St. John of the products and products of the products

OVERDOSAGE: Serious ill effects have not been reported following acute ingestion of large doses of oral contraceptives by young children. Overdosage may cause nausea, and withdrawal bleeding may occur in females.

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