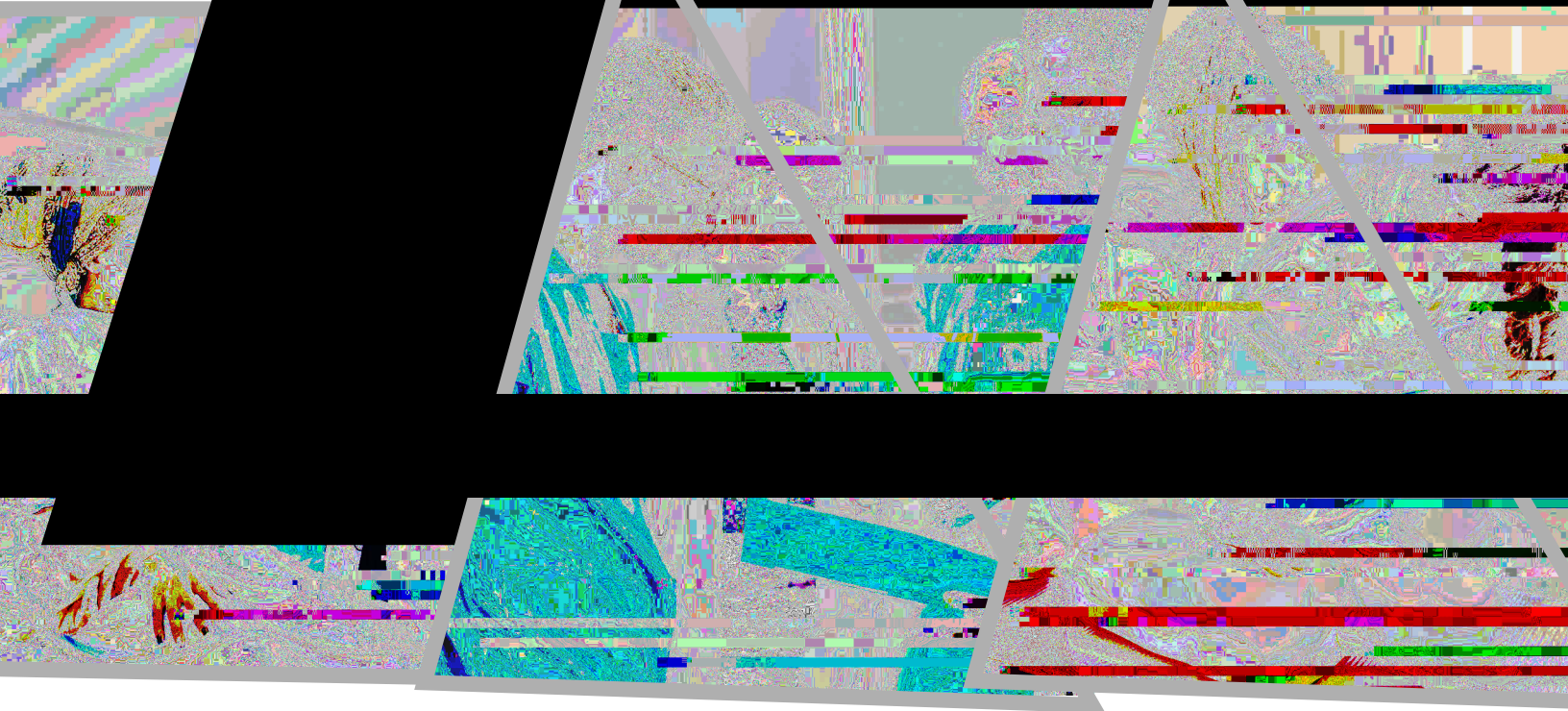
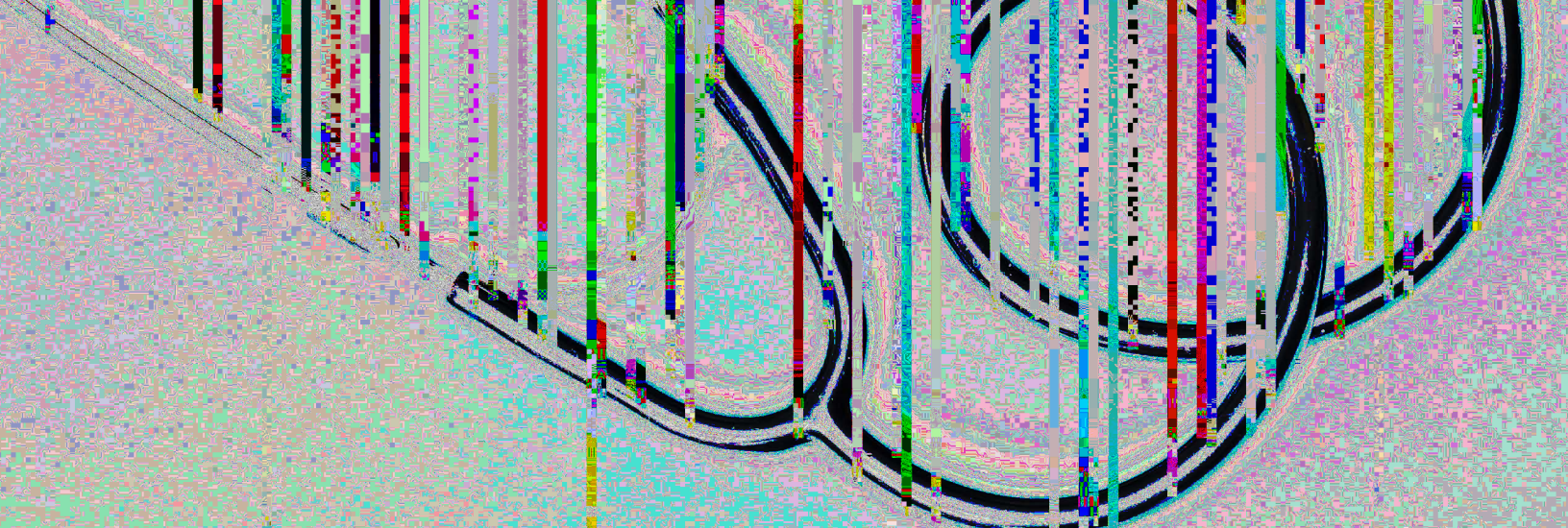


