

Testimony of

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Public Witness Hearing

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Chairman Rehberg and Ranking Member DeLauro, thank you for holding this hearing today and for the opportunity to discuss the exciting federal research and prevention efforts underway to improve the detection and treatment of cardiovascular disease in this country.

I am the CEO of the American College of Cardiology (ACC), a professional medical society and teaching institution made up of 40,000 cardiovascular professionals from around the world – including over 90 percent of practicing cardiologists in the United States (US) and a growing number of cardiovascular-focused registered nurses, clinical nurse specialists, nurse practitioners, physician assistants and clinical pharmacists.

Heart Disease in the United States

The good news is that we have made dramatic progress in the fight against heart disease. Due to advances in diagnostic tests, drug and device therapies, surgical innovations, prevention, and public education, mortality related to cardiovascular disease has dropped by 30 percent in the past decade. I just returned from the ACC's annual scientific session where several innovative new therapies for heart disease were unveiled. Federally supported research provided for many of these advances.

The bad news is that cardiovascular disease is still the leading cause of death in the US, with 1 in every 3 deaths attributable to heart disease, or 2,200 every day. One in 3 Americans has some form of heart disease. Americans suffer more than 2 million heart attacks and strokes each year. Cardiovascular disease can be fatal, but can also result in serious illness, disability, and decreased quality of life. In fact, cardiovascular disease is among the leading causes of disability in the US, with more than 3 million people reporting disability from these causes. Cardiovascular disease cost the nation more than \$444 billion in health care expenditures and lost productivity in 2010 alone—and these costs are expected to rise given the aging of the population.

Fiscal Year 2013 Funding Recommendations

A strong federal investment in cardiovascular disease research, prevention, and treatment is critical to continue the strides we are making against heart disease. The College urges the subcommittee to support the following Fiscal Year 2013 funding recommendations.

National Institutes of Health (NIH): \$32 billion

The ACC requests an appropriation of \$32 billion for the National Institute of Health (NIH) to support the basic and translational research that facilitates the delivery of new discoveries to the bedside. Research conducted through the NIH has resulted in better diagnosis and treatment of cardiovascular disease, improving the quality of life for those living with the disease and lowering the number of deaths attributable to it.

National Heart, Lung, and Blood Institute (NHLBI): \$3.214 billion

The ACC requests an appropriation of \$3.214 billion for the National Heart, Lung, and Blood Institute (NHLBI) to continue its critical research into the causes, diagnosis, and treatment of heart disease.

Agency for Healthcare Research and Quality (AHRQ): \$400 million

The ACC recommends an appropriation of \$400 million for the Agency for Healthcare Research and Quality (AHRQ) to support AHRQ's health services research related to health care costs, quality, and access.

CDC Heart Disease and Stroke Prevention: \$75 million

The ACC requests an appropriation of \$75 million for the Centers for Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention. These public education efforts are helping to reduce blood pressure and cholesterol, educate about heart disease and stroke signs and symptoms, enhance emergency response and quality care, and end treatment disparities.

CDC WISEWOMAN: \$37 million

The ACC recommends an appropriation of \$37 million for CDC's WISEWOMAN program, which screens uninsured and under-insured low-income women ages 40 to 64 for heart disease and stroke risk and those with abnormal results receive counseling, education, referral and follow up.

Congenital Heart Disease Research and Surveillance at NHLBI and CDC

The ACC requests an appropriation of \$2 million to the CDC to conduct surveillance of congenital heart disease (CHD) to better understand CHD prevalence and assess the public health impact of CHD across the lifespan, as well as support for NHLBI's efforts to expand research targeted to the diverse lifelong needs of individuals living with CHD.

Congenital heart defects continue to be the most common birth defect and leading cause of infant mortality in the United States. Those who receive successful intervention will need lifelong, costly, specialized cardiac care. Estimates suggest there are over two million people alive today with congenital heart disease. The CDC and NHLBI have begun to take steps to address this increasing public health burden, needing additional resources to continue and expand their efforts. Federal support for congenital heart disease surveillance through the CDC and research through the NHLBI will help prevent premature death and disability in this rapidly-growing and severely under-served population.

HRSA Rural and Community AED Program: \$8.927 million

The ACC supports an appropriation of \$8.927 million for the Health Resources and Services Administration (HRSA) Rural and Community Access to Emergency Devices Program, which would restore it to its FY 2005 level when 47 states received resources from the initiative. This program provides competitively awarded grants to states to purchase automated external defibrillators (AEDs), train lay rescuers and first responders in their use, and place them in public areas where sudden cardiac arrests are likely to occur.

Each year, approximately 300,000 people in the US experience an out-of-hospital cardiac arrest. Approximately 92 percent of people who experience cardiac arrest outside the hospital die. Unfortunately, only 32 percent of out-of-hospital cardiac arrest victims receive bystander cardiopulmonary resuscitation (CPR). Individuals can die of sudden cardiac arrest within minutes. Prompt delivery of CPR more than doubles the victim's chance of survival by helping to maintain vital blood flow to the heart and brain, increasing the amount of time in which an electric shock from a defibrillator may be effective. An AED, even when used by a bystander, is safe, easy to operate and, if used immediately after the onset of sudden cardiac arrest, highly effective in terminating ventricular fibrillation so the heart can resume a normal, effective rhythm.

Million Hearts: Partnering to Improve Heart Health

The ACC is excited to support the Million Hearts Initiative, launched by the Department of Health and Human Services in 2011 to prevent 1 million heart attacks and strokes over five years. Through a public and private health sector partnership, Million Hearts aims to prevent heart disease and stroke by:

- Improving access to effective care.
- Improving the quality of care for the ABCS.
 - o A Appropriate Aspirin Therapy
 - o B Blood Pressure Control
 - o C Cholesterol Management
 - o S Smoking Cessation
- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.

ACC will employ its outpatient registry and consumer-oriented resources to help reach the shared goal of reducing heart disease. The ACC's PINNACLE Registry currently collects data on patient interactions such as aspirin prescriptions, blood pressure measures, smoking cessation status and consulting, lipid panels, and diabetes screening.

Additionally, ACC's patient-focused CardioSmart National Care Initiative which offers online information on heart disease as well as everyday strategies for healthy living, is a platform that can be used to educate those living with or at risk for heart disease.

Conclusion

In closing, the ACC urges you to support the funding recommendations outlined above in order to improve our understanding of the prevention and treatment of cardiovascular disease, leading to better outcomes and increased quality of life for patients. Thank you for the opportunity to speak with you today.