FACT SHEET

American Heart Association.

Investing in Prevention

Covering Preventive Services in the Medicaid Program

OVERVIEW

The 2010 Patient Protection and Affordable Care Act ("health reform") emphasizes the importance of prevention as a means to improve the quality of life of Americans and increase the value of health services. One health reform provision emphasizes preventive services for the Medicaid population specifically by giving states an incentive to provide U.S. Preventive Services Task Force (USPSTF) Level A and B recommended services as well as vaccines recommended by the Advisory Committee on Immunization Practices to Medicaid enrollees. States that provide all of these preventive services without cost-sharing are eligible for a 1% increase in the Federal Medical Assistance Percentage (FMAP).[1, 2] Additionally, Medicaid programs can reimburse for preventive services, including those pursuant to health reform, provided by health professionals other than physicians or other licensed practitioners. Cardiovascular disease is largely preventable, and efforts that expand access to quality care and support heart-healthy habits and wellness throughout a person's life represent an enormous opportunity to reduce long-term health costs and promote patient well-being, including length and quality of life.

USPSTF - A & B RECOMMENDATIONS

The USPSTF is an independent panel of experts with staff support from the U.S. Department of Health and Human Services that systematically reviews scientific evidence in prevention and evidence-based medicine. The panel is comprised of primary care providers such as internists, pediatricians, family physicians, gynecologists/ obstetricians, nurses, and health behavior specialists. The panel conducts reviews of a broad range of clinical preventive health care services, such as screening, counseling, and preventive medications, and develops recommendations for primary care clinicians and health systems. The USPSTF assigns one of five letter grades to each of its recommendations. A and B recommendations are those that have the greatest amount of quality scientific evidence behind them with significant certainty that the net benefit to patients is moderate or substantial. Examples of such services for cardiovascular disease and stroke include blood pressure monitoring, cholesterol testing and drug therapy, behavioral counseling for a healthy diet, obesity screening, and tobacco cessation programs. The comprehensive list for all A & B preventive services is wide-ranging.[3]

FMAP PAYMENTS

Medicaid is a federal/state partnership program that provides health benefits to certain low-income Americans, including children, their parents, pregnant women, the elderly and people with disabilities. Because Medicaid is a partnership, states and the federal government each have a role paying for the program. The federal government matches the dollars contributed by each state to assist them with Medicaid program expenditures. These matching dollars are referred to as FMAP payments, and the percentage of FMAP a state receives is based upon the state's relative wealth (e.g., lower per capita income states receive higher FMAPs). By law, the federal FMAP payment is set at a minimum of 50 percent of Medicaid costs to a maximum of 83%.[4]

REIMBURSING HEALTH PROFESSIONALS

The Centers for Medicare and Medicaid Services (CMS) allow state Medicaid agencies to reimburse for preventive services provided by professionals that fall outside of a state's clinical licensure system, as long as the services have been initially recommended by a physician or other licensed practitioner. According to CMS, this reimbursement authority is "another tool for states to leverage in ensuring robust provision of services designed to assist beneficiaries in maintaining a healthy lifestyle and avoiding unnecessary health care costs."[5]

THE IMPORTANCE OF PREVENTION

Cardiovascular disease (CVD), including heart diseases and stroke, is the leading cause of death and disability in the U.S.[6] It is also the costliest disease in the U.S., costing America $555 billion in 2016, and projected to cost $1.1 trillion by 2035.[7] Unfortunately, the disease process can start early in life and is influenced over time by lifestyle behaviors, the environments where people live, work and play, and modifiable risk factors, including smoking, overweight and obesity, unhealthy diet, physical inactivity, high blood pressure, elevated blood cholesterol, and Type 2 diabetes. Several studies support the link between minimizing these risk factors and reducing chronic disease. Highlights of that research include:

