

John Clymer: Thank you, Mayor Simmons and Jen. Now, we will turn our attention to Capitol Hill. John Laughner, Government Relations Manager at the American Heart Association, is here to provide an update on what's happening in Congress with respect to appropriations for cardiovascular health. John?

John Laughner: All right. Well, thank you, John. I appreciate the introduction. It's a real honor and privilege to be able to present today to the National Forum for Heart Disease and Stroke Prevention. We've been a longtime supporter of this group, with the American Heart Association. And so always a pleasure to meet with the members. Today, I plan to do a congressional update and give you a sense of, you know, what we're seeing for funding for the cardiovascular disease and research programs, and the prevention programs at the National Institute and CDC; NIH Institutes of Health.

So let me go ahead and get our slides kicked off here. So this is the current funding situation for the National Institutes of Health and the Centers for Disease Control and Prevention. They went ahead and appropriated \$47.5 billion for the National Institutes of Health, which is a \$2.5 billion increase over the previous fiscal year. Also, in that legislation, the Centers for Disease Control and Prevention received \$9.2 billion in funding, which is an increase of \$760 million over the previous fiscal year.

And so I created this slide where you can see the funding trends over the last year since FY 2019. And, you know, as they say, elections have consequences. And so I think what – and also, you know, the where the funding is dedicated, also dictates priorities of the different parties. So, as you can see, with these numbers, the National Institutes of Health, over the last five years, has seen its budget increased by 21 percent. The CDC has also done fairly well. You know, before the elections took place, the Congress was able to pass one last appropriations bill under democratic control.

And, you know, Congresswoman **DeLauro** made it very clear that she felt like public health had really not been properly, appropriately funded over decades. And we saw the ramifications of that, you know, during the pandemic. And so if you look at these funding numbers, you can see where she did attempt to increase, you know, investments in these programs. So, you know, for example, the Division for Heart Disease and Stroke Prevention over the last five years saw a 10.7 percent increase.

The WISEWOMAN Program, saw a 64 increase in that program. So, in 2019, the WISEWOMAN program was able to fund about

21 states. Right now they're getting ready to launch a new grant competition for WISEWOMAN. And the hope is, with these large increases to the program, we can get from about 26, 27 states, to up to 40 states participating in the WISEWOMAN program, which helps. The Million Hearts program saw a 25 percent increase, and just this last fiscal year, when they increase the program's budget from four million to five million. And then the racial and ethnic approaches to community health also saw a 23 percent increase in its funding over the last five years.

So, you know, I kind of have framed this presentation as the good, the bad, and the ugly. And so this is the good. This, you know, what has taken place over the last five years, large investments in the NIH, large investments in the CDC, and the programs that we really care about. But, you know, I want to kind of paint a clearer picture. And this slide was presented by Dr. Gary Gibbons at the National Heart, Lung, and Blood Institute. And it shows even with these investments into the NIH, you can see because of inflationary pressures over, you know, over the last ten years, you can see the funding for an average award cost of an R-01 grant.

So if you look at FY 2016, the average cost is about 523,000 a year. Over time, it's increased to 640,000 per grant. And so, you know, that's sort of, you know, showing the inflationary pressures that's being put on the NIH. Congress has been able to just basically keep up with inflation. Before I kind of delve into what to expect this year with appropriations, I wanted to talk about some new initiatives that have passed, that are relevant to this group.

So last year, the CAROL Act was passed in December by unanimous vote on both the House and Senate side. This legislation was named in honor of congressman Andy Barr's wife, Carol Barr, who passed away from a sudden cardiac arrest at the age of 39. This legislation would help understand the condition that she had. She had a condition called mitral valve prolapse, or also known as floppy valve syndrome. And for some individuals, this condition can be very severe. There's millions of people who have mitral valve prolapse in the United States, and can live a normal life. But, unfortunately, there's a small subset of patients who actually are at high-risk of sudden cardiac arrest.

And, unfortunately, the medical community and the research community are not familiar, or did not have enough information to provide guidelines for doctors to actually screen for these patients, who have severe mitral valve prolapse. So this would fund the National Heart, Lung, and Blood Institute with \$20 million per

year over the next five years. And also provide \$8 million to the CDC, per year, for five years, to expand that cardiac arrest registry to enhance survival or cares. And then also to expand or to create a public education and outreach program on valve disease.

And so both of those things, while the CAROL Act is now the law of the land, because of the work of Congress, they actually funded this for the first time as well in December. So, you know, you know, my boss, Emily Holubowich, is always bragging about how it's very irregular for a bill to pass, and then also be funded in the first year. So we're really proud of that that took place, and that funding is going to be available immediately. So my understanding is the Cardiac Arrest Registry Program will be eligible for funding later this year, closer to September, and then the NHLBI will launch its research portfolio later this year, as well.

