American Heart Association | American Stroke Association
life is why™

you're the cure

Advocacy Department
1150 Connecticut Ave., NW | Suite 300 | Washington, DC 20036
P 202-785-7900 | F 202-785-7950 | www.heart.org

2017 *You're the Cure* on the Hill
Lift the Burden of Heart Disease and Stroke

ASK: Please make heart and stroke research a national priority by increasing the National Institutes of Health (NIH) budget by $2 billion for 2018

- **Fact:** NIH continues to invest only 4% of its budget on heart research and a mere 1% for stroke research. These levels are not commensurate with research opportunities, the number afflicted and the economic burden of cardiovascular disease (CVD). At a cost of nearly $1 billion a day, CVD tops the list as the nation's No. 1 and most expensive killer.

- **Fact:** The cardiovascular disease burden is projected to get much worse. By 2035, 45% of the U.S. population will live with cardiovascular disease at an annual cost of more than $1 trillion.

- **Fact:** Over the past 10 years, NIH has lost nearly 20% of its purchasing power. These cuts come at a time of unprecedented scientific opportunity, as other countries are increasing their investments in science, some by double digits.

- **Fact:** Robust NIH-funded research remains our country's best hope to discover innovative ways to prevent, diagnose, treat and ultimately develop cures for heart disease and stroke. Increased NIH funding will allow scientists to pursue promising studies, including initiatives to regenerate damaged heart tissue and enhance stroke rehabilitation research.

ASK: Please support the Furthering Access to Stroke Telemedicine Act (FAST Act) by cosponsoring H.R. 1148/S. 431 (or thank them for their support if they are a co-sponsor)

- **Fact:** Stroke is the nation's No. 5 killer, a leading cause of long-term disability and the second leading cause of dementia.

  Fact: Time is critical for stroke patients. Eligible stroke patients receiving the recommended clot-busting therapy within the 3 to 4 1/2 hours after symptoms begin are at least 30% more likely to have minimal or no disability. Sadly, only 3-5 % of eligible stroke patients receive this life saving therapy and we need to do better.

- **Fact:** Expanding the use of telemedicine will increase the number of patients receiving thrombolytic therapies, improve patient outcomes and reduce the burden stroke imposes on individuals and their families. Unfortunately, Medicare only reimburses telehealth services in rural areas. Eliminating the rural restriction would help encourage widespread use of telestroke services.

- **Fact:** This provision would allow Medicare to reimburse for telestroke services regardless of where a patient's stroke occurs. The bill also has strong support among the stroke and telehealth communities and is also included in the CHRONIC Care Act and the Connect for Health Act.

ASK: Please help expand access to cardiac rehabilitation services by cosponsoring H.R. 1155/S. 1361, (or thank them for their support if they are a cosponsor)

- **Fact:** Cardiac rehabilitation is a Medicare benefit that reduces mortality, hospitalizations and use of medical resources while improving a patient's quality of life following a cardiac event. However, only about 30% of eligible patients take advantage of cardiac rehabilitation.

- **Fact:** To receive reimbursement under Medicare, services must be provided under the *direct supervision of a physician* – meaning that a physician must be at the site of the program and immediately available and accessible at all times. Unfortunately, this outdated requirement creates an unintended barrier to cardiac rehabilitation services - particularly in rural areas where physicians are scarce.

- **Fact:** H.R. 1155 and S. 1361 would allow physician assistants, nurse practitioners, and clinical nurse specialists to *supervise* cardiac rehabilitation on a day-to-day basis. A Medical Director, who is a physician, would continue to oversee the programs, which would remain safe for patients.

- **Fact:** This legislation has the support of the American Association of Cardiovascular and Pulmonary Rehabilitation, American College of Cardiology, Heart Failure Society, the Preventive Cardiovascular Nurses Association, WomenHeart and many other groups. In fact, this provision is broadly supported by physicians who have no scope of practice concerns about allowing other health professionals to supervise cardiac rehab services.

ASK: Please oppose the American Health Care Act (AHCA) and any Senate substitute that reduces access to affordable and adequate health care coverage

- **Fact:** The American Heart Association has adopted a set of health care reform principles that requires any changes to current health law to preserve and expand access to affordable and adequate health care coverage.

- **Fact:** The House-passed AHCA would cause 23 million Americans to lose health care coverage and reduce access to affordable coverage for low and middle income individuals and families. The AHCA would also allow states to reduce protections for patients with preexisting conditions and allow employers and insurers to bring back annual and lifetime limits. The bill would make it more difficult for CVD patients to receive comprehensive care and treatment by making major cuts to the Medicaid program and by dropping certain essential health benefits, like preventive benefits, rehabilitative and habilitative care.

- **Fact:** Due to constraints imposed by the fast-track reconciliation process, the Senate bill's framework is not expected to vary greatly from the House-passed measure.

- **Fact**: The Senate's changes to the AHCA have been drafted in secrecy with limited input from members of Congress (complaints heard from both Democrat and Republican members) and **no** public input from patients. This bill will have lifechanging implications for *every* American. The association cannot support this or any legislation until we have an opportunity to carefully and objectively review and analyze its provisions and the impact it will have on patients.