American
Head
Start
National
Office

Toward a New Future





Introduction

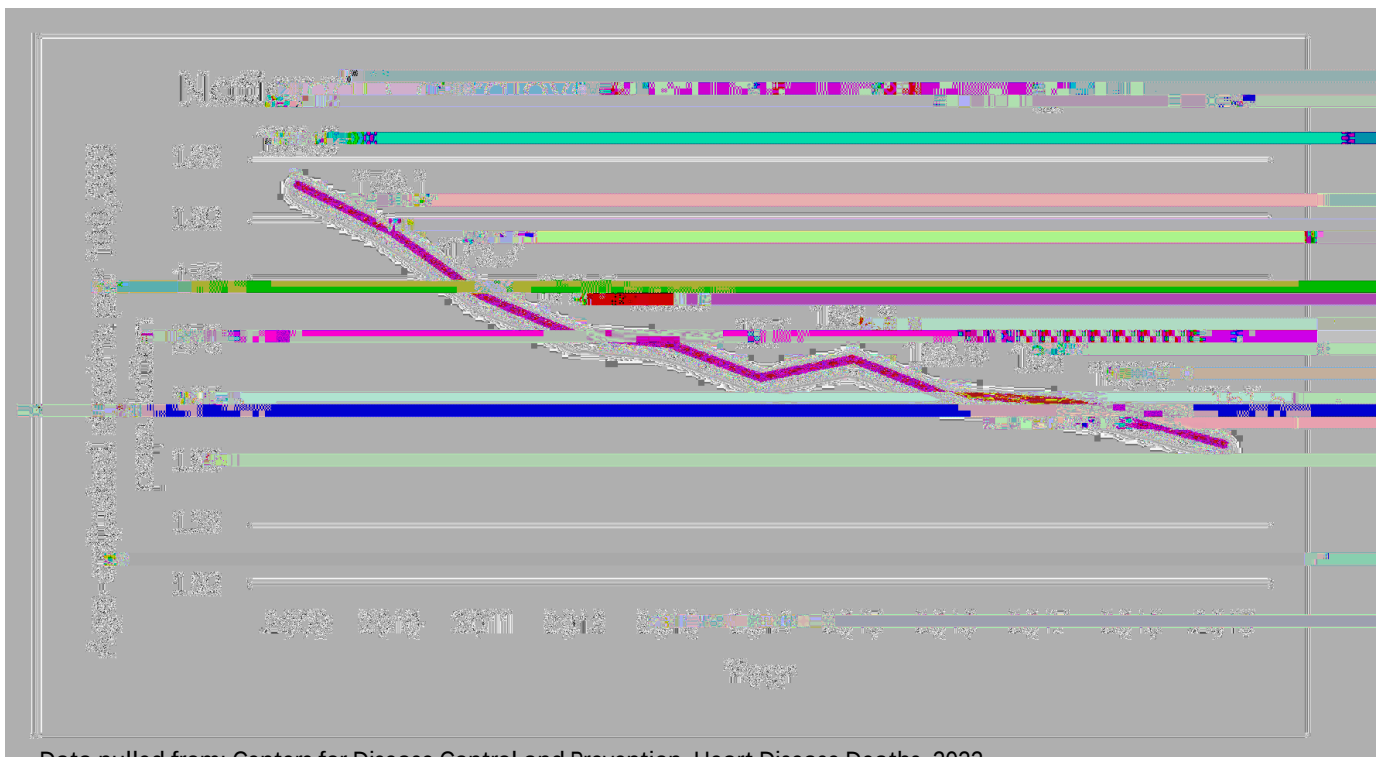
Since the opening of its first federal advocacy office in 1981, the **American Heart Association, a global force for longer, healthier lives for all**, has worked to advance equitable, impactful public policies that transform and improve cardiovascular health. Over time, the Association's broad policy 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 m