And then one last thing, I couldn't talk to this group without mentioning the access to the AEDs Act, which was just introduced in March. This legislation would help K through 12 schools, purchase AED devices and provide CPR training to students, staff, coaches, principals, anyone in a school building. And this was a result because of the recent sudden cardiac arrest of Damar Hamlin on national television before Monday Night Football, that this bill has actually gained national attention.

And so the American Heart Association actually did an event with Damar Hamlin just last month, where he came to Washington, D.C., and expressed his support for the bill. We now have major endorsements from the National Football League, the NCAA, the National Association of Secondary School Principals, the American Red Cross, the American Heart Association. And so this is where putting our lot of our attention.

So now the bad. *[Laughter]* And so where are we? What is going on with Congress right now under the new leadership of Speaker McCarthy? So this week, the House passed a Limit, Save, Grow Act, which is legislation to extend the debt limit on the United States government, by a narrow vote of 217 to 215. The legislation would basically restrict Congress from funding the government at levels above FY '22. So I just reviewed some of the numbers for FY '23. And so the ramifications of these of these cuts would basically mean that Congress would have to find at least \$142 billion within its budget to reduce to get down to FY '22 levels.

And then, unfortunately, the belief is that Congress has, or at least the House Republicans have no intention of finding those cuts, just

within – across the board, across all federal agencies, including the Department of Defense, Veterans Affairs, and then also all the domestic programs, that sort of the what we expect is that they will actually make those cuts strictly to non-defense programs. So the ramifications of that is that we would exceed 22 percent cuts across programs specifically for this group, the Department of Health and Human Services, CDC, and the National Institutes of Health.

And so, you know, what are the ramifications of that? You know, I did some, some work with the Division for Heart Disease and Stroke Prevention to come up with some numbers. This is something that we're starting to really review. It's like what would the ramifications be of that for programs that we care about. And the division is reporting that if they would have to cut their budget by 20 percent, it would mean eliminating ten states from the Division for Heart Disease and Stroke Prevention's Cardiovascular Disease Prevention Program.

So as I mentioned, the WISEWOMAN Program has done fairly well over the last few years, and is expanding and getting ready to run a new grant competition. But under these restrictions, we would see them go from about 27 states, down to 22 states, if they were there to resort back to previous funding levels.

John Clymer:

So, John, it's clear that real cuts will have real consequences. I'm wondering if we can focus on what actions the people who are participating in this meeting today, and their organizations can take?

John Laughner:

Right. You know, one of the easiest things to do is to engage with the American Heart Association in our grassroots network, our "You're the Cure" network. We send messages to Congress on a wide variety of legislative issues. The American Heart Association will be submitting a communication to Capitol Hill against these cuts. But, you know, like I said, our members, your members need to be really starting to think about what the ramifications of these cuts really look like at the state and local level. And so the more that they can actually put a face to the ramifications of these cuts, the more that we can actually make headway, and cutting off any potential cuts that are coming down the road.

John Clymer:

And, John, if we haven't already signed up, how do we do that?

John Laughner:

Yeah, so if you go to the American Heart Association's website, you can find our "You're the Cure" network, and sign up to be an

advocate. We have multiple campaigns going on, like I mentioned, the access to the AEDs Act. I anticipate we'll have a "You're the Cure" message for, you know, passing an appropriations bill that does not make 22 percent cuts to programs. So be on the lookout for that. But I know your members are members of lots of different organizations that are related to their own interests.

So I definitely encourage you to engage with those members. I know the American Lung Association has an advocacy department that that's very active. I know the directors of the of the public health officials, ASTHO has a very active advocacy program. So look for as many different avenues to make your voice heard. So, you know, definitely over the next month or so. I think you're gonna see things really ramping up in this space. So just keep an eye out. and really, you know, try to participate as much as possible. Yeah.

John Clymer:

Okay. And, John, I think I'm hearing you say that there's a real threat of deep cuts in in funding for Heart Disease and Stroke Prevention on the immediate horizon. And that progress that you showed, when you were talking about the good, before we got to the bad, that's all at risk of being wiped out. So I think I'm hearing you say that it's never been more important for all of us to get out onto the playing field, and be in contact with members of Congress, and staff, and activate members for organizations who have them, to get everybody we can involved. Is that a fair summation?

John Laughner:

I think that was very succinct, John. I couldn't have said it better myself. And, you know, thank you for inviting me here today. And if there's things that we can do in our federal advocacy office to help facilitate, you know, that engagement, you know, feel free to reach out to us. We're definitely active in this space right now.

John Clymer:

Well, that that's a generous offer. Really appreciate it. And, John, I know from my personal experience, that working with you personally, and with the American Heart Association over the years, you really know what you're doing. You're highly effective, as those increasing graphs show. And so we appreciate the opportunity to throw in with you, and help advocate for the best appropriations outcomes that we can achieve.

John Laughner:

Well, thank you, John. I appreciate it.

John Clymer:

Yeah, thank you very much for joining us today, John. John Laughner.

John Laughner: *[Laughter]* Thanks. Thanks, John.

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