FACT SHEET

American Heart Association.

Critical Coverage for Heart Health:
Medicaid and Cardiovascular Disease

BACKGROUND

Medicaid is the nation's health insurance program for low-income Americans and is a vitally important part of the U.S. health care system. It covers many of the nation's poorest and sickest patients and provides a critical financing mechanism for the health care services these individuals receive – including care related to chronic conditions including cardiovascular disease (CVD). In fact, 28% of adults with Medicaid coverage have a history of CVD[1] and up to 62% of adults aged 18-65 enrolled in Medicaid have at least one chronic condition.[2]

In response to tight budgets, federal and state governments are considering a variety of approaches to reduce the growth of Federal and State Medicaid spending and give states more flexibility in how the program operates. The American Heart Association (AHA) opposes policies that reduce access to, or significantly increase the cost of, necessary care for individuals with CVD. The AHA also encourages states to accept federal funding to cover low-income adults with incomes up to 138% of the federal poverty level as a way of ensuring that these individuals will have affordable access to the health care services they need.

LANDSCAPE

Medicaid Eligibility

Medicaid covers approximately 70.2 million low-income Americans. This includes more than 32.2 million children, 20.4 million adults, 10.5 million individuals with disabilities, and 6.8 million seniors.[3] Approximately 10.9 million of these seniors and people with disabilities have Medicaid coverage as a supplement to Medicare.[3] Individuals with Medicaid coverage are also among the sickest and neediest individuals in our health system. As the population ages, and medical technology advances- allowing adults with chronic diseases and disabilities to be more independent and live longer- there will likely be an increased need for acute and long-term care services.[4]

Under the Affordable Care Act ("the health reform law"), expansion of Medicaid to cover low-income adults up to 138% of the poverty level ($17,236 for an individual in 2019) resulted in 9.6 million individuals gaining coverage from 2013 to 2015, accounting for more than half of coverage gains during that period.[5] By 2028, Medicaid is expected to cover 81.5 million individuals.[6] However, since states have the option not to expand Medicaid, millions of poor adults still do not have health coverage. Nationally, more than two million low-income uninsured adults fall into the "coverage gap" that results from state decisions not to expand Medicaid- meaning their income is above current Medicaid eligibility but below the lower limit for Marketplace premium tax credits.[7]

Medicaid Coverage

Medicaid is a shared responsibility between the federal government and the states. While states operate the program and make significant choices about coverage and who is eligible, the federal government establishes program parameters and matches state spending on health and long-term care services.

Medicaid covers comprehensive care for children, and a wide range of acute and long-term care services for other enrollees. States are required to cover certain benefits, such as physician services, inpatient and outpatient hospital care, nursing home care, and may also choose to cover other categories of services, such as prescription drugs, dental care, rehabilitation, and telemedicine, which uses electonic communication to provide clinical health care at a distance. While states must cover long-term care services provided in a nursing facility, they may also cover long-term care services provided to a patient who continues to live at home.[8] Medicaid is the primary payer for long-term care, covering 6 out of 10 nursing home residents.[9]

Medicaid Expansion

To date, 36 states and Washington, D.C. have adopted Medicaid expansion. States that expanded Medicaid have markedly less uninsured adults with CVD or CVD risk factors[10] and greater reductions in racial disparities in access to care compared to states that did not expand Medicaid.[11] 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.[12]

Additional studies have shown that compared with nonexpansion states, states that have expanded Medicaid have experienced greater improvements in cardiovascular outcomes including larger declines in uninsured hospitalizations for cardiovascular events[13] and smaller increases in rates of cardiovascular mortality.[14] Another study estimates that states' failure to expand Medicaid has resulted in nearly 16,000 unnecessary deaths among the Medicaid-eligible population.[15]

In recent years, Medicaid waivers, including eligibility restrictions such as work requirements, have been encouraged and approved by the U.S. Department of Health and Human Services (HHS). Such waivers create barriers to care for beneficiaries and run counter to the intent of Medicaid to provide health coverage.

Medicaid beneficiaries have a high prevalence of cardiovascular diseases, with hypertension, hyperlipidemia, and diabetes being common comorbidities.[2] Medicaid provides an important safety net for Americans with CVD and further Medicaid expansion would have positive effects for individuals with CVD and CVD risk factors, including higher treatment rates among adults with hypertension, fewer coronary heart disease and stroke events, and more adults with prehypertension benefitting from early interventions.[16] These findings highlight how critical Medicaid coverage is for the health of low-income Americans with CVD.

Medicaid also provides important financial protection to low-income individuals with CVD, covering critical health services and ensuring that these services remain affordable. Low-income families living in states that expanded Medicaid were 11% less likely to have any out-of-pocket health care spending than families in nonexpansion states.[17] Additionally, families in expansion states who had any amount of out-of-pocket spending spent, on average, $754 less on total health care spending annually than did similar families in nonexpansion states.[17] Gaining Medicaid coverage is especially important for those with chronic conditions—they saw greater reductions in out-of-pocket costs than those without chronic conditions ($279 and $152 respectively.[18] Additionally, Medicaid expansion coverage produced greater reductions than subsidized Marketplace coverage in average total out-of-pocket spending,[12] and reduced the average size and percentage of people with medical debt.[19]

Medicaid and the Federal Budget

The Congressional Budget Office (CBO) currently projects that federal Medicaid spending will increase by $323 billion in the next decade, an increase of approximately 56% from 2019 to 2030.[20] This drastic increase in federal support for health care services for lower-income Americans is driven by increases in health care spending, growing demand for health care services as the population ages, and eligibility changes made by the health care reform law, among other factors.[21]

THE ASSOCIATION ADVOCATES

Proposals that shift much of the risk for increases in Medicaid spending to the states could lead to changes in eligibility, covered benefits, or both. In addition, national research supports a net fiscal benefit to states that have expanded, finding no significant increase in state spending as a result of Medicaid expansion.[22] After factoring in state and local savings resulting from less uncompensated care, states as a whole are likely to see net savings from the expansion.[16]

The AHA understands the significant budget challenges faced by both federal and state governments. However, states that do not expand Medicaid risk negatively affecting these individuals' health and increasing their financial burden. To that end, the AHA supports efforts to expand Medicaid to low-income adults, including coverage of evidence-based telehealth services for CVD and stroke care, and opposes proposals that would reduce access to meaningful, affordable health care coverage for individuals with CVD. These include policies that cause states to scale back eligibility, cut benefits, or significantly increase cost sharing for Medicaid beneficiaries.

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