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January 29, 2021

The Honorable Charles Schumer  
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The Honorable Mitch McConnell  
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The Honorable Nancy Pelosi  
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The Honorable Kevin McCarthy  
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U.S. House of Representatives  
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On behalf of the American Heart Association (AHA) and its more than 40 million volunteers and supporters, we thank you for the important work of the 116<sup>th</sup> Congress to respond to the urgent needs of those affected by COVID-19. As the pandemic continues on, much more must be done to support [access to care](#), [active transportation](#), [child nutrition](#), [food security](#), [nonprofit sector relief](#), [public health infrastructure](#), and [research](#).

Without question, the 117<sup>th</sup> Congress's top priority must be to address the COVID-19 pandemic, which poses elevated health risks for people with cardiovascular disease (CVD) and other chronic conditions, and may lead to heart attacks, stroke, blood pressure abnormalities, and other long-term health complications in people who have had the virus. Urgent action is needed to address the pandemic's disproportionate burden on Black and Hispanic communities. [Research studies](#) of the AHA's new [COVID-19 Cardiovascular Disease Registry](#) released November 2020 found that Black and Hispanic adults with COVID-19 were far more likely to be hospitalized than their white counterparts, as were people with obesity and COVID-19. These and numerous other studies make it clear that the public health response to this pandemic must prioritize Black, Hispanic, and other communities of color, as well as people with underlying health conditions such as heart disease or a history of stroke.

The AHA urges the 117<sup>th</sup> Congress to include several policy priorities in future COVID-19 response and recovery packages to protect and support our most at-risk individuals and families, including those with CVD, and to help promote equity in policies that address COVID-19. As

these policies are of equal importance, they are presented in alphabetical order and do not reflect any order of priority.

## **I. Access to Care**

### *Medicaid Expansion*

The COVID-19 pandemic has highlighted the pressing need to expand health insurance coverage and reduce the number of uninsured individuals in our country. Uninsured individuals and families may fear seeking medical care because of the high costs of treatment, which contribute to poorer health outcomes for themselves and to continued community spread of COVID-19. Expanding Medicaid coverage to all individuals with incomes below 138 percent of the federal poverty level (\$2,497 per month for a family of three) would extend coverage to 4.8 million uninsured adults living in states that have not yet expanded Medicaid. The benefits of expansion are clear, including improved access to coverage and positive health outcomes for patients, as well as economic benefits to states and hospitals. To help states expand their Medicaid programs during this critical time, Congress should provide 100 percent Funding for State Medicaid Programs (FMAP) for the first three years—a financial incentive that was available to states that expanded their programs in 2013.

### *Funding for State Medicaid Programs (FMAP)*

State Medicaid programs provide a vital safety net during this national crisis. The 117<sup>th</sup> Congress should enact legislation to increase the FMAP increase in the Families First Coronavirus Response Act (FFCRA) from 6.2 percent to 14 percent. Medicaid enrollment has grown substantially during the pandemic and is likely to continue to grow for the foreseeable future. The special enrollment period announced by the Biden administration should lead to higher Medicaid enrollment, since people who qualify are automatically referred. Recognizing the significant impact this increase will have on state budgets, increased federal support is vital.

In addition, Congress should extend the length of time states can receive these additional funds, since the economic impact of COVID-19 is likely to last much longer than the public health emergency declaration. Finally, any enhanced FMAP should include maintenance-of-effort requirements consistent with the FFCRA to prevent states from imposing more restrictive policies during the public health emergency, and to ensure that patients with serious and chronic conditions, including CVD, continue to receive affordable and accessible coverage during a period in which there will be enormous pressure on states to reduce costs.

