American Heart Association.

January 11, 2021

The Honorable Joseph R. Biden Jr.
Presidential Transition Office
1401 Constitution Avenue, NW
Washington, DC 20230

Dear President-Elect Biden:

On behalf of the American Heart Association (AHA) and its more than 40 million volunteers and supporters, we thank you for the opportunity to share more information about our response to the COVID-19 pandemic and our federal policy priorities to meet the needs of affected individuals, families, and communities. As the pandemic surges, much more must be done to strengthen and expand access to care, public health infrastructure, child nutrition, food security, active transportation, and research.

Without question, the new administration'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. The situation is most dire for communities of color, and urgent action is needed to address the pandemic's disproportionate burden on Black and Latinx communities. Research studies of the AHA's new COVID-19 Cardiovascular Disease Registry released last month found that Black and Latinx 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 communities of color and people with underlying health conditions such as heart disease or a history of stroke.

AHA's Pandemic Response: Building the Knowledge Base

In the earliest days of the pandemic, the AHA launched a multi-faceted response to the COVID-19 pandemic that is anchored by a focus on populations that, because of endemic inequities—lower paying and hourly wage jobs deemed "essential," lower levels of educational attainment, fewer transportation options, unstable or unsafe housing, lower quality environments, decreased availability of health care and lower likelihood of health insurance—have experienced a devastating and disproportionate impact of the novel coronavirus. We fast-tracked a multi-million-dollar fund for rapid-response scientific research projects on the cardiovascular implications of the coronavirus, including the cardiovascular effects of COVID-19 on Black women.

We also created a national COVID-19 CVD Registry, powered by the Association's flagship quality improvement initiative Get With The Guidelines®, that captures data on clinical characteristics, medications, treatments, biomarkers and outcomes for nearly 27,000 adult COVID-19 patients at 165 participating hospitals and health systems across the country. Approximately 50 percent of the registry are Black or Latinx patients, making the registry representative of communities disproportionately affected by the pandemic. In response to concerns among consumers about going to the hospital during the pandemic when experiencing a heart attack or stroke, we launched Don't Die of Doubt, a national public awareness campaign to dispel fears and myths about calling 9-1-1 and to reassure patients that needed access to emergency care is safe.

AHA's Federal Policy Priorities to Help Build Back Better

The AHA urges the Biden administration and the 117th Congress to include several policy priorities in any future executive and/or legislative action to address the pandemic, protect people's health and improve health equity:

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 Biden administration should work with the 117th Congress to enact legislation to increase from 6.2 percent to 14 percent the FMAP increase in the Families First Coronavirus Response Act (FFCRA). An estimated 13 million individuals who have lost employer-sponsored coverage are eligible for Medicaid, and that number is likely to rise to 17 million by January 2021. 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.

Special Enrollment Periods
In response to the pandemic, the Trump administration did not establish a special enrollment period for the Health Insurance Marketplace available at HealthCare.gov, which services 38 states. Eleven states and the District of Columbia opened their Affordable Care Act (ACA) marketplaces to special enrollment periods early in the pandemic so uninsured individuals could obtain health insurance, resulting in tens of thousands of people gaining coverage. Where a person lives should not determine whether they can access health care, especially during a national health crisis. We urge Congress to work with the Biden administration to direct the Department of Health and Human Services (HHS) to immediately reopen enrollment in the federal marketplace in January 2021, so people who were unable to enroll can to continue their search for quality, affordable care without having to wait another year. In addition, we ask that the Biden administration work with Congress to secure funding for a robust public education campaign to ensure the public is aware of this opportunity.

Surprise Medical Bills
The AHA applauds the December 2020 enactment of the Consolidated Appropriations Act, 2021 that included provisions to protect patients by ending the harmful practice of surprise medical billing beginning in 2022. We strongly urge the Biden administration to implement the law in such a way that patient protections are not weakened and there are no unintended, negative impacts on health care access, quality, and costs.

Telehealth
Telehealth is a vital lifeline for those at the greatest risk for the coronavirus, ensuring access to specialized providers and continuity of care when in-person visits are not a safe option. We commend Congress and the Trump administration 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 crisis. The Biden administration should work with the 117th 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 of 2019 (H.R. 3911/S. 2842) in any future legislative 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.

