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Excerpts of Remarks by Rep. Chris Smith

AMERICAN HEART MONTH

Mr. SMITH of New Jersey. Mr. Speaker, I rise today to give additional recognition to the tireless advocacy of the staff and volunteers of the American Heart Association, as well as the organizations in my home state of New Jersey and across the country and to mark the end of American Heart Month.

Their ongoing efforts to combat the leading cause of death among men and women are essential, this month, and every month. On February 7, 2017, in an effort to raise particular awareness of the risk this disease poses to women, the Coalition for Heart and Stroke, which I co-chair, held a briefing in coordination with the American Heart Association and Women Heart: The National Coalition for Women with Heart Disease. Despite the fact that heart disease is the number one cause of death among women in the U.S. and almost 400,000 women succumb to this disease annually, heart disease is often erroneously thought of as a man's disease. Awareness campaigns like Heart Disease Month aim to correct misinformation and can help save lives.

Among the issues discussed at our February 2017 Heart Month kick-off was the importance of having women, in representative numbers, in federally funded studies so that we can understand how heart disease presents differently in women; if current diagnostic methods are effective in detecting cardiovascular disease (CVD) in women; and if women react similarly to men to different therapeutic treatments.

On February 14, 2017, the American Heart Association released a new study that included projections for the prevalence of heart disease in 2035. These projections show that in the next two decades, the number of Americans with CDV will rise to 131.2 million people. This represents a dramatic increase from the last report, published in 2011, which estimated that 100 million Americans would suffer from CVD by 2030. However, the previously projected estimate of 100 million was already surpassed in 2015. That same year, the death rate from heart disease rose by 1 percent for the first time since 1969.

This report also shows that by age 45, the risk of developing CVD rises to 50 percent, and it increases to 80 percent by age 65.

Not only does CVD exact a devastating human toll, it is also the costliest disease in America, inflicting a \$555 billion impact in 2016. The report released last week indicates that by 2035, the cost of heart disease will approximately double to \$1.1 trillion. That cost is borne in no small part by the American taxpayer, with CVD accounting for significant spending through Medicare Fee-For-Service.

While heart disease and stroke account for 27 percent of all deaths combined, the NIH invests only 7 percent of its budget on related research.

That is why, as co-chair of the Congressional Coalition on Heart and Stroke, I have worked to increase funding for critical programs at the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC). For FY 17, the Heart and Stroke Coalition requested \$3.4 billion for the National Heart, Lung, and Blood Institute and \$1.8 billion for the National Institute of Neurological Disorders and Stroke.

Despite the \$2 billion increase in funding for NIH in FY 2016, NIH's purchasing power was 19 percent less than in FY 2003 last year. This loss has occurred at a time of heightened scientific opportunity and enhanced investment in the scientific field by other countries. We need to restore our purchasing power for NIH and capitalize on investments to improve health, spur economic growth, innovation, and advances in science.

The Coalition also requested \$160.037 million for CDC's Heart

Disease and Stroke Prevention Program. Funding for this CDC program goes toward State Public Health Actions on Heart Disease and Stroke Prevention as well as for the actions to prevent obesity and diabetes. Funding for this also goes into national surveillance on stroke and heart disease.

The Coalition additionally requested a combined \$42 million for CDC's Million Hearts and WISEWOMAN (Well-Integrated Screening and Evaluation for Women across the Nation) programs. These programs offer preventative health services, referrals to local health care providers, and lifestyle programs and health counseling tailored to identified risk factors for those most vulnerable.

American Heart Month has motivated life-saving initiatives across the country. For instance, in my home state of New Jersey, in my district, the Monmouth Medical Center, Southern Campus is on the forefront of the fight against CVD. This year, the Medical Center hosted its fourth annual American Heart Month event on February 11, providing cardiac screenings to nearly 100 people.

February 22, 2017 marked the first annual National Heart Valve Awareness Day. This year, the U.S. Department of Health and Human Services (HHS) has for the first time ever listed this day on the National Health Observances Calendar. More than 5 million people in the U.S. have been diagnosed with this particular disease, which involves damage to one or more of the heart's four valves and can result in reduced blood flow, causing the heart to work harder and the body to get less oxygen.

Tragically, more than 22,000 people in the U.S. die from this condition every year. It is my hope that inclusion of this day in Heart

Month will raise awareness of the risks of heart valve disease among those at risk, as well as the medical community.

I am honored to once again serve as the co-chair of the Congressional Heart and Stroke Coalition, which was founded in 1996 for the purpose of raising awareness of the seriousness of cardiovascular diseases and to act as a resource center for heart and stroke issues, including biomedical research, quality and availability of care, health promotion and disease prevention. Over the past twenty-one years, this bi-partisan, bi-cameral coalition, which now numbers nearly 150 members, has also worked to advance public policy aimed at fighting cardiovascular diseases.

I would like to acknowledge my colleagues who are fellow members of the Congressional Heart and Stroke Coalition and thank them for their efforts. I encourage

those members who have not yet joined the Coalition to do so.

I would also like to thank WomenHeart and The American Heart Association for their dedication and impact and look forward to continuing to work in cooperation with them throughout this Congress.

Those suffering from cardiovascular disease, as well as their loved ones and caregivers, need vocal advocates on Capitol Hill to ensure access to quality care and treatments. We have a duty to see that programs aimed at combating CVD, as well as medical research for prevention and treatment of stroke and heart attacks are supported appropriately at a federal level. I look forward to continuing to work with my colleagues in Congress and with advocates across the nation as we continue this critical work throughout the year in the fight against America's number one killer.