Why Coverage Matters

Health Insurance Critical for Heart Disease and Stroke Patients

OVERVIEW

In 2016, 48% (121.5 million) of U.S. adults 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 link between quality health insurance, quality health care and health outcomes for this population is clear and well documented. Americans with CVD risk factors who are uninsured or do not have access to health insurance, have higher mortality rates,[2] and poorer blood pressure control[3] than their adequately insured counterparts. Uninsured stroke patients also suffer from greater neurological impairments, longer hospital stays,[4] and higher risk of death[5] than similar patients with adequate coverage. Not having coverage or having inadequate 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.[6] Additionally, uninsured and underinsured patients are more likely to report access issues related to cost, including not filling a prescription, forgoing needed specialist care,[7] or not seeking medical care during an acute heart attack.[8] Delaying care can have huge negative consequences for both patients and for the healthcare system.[9] To the extent, it is clear that not having access to quality, comprehensive health coverage and care is bad for patients.

DESPITE GAINS UNDER THE ACA, THERE'S MORE WORK TO BE DONE

The Affordable Care Act (ACA), passed in 2010, resulted in significant coverage gains across the population, with 18.2 million people gaining coverage between 2010 and 2018. 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.[9] Medicaid expansion has been particularly integral in extending access to quality health care and coverage to low-income populations disproportionately affected by CVD. 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 increased access to specialty care.[10] Studies have also shown that expansion states have experienced greater improvements in cardiovascular outcomes including larger declines in uninsured hospitalizations for cardiovascular events,[11] smaller increases in rates of cardiovascular mortality[12] compared with nonexpansion states. Additionally, between the passage of the ACA in 2010 and 2017, personal financial bankruptcies ham730l b,ankr 3m7 (e)

me limits, insurance policy rescissions, gender pricing and excessive premiums for older adults.

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. The health system should also emphasize the provision of high-value care, mitigate unnecessary health spending and the provision of low-value care, and ensure that affordability extends beyond individuals, to employers, governments, and society at large.

[1] Virani SS, et al; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2020 update: a report from the American Heart Association. *Circulation*. 2020;141:e139–e596. DOI: 10.1161/CIR.0000000000000757
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