



American
Heart
Association.

The American Heart Association's

Progress Toward Expanding Access to Quality Health Care





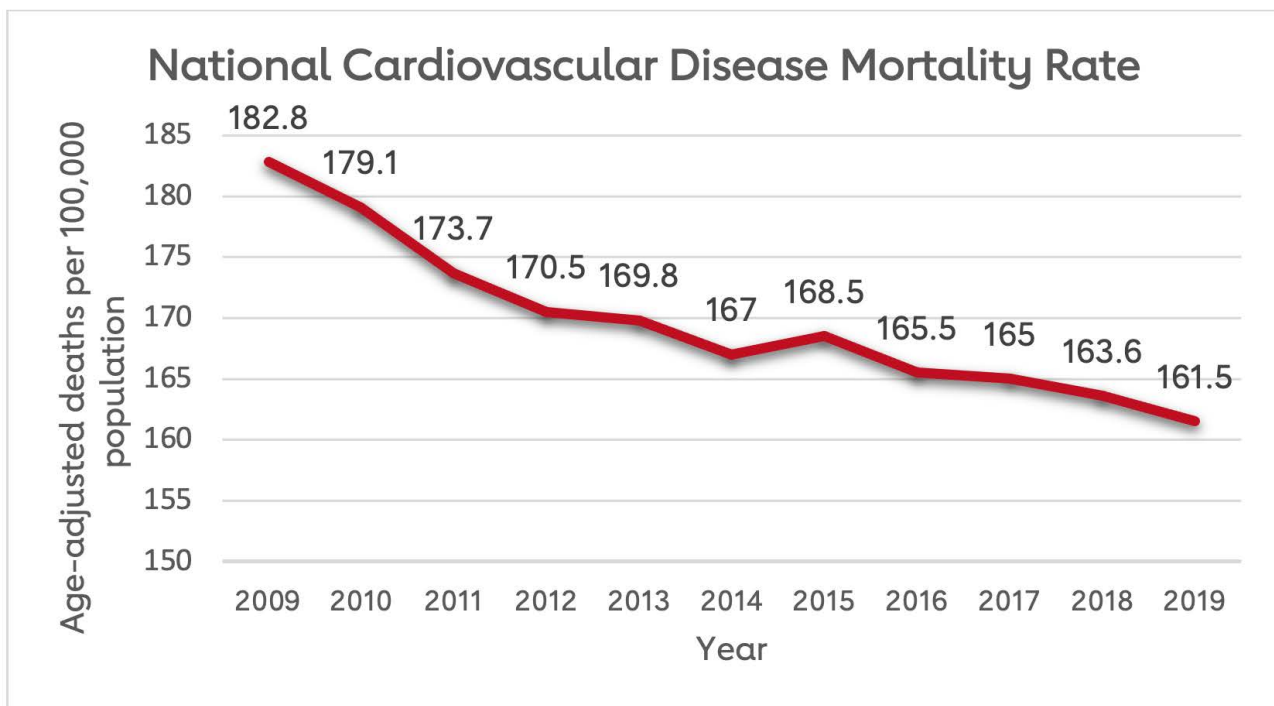
Introduction

Since the opening of its first federal advocacy office in 1981, the **American Heart Association, a global force for longer, healthier lives for all**, has worked to advance equitable, impactful public policies that transform and improve cardiovascular health. Over time, the Association's broad policy agenda has evolved to elevate access to high quality, affordable health care as one of its most central advocacy priorities.

The American Heart Association advocates for changes needed to make the health system work for all, including improving patient access to affordable health care and coverage; addressing health care disparities that limit the equitable delivery of health care; organizing health care delivery systems to ensure the highest quality and most efficient care; and ensuring that policies and programs are adequately funded and implemented to promote sustainable outcomes. In recent decades, the advocacy of the Association has contributed to significant progress towards realizing these goals, including the passage of the landmark Affordable Care Act legislation, which marked the biggest expansion of health coverage since the formation of Medicare and Medicaid. However, there is still much work to be done to ensure that every person in the United States can access the health care they need to lead longer, healthier lives. Moreover, the unprecedented COVID-19 public health emergency has exposed and exacerbated longstanding structural inequities and disparities in health and health care access by race, ethnicity, geography, and socioeconomic status. This context drives the American Heart Association's ongoing commitment to championing health equity and addressing the social determinants that influence access to needed care.

This impact statement provides a look at how the Association has engaged at all levels of government and across all 50 states in the past decade to inform and influence the public policy dialogue, drive policy change, and catalyze and support the work of others in the interest of equitably expanding access to quality health care for every person in the United States.

Cardiovascular Disease Mortality in the United States



Data pulled from: Centers for Disease Control and Prevention. Heart Disease Deaths. 2022.
<https://www.cdc.gov/nchs/hus/topics/heart-disease-deaths.htm#featured-charts>



120 Successful Advocacy Campaigns Were Run at the State Level from 2011-22 Addressing:



Medicaid expansion



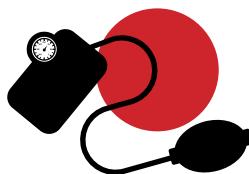
Funding to support access to care through Medicaid and other state health insurance initiatives



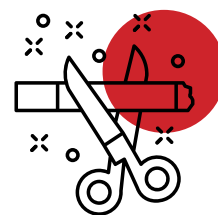
Mitigation and regulation of non-ACA compliant health plans and insurance-like products



Easy enrollment programs to connect consumers with health coverage



Coverage of self-measured blood pressure monitoring devices



Comprehensive coverage for preventive care and tobacco cessation in health plans



Access to telehealth during the COVID-19 pandemic



Extending postpartum Medicaid coverage for new moms from 60 days to a full year

Milestones

IN ACCESS TO CARE

(Milestones with the AHA Logo are those in which AHA has supported or contributed to)

1939

Department of Health and Human Services born as the Federal Security Agency bringing together federal agencies concerned with health, welfare, and social insurance. Simultaneously, physicians begin to organize the first Blue Shield plans to cover the costs of physician care. the first Blue Shield plans to cover the costs of physician care.