- Reductions in major risk factors accounted for approximately half the decrease in deaths from coronary heart disease between 1980 and 2000.[8]
- Among men and women under 70 years old, 61% of cardiovascular deaths may have been avoided through a healthy diet, moderate alcohol intake, daily exercise, and not smoking.[9]
- A review by USPSTF showed that counseling to improve diet or increase physical activity changed health behaviors and was associated with small improvements in weight, blood pressure, and cholesterol levels.[10]
- Comprehensive coverage of tobacco cessation services in the Massachusetts Medicaid program led to a 46% reduction in hospitalizations for heart attacks and a 49% decrease in hospitalizations for other acute heart disease diagnoses among users of the benefit. Additionally, every $1 in program costs was associated with $3.12 in medical savings for cardiovascular conditions alone, for a $2.12 return on investment to the Medicaid program for every dollar spent.[11]
- As chronic disease risk factors are becoming more common in young adults, there is inadequate assessment, screening and management for cardiovascular disease among this population.[12]

HOW ARE WE DOING?

Although we have placed a greater emphasis on prevention and strengthened the role of USPSTF recommendations within health coverage, implementation in Medicaid has not been uniform. While states must cover preventive services for adults newly eligible for Medicaid under the ACA, this is not required for adults enrolled in or eligible for traditional Medicaid prior to the ACA's expansion of the program. For example, nonexpansion Medicaid plans may charge copayments for some preventive services, including tobacco cessation. Moreover, the comprehensiveness of the tobacco cessation benefit varies significantly by state and even by plan.[13] Additionally, cardiovascular events tend to be driven by cardiac risk factors, and the worsening profile of cardiovascular risk in America is cause for concern.

For example:

- In 2018, 9 states had adult obesity rates above 35%, and more than half of adults in every state were either overweight or had obesity.[14]
- Between 2017 and 2018, 7 states had statistically significant increases in the adult obesity rate, and only 1 state had a statistically significant decrease.[15]
- Nearly half of Latino and Black adults had obesity in 2015–2016, (47% and 46.8%, respectively) which is 24 % higher than Whites (37.9%) This trend holds true for children: obesity rates are substantially higher among Latino children and Black children than among White children.[15]
- Between 1976 and 2016, obesity rates for children ages 2 to 19 more than tripled, up from 5.5 to 18.5 percent. In the last decade, the increase has slowed, with no statistically significant changes between 2007–2008 and 2015–2016.[15]
- Time spent in sedentary behavior has increased over the last decade;[15] only 24% of adults meet the aerobic and muscle strengthening recommendations in the Physical Activity Guidelines for Americans guidelines, and only 26.1% of students in grades 9-12 are meeting the recommendation of 60 minutes of physical activity per day.[16]
- In 2017, 27.1% of high school students and 7.2% of middle school students used a tobacco product.[18] E-Cigarettes have now become the most popular tobacco product among adolescents in the United States, with current e-cigarette use in high school students increasing from 1.5% (220,000 students) in 2011 to 20.8% (3.1 million students) in 2018.[17]
- Using data from 2013 to 2016, nearly half of US adults (46%) have high blood pressure.[17] 35.3% of US adults with hypertension are not aware they have it.[7] In 2017, there were 90,098 deaths primarily attributable to high blood pressure.[17]
- An estimated 26 million adults (9.8%) have diagnosed diabetes mellitus, 9.4 million adults (3.7%) have undiagnosed DM, and 91.8 million adults (37.6%) have prediabetes.[17]
- Using data from 2013-2016, 45.2% of US adults had their diabetes treated but uncontrolled, and 9.2% were aware they had diabetes but were not treated at all.[7]
- Over 38% of U.S. adults have unhealthy total cholesterol levels of 200 mg/dL or higher.[17]

THE ASSOCIATION ADVOCATES

The American Heart Association supports coverage of preventive benefits in private and public health insurance plans. The AHA encourages states to cover CVD-related USPSTF A and B benefits under Medicaid* without cost sharing and achieve the 1% federal payment increase. A full list of A and B-level USPSTF CVD services can be accessed here. The Association also encourages states to expand access to preventive services by promoting the use of telehealth and mobile health technologies, utilizing non-licensed providers where appropriate, and monitoring which types have proven most effective.

