

FACTS

Breaking Down the Barriers

The Uninsured with Heart Disease and Stroke

OVERVIEW

An estimated 7.3 million Americans who suffer from cardiovascular disease (CVD) are uninsured¹ – with dire health consequences. They are far less likely than their insured counterparts to receive appropriate and timely medical care and as a result, suffer worse medical outcomes, including higher mortality rates. The underinsured often encounter similar problems.

Those with CVD and stroke are often denied coverage or charged premiums beyond their means in the individual insurance market. Young adult patients with congenital heart defects face enormous barriers, particularly when they reach adulthood and are no longer covered under their parents' health plan. One study found that young adults with congenital heart defects often have that condition completely excluded from a new insurance policy.² The American Heart Association supported the enactment of health care reform (the Affordable Care Act [ACA]) that eliminates such unacceptable barriers to coverage.

A PROFILE OF THE UNINSURED

Of adults (aged 18-64) who report having heart disease, hypertension or stroke, approximately 15% are uninsured.¹ Overall, there were 48.6 million people who were uninsured in 2011.³ Other characteristics of CVD patients without insurance include the following¹:

- Their average age is 44.
- African Americans and Hispanics are more likely to be uninsured than whites.
- Nearly half of the uninsured with CVD cite cost as the reason they lacked coverage; 36% cite a lost job or new employer.
- Only 61% of uninsured individuals with CVD report having a usual place of medical care, compared to 95% of their insured counterparts.
- The uninsured also report being unable to afford prescription drugs nearly four times more often than those who are insured (43% versus 11%).
- Between 10% and 22% of adults with congenital heart disease are uninsured and two-thirds have reported difficulty obtaining health insurance or changing jobs to guarantee coverage.⁴

DIRE HEALTH CONSEQUENCES

The detrimental health effects that result from being uninsured are well documented. Conversely, gaining coverage can provide enormous health benefits for individuals with CVD.

- The uninsured with CVD experience higher mortality rates^{5,6} and poorer blood pressure control than their insured counterparts.⁷ Similarly, those who suffer a stroke experience greater neurological impairments, longer hospital stays⁸ and a 24-56% higher risk of death than the insured.⁹ They are also less likely to have access to life-saving medications because of costs.⁹
- Uninsured and underinsured patients are more likely to delay seeking medical care during an acute heart attack.¹⁰
- One study found that people who had trouble paying their medical bills did significantly worse after heart attacks than patients who were not under such financial duress. Researchers also found 12% more cases of angina among financially distressed patients. In addition, these individuals were readmitted to the hospital at an 11% higher rate than other patients.¹¹
- A 12-year study of more than 7,000 Americans showed that individuals without health insurance, especially those with heart disease, stroke, high blood pressure or diabetes, experienced a dramatic improvement in health when they become eligible for Medicare coverage at age 65.⁸
- Another study found that those without insurance coverage before enrolling in Medicare were more likely to be hospitalized for heart attack, heart failure, or stroke.¹²

UNDERINSURED – ALSO A PROBLEM

Compounding this problem is the growing number of people who are underinsured, meaning that their insurance does not provide adequate financial protection when they are sick or experience a catastrophic illness, such as a heart attack or stroke. More than 60% of all bankruptcies in 2007 were a result of illness and medical bills, and more than a quarter of these bankruptcies were the result of CVD. Nearly 80% of those who filed for medical bankruptcy were insured.¹³ In a survey commissioned by the American Heart Association, more than half (56%) of all CVD patients – and 52% of patients with insurance coverage – reported difficulty paying for prescription drugs or other medical care in recent years. Of those patients who had difficulty paying medical

expenses, nearly half said they had delayed getting needed health care and 43% had not filled a prescription.¹⁴

JEREMY

Following heart valve surgeries at the age of 18, Jeremy was working toward a full recovery when the bills began to roll in. After getting over the initial “sticker shock,” he and his family began the wait for the insurance company to pay and adjust the prices down. Unfortunately, that did not happen.

The insurance company decided that certain medications, hospital charges and parts of the overall surgeries were not required and would not cover them. The insurance company finally accepted the claims for coverage, but not until the hospital had placed all of the bills into collections.