ed ' t

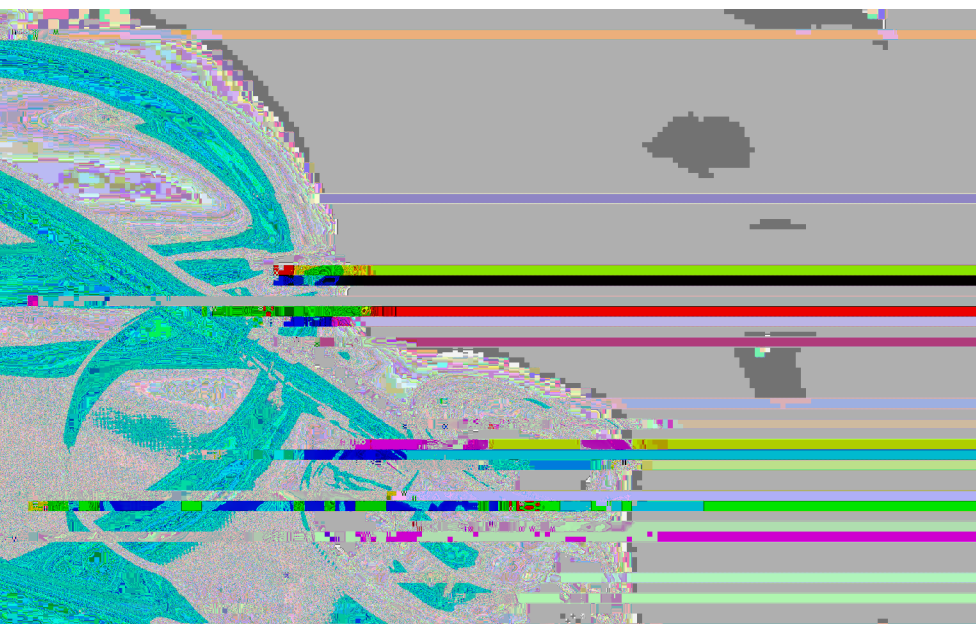
This impact statement provides a look at how the Association has engaged at all levels of government and across all 50 states in the past decade to inform and influence the public policy dialogue, drive policy change, and catalyze and support the work of others in the interest of equitably expanding 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**