### *Telehealth*

Telehealth is a vital lifeline for those at the greatest risk for the COVID-19, ensuring access to specialized providers and continuity of care when in-person visits are not a safe option. We commend Congress for providing increased funding for, and greater flexibility and ease of access to, telehealth services during the pandemic. However, we understand that these changes are only effective for the duration of the public health emergency. It will be necessary for people with CVD and other serious health conditions who have a higher risk of a severe case of COVID-19 to have continued access to these services beyond the end of the declared public health emergency. We urge the 117<sup>th</sup> Congress to:

- Extend current flexibilities to ensure patients can continue to safely access the care they need, and fund research to evaluate the impact of these policies on individuals' access to

quality care.

- Enact legislation to permanently remove Medicare’s geographic and originating site restrictions that, outside of the current public health emergency, will be significant barriers to expanded telehealth access.
- Increase funding for patient and provider education about the availability, simplicity, and safety of using telehealth when appropriate.

Removing barriers to at-home care via telehealth, especially in rural and underserved communities, will remain important during the pandemic and beyond.

#### *Cardiovascular and Pulmonary Rehabilitation*

Cardiovascular and pulmonary rehabilitation (CR/PR) services, typically offered in the outpatient setting, are medically directed and supervised. The AHA urges the inclusion of the Increasing Access to Quality Cardiac Rehabilitation Act (reintroduction pending) in any future COVID-19 response and recovery packages. This bipartisan, bicameral legislation would expand patient access to critical CR/PR and help address many health behavioral and psychosocial aspects of patients’ care during the COVID-19 pandemic, such as nutritional choices, access to food, smoking, alcohol consumption, mental health concerns, stress management techniques, and medication adherence.

## **II. Active Transportation**

#### *Transportation Alternatives Program (TAP)*

TAP is the largest source of federal funding for walking, biking, and rolling—or active transportation—programs. TAP is an important way to address sedentary behavior and lack of physical activity. Physical activity is one of the most important things a person can do to help curb obesity and weight gain, lower risks of heart disease and other chronic conditions, and live in a healthy way. Active routes also provide economic stimulus in communities and connection to key destinations.

COVID-19 has confirmed that active transportation, while adhering to public health guidance, are critical modes of transportation. These modes of transportation are helping people stay active during the epidemic while maintaining social distancing, helping to improve physical and mental health, and providing for eco-friendly means of travel. The increased focus on walking, biking, and rolling during this crisis makes it more important than ever to ensure our infrastructure and funding supports safe, robust opportunities for active transportation.

The 116<sup>th</sup> Congress extended the current transportation law until September 30, 2021. TAP must be a priority of the 117<sup>th</sup> Congress in pandemic response and economic recovery policies. In addition, any funding for infrastructure and transit should increase funding for TAP and incorporate proposed improvements to make the program more equitable and ensure localities are getting the money they need to invest in their communities.

## **III. Child Nutrition**

#### *School Meal Programs*

School lunch and breakfast programs are vital to ensure children receive healthy meals and are prepared to learn. The National School Lunch Program (NSLP) is the nation's second-largest food and nutrition assistance program. In FY 2019, school cafeterias served nearly five billion lunches.

Unfortunately, school meal programs are struggling. The pandemic has put massive pressure on programs and completely upended their delivery model at a revenue loss. These challenges are coupled with multiple attempts over the years to weaken school meals that would harm vulnerable children, despite nearly a decade of gains and improvements.

As the 117th Congress considers both COVID-19 response legislation and child nutrition reauthorization, the following policies will help both programs recover and set children up for success:

- Protect and strengthen evidence-based nutrition standards. Schools can currently take meal pattern waivers due to COVID-19 hardships. When schools return to in person instruction, they will need to follow the 2012 and 2014 nutrition standards. Congress should encourage the U.S. Department of Agriculture (USDA) to update the nutrition standards to align sodium reduction targets with 2019 Dietary Reference Intakes for sodium, establish an added sugars standard for school meals, and replace the sugars standard with an added sugars standard in the competitive foods program.
- Increase funding for technical assistance. Some schools will face challenges in meeting the meal pattern when returning to in person learning. Congress should ensure that the USDA has the tools and resources they need to help transition back to meeting the nutrition standards with an emphasis on sodium, whole grains, and added sugars.
- Encourage the USDA to update the Summer Food Service Program (SFSP) meal pattern. Currently, the SFSP does not have requirements for whole grains, vegetable subgroups, or calorie ranges, or limits on sodium or saturated fat intake. Updating the SFSP nutrition standards to align with the current Dietary Guidelines for Americans will allow children to keep healthy eating habits for children year-round and send a consistent message about the importance of nutrition.

