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American Heart Association.

WINTER 2025–2026

POLICY REPORT

Linking Scientists, Clinicians and Policymakers to be a Relentless Force for a World of Longer, Healthier Lives.

WHATS INSIDE

Letter from Chair:
Dr. Amit Khera

Dear Colleagues,

With the arrival of the new year, I want to extend my warmest wishes to you and your families. This issue of the *Policy Report* highlights our ongoing commitment to innovation and advocacy in cardiovascular care.

This issue includes the most recent policy publications of the advocacy department, including our most recent policy statement on *Genetic and Genomic Testing in Cardiovascular Disease,* which advocates for equitable access to genetic testing, harmonized telehealth regulations, robust privacy protections, and continued research and access to genetic counseling.

In Fall 2025, the Association published *Improving Access to Stroke Rehabilitation and Recovery*. This policy statement outlines strategies to ensure all stroke survivors receive high-quality rehabilitation. It addresses persistent disparities, calls for standardized performance measures, greater transparency from insurers, enhanced caregiver support, and expanded access to mental health and telerehabilitation services. The report urges prioritizing patient needs over payer constraints and investing in research to improve outcomes for all.

You will also find a summary of our work related to *Tobacco Retail Data*. After decades of advocacy, the AHA and partners have made tobacco retail data publicly accessible to support research and inform policy. This follows a landmark court ruling requiring tobacco companies to disclose marketing practices and health risks. The article encourages researchers and advocates to leverage this data to develop new policy solutions that protect public health.

In a commentary entitled, "*The American Heart Association and Artificial Intelligence: Developing a Framework for Our Second Century"* presents the AHA's vision for integrating AI into healthcare, emphasizing ethics, equity, and regulatory clarity. The Association is committed to fostering collaboration, empowering clinicians, and advancing digital health literacy. Initiatives include funding research, developing AI training platforms, and promoting transparent reporting to ensure AI tools are safe, effective, and accessible for all.

Finally, our *National Coverage Determination Request to CMS for coverage of Cardiac Rehabilitation for Medicare beneficiaries with Heart Failure with Preserved Ejection Fraction (HFrEF)* details the important opportunity to increase patient access to comprehensive cardiac rehabilitation.

As we look ahead to the new year, I am inspired by the dedication and impact of our our work in public policy and policy research. Thank you for your commitment to advancing cardiovascular health and policy. Wishing you and your loved ones a joyful, healthy, and prosperous New Year!

With Heart,

Dr. Amit Khera, MD, MSc, FACC, FAHA, MASPC

Improving Access to Stroke Rehabilitation and Recovery

This American Heart Association/American Stroke Association (AHA/ASA) policy statement outlines a comprehensive strategy to improve access to high-quality stroke rehabilitation for all in the United States. Stroke rehabilitation is essential for recovery, yet access remains inconsistent.

Key challenges in access to quality, appropriate stroke rehabilitation care include:

- Access to post-acute care (PAC) is often determined by insurance type, geography, and institutional affiliations rather than clinical need.
- Stroke costs the U.S. over $56 billion annually, with rehabilitation as a major driver. Costs are projected to triple by 2050.
- Racial, ethnic, and socioeconomic disparities persist in access to and outcomes from stroke rehabilitation.
- Prior authorization processes and opaque payer practices delay or deny necessary care, especially for Medicare Advantage beneficiaries.

Primary policy recommendations are:

1. **Performance Measures:** Implement and incentivize adherence to American Heart Association/American Stroke Association rehabilitation guidelines through standardized benchmarks and quality metrics.
2. **Transparency and Accountability:** Require insurers to disclose rehabilitation service data, denial rates, and appeal processes.
3. **Support for Caregivers:** Enact paid family leave, tax credits, and caregiver training programs to support informal caregivers.
4. **Mental Health Integration:** Expand coverage and access to mental health services for stroke survivors and caregivers.
5. **Telerehabilitation:** Promote telehealth services to bridge geographic and logistical gaps in care.
6. **Coverage for Uninsured:** Provide temporary federal aid and mandate hospital transparency in care for uninsured stroke survivors.
7. **Medicaid Standardization:** Reduce state-to-state variability in Medicaid coverage for stroke rehabilitation.

