NHCSL

THE NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS

RESOLUTION
No. 2021-11

Improving Care of Atherosclerotic Disease

Reported to the Caucus by the NHCSL Healthcare Task Force
Rep. Alma Hernández (AZ), Chair

Sponsored by Sen. Luz Escamilla (UT)

Ratified by the Caucus on March 26, 2022

WHEREAS, cardiovascular disease is the leading cause of death in the United States;[1] and,

WHEREAS, while Hispanics suffer from significantly less heart disease (7.8%) than the rest of the population (11.2%),[2] it is still the second-leading killer of Hispanics in the US;[3] and,

[1] Centers for Disease Control and Prevention, *Leading Causes of Death*. https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm
[2] As of 2017-2018. See CDC, *Respondent-reported prevalence of heart disease, cancer, and stroke among adults aged 18 and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2017–2018*. Available at https://www.cdc.gov/nchs/data/hus/2019/013-508.pdf
[3] CDC, *Hispanic Health: Leading Causes of Death*. https://www.cdc.gov/nchs/fastats/hispanic-health.htm

WHEREAS, approximately 19 million Americans have atherosclerotic cardiovascular disease (ASCVD)[4] and are at risk of a cardiovascular event;[5] and,

WHEREAS, almost 5% of Hispanics in the US have been diagnosed with ASCVD;[6] and,

WHEREAS, ASCVD is linked to the buildup of cholesterol in the arteries,[7] and the risk of associated events can be modified by lowering low-density lipoprotein cholesterol (LDL-C);[8] and,

WHEREAS, in 2016 nearly 70 million US adults had higher than recommended LDL-C levels;[9] and,

WHEREAS, 43.1 million people in the US are currently treated with lipid-lowering therapies to manage cardiovascular risk;[10] and,

WHEREAS, only 20% of people with ASCVD who are taking statins, one of the leading lipid-lowering therapies, actually achieve healthy levels of LDL-C;[11] and,

WHEREAS, racial and ethnic minorities, including Hispanics, are more than 50% less likely to take statin medications used to treat high cholesterol, compared to whites,[12] despite similar rates of cholesterol across all races and ethnicities;[13] and,

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[4] Referred to as Coronary Heart Disease (CHD) in, Olga Khavjou, et al, *Projections of Cardiovascular Disease Prevalence and Costs: 2015–2035*: Technical Report (Table 3-2) (RTI/American Heart Association, November 2016) https://www.heart.org/-/media/files/about-us/policy-research/fact-sheets/ucm_491513.pdf?la=en, as per the definitions in American Heart Association, Cardiovascular Disease: A costly burden for America, p. 6, https://www.heart.org/-/media/files/about-us/policy-research/fact-sheets/ucm_491543.pdf?la=en#page=6

[5] Ibid. And see Gorcyca K, Khan I, Wadhera R, et al. *Prevalence of Atherosclerotic Cardiovascular Disease (ASCVD) and diabetes populations in the United States*. J Clin Lipidol. 2015;9(3):424.

[6] Olga Khavjou, *supra*, n. 4, Figure 3-4.

[7] Mayo Clinic. *Arteriosclerosis/atherosclerosis*. Accessed September 28, 2020. https://www.mayoclinic.org/diseasesconditions/arteriosclerosis- atherosclerosis/symptoms-causes/syc-20350569?p=1

[8] Ference B. Journal of the American College of Cardiology. 2018;72:1141-56.

[9] Virani SS. Circulation. 2020;141:e139–e596

[10] Truven claims data. Jan 2013-Dec 2017. CCAE and MDCR datasets combined. Analysis by Vanguard.

[11] Wong ND, Young D, Zhao Y, et al. *Prevalence of the American College of Cardiology/American Heart Association statin eligibility groups, statin use, and low-density lipoprotein cholesterol control in US adults using the National Health and Nutrition Examination Survey 2011-2012*. J Clin Lipidol. 2016;10(5):1109-1118.

[12] American Heart Association, *Facts: Bridging the Gap; CVD and Health Equity* https://www.heart.org/-/media/files/about-us/policy-research/fact-sheets/facts-cvd-and-health-equity.pdf?la=en

[13] CDC, Health, *United States Spotlight: Racial and Ethnic Disparities in Heart Disease*. April 2019. https://www.cdc.gov/nchs/hus/spotlight/2019-heart-disease-disparities.htm

WHEREAS, Blacks and Hispanics are more likely than whites to have no access to some preventive screening services;[14] and,

WHEREAS, the total direct and indirect cost of cardiovascular disease in the US was $555 billion in 2016, and it is projected to climb to $1.1 trillion by 2035,[15] with costs for treating Hispanics projected to proportionally increase more than for any other group except persons over 80 years old.[16]

THEREFORE, BE IT RESOLVED, that the National Hispanic Caucus of State Legislators urges state governments to expand routine cholesterol screening and other cardiovascular screening to allow for earlier identification of patients at risk of cardiovascular events; and,

BE IT FINALLY RESOLVED, that the National Hispanic Caucus of State Legislators calls on states to ensure their cardiovascular plans are updated to accelerate quality improvements in the care rendered to these patients such that screening, treatment, monitoring, improved health outcomes are achieved.

THE NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS UNANIMOUSLY RATIFIED THIS RESOLUTION ON MARCH 26, 2022, AT ITS ANNUAL MEETING IN WASHINGTON, DC.

[14] American Heart Association, *Facts: Bridging the Gap; CVD and Health Equity* https://www.heart.org/-/media/files/about-us/policy-research/fact-sheets/facts-cvd-and-health-equity.pdf?la=en

[15] American Heart Association/American Stroke Association. *Cardiovascular Disease: A Costly Burden*. https://www.heart.org/en/get-involved/advocate/federal-priorities/cardiovascular-disease-burden-report

[16] Olga Khavjou, et al, *Projections of Cardiovascular Disease Prevalence and Costs: 2015–2035*: Technical Report (Tables 3-3 and 3-4) (RTI/American Heart Association, November 2016) https://www.heart.org/-/media/files/about-us/policy-research/fact-sheets/ucm_491513.pdf?la=en