1960

The Federal Employees Health Benefit Plan (FEHBP) is initiated to provide health coverage to federal workers. The Kerr-Mills Act, a precursor to the Medicaid program, passes, authorizing the use federal funds for states to provide medical care to the poor and elderly individuals.

1965

President Lyndon B. Johnson signs into law legislation establishing the Medicare and Medicaid programs, which provide health insurance coverage to older and lower-income Americans, respectively.

1977

National Medical Care Expenditure Surveys (NMCES) provides first detailed data on individuals' health care costs.

1912

National Convention of Insurance Commissioners develops first model of state law for regulating health insurance.

1953

The Federal Security Agency is renamed the Department of Health, Education, and Welfare (DHEW).

1964

The Civil Rights Act of 1964 passes. Among its provisions is the prohibition of discrimination by federally assisted entities on the basis of race, color, or national origin.

1968

The Civil Rights Act is amended to prohibit discrimination on the basis of race, color, national origin, or religion in health care facilities that receive federal funding.

1974

President Richard Nixon signs the Employee Retirement Income Security Act (ERISA) into law, which regulates employer-sponsored health plans.

1980

Department of Health, Education and Welfare renamed the Department of Health and Human Services.



1981

Two types of Medicaid waivers are established under a budget reconciliation act (OBRA 81) allowing states to mandate managed care enrollment of certain Medicaid groups and to cover home and community-based long-term care for those at risk of being institutionalized.

1993

The American Heart Association publishes its first statement of Principles for Access to Health Care.¹

2003

The Medicare Prescription Drug Improvement and Modernization Act (MMA) is passed, establishing private health plans approved by Medicare as “Medicare Advantage” plans, and adding the optional prescription drug benefit, “Part D.” The Medicare Part D drug benefit would go into effect in 2006. | Medicare legislation creates Health Savings Accounts that allows individuals to set aside pre-tax dollars to pay for current and future medical expenses. The plans must be used in conjunction with a high deductible health plan.

2010

President Obama signs the Patient Protection and Affordable Care Act (ACA) into law, with several provisions aimed at reducing health disparities and expanding access to adequate, affordable, health insurance coverage and care within reach for millions of Americans. Notable provisions include the expansion of Medicaid, the creation of health insurance exchanges, a prohibition on insurance companies denying coverage for patients with preexisting conditions or charging them more, a ban on annual and lifetime limits on coverage, and the requirement that all individual and group plans allow dependent coverage of adult children up to 26 years of age.

1986

The Emergency Medical Treatment and Active Labor Act (EMTALA) is passed, requiring hospitals that receive Medicare funding to provide emergency care to all patients, regardless of their ability to pay.

1997

The Children’s Health Insurance Plan (CHIP) is created.

2006

Massachusetts becomes the first state to require its residents to have health insurance, through its state-based health care reform law.

2008

The AHA revises its Principles for Health Care Reform.²

2012

In *National Federation of Independent Business v. Sebelius*, the Supreme Court upholds the constitutionality of the ACA, including the individual mandate.



2015

In *King v. Burwell*, the US Supreme Court upholds the ACA's subsidies to help low- and middle-income individuals buy insurance on the health exchange. Congress passes the Medicare Access and CHIP Reauthorization Act (MACRA), providing a framework to transition Medicare away from the traditional fee-for-service system and replace it with a system that rewards high-value patient care and efficiency.

2020

The American Heart Association releases the third iteration of its Principles for Accessible, Affordable, and Adequate health care, articulating its support for comprehensive health care and coverage for every person living in the United States.³

2021

The US Supreme Court throws out the 2018 challenge by 18 Republican state attorneys general and the Trump administration, who sought to declare the ACA unconstitutional. The Court held that because there was no harm or injury traceable to the health insurance mandate, which now held no penalty for enforcement, there was no need to strike it down. (*California v. Texas*)

2022

The Inflation Reduction Act is signed into law. Among other provisions, this legislation requires the Health and Human Services Secretary to negotiate prices for some top-selling drugs covered in Medicare, caps cost sharing for insulin products to \$35 for Medicare beneficiaries spending, and extends for three years the enhanced ACA subsidies passed as part of the American Rescue Plan Act.

2018

American Heart Association and other national partners support the passage of the Furthering Access to Stroke Telemedicine (FAST) Act, as well as the Improving Access to Cardiac and Pulmonary Rehabilitation Act.

2021

The "No Surprises Act" passes, protecting consumers from balance bills for emergency treatment or for out-of-network care provided at an in-network hospital.

2021

The American Rescue Plan Act – a \$1.9 trillion COVID-19 relief package – is signed into law, providing new funding for rural health care workers and facilities, a new option for states to extend Medicaid postpartum coverage to 12 months via a state plan amendment, and several other policy changes to improve access and affordability of public and private insurance.

¹Dustan HP, et al. Principles of access to health care. *Circulation*. 1993;87(2):657-658. <https://www.ahajournals.org/doi/epdf/10.1161/01.CIR.87.2.657>

²Gibbons RJ, et al. The American Heart Association's 2008 statement of principles for healthcare reform. *Circulation*. 2008;118:2209-2218. <https://www.ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.108.191092>

³Warner JJ, et al. Advancing healthcare reform: the American Heart Association's 2020 statement of principles for adequate, accessible, and affordable health care: a presidential advisory from the American Heart Association. 2020;141:e601-e614. <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000759>



Preserving Medicaid

Medicaid, the nation's insurance plan for millions of low-income adults, elderly adults, children, pregnant people, and people with disabilities, is a vital lifeline to the care people need. Medicaid expansion has been particularly instrumental in increasing access to health care for millions who would otherwise be uninsured. The American Heart Association has been a fierce advocate in support of the expansion of Medicaid in all 50 states, as well as ensuring that Medicaid programs are adequately funded and cover a full range of benefits including preventive care, self-measured blood pressure monitors for diagnosis and management of hypertension, and tobacco cessation with minimal or no cost sharing for enrollees.