More research is needed around US-based cost-effectiveness studies of rehabilitation strategies, access and outcomes across demographics and regions, the most appropriate training for clinicians and discharge planners on post-acute options and patient-centered care and we need to develop a robust national surveillance system for stroke rehabilitation outcomes.

Stroke rehabilitation must be prioritized as a critical component of stroke care. Policies should ensure that care decisions are based on patient needs, not payer priorities. Addressing disparities, enhancing caregiver support, and investing in research and performance measurement are essential to improving outcomes for all stroke survivors.

Genetic and Genomic Testing in Cardiovascular Disease

Some of the Key Policy Recommendations

1. Ensure coverage and adequate reimbursement for clinically validated genetic tests and telehealth services.
2. Harmonize state-level telehealth regulations to expand access
3. Integrate counseling into team-based care with reimbursement for telehealth.
4. Support legislation for Medicare/Medicaid coverage of certified genetic counselors.
5. Support interoperable platforms for precision medicine with strong privacy safeguards.
6. Maintain FDA authority to ensure analytical and clinical validity without creating barriers to innovation.
7. Extend protections to life, disability, and long-term care insurance to prevent genetic-based discrimination.
8. Invest in biobanking, diverse genomic studies, and infrastructure to improve variant interpretation and polygenic risk prediction.
9. Integrate genomics into clinical education and create formal training pathways for cardiovascular genetics subspecialties.
10. Advance pharmacogenomics, AI-driven diagnostics, and genome editing under strict ethical and regulatory frameworks.

The rapid advancement of genomic and precision medicine has expanded the role of genetics and genomics in the diagnosis, risk stratification, and management of cardiovascular diseases. With the decreasing cost and increasing accessibility of genetic testing, its clinical utility continues to expand, necessitating updated policies to ensure equitable access, appropriate regulatory oversight, and ethical data stewardship. This policy statement by the American Heart Association provides an updated framework for addressing key policy areas including equitable implementation of genetic testing, telehealth, the impact of federal regulations, data privacy concerns, reimbursement for genetic counseling services, and the integration of emerging technologies, such as artificial intelligence, into clinical practice. This statement underscores the importance of strategic investments in biobanking and genomic research, across all populations, to enhance variant interpretation and improve risk prediction models. Additionally, it highlights the evolving landscape of pharmacogenomics, polygenic risk scores, and precision public health approaches to cardiovascular disease prevention. By advocating for a multidisciplinary approach that bridges scientific innovation, clinical application, and policy development, we can optimize the benefits of genetic and genomic testing while mitigating disparities and ethical challenges in its implementation.

AHA advocates for a multidisciplinary, equity-focused approach to genomic medicine in cardiovascular care—balancing innovation with ethical safeguards, regulatory clarity, and broad access to testing, counseling, and emerging technologies.

