

CLINICIANS WORK TOGETHER TO URGE INSURERS TO ADOPT NEW CODE OF CONDUCT

A Harris Interactive poll late in 2009 asked the public which industries were "generally honest and trustworthy." Seven percent of respondents named health insurance companies, only slightly more than named oil companies and tobacco companies. Perhaps this could be improved by insurers agreeing to a code of conduct.

In May, the American Medical Association (AMA) released its [Health Insurer Code of Conduct Principles](#) and called on all U.S. health insurance companies to adopt consistent corporate practices that will bring transparency and accountability to the multibillion-dollar health insurance industry. In June, support for the Code of Conduct ballooned to include endorsements from 68 state and medical specialty societies nationwide, including the Oregon Medical Association.

The Code outlines steps health plans must take to be credible in the eyes of physicians and patients. There is a petition to encourage adoption of this Code, located at www.insurepatientaccess.org. The Code asks insurers to be held accountable regarding questionable insurance practices such as medication switching, denial of claims and implementing egregious prior authorization mechanisms.

The code of contains [10 clear principles](#) critical to an efficient, patient-centered health care system. The principles shine light on health insurer practices that influence the health care of patients, including cancellation of coverage, medical services spending, access to care, fair contracting and patient confidentiality, medical necessity, benefit management, administrative simplification, physician profiling, corporate integrity and claims processing.

Please see the website www.insurepatientaccess.org for more information. You can sign the petition there as well.

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Welcome the OSPA officers for 2010-2011

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