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**Heart Disease and Stroke. You're the Cure.**

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**AMERICAN HEART ASSOCIATION**

**Statement**

**Presented by**

**Scott Kneser**

**Volunteer  
 Wausau, Wisconsin**

**on**

**FISCAL YEAR 2011 APPROPRIATIONS**

**before the**

**APPROPRIATIONS SUBCOMMITTEE ON LABOR-HHS-EDUCATION  
 U.S. HOUSE OF REPRESENTATIVES**

**The Honorable David Obey  
 Chairman**

**May 12, 2010  
 2:00 p.m.**

**Summary of Recommendations:**

- National Institutes of Health---\$35.2 billion**
  - National Heart, Lung, and Blood Institute---\$3.514 billion
  - National Institute of Neurological Disorders and Stroke---\$1.857 billion
- Agency for Healthcare Research and Quality---\$611 million**
- Centers for Disease Control and Prevention---\$8.8 billion**
  - Heart Disease and Stroke Prevention Program---\$76.221 million
  - WISEWOMAN---\$37 million
  - National Center for Health Statistics---\$162 million
- Health Resources and Services Administration**
  - Rural and Community Access to Emergency Devices Program---\$8.927 million

*"Building healthier lives,  
 Free of cardiovascular  
 Diseases and stroke."*

Over the past 50 years, significant progress has been made in the battle against cardiovascular disease (CVD) and stroke. The improved diagnosis and treatment has been remarkable – as has the survival rate. According to the National Institutes of Health (NIH), 1.6 million lives have been saved since the 1960s that otherwise would have been lost to CVD. Americans can expect to live on average four years longer due to the reduction in heart-related deaths.

However, one startling fact remains. Heart disease and stroke are still respectively the No. 1 and No. 3 killers of men and women in the U.S. Nearly 2,300 Americans die of CVD each day – one death every 38 seconds. CVD is a leading cause of disability and will cost our nation an estimated \$503 billion in medical expenses and lost productivity this year.

An estimated 81 million American adults now suffer from heart disease, stroke, and other forms of CVD. Risk factors such as obesity and diabetes are increasing. At the age of 40, lifetime risk for CVD is 2 in 3 for men and more than 1 in 2 for women.

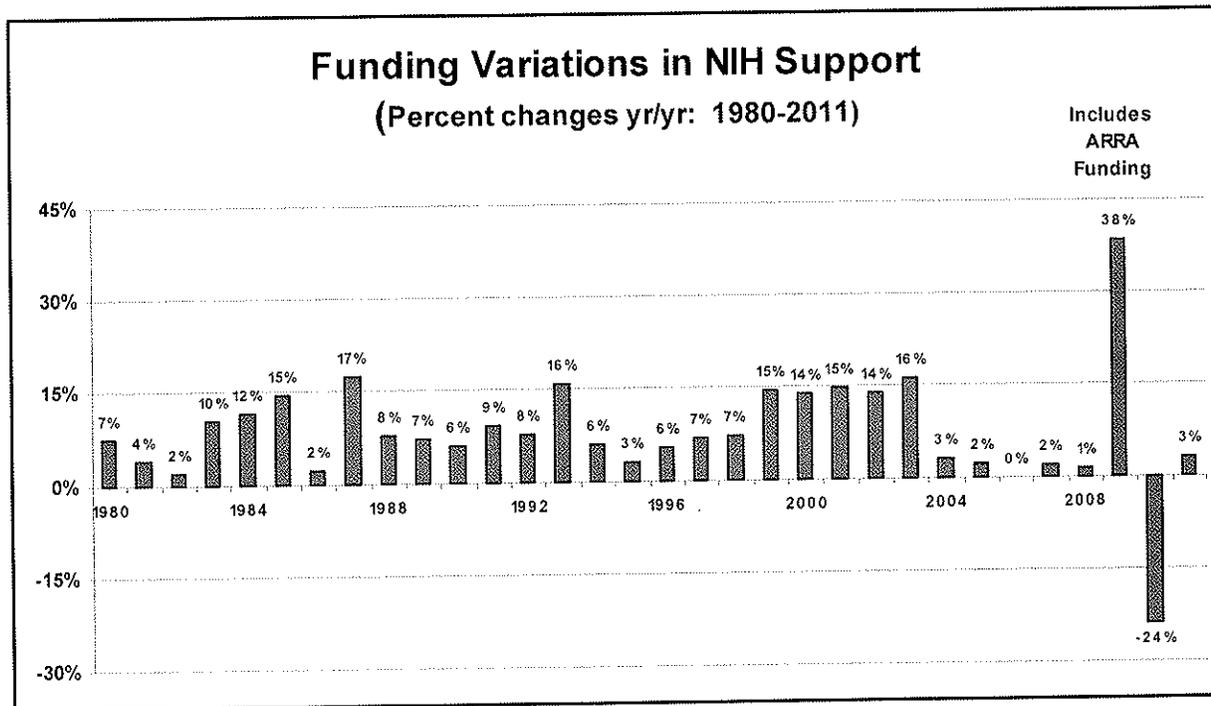
In the face of these staggering statistics, heart disease and stroke research, treatment and prevention programs remain woefully underfunded and overall funding for the NIH is too volatile to have the continuity of effort needed for the major breakthroughs that will redefine diseases, spur prevention and promote best care.

