

5 Principles of Good Insurance Coverage for Heart Patients

About 655,000 Americans die from heart disease each year — that's one in every four deaths. But when health plan coverage empowers people to be proactive about their heart health, everyone benefits – patients, families, communities, workplaces and the health care system at large.

Optimal insurance coverage meets at least five important criteria.



Focuses on Prevention.

Good insurance coverage includes making sure that heart patients can access preventive treatments to reduce expensive and painful cardiac events. Incentivizing patients to make positive dietary and exercise choices, as well as providing coverage for preventive care, reduces costs and keeps patients healthy.



Covers all Treatment Options.

Many people with cardiovascular disease have found relief combining medications to help mitigate risk factors such as diabetes, high blood pressure or obesity. Whether it's adding a cholesterol-lowering statin to a beta blocker or adding aspirin to the treatment regimen, a multifaceted approach can be effective.

With comprehensive coverage, health plans allow patients to benefit from the combination of medications that best treats their cardiovascular condition while also addressing their comorbidities.



Makes Treatment Accessible and Affordable.

New or expensive drugs are routinely placed on specialty tiers and saddled with high out-of-pocket requirements that make treatment inaccessible. But placing treatment options out of reach can actually increase overall health care costs by undermining patients' ability to manage conditions that can become acute – and costly to treat.

When health plans make treatment accessible, patients can stay on top of their disease – which is especially critical for cardiovascular patients who face a pressing mortality risk compared to most patient populations.



Allows for Timely Treatment.

Overly burdensome utilization management delays treatment for patients and ends up costing more in the long run. Step therapy, or “fail first,” requires patients to try several therapies before covering their prescribed medication. The process can take weeks, months or even years.

By allowing for timely treatment, however, insurers could help stop unnecessary suffering and preventable deaths. Many patients cannot adhere to their medications while they wait through a lengthy approval process. Others give up out of frustration – abandoning treatment altogether.



Offers a Straightforward Appeals Process.

Appealing a denial by the insurance company can take patients and providers weeks, months or even a full year. Even then, coverage is not guaranteed. The extensive paperwork battle creates gaps in care that can put patients at risk for heart attack or stroke.

A clear appeals process with a reasonable and defined timeline can help simplify the process for both patients and providers – and get patients the treatment they need when they need it.

With good insurance coverage, everyone wins.

By allowing patients and providers to successfully manage cardiovascular disease, optimal insurance coverage also supports the physician-patient relationship, boosts productivity, reduces health care system costs, prevents deaths and improves patients’ quality of life.



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