6800 W. 93rd Street | Overland Park, KS 66212
www.heart.org

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My name is Kevin Walker and I am Regional Vice President of Advocacy for the American Heart Association. I appreciate the opportunity to present testimony to you today in support of Medicaid expansion. Medicaid provides much-needed access to care if one faces heart disease or stroke. Through Medicaid, we could help bring care to more currently uninsured adults at-risk for or suffering from cardiovascular disease.

Ultimately, covering more people through Medicaid can help save lives and improve the quality of life for thousands of Kansans.

Why Medicaid Expansion Is Needed for Heart Disease and Stroke Patients

Medicaid is already an important source of health insurance coverage for patients with heart disease, stroke, and other cardiovascular diseases (CVD), and through Medicaid expansion, it will become an even more important source of coverage for currently uninsured adults with or at-risk for CVD.

- 53% of current adult Medicaid beneficiaries, or 16 million Americans, have a history of cardiovascular disease or stroke.
- Overall, Medicaid provides comprehensive medical care and nursing home and long-term care services to low-income children, the elderly, and people of all ages with disabilities.
- Of the more than 41 million uninsured adults in 2010, more than half (52%) would be eligible for Medicaid coverage under the expansion because they have incomes under 138% of poverty. Most of these uninsured are working adults in low-wage jobs who either aren't offered employer coverage or cannot afford their share of the cost.
- Of the 7.3 million uninsured Americans with some form of CVD, an estimated 3.8 million of them stand to gain coverage through the Medicaid expansion.

Medicaid provides important benefits to patients with heart disease and stroke, compared to being uninsured.

- According to the only randomized, controlled trial comparing the effect of Medicaid to being uninsured, having Medicaid coverage increased individuals' access to outpatient care, prescription drugs, and hospital care. It also increased the use of recommended preventive care, and those with Medicaid were much more likely than people without insurance to have a regular source of care.[i]
- For instance, Medicaid beneficiaries with heart disease are twice as likely to take their medication appropriately, compared to those who are uninsured.[ii]

- Those with Medicaid coverage are more likely to have their blood pressure controlled, compared to the uninsured.[iii]
- Those with Medicaid are 20% more likely to have been checked for high cholesterol, compared to the uninsured.[i]

If a state doesn't expand its Medicaid eligibility, the very poorest and most vulnerable (those with incomes under 100% of the federal poverty level) will likely remain uninsured. That's because individuals with incomes between 100 and 138% FPL will be eligible for tax subsidies to purchase coverage through the new state insurance marketplaces, but those with income under 100% FPL are not eligible for these subsidies.

- In 2010, 16 million uninsured adults had incomes below 100% of poverty and are likely to remain uninsured in states that don't expand Medicaid.
- About 45% of those uninsured with incomes below 100% of poverty who are likely to remain uninsured if a state does not expand Medicaid are racial and ethnic minorities, while 55% are white.

Expanding Medicaid is not just beneficial to patients with chronic disease; it also a good deal for states, health care providers, consumers, and employers.

- It's a good deal for states: The federal government will pick up 100% of the costs of Medicaid expansion for the first 3 years. Going forward permanently, the federal government will cover at least 90% of the costs. A number of independent analyses have estimated that state Medicaid spending would increase only 1.1% to 1.4% between 2014 and 2019.[iv] In states that opt not to expand Medicaid, their taxpayers will be subsidizing the cost of expansion for those states who do, while receiving none of the benefits.
- Much of a state's costs for expanding Medicaid will be offset by reducing state and local spending for hospital care for the uninsured. In 2008, state and local governments picked up $10.6 billion, or nearly 20 percent, of the cost of caring for uninsured people in hospitals, according to the Urban Institute.
- Covering more of the uninsured through the Medicaid expansion will reduce the amount of uncompensated care that hospitals and other health care providers provide. The American Hospital Association estimated that uncompensated care cost U.S. hospitals alone $39.1 billion in 2009.
- According to the American Academy of Actuaries, health insurance premiums in the individual market and state health insurance exchanges will be higher in states that do not expand Medicaid.[v]
- Employers may be at greater risk of paying "free rider" penalties if states don't expand Medicaid. Under the law, employers with 50 or more workers are subject to penalties if any full-time employees receive a premium subsidy for coverage in the insurance exchange. In states that opt out of the Medicaid expansion, low-income workers who otherwise might have enrolled in Medicaid might access premium subsidies, thereby putting the employer at risk of penalties.[v]

[i] Amy Finkelstein, et al., "The Oregon Health Insurance Experiment: Evidence from the First Year," The National Bureau of Economic
Research, *NBER Working Paper 17190*, issued July 2011, available online at http://www.nber.org/papers/w17190.

[ii] Rice, T., et al. The Impact of Private and Public Health Insurance on Medication use for Adults with Chronic Disease. *Medical Care Research and Review* 62(2): 231-249. Apr. 2005.

[iii] Gandelman, G., Aronow, W. and Varma, R.. Prevention of Adequate Blood Pressure in Self-Pay or Medicare Patients Versus Medicaid or Private Insurance Patients with Systemic Hypertension Followed in a University Cardiology or General Medicine Clinic. *American Journal of Cardiology,* 94(6):815-6. Sept. 15, 2004.

[iv] Matthew Buettgens, Stan Dorn and Caitlin Carroll, "Consider Savings as Well as Costs: State Governments Would Spend at Least $90 Billion Less with the ACA than Without It from 2014 to 2019," The Urban Institute, July 2011. And Lewin Group, "Patient Protection and Affordable Care Act (PPACA): Long Term Costs for Governments, Employers, Families and Providers," Staff Working Paper # 11, June 8, 2010.

[v] American Academy of Actuaries. "Decision Brief: Implication of Medicaid Expansion Decisions on Private Coverage." September 2012. Accessed online at: http://www.actuary.org/files/Medicaid_Considerations_09_05_2012.pdf.