Global Coalition on Aging

Modernizing Medicare Coverage:

Expanding Access to TAVR for Asymptomatic Severe Aortic Stenosis

October 2025

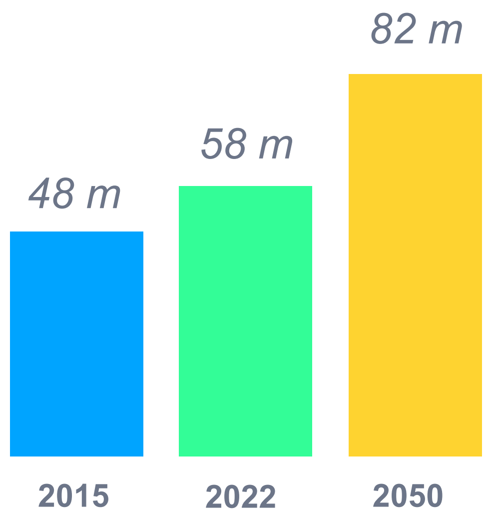
America is Aging

The aging megatrend is reshaping American healthcare demands and costs.

- By 2050, nearly **1 in 4 Americans** will be over 65 – rising from **58 million in 2022** to **82 million.**

- Without action, this shift creates **massive pressure on Medicare** and the US healthcare system.

U.S. Population Over 65 Is Growing Exponentially



Medicare Must Adapt

As America ages, Medicare must evolve.

The Challenge

Aging population = **more chronic conditions**, **more complex care**

Medicare is under intensifying **fiscal pressure**

The Solution

Prevention = better health *and* smarter economics

Early referral and **timely treatment** avoids costly complications down the road

Proactive care reduces long-term Medicare **costs**

Asymptomatic Aortic Stenosis is Not Benign

Aortic stenosis (AS) is a serious heart condition linked to age which can lead to heart failure, stroke, and death if left untreated.

- Symptoms often misattributed to **"normal aging,"** delaying care
- **1 in 7** with severe AS are **never clinically diagnosed**

1 in 4 asymptomatic patients develop symptoms **within 6 months**	**50%** of asymptomatic patients **develop symptoms** and **require treatment within 2 years**
Once symptomatic, **1 in 10 patients may die** within **5 weeks waiting for treatment**	**40%** of patients with **severe aortic stenosis** remain **untreated** after **4 years**

Watchful Waiting Is No Longer Appropriate

~~Watchful waiting is no longer appropriate~~.

"**Watchful waiting**," in which care teams monitor the disease without intervening, is the current approach for most asymptomatic patients with aortic stenosis.

But assessing symptoms is challenging in clinical practice, and patients often fail to notice or report them, which can delay **delay referrals for treatment**.

Timely TAVR Saves Lives

Waiting to intervene with AVR after symptom onset is associated with significantly **worse clinical** and **economic outcomes.**

Improved Outcomes with Timely Intervention with TAVR

Outcome	Early TAVR	Watchful Waiting
Death, stroke, or unplanned cardiovascular hospitalization	35.1%	51.2%
Mortality	8.4%	9.2%
Stroke	4.2%	6.7%

Cost Savings for Medicare and Beyond

Timely intervention reduces the total cost of care and associated healthcare burden for severe aortic stenosis.

>2x

higher **risk of death**

>20%

higher **healthcare costs**

within 1 year after AVR

>20%

higher **risk of hospitalizations for heart failure**

Treating asymptomatic severe AS with AVR can ***save up to $36,000 per patient*** *within the first year, compared to treating after symptoms develop**

*Includes total cost of treatment and costs within the first year after AVR

A Missed Opportunity — Until Now

“We believe that the time has come to recommend AVR for asymptomatic patients with severe AS.

This paradigm shift is anticipated to yield improved patient outcomes, public health, and resource utilization.

It is time to act.”

Brian R. Lindman, MD, MSc, Eugene Braunwald, MD, Patricia A. Pellikka, MD

Earlier detection, treatment, and diagnosis can mitigate cost and care burden:

1. Watchful waiting is **no longer appropriate.**
2. Improving outcomes requires **earlier diagnosis**, **proactive disease management**, and **timely intervention.**

Timely intervention with TAVR provides benefits to patients and healthcare systems.

Benefits Without Additional Risk

Expanding access improves patient outcomes, enhances the quality of care, and reduces healthcare system strain – without adding risk

TAVR is **proven**, **minimally-invasive**, and **lifesaving**.

Earlier intervention before symptom onset **saves lives** and **reduces healthcare costs.**

New evidence shows **clear benefit without added risk.**

The **TAVR Medicare coverage policy** has outdated requirements that impact patient access.

As the US population ages and chronic disease burden grows, expanding access to efficient, life-saving interventions like TAVR is not just clinically sound—it's economically strategic

The Solution

Policy Recommendation

TAVR is FDA-approved technology and already covered by Medicare for symptomatic aortic stenosis. A robust body of evidence shows significant benefits for asymptomatic patients.

What must change:

Update National Coverage Determination (NCD) to include asymptomatic patients.

Remove outdated restrictions like coverage evidence development (CED) and other outdated and burdensome requirements.

This change would:

- Align with **latest clinical evidence** and evolving ~~global~~ indications and guidelines
- **Lower healthcare costs** and **improve patient outcomes**
- **Support equitable access** to a life-saving technology