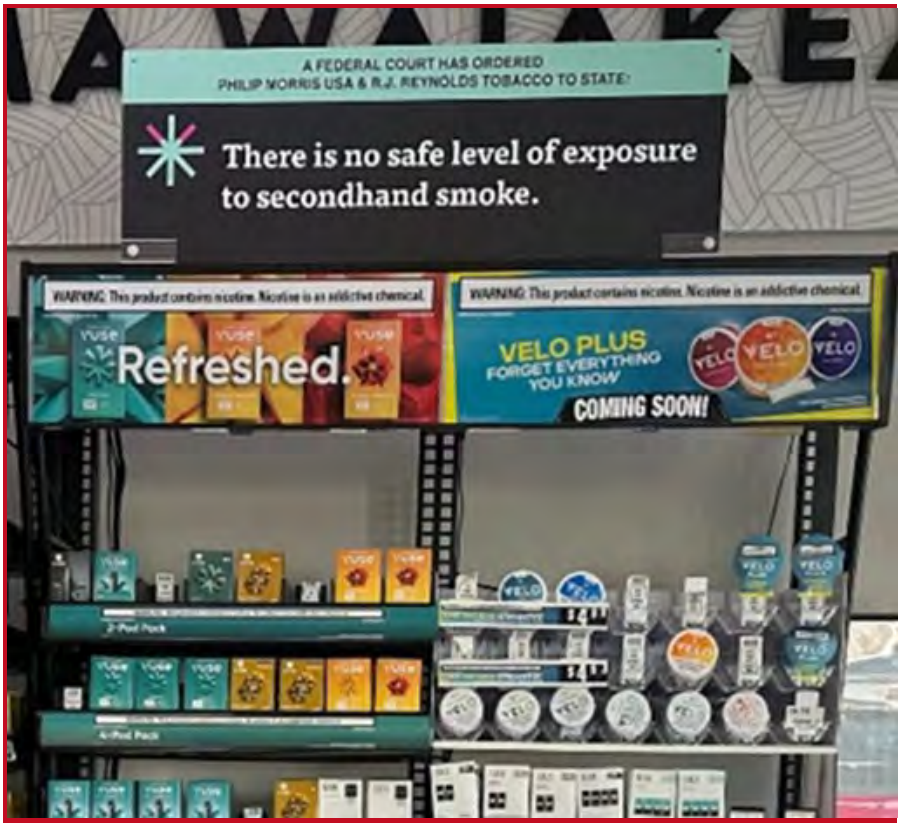
AHA makes Tobacco Industry Data Available

Recently the AHA has made tobacco industry data available to researchers and advocates to help inform public policy and improve public health.

First the backstory, this is a long time in the making. You may remember back in 2006 – almost 20 years ago, there was a landmark federal court ruling that found that the tobacco companies conspired to deceive the public about the health hazards of smoking. The American Heart Association, along with our partners including the American Cancer Society, American Lung Association, Tobacco-Free Kids Action Fund, Americans for Nonsmokers Rights, and Center for Black Health and Equity worked on this case for decades. The ruling required that tobacco companies place large ads in newspapers and other media with statements about the true health effects of smoking such as "Smoking kills, on average 1,200 Americans – Every day". The ruling also required that the tobacco companies post "corrective signs" in retailers where they had marketing contracts. During a 21-month period that ended in June 2025, retailers all over the country posted these corrective signs. The ruling also required that the tobacco companies share information about all the retailers with marketing contracts.

We are making all of this information available to the public and to researchers. Tobacco companies spend an estimated $6 Billion on these marketing contracts so this is a significant investment to attract and hold on to those who use tobacco.

We need the help of advocates and researchers to use these data to help identify new policy approaches that will help protect population health.



3 THREE THINGS TO KNOW

1. The AHA and our partners are working to hold the tobacco industry accountable for deceiving the public about the harm caused by their products.
2. Tobacco industry data are available here for researchers and advocates.
3. The AHA is fighting for policy solutions that protect population health.

The American Heart Association and Artificial Intelligence: Developing a Framework for Our Second Century

This commentary presents the American Heart Association's strategic vision for integrating artificial intelligence (AI) into healthcare as it enters its second century. Recognizing AI's transformative potential to improve patient outcomes, streamline clinical workflows, and address persistent disparities, the Association advocates for a robust, ethics-driven framework to guide responsible AI adoption. The article highlights the challenges facing healthcare, including workforce shortages, rising costs, fragmented data systems, and variability in access and outcomes—issues AI could help mitigate if implemented thoughtfully.