In the Association's 2024 impact goal,¹ the third commitment is to "improve access to and the quality of health care for under-resourced populations and those in rural communities, as part of our 50-state focus on Medicaid expansion." This commitment has resulted in several recent successes in expanding Medicaid. Due to the efforts of the American Heart Association and other national and community organizations aligned on this issue, 40 states and the District of Columbia have expanded Medicaid, and we

continue to push for expansion in the remaining states. The AHA has also helped to block policies including work requirements and block grants that would negatively impact Medicaid enrollment in several states including Arkansas, Missouri, Kansas, Oklahoma, Iowa, California and New Hampshire.

At the federal level, the Association has opposed efforts in Congress to impose premiums and work requirements in Medicaid. We have also supported regulatory efforts and executive action to revoke waivers that would undermine access to care for Medicaid beneficiaries. In 2021, the Biden administration rescinded guidance permitting states to submit waivers that would impose

work requirements on Medicaid beneficiaries. In the same year, the Centers for Medicare and Medicaid Services (CMS) revoked the work and premium requirement components of Georgia's coverage expansion waiver, though those provisions have since gone into effect after a federal judge vacated the CMS rescission. In 2022, CMS revoked additional waivers in Arkansas and Montana that would permit states to charge premiums for Medicaid coverage. The American Heart Association continues to actively oppose policies that reduce access to or significantly increase the cost of necessary care for the Medicaid population.

21.2 million

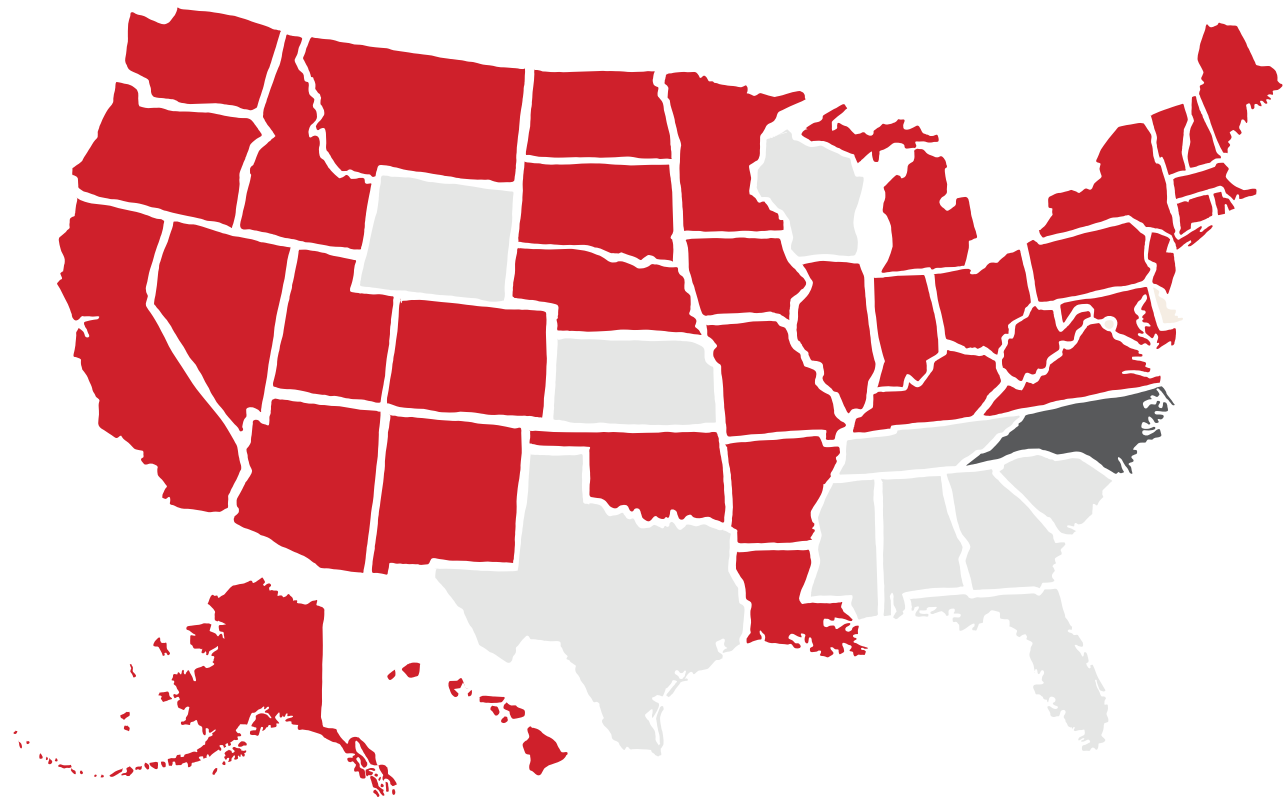
The number of people who have gained health care coverage thanks to Medicaid Expansion²

(as of May 2023)

¹Lloyd-Jones DM, Elkind M, Albert MA. American Heart Association's 2024 impact goal: every person deserves the opportunity for a full, healthy life. *Circulation*. 2021;144:e277-e279. <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.057617>

²Lee A, Chu RC, Peters C, Sommers BD. Health coverage changes under the Affordable Care Act: end of 2021 update. Assistant Secretary for Planning and Evaluation, Office of Health Policy. 2022. <https://aspe.hhs.gov/sites/default/files/documents/77ba3e9c99264d4f76dd662d3b2498c0/aspe-ib-uninsured-aca.pdf>

States That Have Expanded Medicaid



■ Adopted and Implemented ■ Adopted but Not Implemented ■ Not Adopted

<https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

Spotlight: Building Strong Coalitions for Medicaid Expansion in North Carolina

In North Carolina, the American Heart Association has been a leader in advocating for Medicaid expansion, which passed in March 2023. In 2015, the Association was a founding organization of the Care4Carolina coalition (C4C), a broad-based, statewide coalition dedicated to expanding Medicaid. This coalition grew to more than 140 organizational members, including the NC Rural Center, AARP, the NC Pediatric Society, American Lung Association, American Diabetes Association, North Carolina Healthcare Association, North Carolina Medical Society, North Carolina Nurses Association, and many others. The C4C coalition expanded outreach to business, faith, and civic communities across the state.



