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January 7, 2009

**TO: President-Elect Obama's Health Care Transition Team**

**FROM: Sue Nelson, Vice President for Federal Advocacy  
Stephanie Mohl, Government Relations Manager**

**SUBJECT: Health Care Priorities of the American Heart Association**

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Thank you for giving us the opportunity to outline the health care priorities of the American Heart Association and its American Stroke Association division. We are headquartered in Dallas with an advocacy office in every state and 22 million volunteers and supporters. We fund research, provide public and professional education and training, develop evidence-based clinical guidelines, and engage in advocacy at the Federal, State, and local levels. We do not accept government funding. Our mission is focused squarely on the best interests of patients who have (or who are at risk for developing) cardiovascular disease and stroke. Although we have volunteers who work in healthcare professions that span the spectrum of care, we are not a professional society or a provider-led organization.

Nearly 81 million Americans (1 in 3 adults) suffer from heart disease, stroke, or some other form of cardiovascular disease. In addition to being the most deadly disease, cardiovascular disease is also the most costly, with an estimated burden of \$448.5 billion in medical expenses and lost productivity in 2008. Our mission is to reduce this health and economic burden by building healthier lives, free of heart disease and stroke. Achieving this goal will require reform of nearly every element of the health care system, including measures that help prevent, treat, and rehabilitate patients at all stages of life. The priorities listed below represent our current assessment of the most promising opportunities in the 111th Congress to promote cardiovascular health through advocacy.

#### **Short –Term ( Economic Recovery Plan)**

- **Invest \$1.2 billion in the National Institutes of Health.** With these additional resources, the NIH can fund 3,200 approved high quality research grant applications in just 4 to 6 weeks, creating roughly 22,400 jobs in communities across the nation.
- **Invest in clinical decision support technology and other Health IT infrastructure.** Greater use of interoperable and secure electronic health and medical records that enhances health professional decision-making is a critical building block to improving patient outcomes and quality, reducing health disparities, and addressing inefficiencies in the healthcare system. Such an investment, through mandatory Medicaid and/or Medicare funding, will also have a stimulative effect on the economy.
- **Design school infrastructure provisions that also promote physical activity and reduce obesity.** School infrastructure projects included in an economic stimulus package may also help reduce childhood obesity by targeting funds for projects that renovate gyms and other facilities required for physical education programs that meet national and State standards. These facilities should ideally be open during non-school hours to promote physical activity in the community at large.

#### **Mid-Term (FY 2009/2010 budget/appropriations and reauthorizations)**

- **Reauthorize the State Children's Health Insurance Program.** We fully support reauthorization of the SCHIP program to include provisions that expand access to pregnant women and young adults (particularly those who cannot obtain coverage as a result of a congenital heart defect or pediatric stroke); demonstration projects that help find ways to reduce childhood obesity; and the development of quality measures for the pediatric population. Evidence suggests that funding SCHIP with a tobacco tax increase will significantly reduce smoking rates, especially in youth, because of the increased cost of tobacco products.



- **Double NIH Funding over the next decade.** Since the end of the doubling in FY 2003, NIH funding has fallen far short of levels needed to keep pace with medical research inflation. NIH funding is an investment in long-term economic growth as research advances lead to the development of new technologies and new industries. We strongly support the President-elect's proposal to double NIH funding over the next ten years – which will help restore funding lost due to inflation and provide additional amounts for research opportunities.
- **Expand CDC state-based heart disease and stroke prevention programs to all states.** Prevention is key to reducing heart disease and stroke and may also help lower the costs of chronic disease. At present, only 14 states receive CDC funding for basic implementation of state-tailored heart disease and stroke prevention programs. Only 20 States receive funding for the WISEWOMAN program, which provides heart disease and stroke screening for low-income, uninsured and underinsured women. Full funding of these programs in all states is required to address risk factors such as high blood pressure and elevated cholesterol.
- **Support Access to Emergency Care in Rural America.** We support funding for HRSA's Rural and Community Access to Emergency Devices program to provide much-needed automated external defibrillators (AEDs) and training to first responders and lay rescuers in rural America to improve the abysmal survival rate from sudden cardiac arrest.
- **Enact FDA regulation of tobacco in 2009.** We support passage in 2009 of legislation that would give the Food and Drug Administration the authority to regulate the manufacture, marketing and advertising of tobacco. This measure will reduce tobacco use among adults and discourage children from developing the habit.
- **Pass the FIT Kids Act as part of No Child Left Behind reauthorization.** FIT Kids legislation includes provisions that would require schools to report on the quantity and quality of physical education provided at each grade level on existing school report cards to parents. We believe this information is key to motivating parents, schools, communities and states to help reverse the decline in physician education and physical activity among our nation's youth.
- **Incorporate school wellness policies in the Child Nutrition reauthorization.** School districts should be required to implement and periodically assess their school wellness plans and to make these plans and assessments available to parents in this year's child nutrition reauthorization.
- **Transportation reauthorization.** We support the inclusion of policies that promote physical activity and wellness, as well as data collection on emergency care, through reauthorization of the Highway bill.

### Long-Term (Health Care Reform)

- **Promote prevention.** We strongly support the inclusion of clinical preventive services as part of health care coverage to help identify, monitor and treat risk factors that lead to cardiovascular diseases and stroke. Patients should not face financial barriers to evidence-based preventive care in the form of copayments or deductibles – and these clinical services should be supported by a public health infrastructure that promotes community-based prevention programs for obesity, tobacco cessation, hypertension, poor nutrition, and other risk factors.
- **Expand access and coverage to all U.S. residents.** Individuals who lack health insurance have a 24-to-56 percent higher risk of death from stroke, compared to those who are insured. Problems involving access and coverage impact about 16 percent of the non-elderly population and are often the result of pre-existing conditions, the high costs of care, or both. However, even patients in the Medicare program struggle with copays and deductibles that discourage them from pursuing preventive care and rehabilitation services. We support increases in lifetime and annual insurance caps, since even families with health insurance are finding it difficult to access medically necessary care due to caps on lifetime benefits and limits on annual benefits (such as for transplants and rehabilitative services). Health care reform proposals must also guarantee that all residents have access to healthcare coverage by preventing discrimination against individuals with chronic disease or those born with congenital heart defects or stroke. We also believe that coverage for pre-existing conditions will require an individual mandate and assistance for low-income individuals to make it affordable.
- **Improve health care quality.** We know a great deal about how to prevent and treat CVD, but sadly Americans receive the care recommended by evidence-based practice guidelines only about half of the time. We support Health IT proposals that speed up the dissemination of best-practices to physicians and incentives for States to develop organized systems of care that can significantly reduce response time to acute CVD conditions, such as stroke, cardiac arrest, and severe types of heart attack. Progress toward quality is measured through the collection of data – or surveillance systems – but there is no comprehensive system in place for CVD care. The AHA also supports the elimination of gender, racial, and geographic health disparities through monitoring, reporting and evaluation of data as well as measures that promote culturally sensitive health care – much of which can be accomplished regulatorily.
- **Reduce health care costs.** We must maximize the value of health care provided in the U.S. so that quality health care is affordable for individual families and sustainable for our nation as a whole. We support proposals that align payment with quality and have advocated consistently for increased funding of outcomes and comparative effectiveness research through AHRQ.