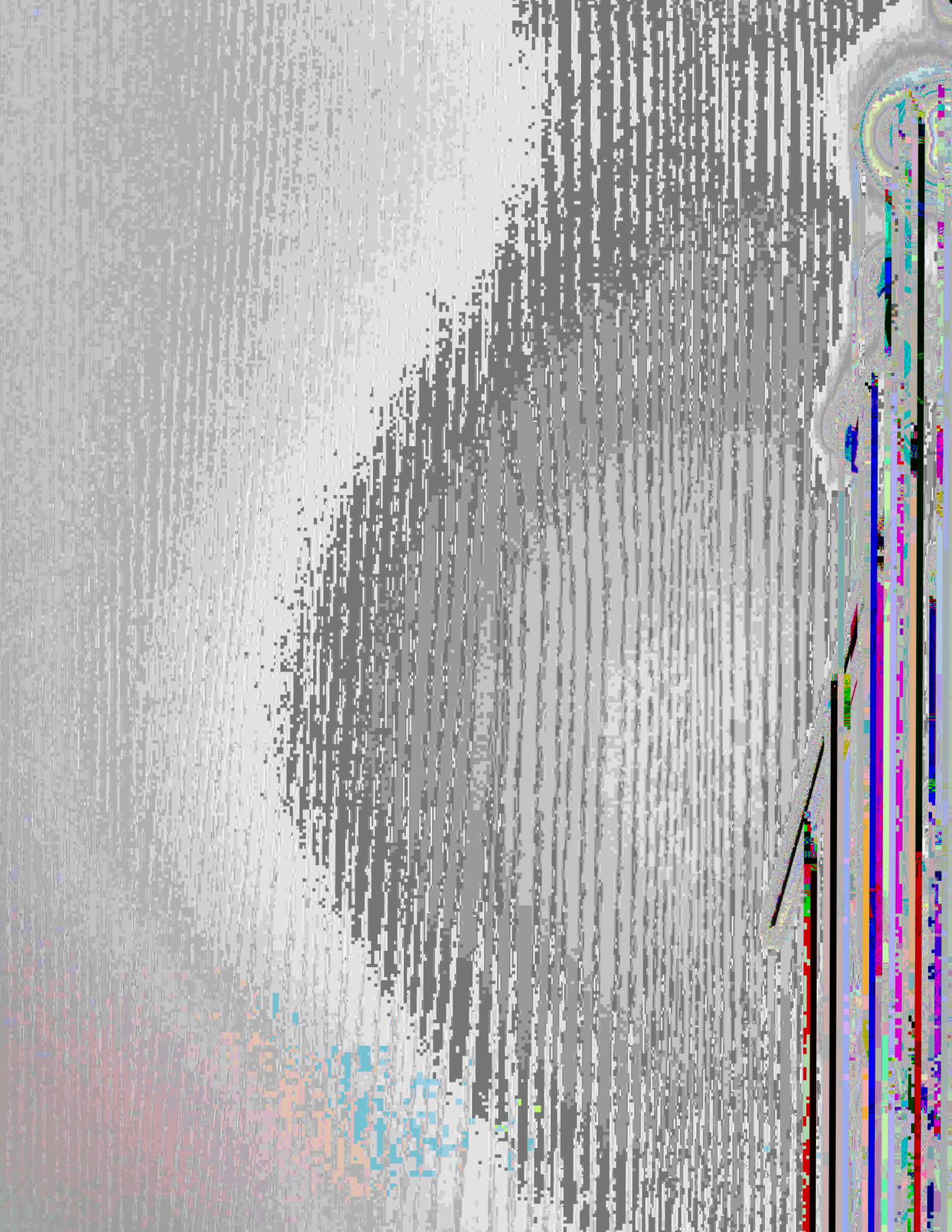
**Easy enrollment
programs to
connect consumers
with health**



