

Critical Coverage for Heart Health:  
Medicaid and Cardiovascular Disease

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.<sup>12</sup>

Additional studies have shown that compared with nonexpansion states, states that have expanded Medicaid have experienced greater improvements in cardiovascular outcomes including declines in uninsured hospitalizations for cardiovascular events<sup>3</sup> and smaller increases in rates of cardiovascular mortality.<sup>14</sup> Another study estimates that states' failure to expand Medicaid has resulted in nearly 16,000 unnecessary deaths among the Medicaid population.<sup>15</sup>

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 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.<sup>2</sup> Medicaid provides an important safety net for Americans with CVD. Other 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.<sup>6</sup> 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.<sup>17</sup> Additionally, families in expansion states who had any amount of out-of-pocket spending, on average, \$754 less on total health care spending annually than did similar families in nonexpansion states.

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- <sup>13</sup>Akhabue E, Pool LR, Yancy CW, Greenland P, et al. Association of State Medicaid Expansion With Rate of Uninsured Hospitalizations for Major Cardiovascular Events. *JAMA Netw Open*. Published online August 24, 2018;1(4):e181296. doi:10.1001/jamanetworkopen.2018.1296
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- <sup>15</sup>Miller S, Altekuse S, Johnson N, Wherry LR. Medicaid and mortality: new evidence from linked administrative data. National Bureau of Economic Research. July 2019; Working Paper 26081. (DOI): 10.3386/w26081
- <sup>16</sup>Li S, Bruen B, Lantz P, Mendez D. Impact of Health Insurance Expansions on Nonelderly Adults With Hypertension. *Preventing Chronic Disease*. 2016;12. doi:10.5888/pcd12.150111.
- <sup>17</sup>Glied SA, Chakraboury R, Russo T. How Medicaid Expansion Affects Out-of-Pocket Health Care Spending for Low-income Families. *Commonwealth Fund*. August 22, 2017. Available at: <https://www.commonwealthfund.org/publications/issuebriefs/2017/aug/how-medicaid-expansion-affected-out-pocket-health-care-spending>
- <sup>18</sup>Mulcahy AV, Eibner C, Finegold D. Gaining Coverage Through Medicaid Or Private Insurance Increased Prescription Use And Out-of-Pocket Spending.