#### *School Lunch Timing and Duration*

Congress should direct the USDA and the Department of Education to develop best practices and provide guidance on the appropriate length and time of day to eat. Providing adequate time to eat healthy school meals and scheduling mealtime at an appropriate hour increases the consumption of fruits and vegetables and minimizes food waste.

#### *School Meal Program Access*

The pandemic has increased the number of children who are eligible for free or reduced-priced school meals. The 117<sup>th</sup> Congress should extend waiver authority to the USDA, and encourage the administration to promote, support, and reward schools to continue current universal meals through the NSLP, which has stronger nutrition standards than the SFSP. In addition, Congress should make free school meals for all enrolled students permanent. Providing meals at no cost for all enrolled students will help program finances as they recover from losses from the pandemic, and mitigate the time and resources needed to process new applications after the waivers expire. In addition, providing meals at no cost for all enrolled students is an equitable

way to ensure all children can receive a healthy meal and will give school food service programs flexibility to adapt to future unforeseen changes to the school day structure.

#### *Pandemic-Electronic Benefits Transfer (P-EBT)*

Widespread business closures and the mounting health impacts of COVID-19 have made it increasingly difficult for low-income families to afford food. School food authorities are struggling to meet the demand. With social distancing guidelines in place and more Americans losing jobs, the AHA urges the 117<sup>th</sup> Congress to extend P-EBT benefits. P-EBT eases the burden on reeling school food authorities, allows families to purchase the foods that meet their needs, and can reduce the number of trips outside the home. Most importantly, P-EBT, like SNAP, reduces hunger while infusing much-needed capital into the economy. Congress should also explore making a child EBT program permanent for when children are at home because schools are closed.

#### *School Meal Kitchen Equipment Grants*

Nearly 90 percent of schools need at least one piece of updated school kitchen equipment. When schools do not have adequate equipment, they are forced to use costly and inefficient workarounds. Congress should increase funding for the grant program and make the lower threshold permanent. The pandemic has shown that many schools are not set up with proper equipment to respond to emergency feeding situations. Providing an infusion of additional funding can help ensure programs are prepared to serve healthy, nutritious foods when schools return to full-time—particularly if they are unable to invest in upgrades as a result of financial stress from the pandemic—and can help them acquire adequate equipment to prepare for future emergencies.

#### *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*

The science-based review process leading to the 2009 WIC food package changes resulted in enhanced diet quality and a reduction in the prevalence of childhood obesity for participating young children. In January 2017, the National Academies of Sciences, Engineering, and Medicine issued comprehensive new recommendations to improve the nutritional quality of WIC foods, including additional benefit for fruit and vegetable purchases. Although the National Academies conducted a cost-neutral review, a more robust food package is critical in supporting the nutritional needs of pregnant and postpartum mothers, infants, and young children. Congress should work with the USDA to increase the value of the WIC Cash Value Benefit to address the immediate nutrition needs of WIC participants during this pandemic.

### **IV. Food Security**

#### *SNAP*

SNAP has proven to be an important safety net during the pandemic. Unfortunately, the current SNAP benefit—even at emergency levels—is woefully inadequate. The data show that SNAP is an effective stimulus, generating between \$1.50 and \$1.80 in local economic activity during a recession. The 117<sup>th</sup> Congress should take definitive action to strengthen and protect SNAP, including:

- Extending the 15 percent benefit increase beyond June 30, 2021. This increase is needed to offset the significant loss in income and soaring unemployment resulting from COVID-19-

related closures and disruptions.