Milestones

1912

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

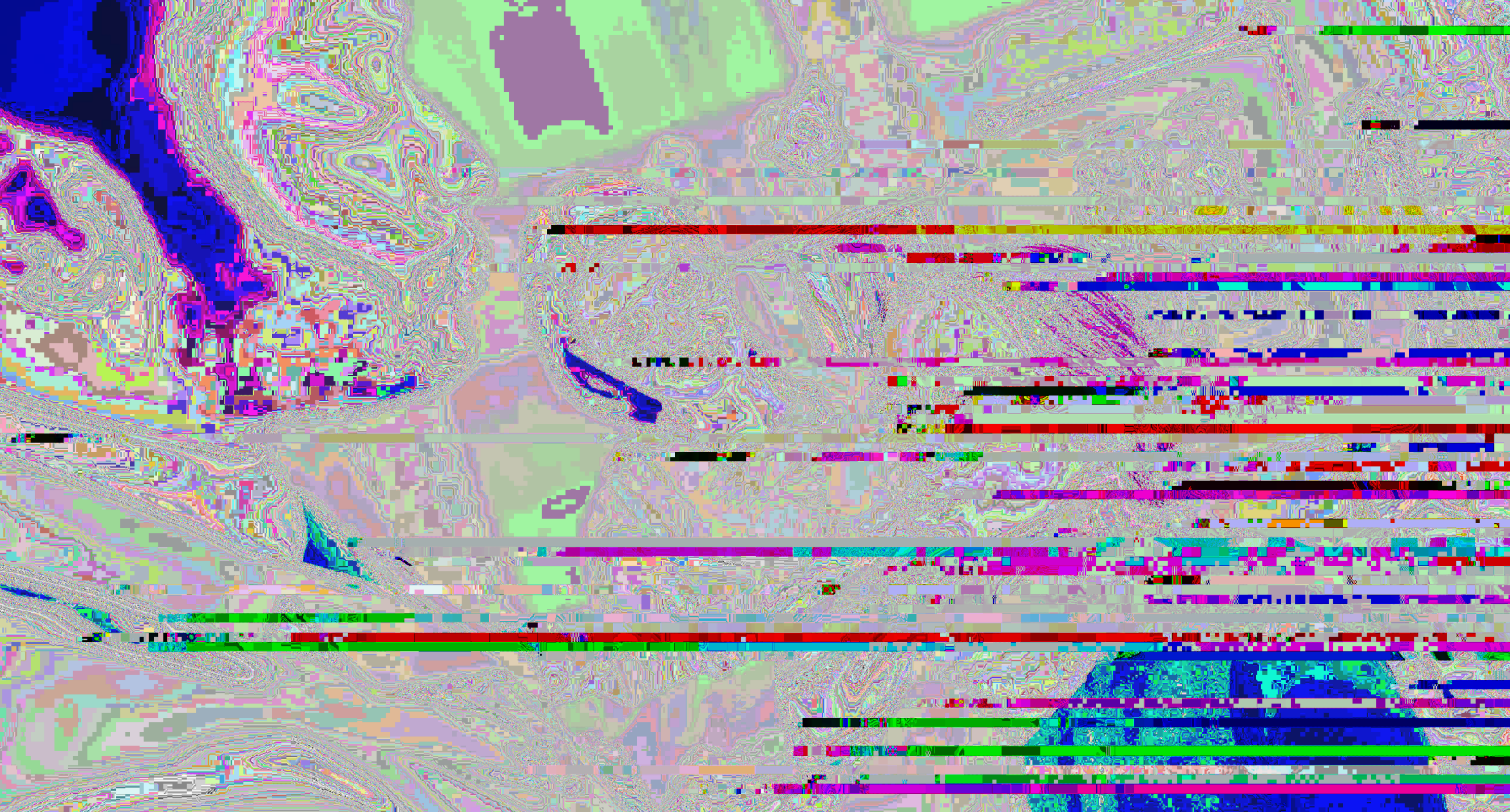




2015

In *King v. Burwell*, the US Supreme Court upholds the ACA's subsidies to help low- and





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.

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 Expansion

(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>



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.



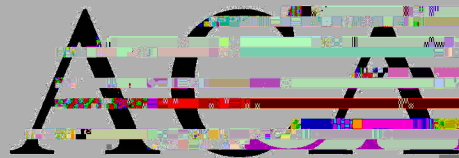
As of June 2022,
253,000 parents have
gained access to 12 months
of postpartum coverage
through Medicaid and
Children's Health Insurance
Program (CHIP)
extensions.²

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-medicare-chip-extensions.html>



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 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

pro
c nà bA la j i` n i` S` po ya ovia \$
e c eem i A` g \_h+ r m o es ` Ž ©m
oa] c l x serb zr receAv ` \$ ec m rn i #rec w` eia £ eo o h + t u e l

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.