CVD is the No. 1 killer in each state and many preventable and treatable risk factors continue to rise. Yet, the Centers for Disease Control and Prevention (CDC) invests on average only 16 cents per-person a year on heart disease and stroke prevention. Specifically, CDC still provides basic implementation awards to only 14 states for its Heart Disease and Stroke Prevention Program and only 20 states are funded for WISEWOMAN – a heart disease and stroke screening and prevention program proven to be effective in reaching uninsured and under-insured low-income women ages 40 to 64 with a high prevalence of risk factors for these diseases.

Where you live could also affect if you survive a very deadly form of heart disease – sudden cardiac arrest (SCA). Only 10 states received funding in FY 2009 for Health Resources and Services Administration's (HRSA) Rural and Community Access to Emergency Devices Program designed to save lives from sudden cardiac death.

The American Heart Association applauds the Administration and Congress for providing hope to the 1 in 3 adults in the United States who live with the consequences of CVD through the enactment of the American Recovery and Reinvestment Act (ARRA).

The \$10 billion in funding for NIH and the \$650 million for Communities Putting Prevention to Work Program are wise and prudent investments that have provided a much needed boost to improve our nation's physical and fiscal health. Yet, these funds denote a one-time infusion of resources. Stable and sustained funding is imperative in FY 2011 to advance heart disease and stroke research, prevention and treatment. See the chart below.



**FUNDING RECOMMENDATIONS: INVESTING IN THE HEALTH OF OUR NATION**  
 Heart disease and stroke risk factors continue to rise, yet promising research opportunities to stem this tide go unfunded. Americans still die from CVD, while proven prevention programs and techniques beg for implementation. Clearly, now is the time to capitalize on the momentum achieved under ARRA to enhance research, prevention and treatment of America’s No. 1 and most costly killer. If Congress fails to build on this progress, Americans will pay more in the future in lives lost and higher health care costs. Our recommendations below address these issues in a comprehensive and fiscally responsible manner.

<u>Summary of Recommendations</u>	
<b>National Institutes of Health</b>	\$35.2 billion
National Heart, Lung, and Blood Institute	\$3.514 billion
National Institute of Neurological Disorders and Stroke	\$1.857 billion
<b>Agency for Healthcare Research and Quality</b>	\$611 million
<b>Centers for Disease Control and Prevention</b>	\$8.8 billion
Heart Disease and Stroke Prevention Program	\$76.221 million
WISEWOMAN	\$37 million
National Center for Health Statistics	\$162 million
<b>Health Resources and Services Administration</b>	
Rural and Community Access to Emergency Devices Program	\$8.927 million

### **Capitalize on ARRA Investment for the National Institutes of Health (NIH)**

NIH research has revolutionized patient care and holds the key to finding new ways to prevent, treat and even cure CVD, resulting in longer, healthier lives and reduced health care costs. **NIH invests resources in every state and in 90% of congressional districts. Each NIH grant generates on average 7 jobs.**

*The American Heart Association Advocates:* We advocate for a FY 2011 appropriation of \$35.2 billion for NIH – a \$4.2 billion increase over FY 2010, to capitalize on the momentum achieved under the ARRA investment to save lives, advance better health, spur our economy and spark innovation. NIH-supported research prevents and cures disease, generates economic growth and preserves the U.S. role as the world leader in pharmaceuticals and biotechnology.

### **Enhance Funding for NIH Heart and Stroke Research: A Proven and Wise Investment**

Death rates for coronary heart disease fell 36% and nearly 34% for stroke from 1996-2006. These declines are directly related to NIH heart and stroke research, with scientists on the verge of exciting discoveries that could lead to new treatments and even cures. Landmark NIH research has shown that surgery and stenting are both safe and effective in preventing stroke. It has demonstrated that over-zealous blood pressure lowering and combination lipid drugs do not cut cardiovascular disease in adult diabetics more so than standard evidence-based care; nor does post-menopausal hormone therapy avert heart disease or stroke. And it has defined the genetic basis of risky responses to vital blood-thinners.