The American Heart Association leveraged its passionate You're the Cure grassroots network to advocate for Medicaid expansion over several years. From physicians to stroke survivors, business leaders to researchers, these volunteers shared stories of real people within the North Carolina health care system and demonstrated the importance

of Medicaid expansion to all of us. The Association led training sessions on writing opinion pieces, and advocates wrote and submitted their personal stories to local newspapers. As a result, North Carolinians heard the voices of patients impacted by lack of coverage as well as clinicians who treat patients suffering from health issues exacerbated by the lack of health insurance. The American Heart Association volunteers served in leadership roles on the C4C coalition. The Association also hosted several Advocacy Days at the Statehouse dedicated to this topic. In addition, there were virtual and in-person issue briefing, and several phone banking campaigns to engage You're the Cure advocates and others outside of the grassroots network. In partnership with many dedicated organizations and individuals across the state, You're the Cure volunteers helped get the job done – and now more than 600,000 North Carolinians will have access to health insurance.

Extending Medicaid Coverage for New Moms

Cardiovascular diseases are the leading cause of pregnancy-related deaths, and it is estimated that up to 80% of pregnancy-related deaths are preventable.¹ In 2021, the American Heart Association published a policy statement on maternal health, offering several strategies to improve maternal health and reduce maternal mortality rates, including expanding access to health care, especially in the critical postpartum period.



**As of June 2022,
253,000 parents have
gained access to 12 months
of postpartum coverage
through Medicaid and
Children’s Health Insurance
Program (CHIP)
extensions.²**

As Medicaid covers nearly half of all births in the U.S., ensuring continuous Medicaid coverage for these new moms when they are particularly vulnerable to health complications is vital. Federal law currently limits Medicaid coverage for postpartum individuals to only 60 days after the end of pregnancy, however, states have the opportunity to extend comprehensive postpartum Medicaid coverage to a full year via waiver or state plan amendment.

The Association has led or supported efforts in **39 states** to extend postpartum Medicaid coverage for new mothers and continues to urge the remaining states to do the same, as well as explore other opportunities to expand coverage to new and expecting parents.

¹Trost S, Beauregard J, Chandra G, Nije F, Berry J, Harvey A, Goodman DA. Pregnancy-related deaths: data from maternal mortality review committees in 36 US states, 2017-2019. Centers for Disease Control and Prevention. 2022. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html#print>

²U.S. Department of Health and Human Services. During the Biden-Harris Administration, nearly 253,000 Americans in 14 states and D.C. have gained access to 12 months of postpartum coverage through Medicaid and CHIP extensions. June 16, 2022. <https://www.hhs.gov/about/news/2022/06/16/during-biden-harris-administration-nearly-253000-americans-14-states-dc-have-gained-access-12-months-postpartum-coverage-through-medicaid-chip-extensions.html>

Meet a Survivor: Tina Marie Marsden

Throughout adolescence and pre-pregnancy, I was healthy – athletic, fit. Even still, at the age of 28, I was diagnosed with a form of pregnancy-related heart failure called postpartum cardiomyopathy (PPCM). In my case, there were missed early warning signs throughout my pregnancy.

At four months postpartum, I found myself continuing to experience shortness of breath. I feared going to the hospital. I knew they would keep me, and I no longer had health coverage. Finally, my fear of not waking up at all was greater, and I was forced to visit the emergency room.

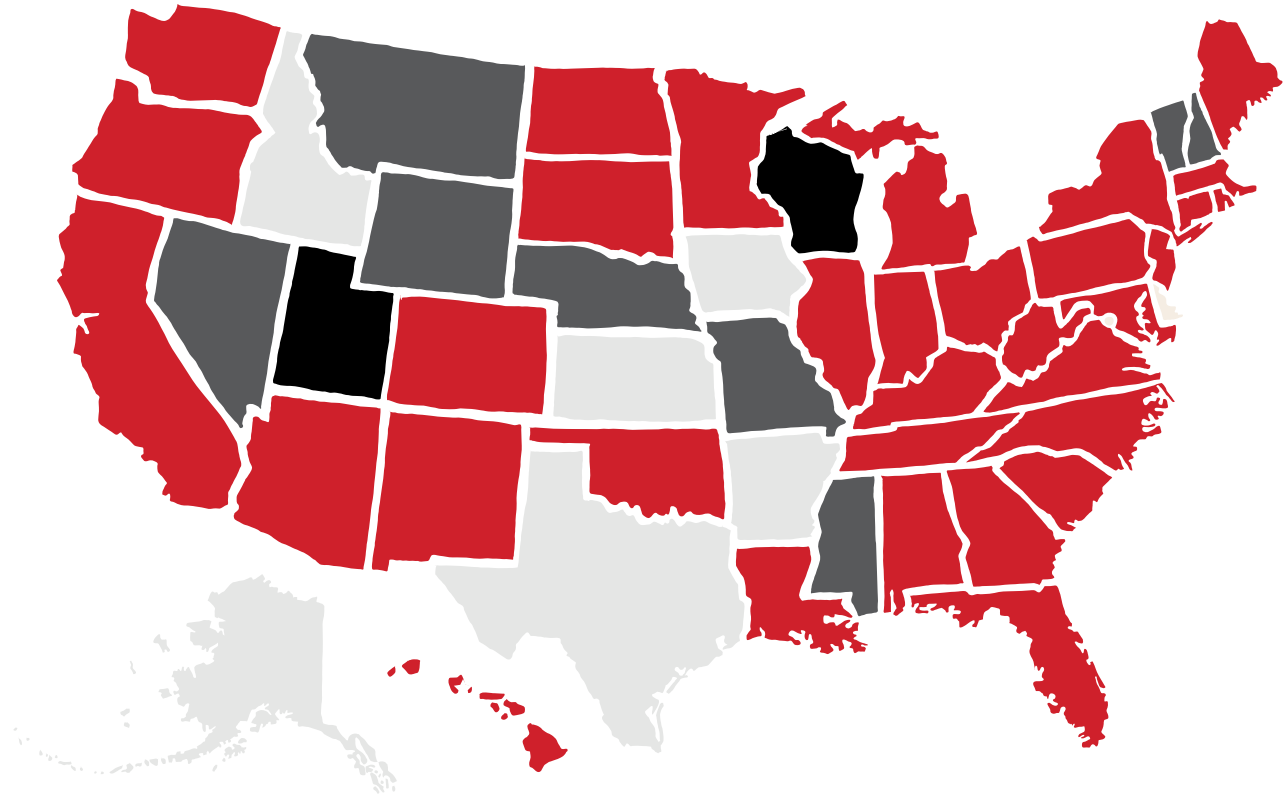
My warning signs of PPCM continued to be overlooked, and I was quickly discharged with a diagnosis of walking pneumonia. After returning home, I continued to experience debilitating shortness of breath, so I returned to the hospital so overwhelmed that I couldn't even lay in the emergency room bed. At this point they began to listen to me. Multiple diagnostic tests would lead to my eventual diagnosis.