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.”

It 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

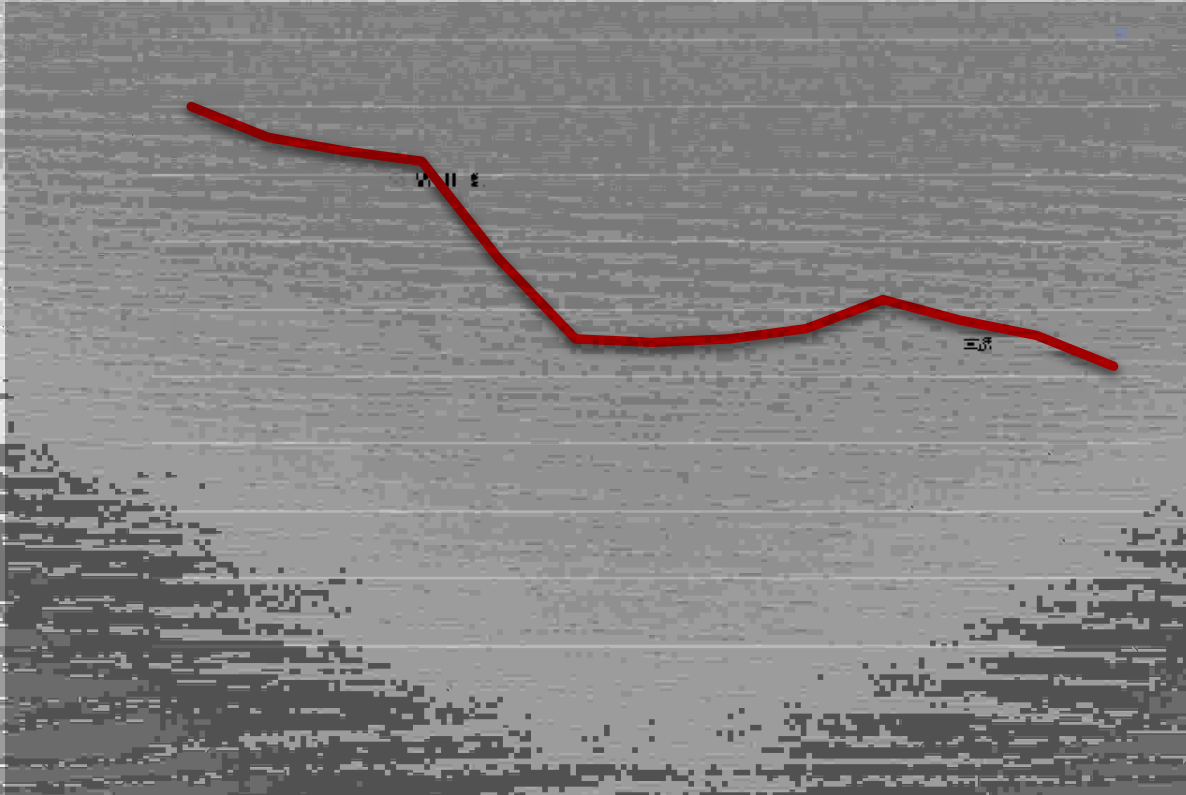
In 2022,
the national
uninsured rate
reached an
all-time low of
8.3%.