In addition to saving lives, NIH-funded research can cut health care costs. For example, the original NIH tPA drug trial resulted in a 10-year net \$6.47 billion reduction in stroke health care costs. The Stroke Prevention in Atrial Fibrillation Trial 1 produced a 10-year net savings of \$1.27 billion. But, in the face of such solid returns on investments and other successes, NIH still invests a meager 4% of its budget on heart research, and a mere 1% on stroke research.

### **Cardiovascular Disease Research: National Heart, Lung, and Blood Institute (NHLBI)**

Despite progress and promising research opportunities, there is no cure yet for CVD. As our population ages, the demand will increase for more and better ways to allow Americans to live healthy and productive lives despite CVD. Stable and sustained funding is needed to allow NHLBI to build on ARRA investments that provided grants to use genetics to identify and treat those at greatest risk from heart disease; hasten drug development to treat high cholesterol and high blood pressure; and create tailored strategies to treat, slow or prevent heart failure. Other important studies include an analysis of whether maintaining a lower blood pressure than currently recommended further reduces risk of heart disease, stroke, and cognitive decline. This information is critically important to ideally manage the burden of heart disease and stroke. Continued needed funding will allow for aggressive implementation of other initiatives in both the NHLBI general and cardiovascular strategic plans.

### **Stroke Research: National Institute of Neurological Disorders and Stroke (NINDS)**

An estimated 795,000 Americans will suffer a stroke this year, and more than 137,000 will die. Many of the 6.4 million survivors face severe physical and mental disabilities, emotional distress and huge costs – a projected \$74 billion in medical expenses and lost productivity in 2010.

Stable and sustained funding is required for NINDS to capitalize on ARRA investments to prevent stroke, protect the brain from damage and enhance rehabilitation. This includes: (1) initiatives to determine whether MRI brain imaging can assist in selecting stroke victims who could benefit from the clot busting drug tPA beyond the three-hour treatment window; (2) assessing chemical compounds that might shield brain cells during a stroke; and (3) advance stroke rehabilitation by studying whether the brain can be helped to “rewire” itself.

Continued needed funding will also allow for assertive implementation of the NINDS Stroke Progress Review Group Report – a long-term, stroke research strategic plan. A variety of research initiatives have been undertaken, but more resources are needed to fully implement the plan. The FY 2010 estimate for NINDS stroke research is less than half of the expected need.

***The American Heart Association Advocates:*** AHA supports an FY 2011 appropriation of \$3.514 billion for the NHLBI; and \$1.857 billion for the NINDS. These funding levels represent comparable increases to the Association’s overall recommended percentage increase for the NIH.

### **Increase Funding for the Centers for Disease Control and Prevention (CDC)**

Prevention is the best way to protect the health of all Americans and reduce the economic burden of heart disease and stroke. However, effective prevention strategies and programs are not being implemented due to insufficient federal resources. Currently, CDC invests on average only 16 cents per-person each year on heart disease and stroke prevention.

For example, despite the fact that cardiovascular disease remains the No. 1 killer in every state, CDC’s Division for Heart Disease and Stroke Prevention still funds only 14 states to implement programs in healthcare, worksite and community settings to: (1) reduce high blood pressure and elevated cholesterol; (2) improve emergency response and quality care; and (3) end treatment disparities. Another 27 states receive funds for capacity building (planning). However, there are no funds for actual implementation and many of these states have been stalled in the planning phase for years – some for a decade. Nine states receive no prevention resources at all.

This CDC division also administers the WISEWOMAN program that screens uninsured and under-insured low-income women ages 40 to 64 in 20 states for heart disease and stroke risk. They receive counseling, education, referral and follow-up as needed. From 2000 to mid-2008, WISEWOMAN reached over 84,000 low-income women, provided more than 210,000 lifestyle interventions, and identified 7,647 new cases of high blood pressure, 7,928 new cases of high cholesterol, and 1,140 new cases of diabetes. Among those participants who were re-screened one year later, average blood pressure and cholesterol levels had decreased considerably.