Access to postpartum health care is not only vital in addressing the maternal mortality rate, but also necessary to detect and prevent lifelong conditions induced by pregnancy. My inability to recover from PPCM eventually led to me needing a mechanical heart pump/LVAD. Additionally, my maternal health crisis directly impacted my mental health by inducing depression and anxiety and shifted the trajectory of life for myself and my children. PPCM has had a lifelong impact, which is why access to postpartum health care is such an important issue for me.

I had an opportunity to join The American Heart Association staff at the Georgia State Capital and witness their relentless efforts in support of several initiatives to improve the health of Georgians. This is when I decided to volunteer with the Association in support of extending postpartum coverage so that another mother's journey doesn't have to resemble my own. I was invited to share my story with the Senate Health and Human Services Committee on February 1, 2022, when expanded postpartum Medicaid coverage passed unanimously. This policy was voted favorably out of Senate and has since been signed by the Governor.



States That Have Extended Postpartum Coverage



- 12-month extension implemented (36 states including Washington, D.C.)
- Planning to implement a 12-month extension (10 states)
- Limited coverage extension proposed (2 states)

ACA

Affordable Care Act



Enhancing Implementation of the ACA

The north star for the American Heart Association's advocacy at the federal, state, and local levels for a strong, stable, and equitable health system is our Principles for Adequate, Accessible, and Affordable Health Care¹ which state that every person living in the United States, regardless of health status or national origin, should have access to comprehensive, affordable health coverage. The enactment of the Affordable Care Act (ACA), for which the Association was a fierce advocate, marks significant advancement towards this realization and a milestone for United States health care delivery. The American Heart Association continues to advocate for implementation of the ACA, nationwide expansion of Medicaid, and other policies that eliminate regulatory, legislative, and legal barriers to affordable public and private health insurance coverage, particularly for those who have been historically marginalized.

Regulating and Limiting the Purchase of Non-ACA Compliant Plans

Across the states, the Association works to ensure that plans that are not required to comply with ACA patient protections, like short-term limited duration plans, and other insurance-like products (i.e.; health care sharing ministries) that are not well regulated are not allowed to proliferate and are regulated in alignment with the ACA when possible. Since 2018, the American Heart Association has helped block efforts to proliferate non-compliant and unregulated health plans in California, Delaware, Washington, Rhode Island, New Mexico, Connecticut, Kansas, Maine, Maryland, Virginia, and the District of Columbia.

Eliminating Surprise Medical Bills

The No Surprises Act prohibits patients with private health insurance from receiving an unexpected balance bill after receiving emergency care at an out-of-network provider, non-emergency services from out-of-network providers at in-network facilities, or services from out-of-network air ambulance service providers. The Association led a campaign to ensure strong patient protections in the regulations to implement the law's provisions.



Fixing the “Family Glitch”

In 2022, the Internal Revenue Service and Department of Treasury issued a final rule closing the loophole that kept low-to-moderate income families from receiving financial assistance to purchase health coverage if one family member received employee-sponsored coverage that was deemed “affordable”— even if the total cost of covering the family wasn’t actually affordable. The final rule is estimated to offer premium subsidies to an estimated 1 million new people who were previously ineligible.

Advancing Easy Enrollment Programs

Millions of uninsured people are eligible for free or low-cost health coverage but are unaware of the assistance available to them, either in the form of Medicaid/CHIP or premium tax credits and cost-sharing reductions that can be used with private health plans. Easy enrollment programs address this issue by allowing individuals to “opt in” on their state tax return to information sharing with their state health insurance exchange to determine their eligibility for free or low-cost public or private health coverage. The American Heart Association has supported the funding and/or implementation of easy enrollment programs in Illinois, Maine, New Mexico, New Jersey, and Maryland.