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://doi.org/10.1161/STROKEAHA.119.054401>

²Centers for Medicare and Medicaid Services

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/nhanes/insurance/coverage.htm>

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.

no

o h i Rc

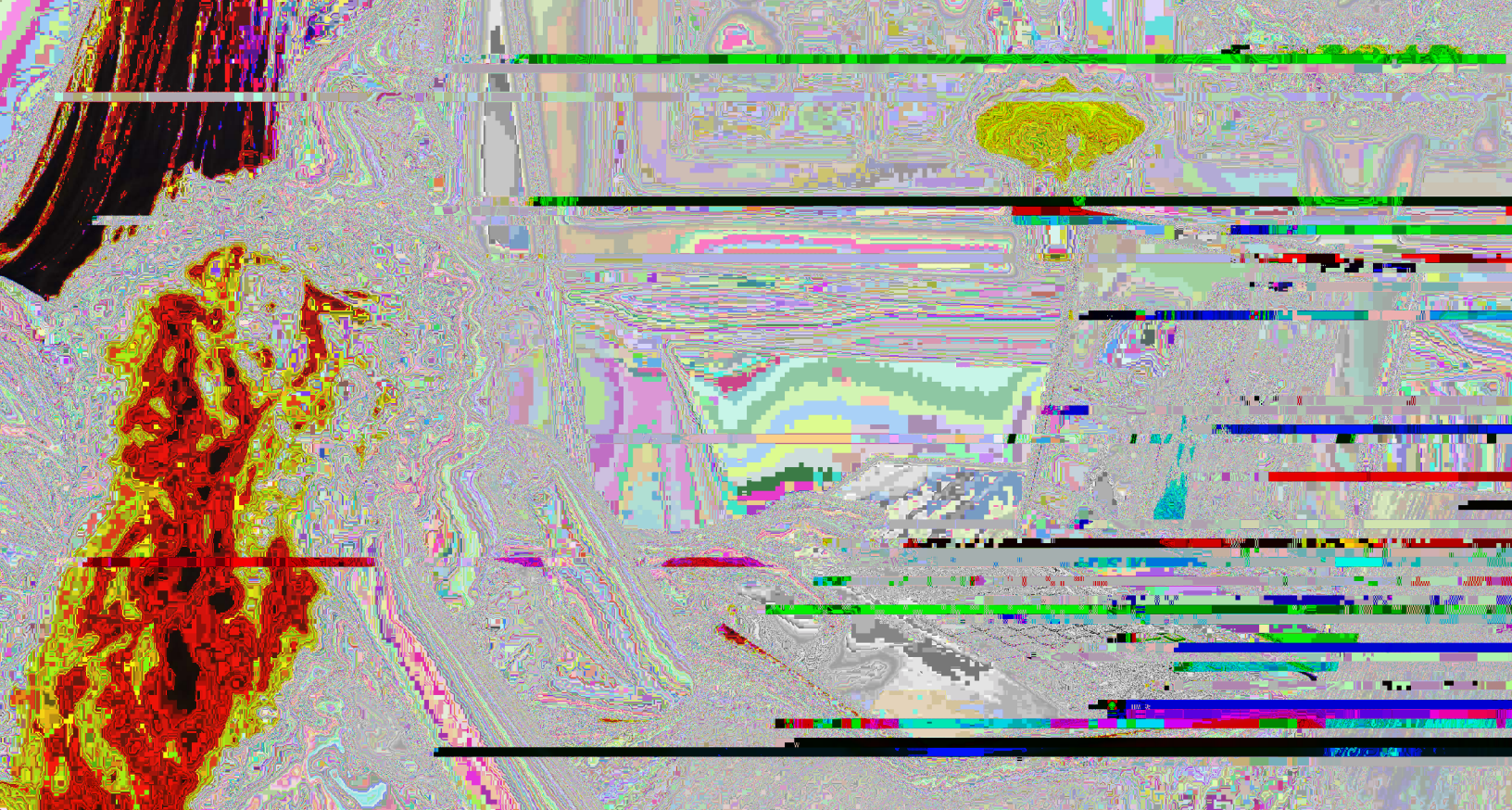
Special Enrollment Period

During the early stages of the COVID-19 pandemic, nearly 3 million people lost their health insurance coverage. In response, the American Heart Association advocated for the creation of a special enrollment period (SEP), which would provide vulnerable families the opportunity to enroll in marketplace coverage. The administration's SEP was opened via executive order in March 2020 and was extended to August 1, 2021.



Expanding Access to Telehealth

At the state and federal levels, the American Heart Association advocated for a variety of flexibilities to remove barriers to continuing health care relationships with patients at home via telehealth or delivering care to communities with fewer health care services during the pandemic.



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 or other appropriate