***The American Heart Association Advocates:*** AHA joins with the CDC Coalition in support of an appropriation of \$8.8 billion for CDC core programs, including increases for the Heart Disease and Stroke Prevention Program and WISEWOMAN. Within the total for CDC, AHA recommends \$76.221 million for the Heart Disease and Stroke Prevention Program, allowing CDC to: (1) add the nine unfunded states; (2) elevate more states to basic program implementation; (3) continue to support the remaining funded states; (4) maintain the Paul Coverdell National Acute Stroke Registry; (5) increase the capacity for national, state and local heart disease and stroke surveillance; and (6) provide additional assistance for prevention

research and program evaluation. AHA also advocates \$37 million to expand WISEWOMAN to additional states and screen more eligible women in funded states. And, we join the Friends of the NCHS in recommending \$162 million for the National Center for Health Statistics.

**Restore Funding for Rural and Community Access to Emergency Devices (AED) Program**

About 92% of SCA victims die outside of a hospital. However, prompt CPR and defibrillation, with an automated external defibrillator (AED), can more than double their chances of survival. Communities with comprehensive AED programs have achieved survival rates of about 40%. HRSA's Rural and Community AED Program provides grants to states to buy AEDs, train lay rescuers and first responders in their use and place AEDs where SCA is likely to occur. During year one, 6,400 AEDs were bought, and placed and 38,800 people were trained. Due to budget cuts, only 10 states received funds for this life-saving program in FY 2009.

***The American Heart Association Advocates:*** For FY 2011, AHA advocates restoring HRSA's Rural and Community AED Program to its FY 2005 level of \$8.927 million.

**Increase Funding for the Agency for Healthcare Research and Quality (AHRQ)**

AHRQ develops scientific evidence to improve health and health care. Through its *Effective Health Care Program*, AHRQ supports research on outcomes, comparative effectiveness and appropriateness of pharmaceuticals, devices and health care services for diseases, such as heart disease, stroke and high blood pressure. Also, AHRQ's health information technology (HIT) plan is helping bring health care into the 21st century through more than \$300 million invested in over 200 projects and demonstrations since 2004. AHRQ and its partners identify challenges to HIT adoption and use; develop solutions and best practices; and produce tools that help hospitals and clinicians successfully integrate HIT. This work is a key component to health care reform.

***The American Heart Association Advocates:*** AHA joins Friends of AHRQ in advocating for \$611 million for AHRQ to preserve its vital initiatives, boost the research infrastructure, reignite innovation, nurture the next generation of scientists and help reinvent health and health care.

## CONCLUSION

Cardiovascular disease continues to inflict a deadly, disabling and costly toll on Americans. But, our recommended funding increases for NIH, CDC and HRSA outlined above will save lives and cut rising health care costs. The American Heart Association urges Congress to seriously consider our recommendations during the FY 2011 appropriations process. They represent a wise investment for our nation and the health and well-being of this and future generations.

SCOTT KNESER  
322 North 9<sup>th</sup> Avenue  
Wausau, Wisconsin 54401



Scott and his wife Sandy, reside in Wausau, Wisconsin. Scott has two step-sons, Patrick and Bryan. Scott was born in 1957 in Milwaukee, Wisconsin.

Currently, Scott works in finance with Aspirus Hospital in Wausau, Wisconsin. Scott earned his B.A. from Lakeland College in Sheboygan, Wisconsin. Scott has been a high school basketball referee since 2000. He has been a volunteer for the American Heart Association since 2005.

At the age of 25, in 1982, Scott was diagnosed with Hypertrophic Obstructive Cardiomyopathy with Mitral Valve Prolapse and a heart murmur. In layman's terms, Scott had an enlarged left ventricle with a valve that did not close properly. This condition caused blood leakage and poor blood flow.

In 2005, Scott became more symptomatic and experienced increased fatigue during normal activity. It was determined that Scott needed surgical intervention called a Septal Myomectomy. During this procedure, the surgeon went through the aortic valve and carved the enlarged section of muscle on the septum that was hindering his blood flow. At this time, Scott also had an implanted cardiac defibrillator placed in his chest.

Scott has recovered from his surgery and today enjoys a 30% increase in blood flow and his energy level has improved substantially. Scott is thankful for the support of his wife, family, friends, church and others. Scott continues to referee basketball during the winter months. In the warmer months, he enjoys golf, gardening, kayaking and biking with his wife.

**Subcommittee on Labor, HHS, Education  
and Related Agencies  
Witness Disclosure Form**

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:

Scott Kneser  
Aspirus, Inc.  
333 Pine Ridge Boulevard  
Wausau, Wisconsin 54401

715-847-2152

1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

American Heart Association

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2007?

Yes      No

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

Signature:



Date: May 7, 2010

Please attach a copy of this form, along with your curriculum vitae (resume) to your written testimony.