Jeremy started back to college the same year as his operations, and all was going well, until his insurance provider dropped his coverage three years later because he no longer qualified as a dependent. He began to research other avenues for insurance coverage, including COBRA, private insurance, the South Dakota risk pool, short-term major medical, Medicare and Medicaid. Door after door was slammed in his face; it was either too costly, he wasn't eligible, or they wouldn't cover pre-existing conditions.

Jeremy had to go without insurance and pay out-of-pocket for all his medication and medical bills. The following year, he had to skip his annual checkup with his cardiologist because he could not afford to pay for the visit and tests.

After graduating from college with a job offer on the table, he thought his health insurance nightmares were over. Unfortunately, with his health history, the insurance company placed a rider and a waiting period on him that meant that anything preexisting would not be covered for almost two years.

Eventually, he was granted full coverage. However, he still requires pre-approval on most tests and procedures, and must save throughout the year to pay for cardiologist visits and tests. While his annual checkups appear to be fine, they still cost him over \$1,000.

THE ASSOCIATION ADVOCATES

The American Heart Association supports the many patient-centered protections in the Affordable Care Act, that will make insurance more accessible, affordable and adequate for Americans with heart disease or stroke. The Association is working to ensure that these reforms are implemented in a common-sense and beneficial way for patients and will also work to build on these reforms in the coming years to prevent patient protections from being undermined or repealed.

AFFORDABLE CARE ACT

The health care reform law, the Affordable Care Act, will help to reduce the number of Americans with CVD who are uninsured or underinsured in the following ways:

- Makes affordable health insurance available to 32 million Americans who would otherwise be uninsured, beginning in 2014.
- Allows Americans needing to purchase private insurance to do so through state-based insurance marketplaces called exchanges. Premium assistance would be available in the form of tax credits to make coverage affordable to low- and middle-income individuals and families. Those with the lowest incomes would receive coverage through their state's Medicaid program.
- Prohibits insurers from denying coverage to individuals with pre-existing conditions, beginning Sept. 23, 2010 for children and in 2014 for adults.
- Prohibits insurers from charging higher premiums because of an individual's pre-existing condition.
- Allows young adults to stay on their parents' policy until age 26.
- Eliminates lifetime limits in insurance plans and phases out annual dollar limits on essential benefits.

¹ Analysis of 2006-2010 National Health Interview Survey data conducted by The George Washington University Center for Health Policy Research for the American Heart Association, August, 2011.

² Celermajer DS, Deanfield JE. Employment and insurance for young adults with congenital heart disease. *British Heart Journal* 1993;69:539-543.

³ U.S. Census Bureau. Income, Poverty, and Health Insurance Coverage in the United States: 2011: Current Population Survey. September 2012. Accessed online at:

<http://www.census.gov/prod/2012pubs/p60-243.pdf>.

⁴ Skorton DJ, Garson, Jr. A, Fox JM, Truesdell SC, Webb, GW, Williams RG. Task Force 5: adults with congenital heart disease – access to care. *J Am Coll Cardiol* 2007;37:1093-1198.

⁵ Shen JJ, Washington EL. Disparities in outcomes among patients with stroke associated with insurance status. *Stroke* 38(3):1010-1016.

⁶ McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

⁷ Duru OK, Vargas RB, Kerman D, Pan D, Norris KC. Health Insurance status and hypertension monitoring and control in the United States. *Am J Hypertens* 2007;20:348-353.

⁸ Rice T, LaVarreda SA, Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. *Med Care Res Rev* 2005; 62(1): 231-249.

⁹ McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886 –2894.

¹⁰ Smolderen KG, et al. Health Care Insurance, Financial Concerns in Accessing Care, and Delays to Hospital Presentation in Acute Myocardial Infarction. *JAMA* 2010;303(14):1392-1400.

¹¹ Rahimi AR, Spertus JA, Reid KJ, et al. Financial barriers to health care and outcomes after acute myocardial infarction. *JAMA* 2007; 297:1063-1072.

¹² McWilliams JM, Meara E, Zaslavsky AM, et al. Medicare Spending for Previously Uninsured Adults. *Annals of Internal Medicine*. Published online October 6, 2009.

¹³ Himmelstein DU, Thorne D, Warren E, Woolhandler S. Medical Bankruptcy in the United States, 2007: Results of a National Study. *The American Journal of Medicine* (2009).

¹⁴ American Heart Association-commissioned survey. January 2010.