In April 2024, the Association convened a diverse group of stakeholders to identify key priorities for AI in healthcare, resulting in seven central themes: closing the digital divide, ensuring transparency, empowering clinicians, fostering collaboration, enhancing research methodologies, advancing digital health literacy, and achieving regulatory clarity. The commentary compares regulatory approaches, noting the comprehensive European Union's AI Act and the US's evolving AI Action Plan, and emphasizes the need for clear, adaptive regulations that balance innovation with patient safety.

Association initiatives include funding research, developing decentralized AI training platforms, establishing performance benchmarks, and promoting transparent reporting through the TRUE-AIM report card. The organization's commitment to collaboration, ethical standards, and ongoing evaluation seeks to ensure that AI tools are safe, effective, and accessible, ultimately advancing cardiovascular care and health equity.

3 THREE THINGS TO KNOW

1. **Ethics and Equity Are Central:** The Association's framework prioritizes the development and use of ethically derived AI, focusing on transparency, fairness, and equitable access to ensure all populations benefit from AI-driven healthcare.

2. **Collaborative, Evidence-Based Approach:** The Association is fostering partnerships and supporting research to accelerate responsible AI adoption, emphasizing clinician empowerment and rigorous scientific evaluation.

3. **Regulatory Clarity Is Critical:** With differing global approaches, the Association promotes the importance of clear, adaptive regulations to safeguard patient rights and safety while supporting innovation in AI technologies.

AHA and Partners Submit National Coverage Determination Request to CMS for coverage of Cardiac Rehabilitation for Medicare beneficiaries with Heart Failure with Preserved Ejection Fraction (HFpEF)

In August, the American Heart Association, along with five partners, submitted to the Centers for Medicare & Medicaid Services (CMS) a National Coverage Determination (NCD) request that the agency cover cardiac rehabilitation in Medicare beneficiaries who have stable heart failure with preserved ejection fraction (HFpEF). Several years ago, the AHA and its partners had submitted a similar request for Medicare to cover cardiac rehabilitation for all with stable heart failure, but CMS determined that there was sufficient evidence then to cover only stable heart failure with reduced ejection fraction (HFrEF).

Studies of supervised exercise training (SET), the primary component of cardiac rehabilitation, in HFpEF continued, and in 2023 AHA and the American College of Cardiology (ACC) published Supervised Exercise Training for Chronic Heart Failure With Preserved Ejection Fraction: A Scientific Statement From the American Heart Association and American College of Cardiology. This scientific statement was critical to beginning the process for submitting an NCD request for cardiac rehabilitation in HFpEF. Recognizing that even more data would be helpful to our request, we submitted the NCD request only after additional scientific papers that strengthened our coverage request had been published. We believe that the evidence included in the NCD request clearly demonstrates that CMS should cover cardiac rehabilitation in Medicare beneficiaries with stable HFpEF.

Our coverage request also asks CMS to update its definition of HFrEF from an ejection fraction of <35% used in its 2014 decision memo on cardiac rehabilitation for HFrEF to <40%, the widely accepted current definition of HFrEF.

Last month CMS accepted our NCD request but, given its large volume of NCD requests, must delay working on it until it has rendered decisions in earlier requests. Once CMS does take up the request, we will continue to coordinate with partners to advocate for its approval.

For a copy of the NCD request, please contact Christin Engelhardt.

3 THREE THINGS TO KNOW

1. The Association partnered with American Association of Cardiovascular and Pulmonary Rehabilitation, American College of Cardiology, Association of Black Cardiologists and Heart Failure Society of America for this NCD Request.
2. Currently, the following diagnoses are qualified for cardiac rehabilitation: an acute myocardial infarction within the preceding 12 months, coronary artery bypass surgery, current stable angina pectoris, heart valve repair or replacement, percutaneous transluminal coronary angioplasty or coronary stenting, a heart or heart-lung transplant, and HFrEF.
3. Cardiac Rehabilitation includes patient assessment, nutritional counseling, weight management and body composition, cardiovascular disease and risk factor management, psychosocial management, supervised exercise training, and physical activity counseling.