

Preventive Benefits

Support American Heart Association/American Stroke Association efforts to assure coverage of all evidence-based, cardiovascular-related USPSTF (US Preventive Services Task Force) A and B preventive services for all Medicaid enrollees with no or minimal cost sharing.

Status

Adult Medicaid beneficiaries have a disproportionate share of cardiovascular disease (CVD) and uncontrolled CVD risk factors, many of which can be prevented or treated through preventive services. Preventive health care services can provide the following: (i) prevent many chronic health conditions from occurring, (ii) diagnose existing health conditions to maximize treatment options, and (iii) prevent or slow a chronic condition's progression. Preventive services include screening tests, counseling services, immunizations, preventive medications, and other services aimed at preventing and diagnosing health conditions.

There are 13 cardiovascular-related USPSTF A and B recommended benefits:

- Tobacco cessation counseling and pharmacotherapies for all adults
- Tobacco cessation counseling for pregnant women
- Screening adults for high blood pressure (not including measurements outside the clinical setting)
- Screening men aged 35 and older for lipid disorders
- Screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease
- Screening adults for obesity and offering intensive counseling and behavioral interventions for the obese
- Screening for obesity in children and adolescents and referring them to comprehensive, intensive behavioral interventions to promote improvement in weight status
- Screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease
- Screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease
- Screening for diabetes as part of cardiovascular risk assessment in adults age 40 to 70 years who are overweight or obese
- One-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have never smoked.
- Use of low-dose aspirin for the primary prevention of cardiovascular disease
- Dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease

Funding

NC's Medicaid program is under the jurisdiction of state government and administered by the Division of Medical Assistance (DMA). DMA provides healthcare coverage to low-income individuals throughout the state. This policy change would impact all NC Medicaid beneficiaries.

Prevention services and co-payments cannot be viewed as a single issue without larger implications on the health system. The national cost of chronic illnesses is estimated at \$70 billion per year. With appropriate primary care, disease can be prevented, complications can be averted and health outcomes improved. Prevention services are critically important to controlling healthcare costs.