- Improving benefit adequacy by allowing states to provide additional emergency allotments to households. The USDA narrowly interpreted the FFCRA's guidance on SNAP maximum emergency allotments, leaving out the poorest 40 percent of participants who already receive the maximum benefit. Congress should clarify its intent to the USDA, so the USDA can work with states to provide an additional allotment to all households up to the maximum amount.
- Working with the USDA to strengthen SNAP online purchasing through encouraging states, territories, and large retailers to participate; provide robust technical assistance; work with medium and small retailers on solutions for participation that are economically and technologically feasible; and develop healthy online retail and privacy policies.

## **V. Nonprofit Sector Relief**

### *Expand the Paycheck Protection Program*

The AHA strongly recommends that the 500-employee cap for participation in the Paycheck Protection Program (PPP) be removed, allowing nonprofits of all sizes to pursue this business loan program. While PPP has helped stabilize smaller charities, mid-sized nonprofits are not eligible for this same loan forgiveness option to retain staff in local communities. These larger nonprofits are key partners with cities, states, and smaller nonprofits against the worst of the COVID-19 pandemic and planning for recovery and rebuilding. The AHA had hoped the Federal Reserve's Main Street Lending Program would be a viable alternative, but this program was inaccessible for nearly all nonprofit organizations—ultimately only one nonprofit utilized this program before it ended on January 8, 2021. Nonprofits of all sizes require relief to continue providing robust services and removing PPP's 500-employee cap is a vital step for supporting the nonprofit sector.

### *Legacy IRA Act*

The AHA leads a broad coalition of more than 40 national nonprofits to support the bipartisan Legacy IRA Act (reintroduction pending). This legislation is a longer-term recovery tool to incentivize charitable giving. We have seen dramatically reduced charitable giving since March 2020 due to COVID-19 and economic instability. This bipartisan bill encourages more charitable giving from middle-income seniors with individual retirement accounts (IRAs), while also helping those seniors receive guaranteed retirement income—making it a win-win for seniors and charities. The Joint Committee on Taxation previously score this legislation at \$106 million, and it is estimated to raise an additional \$1 billion per year for charities. For the AHA alone, forecasts project the Legacy IRA Act could raise tens of millions of dollars each year to support our mission and research into COVID-19 and other health threats.

## **VI. Public Health Infrastructure**

### *Centers for Disease Control and Prevention (CDC)*

The COVID-19 pandemic has underscored the serious gaps in our public health infrastructure resulting from years of chronic underfunding. A strong public health enterprise that prevents and protects all individuals and families living in the United States from all diseases and preventable conditions—communicable and noncommunicable—requires robust, sustained

investment in the CDC and public health departments at the state, local, territorial and tribal levels. To ensure our nation is sufficiently prepared to prevent and respond to future public health crises, the 117<sup>th</sup> Congress should build on COVID-19 legislation to date and appropriate an additional \$4.5 billion annually for the CDC to strengthen epidemiology and laboratory capacity, including surveillance system modernization and data, public health and hospital preparedness, public communication and education and community partnerships.

More specifically, the AHA supports:

- Providing the necessary resources to expand and strengthen federal, state, local, territorial, and tribal capacity for a timely, comprehensive, and equitable vaccine distribution campaign. The COVID-19 pandemic has disproportionately impacted low-income populations and Black, Hispanic, and other communities of color, many of whom serve as essential employees in health care settings, the armed services, public service and safety jobs, schools, grocery stores, retail establishments and hospitality.
- Fully funding CDC's \$1 billion, multiyear effort to modernize our nation's antiquated, fragmented surveillance infrastructure into a fully integrated, electronic, interoperable public health information superhighway to yield critical data in near real time. COVID-19 have exposed the limitations of our nation's surveillance, and the resulting poor quality, incompleteness and slowness of data that impedes the detection of and response to disease threats of all types.
- Providing the necessary resources to expand, develop, and retain the public health workforce of the 21<sup>st</sup> Century to both address the ongoing COVID-19 pandemic, but to also confront current and prevent future threats, including chronic disease. Efforts to modernize the public health workforce will require considerable alignment between local and state needs and federal resources and leadership.
- Providing \$50 million to the CDC Division for Heart Disease and Stroke Prevention to expand and enhance its ongoing activities to improve the nation's overall cardiovascular health through risk factor screening and promoting behavioral health interventions. Funding should also assist public health officials and hospitals develop plans and protocols for identifying and isolating CVD patients with COVID-19 symptoms to ensure specialized care. The pandemic has exposed the vulnerabilities of too many Americans with preexisting medical conditions such as heart disease, high-blood pressure, diabetes, and obesity. Moving forward, improved health education and science literacy efforts encouraging healthy lifestyles and prevention of chronic disease are urgently needed, especially among rural populations and Black, Hispanic, and other communities of color.

## VII. Research

### *National Heart, Lung, and Blood Institute (NHLBI)*

CVD may double a patient's risk of dying from COVID-19. Doctors report that patients are experiencing cardiovascular complications such as heart-rhythm disorders, blood clots, inflammation of the heart and myocarditis, which can lead to heart failure. In addition, research from several countries has found cardiac damage in as many as one in five COVID-19 patients, even among those with no signs of previous heart disease. With more than 25 million COVID-19 cases and more than 427,000 fatalities in the United States to date, there is an urgent need to understand the immediate and long-term consequences of this disease.

Recognizing that people with CVD face more life-threatening complications and a substantially higher risk of death, the AHA urges Congress to provide \$300 million in emergency supplemental funding for NHLBI to support research focused on discovering how the coronavirus attacks the vascular system and to develop therapies to treat the disease and reduce life-threatening complications. This funding will support clinical studies aimed at preventing and treating life-threatening blood clots that can occur in COVID-19 patients; new scientific research to understand the extent of inflammation in the heart and the potential for long-term damage, including in children with multisystem inflammatory syndrome; and longitudinal studies addressing the disproportionate impact the COVID-19 is having on at-risk populations.

### *Bridge Funding to Protect Nonprofit Research Pipeline*

Supporting the biomedical research enterprise is more important than ever for learning from this pandemic, creating science-based clinical guidelines and robust systems of care, understanding the epidemiology of infectious and chronic diseases and improving population health and well-being. The AHA is deeply concerned about the economic consequences that the COVID-19 pandemic is having on America's research ecosystem, including the nonprofit and voluntary health research community. The nonprofit sector is a critical pillar of America's drug research and development pipeline as the fourth largest contributor for U.S. health research and development expenditures and as a funder of thousands of early and mid-career scientists and researchers each year. The decreases in revenue that the sector is experiencing as a direct result of the pandemic significantly impact its ability to fund new basic and clinical research, and is halting the completion of ongoing clinical trials effectively bringing innovation to a standstill. The AHA urges the 117<sup>th</sup> Congress to enact at least \$2 billion in emergency funding to support the nonprofit sector by offsetting the costs associated with stalled research, restarting research once researchers can return to their labs, and unanticipated delays resulting from the COVID-19 pandemic that will cause funding overages.



## Closing

The AHA's commitment to equitable health for everyone, everywhere compels us to address racial and economic disparities by improving access to quality health care, preventing tobacco and nicotine use, funding CVD research and prevention programs, encouraging healthy eating and active living, and ensuring a robust nonprofit sector where organizations—including the AHA—remain financially viable and an indispensable partner in the shared pursuit of longer, healthier lives for all. The AHA stands ready to work with you through at this challenging moment in our nation's history. If you have any questions or need further information, please contact Emily Holubowich, Vice President of Federal Advocacy, at [emily.holubowich@heart.org](mailto:emily.holubowich@heart.org), or for questions on specific policy issues:

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Sincerely,



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