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[1] Public Laws 111-148 & 111-152. Patient Protection and Affordable Care Act. Section 4106.
[2] CMS Letter to State Medicaid Directors., February 1, 2013. Available at: http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-13-002.pdf
[3] See USPSTF A and B Recommendations. April 2020. U.S. Preventive Services Task Force. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations
[4] Section 1905(b) of the Social Security Act.
[5] Mann C, Centers for Medicaid and CHIP Services. Updates on Preventive Services Initiatives. *CMCS Informational Bulleitin*. November 27, 2013. Available at: https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/CIB-11-27-2013-Prevention.pdf
[6] Virani SS, et al. Heart disease and stroke statistics—2020 update: a report from the American Heart Association. *Circulation*. 2020;141:e139–e596 Available at: https://www.ahajournals.org/doi/10.1161/CIR.0000000000000757
[7] American Heart Association. Cardiovascular Disease: A Costly Burden for America- Projections through 2035. 2017. Available at: http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491543.pdf
[8] Ford ES, Ajani UA, Croft JB, Critchley JA, Labarthe DR, Kottke TE, Giles WH, Capewell S. Explaining the decrease in U.S. deaths from coronary disease, 1980-2000.N Engl J Med. 2007; 356:2388–2398. doi: 10.1056/NEJMsa053935
[9] Gorelick PB. Primary prevention of stroke: Impact of healthy lifestyle. Circulation. 2008; 118:904-906.
[10] Linn JS. et al., Behavioral Counseling to Promote Physical Activity and a Healthful Diet to Prevent Cardiovascular Disease in Adults. Annals of Internal Medicine 2010;153(11):736-750.
[11] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Case Study: The Effect of Expanding Cessation Coverage— The Massachusetts Medicaid Cessation Benefit. 2014. Available at: https://www.cdc.gov/coordinatedchronic/pdf/tobacco_cessation_factsheet_508_compliant.pdf
[12] Kuklina, E.V. Prevalence of Coronary Heart Disease Risk Factors and Screening for High Cholesterol Levels Among Young Adults, United States, 1999–2006. Annals of Family Medicine. 2010. 8:327-333.
[13] Cancer Action Network. Ensuring Medicaid Coverage of Tobacco Cessation. October 27, 2017. https://www.fightcancer.org/policy-resources/ensuring-medicaid-coverage-tobacco-cessation
[14] Trust for America's Health. The State of Obesity: Better Policies for a Healthier America. September 2019. Available at: https://media.stateofobesity.org/wp-content/uploads/2019/09/16100613/2019ObesityReportFINAL.pdf
[15] Du Y, Liu B, Sun Y, Snetselaar LG, Wallace RB, Bao W. Trends in Adherence to the *Physical Activity Guidelines for Americans* for Aerobic Activity and Time Spent on Sedentary Behavior Among US Adults, 2007 to 2016. *JAMA Netw Open*. 2019;2(7):e197597. doi:10.1001/jamanetworkopen.2019.7597
[16] American Heart Association. 2020 Heart Disease and Stroke Statistical Update Fact Sheet At-a-Glance. 2020. Available at: https://professional.heart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_505473.pdf
[17] Bhatnagar A, Whitsel LP, Blaha MJ, Huffman MD, Krishan-Sarin S, Maa J, Rigotta N, Robertsn RM, Warner JJ. New and Emerging Tobacco Products and the Nicotine Endgame: The Role of Robust Regulation and Comprehensive Tobacco Control and Prevention: A Presidential Advisory From the American Heart Association. *Circulation*. 2019; 139:e937–e958 https://doi.org/10.1161/CIR.0000000000000669