Enhancing ACA Premium Subsidies

The Inflation Reduction Act, which President Biden signed into law in 2022, included an extension of the enhanced ACA Marketplace subsidies made available by the American Rescue Plan Act (ARPA) through 2025. As a result of this enhanced financial assistance, consumers in Healthcare.gov and state-based exchange plans saved an average of \$800 on their premiums in 2021.²

Protecting the Intent of Public Charge Policy

The public charge test is a longstanding federal immigration policy that has been applied to identify noncitizens who the government deems “primarily dependent on the government for subsistence.” Immigrants seeking to enter the United States or obtain lawful permanent residency may be denied if they are determined to be – or likely to become – a “public charge.” The American Heart Association has opposed changes to the application of public charge policy that would prevent or deter immigrants with legal status from accessing critical benefits and safety-net programs like Medicaid and Medicare. It supported a final rule from HHS that will help ensure that noncitizens can access health-related benefits and other supplemental government services to which they are entitled by law, without triggering

**In 2022,
the national
uninsured rate
reached an
all-time low of
8.3%.⁴**

¹Warner JJ, et al. Advancing healthcare reform: the American Heart Association's 2020 statement of principles for adequate, accessible, and affordable health care: a presidential advisory from the American Heart Association. 2020;141:e601-e614. <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000759>

²Centers for Medicare and Medicaid Service. The Inflation Reduction Act lowers health care costs for millions of Americans. October 5, 2022. <https://www.cms.gov/newsroom/fact-sheets/inflation-reduction-act-lowers-health-care-costs-millions-americans>

³American Heart Association. American Heart Association Statement Policy Statement on Public Charge. 2019. <https://www.heart.org/-/media/files/about-us/policy-research/policy-positions/access-to-healthcare/public-charge-statement-2019.pdf?la=en&hash=6216FD2F6155CB63C229BAB7FB0219B65C9918AE#:-:text=The%20proposed%20overhaul%20to%20public%20charge%20policy%20would,healthier%20lives%20free%20of%20heart%20disease%20and%20stroke>

⁴Centers for Disease Control and Prevention, National Center for Health Statistics. Health insurance coverage: early release estimates from the National Health Interview Survey, 2022. https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202305_1.pdf



Meet an Advocate: Melissa Overton

I am Melissa, the mother of Thomas and Lanie and a nurse. In 2017, I was made aware that Thomas was having trouble seeing at school. I took him to the local doctor for an exam and was horrified to hear that he had a serious condition that required immediate attention. I was told to take him to the emergency room immediately as his condition was usually a result of a brain tumor or bleeding on the brain. And, honestly, the other reasons they gave me sounded like a muffled voice of the teacher in the Charlie Brown cartoons on TV.

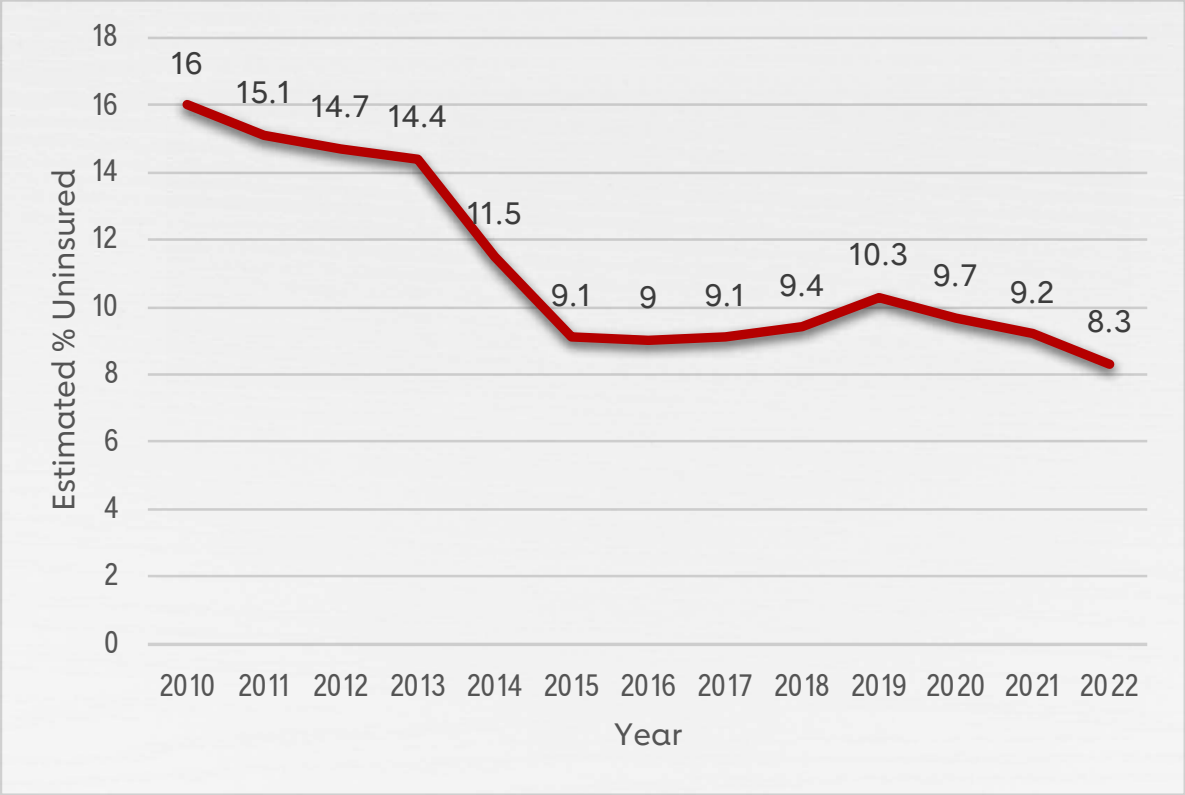


After 17 hours of tests and waiting, we learned that this condition was not fatal, but Thomas's vision was severely impaired and would require aggressive treatment. I was told that my portion of the bill after insurance would be \$6,000, so I set up payments with the hospital and my son was treated. Imagine my surprise when a few months later, the bill jumped to \$42,000! As an RN, I thought surely it was a billing error. But then I was contacted by a collections agency who wanted \$1,200/month towards this bill. I called my insurer, who told me that I had not gotten prior authorization for out-of-network care, despite being directed there by my local in-network provider, and that my case had also passed the appeal period. As a single mother of two children, a \$1,200 monthly bill was not a financial burden that I could bear. I was scared and devastated.

