

FACTS

Why Coverage Matters

Health Insurance Critical for Heart Disease and Stroke Patients

OVERVIEW

In 2015, 41.5% (102.7 million) of the U.S. population had at least one cardiovascular disease (CVD) related condition.¹ For these patients, access to affordable and adequate health insurance is a matter of life and death. Further, the connection between having health insurance and health outcomes for this population is clear and well documented. Americans with CVD risk factors who are underinsured or do not have access health insurance, have higher mortality rates² and poorer blood pressure control³ than their insured counterparts. Uninsured stroke patients also suffer from greater neurological impairments, longer hospital stays,⁴ and higher risk of death⁵ than similar patients with adequate coverage. Uninsured and underinsured patients are more likely to delay seeking medical care during an acute heart attack.⁶ It is clear that not having access to quality, comprehensive healthcare is bad for patients.

Not having coverage also impacts patients' financial stability. More than 60% of all bankruptcies in 2007 were a result of illness and medical bills - more than a quarter of these bankruptcies were the result of CVD. Nearly 80% of those who filed for medical bankruptcy were insured.⁷ In a survey commissioned by the American Heart Association, one in five (21%) of respondents said they "frequently" put off care because of the costs involved. And among those with heart disease, 51% said they occasionally put off care because of costs, with 20% saying they "frequently" delayed care. Delaying care can have huge negative consequences for both patients and for the healthcare system.

Low-income populations are disproportionately affected by CVD – with low-income adults reporting higher rates of heart disease, hypertension, diabetes, and stroke. Americans with a history of CVD make up 28% of the Medicaid population.⁸ Medicaid is a lifeline to the over 68 million low income children, pregnant women, and adults in this country⁹ and provides critical access to prevention, treatment, disease management and care coordination services for low-income Individuals.

COVERAGE GAINS UNDER THE ACA

The Affordable Care Act (ACA), passed in 2010, resulted in significant coverage gains across the population - including CVD and stroke patients. A study released in 2016 by the American Heart Association revealed that more than six million adults at risk of CVD and 1.3 million with heart disease, hypertension or stroke gained health insurance between 2013 and 2014.¹⁰

This coverage expansion brought about both health and financial status improvements. Numerous state and national studies have found that in states that expanded Medicaid, there was a significant increase in adults receiving consistent care for their chronic conditions, an increase in the use of preventive services and screening, and increased access to specialty care.¹¹ Additionally, over the period since ACA's passage, personal financial bankruptcies have also dropped by 50%.¹²

ASSOCIATION COVERAGE PRIORITIES

The AHA believes that historic coverage gains achieved by the ACA should not be jeopardized by any replacement plan and should incorporate the following principles to preserve and expand affordable, accessible, and adequate coverage to individuals with CVD.

Affordability should be improved but not at the expense of adequacy of coverage. This includes reasonable premiums and cost sharing and limits on out-of-pocket expenses including for individuals who are less healthy, older, and low income.

Access to care must be maintained by preserving patient protections currently in place including prohibitions on preexisting condition exclusions, annual and lifetime limits, insurance policy rescissions, gender pricing and excessive premiums for older adults.

Adequate health benefits must be maintained. All plans should be required to cover a full range of needed health benefits with a comprehensive and stable network of providers and plan features. Guaranteed access to preventive services without cost-sharing should be preserved.

¹ RTI. Projections of Cardiovascular Disease Prevalence and Costs: 2015–2035, Technical Report. http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf Accessed June 19, 2017.

² McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

² Shen JJ, Washington EL. Disparities in outcomes among patients with stroke associated with insurance status. *Stroke* 38(3):1010-1016.

³ 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.

⁴ 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.

⁵ McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886 –2894.

⁶ 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.

⁷ 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).

⁸ Kaiser Family Foundation. The Role Of Medicaid For People With Cardiovascular Diseases. 2012. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_cd.pdf. Accessed August 15, 2016.

⁹ Medicaid and CHIP Payment and Access Commission (MACPAC). *Macstats: Medicaid And CHIP Data Book*. 2015.

¹⁰ *Americans' Cardiovascular Risk and Changes in Health Insurance Coverage: The Role of Recent Coverage Expansions* Leighton Ku, Erika Steinmetz, and Brian Bruen of George Washington University, December 2016.

¹¹ Larissa Antonisse, et al., *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review*, Kaiser Family Foundation (February 2017), available at <http://kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-table-2/>

¹² American Bankruptcy Institute. Cited in *How the Affordable Care Act Drove Down Personal Bankruptcy*, Consumer Reports. May 2, 2017. Accessed June 19, 2017 at: <http://www.consumerreports.org/personal-bankruptcy/how-the-aca-drove-down-personal-bankruptcy/>