Critical Coverage for Heart Health: Medicaid and Cardiovascular Disease

: Medicaid and CVD

was a significant increase in adults receiving consistent care for their chronic conditions, an increase in the use of preventive services and screening, dincreased access to specialty care.

Additionalstudies have shown that compared with nonexpansion states, states that have expanded Medicaid have experienced greater improvements in cardiovascular outcomes inclading declines in uninsured hospitalizations for cardiovascular events³ and smaller increases in rates of cardiovascular mortal hospitalizations that states' failure to expand Medicaid has resulted in nearly 16,000 unnecessary deaths among the Metigible dopulation^{1,5}

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 interof Medicaid to provide health coverage.

Medicaid beneficiaries have a high prevalence of cardiovastiselases, with pertension, hyperlipidemia, and diabetes being common comorbidities Medicaid provides an important safety net for Americans with a contract of the medicaid expansion would have positive effects for individuals with CVD and CVD risk, factors for individuals with hypertension fewer coronary heart disease and stroke evants more adults with prehypertension benefitting from early interventions.⁶ These findings highlightow critical Medicaid below reage is for the health of ow-income Americans with CVD.

Medicaidalsoprovides important financial protection to **line** ome individuals with CVD, covering critical health services and ensuring that these services remain affordable. **Income** families living in states that expanded Medicaid 11% less likely to have any out of-pocket health care spending than families in nonexpansion states who had any amount of outf-pocket spendingpent, on average, \$754 less on total health care spending annually than did similarfamilies in nonexpansion states.

: Medicaid and CVD

11 Baumgartner JC, Collins SR, Radley DC, Hayes SL. How the Affordable Care Act Has Narrowed Racial and Ethnice Bissparities ith Acarehe Commonwealth Fundanuary 16, 2020. Available at:

"Baumgarner JC, Collins SK, Radie V DC, Hayes SL. How the Antonaole Care Act and a star variowe a Acta and Eminicosspanitesation and Eminicosspanite

20181(4):e181296. doi:10.1001/jamanetworkopen.2018.1296 14 Khatana SAM, Bhatla A, Nathan AS, et aboketionof Medicaid Expansion With Cardiovascular Mortality. JAMA Cardiol. Published online June 05, 20794020:07914001/jamacardio.2019.1651

¹⁶ Shiller S, Attekruse S, Johnson N, Wherry LR. Medicaid and Expansion Finite ordination and solution of calculate or banded on the optimized o

¹⁹Mulcahy AV, Eibner C, Finegdki Gaining Coverage Through Medicaid Or Private Insurance Increased Prescription Use And-Do-Peerke/CSpending.