On my first call with the American Heart Association grassroots staff, the team was discussing their upcoming trip to Washington, D.C., to advocate for several issues including surprise medical billing. I shared my story, and they taught me how to use my voice to advocate not only for my son but also for others. It was through the You're the Cure grassroots network, I learned that I could reach out to my local legislator for help. North Carolina Representative Donna White took my concern to the insurance commission who then prompted my insurer to investigate. My insurer ultimately found that the hospital that treated my son was the ONLY place in North Carolina that could manage my son's care. I was blessed to have a pathway to resolution, and after many months of calls and letters, my \$42,000 bill was erased in 2020. However, I have chosen to continue to advocate for others. Thank you American Heart Association for your leadership and unwavering willingness to call on our government to do the right thing!

Insurance coverage rates over the years

United States Uninsured Population, 2010-22 (in percent)

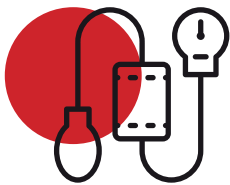


Centers for Disease Control and Prevention, National Center for Health Statistics. Health insurance coverage: estimates from the National Health Interview Survey, 2010-2022 reports. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>



Optimizing Medicare to Prevent and Treat CVD

Over the past decade, the American Heart Association with the support of several partners, have successfully engaged the Centers for Medicare and Medicaid Services (CMS) to achieve national coverage determinations (NCD) in Medicare for equipment, treatments, and services that help individuals diagnose and treat cardiovascular disease.



Expanded Coverage of Ambulatory Blood Pressure Monitoring (2019 joint effort)

The American Heart Association, in a joint effort with the American Medical Association, achieved an NCD for expanded coverage of Ambulatory Blood Pressure Monitoring (ABPM). Specifically, we requested that CMS expanded coverage previously limited to use in cases of suspected white coat hypertension to broader use in confirming suspected masked hypertension.



Supervised Exercise Therapy for PAD (2016 AHA-only effort)

The American Heart Association led efforts to get supervised exercise therapy covered for Medicare beneficiaries with symptomatic lower extremity peripheral artery disease (PAD). Supervised exercise therapy (SET) improves walking ability, overall functional status, and health-related quality of life in patients with symptomatic PAD. Prior to this AHA-initiated request, this critical benefit was not previously covered in Medicare to any degree.



Cardiac Rehab for Heart Failure (2013 joint effort)


In 2013, the American Heart Association, in a joint effort with American Association of Cardiovascular and Pulmonary Rehabilitation, American College of Cardiology and Heart Failure Society of America, submitted a formal request for an NCD to add **Heart Failure with Reduced Ejection Fraction** to the list of approved indications for Medicare coverage of cardiac rehab.

Navigating the COVID-19 Pandemic

In 2020, the COVID-19 public health emergency (PHE) shocked the United States health care system, with unprecedented job loss resulting in sharp declines in employer-sponsored coverage, increased strain on health care professionals and facilities, and significant racial and socioeconomic disparities in health care access and health outcomes. In recognition of this context and the disproportionate impact of COVID-19 on individuals with CVD and other comorbidities, the American Heart Association mobilized not only to help assure access to COVID testing, vaccination, treatment, and rehabilitative services but also address other access issues that took on greater urgency and opportunity because of the pandemic. With many of the pandemic-related flexibilities and consumer protections expiring with the end of the federal PHE designation, there is still much work to do to maintain and build upon the gains we have seen in access to care.

The American Rescue Plan Act

The American Rescue Plan Act of 2021 represented a **\$1.9 trillion** investment in bolstering the nation's COVID-19 response. The American Heart Association advocated for several of the law's provisions including enhanced ACA premium tax credits for individuals who already qualified for premium assistance, expanded eligibility for ACA premium assistance, an increase in the federal Medicaid matching rate (FMAP) to incentivize Medicaid expansion for states who had yet to do so, and a new option to extend Medicaid and CHIP postpartum coverage from 60 days to 12 months, authorized for a five-year period.

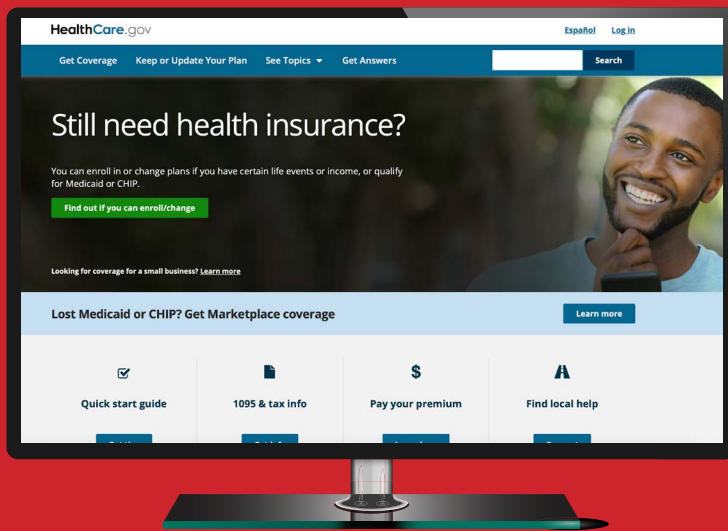


In 2022, nearly
13 million
people received tax
credits to lower their
premiums.¹

¹Cox C, Amin K. For ACA enrollees, how much premiums rise next year is mostly up to Congress. Kaiser Family Foundation. 2022. <https://www.kff.org/policy-watch/for-aca-enrollees-how-much-premiums-rise-next-year-is-mostly-up-to-congress/#:~:text=The%20enhanced%20assistance%20lowers%20out-of-pocket%20premiums%20substantially%2C%20and,who%20received%20tax%20credits%20to%20lower%20their%20premiums>

Special Enrollment Period

During the first months of the COVID-19 pandemic, nearly 3 million people lost health insurance coverage.² In response, the American Heart Association advocated for the creation of a special enrollment period (SEP), which would provide individuals and families the opportunity to enroll in marketplace coverage. The Biden Administration's SEP was opened via executive order February 15, 2021, and was extended to August 1, 2021.



More than
2.5 million
people enrolled in health
coverage on
HealthCare.gov
and state Marketplaces
during the SEP.³

Expanding Access to Telehealth

At the state and federal levels, the American Heart Association advocated for a range of flexibilities to remove barriers to continuing health care relationships at the patient's home via telehealth or delivering care to communities with fewer health care services during the pandemic, particularly in rural communities.

At the state level, the Association has worked to ensure that Medicaid recipients have access to clinically appropriate telehealth services, by including patient location as an originating site and expanding allowable telehealth services to include telehealth-appropriate elements of comprehensive cardiac rehabilitation.

²Bundorf MK, Gupta S, Kim C. Trends in US health insurance coverage during the COVID-19 pandemic. JAMA Health Forum. 2021;2(9):e212487. https://jamanetwork.com/journals/jama-health-forum/fullarticle/2783874?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=090321

³Centers for Medicare and Medicaid Services. More than 2.5 million Americans gain health coverage during special enrollment period. August 10, 2021. <https://www.cms.gov/newsroom/press-releases/more-25-million-americans-gain-health-coverage-during-special-enrollment-period>



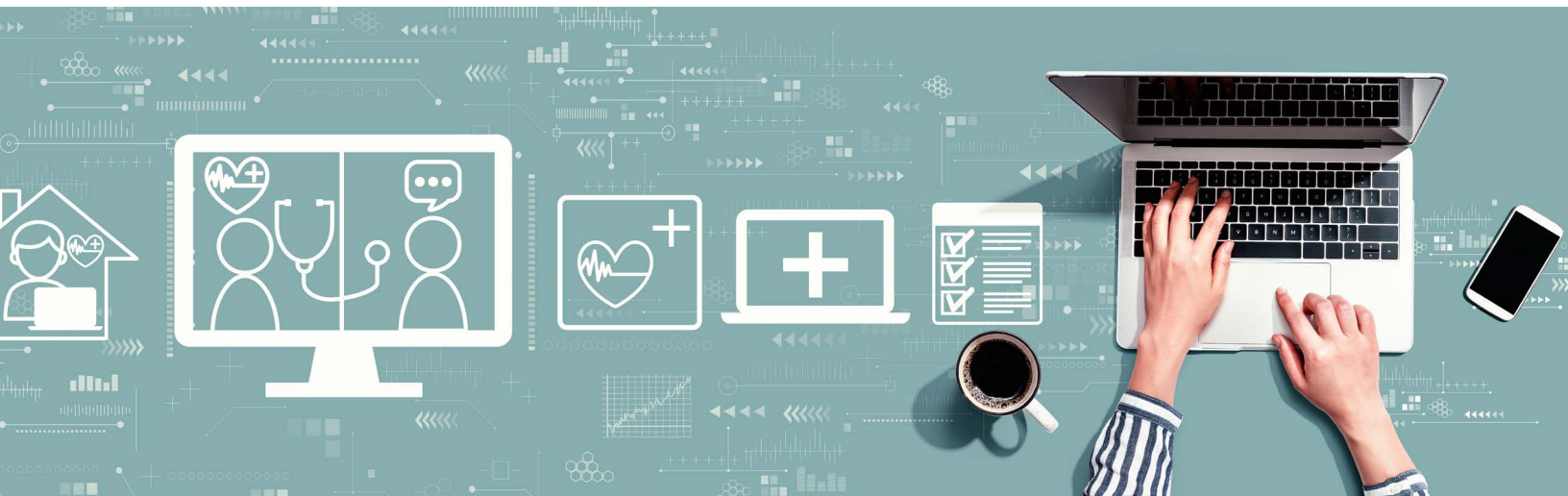
Cardiac rehabilitation services are vital for many patients who have experienced heart attacks, heart failure, angioplasty or heart surgery. Before the pandemic, there was no mechanism for programs to be reimbursed for cardiac rehab services conducted remotely in the patient's home. In October 2020, the Centers for Medicare and Medicaid Services used emergency rulemaking authority to temporarily **add cardiac rehabilitation services to the list of approved telehealth services** for coverage in Medicare.

In addition, many of the pandemic-related telehealth waivers in Medicare have been extended through the end of 2024, temporarily delaying a looming telehealth cliff for patients. These flexibilities include:

- Expanding the definition of originating and geographic sites to include anywhere the patient is located, including the patient's home.
- Expanding the types of practitioners eligible to furnish telehealth services to include audiologists, occupational therapists, physical therapists and speech-language pathologists.
- Extending the ability for federally qualified health centers (FQHCs) and rural health clinics (RHCs) to furnish telehealth services.
- Delaying the in-person requirements under Medicare for mental health services through telehealth, including at FQHCs and RHCs.

Expanding Access to Telehealth Beyond the PHE

The public health emergency has provided a new lens through which to examine the efficacy, equity and cost effectiveness of telehealth. Federal and state telehealth flexibilities affecting everything from coverage and reimbursement, service offerings, covered locations, eligible providers, equipment requirements, and HIPAA enforcement have provided health care researchers a trove of new data from which to learn and create a new foundation for evidence-based best practice and policy. This process, and the process of identifying and validating optimal quality metrics for evaluation, as well as the process of translating evidence to policy, takes coordinated effort by academic institutions, government agencies, non-profit organizations, and associated organizations. This coordination takes time.



The American Heart Association is one of the founding members of the Telehealth Access for America campaign that educates patients on the benefits of telehealth access and is working to make many of the telehealth waivers from the PHE permanent. As part of that effort, the Association placed more than 2,100 calls to eight US senators in just 10 business days in support of maintaining telehealth flexibilities (a 19.8% patch-through rate!) and collected patient and provider stories to communicate the value of telehealth. Additionally, our newly established AHA Center for Telehealth works to educate health care professionals on quality telehealth practice (especially in the treatment of CVD) and to support and disseminate robust, quality telehealth research through collaborations with the Health Resources and Services Administration (HRSA) funded Telehealth Resource Centers (TRCs), the NIH funded telehealth research network, Supporting Pediatric Research on Outcomes and Utilization of Telehealth (SPROUT), and the Society for Education and the Advancement of Research in Connected Health (SEARCH).