Public Charge Rule

The "public charge rule," first published as final in August 2019, directs the Department of Homeland Security (DHS) to broadly expand the public charge evaluation—which aims to determine whether an individual is likely to become dependent on the government for subsistence—to include critical safety-net programs such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Section 8 housing assistance and Medicare Part D low-income subsidies for prescription drugs. This policy, which tethers an immigrant's usage of basic public benefits, to which they are legally entitled, to their ability to obtain lawful permanent residency, represents a dramatic departure from the original intent of these programs and results in far-reaching consequences that extend to the health care system, workforce, education attainment and overall public health of our nation. Specifically, this policy restricts access to critical support services, causes health coverage losses, restricts access to critical feeding programs, leads to negative health outcomes and results in fewer people seeking out the support services they and their U.S. citizen family members need. We strongly urge the Biden administration to swiftly rescind the public charge rule and pursue policies that ensure every community has access to the quality, equitable programs and services they need to provide for their families.

II. Public Health Infrastructure

Centers for Disease Control and Prevention

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 Centers for Disease Control and Prevention (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 Biden administration and the 117th 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 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 disproportionally impacted low-income populations and 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. As safe and effective vaccines are made available, it will be crucial to ensure equitable access. The AHA also supports the recommendations for equitable vaccine distribution put forth by the National Academies of Science, Engineering, and Medicine, COVAX, and the Advisory Committee on Immunization Practices. The public health infrastructure

must be strengthened to ensure health equity; any disparities by race, sex and/or gender, disability status, health insurance status, citizenship status and geographic location in the delivery and availability of, and accessibility to COVID-19 vaccines approved by the Food and Drug Administration (FDA) must be anticipated and planned for and mitigated to assure equity. Moreover, we strongly encourage a unified effort to strengthen vaccine confidence and combating misinformation with federally supported and locally tailored communication, research, and outreach efforts.

- 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 $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 coronavirus 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 communities of color.

III. Child Nutrition

School Foods Nutrition Standards
School lunch and school 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 fiscal year 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 four years of attacks from the Trump administration that weaken school meals and harm vulnerable children after nearly a decade of gains and improvements. The Biden administration should consider the following actions to set school meal programs up for success:

- Commit to serve nutritious school meals during COVID-19 by issuing a policy or Q&A memo that ensures schools continue to meet or work toward the school nutrition standards during the pandemic, and provide robust technical assistance to address procurement challenges.

- Ensure that states and programs are complying with the statutory requirements of with FFCRA on meal pattern waivers, requiring schools to demonstrate hardship due to COVID-19-related supply chain disruptions. The Biden administration must ensure

judicious use of the waivers, and the Department of Agriculture (USDA) should re-commit to transparency and publish the use of the meal pattern waiver on the department's website.

- Undo the Trump administration's rollbacks on school meal nutrition standards. As of today, two rules are pending that would significantly alter school meal nutrition standards relating to sodium, whole grains, vegetables, and fruits. The Biden administration should immediately issue a moratorium to halt the rulemaking process, or if the rules are finalized before January 20, 2021, delay the effective dates, and begin the process to repeal or amend the rules. As part of that process, the USDA should update the sodium reduction targets to align 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.

- Restore transparency to the schools meeting program by returning to quarterly publishing of data on schools' compliance with nutrition standards on the USDA's website. The data should include the total number of school food authorities in each state, the number of school food authorities in compliance with the requirements and the percentage of school food authorities in compliance with the requirements by state.

- Recommit to providing robust technical assistance, with an emphasis on sodium, whole grains, and added sugars. During the enactment of the Healthy, Hunger-Free Kids Act, the USDA provided robust technical assistance to schools in meeting the 2012 nutrition standards for school meals and the 2016 nutrition standards for competitive foods.

- Promulgate a new rule strengthening summer nutrition standards. Unlike the NSLP and School Breakfast Program, the Summer Food Service Program (SFSP) meal pattern does not have requirements for whole grains, vegetable subgroups or calorie ranges, or limits on sodium or saturated fat intake. The USDA should update the nutrition guidelines for SFSP to align with the current Dietary Guidelines for Americans. Having SFSP nutrition standards better aligned with the latest nutrition science 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

The USDA should work with 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 Biden administration should extend current waivers allowing universal school meals through September 30, 2022 to respond to the economic downturn. At the same time, the administration should also encourage, support, and reward schools to continue current universal meals through the NSLP, which has stronger nutrition standards than the SFSP or Seamless Summer Option. The administration

should also work with the 117th Congress to explore options to make universal school meals 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 adapt 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 Biden administration should work with the 117th 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.

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. School Kitchen Equipment Grants began under the American Recovery and Reinvestment Act, and as the Biden administration considers an economic recovery and relief, it should also consider increasing funding for the grants. 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 be prepared for future emergencies.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
WIC services are effective at improving health outcomes throughout pregnancy and early childhood. To make sure all vulnerable populations are covered, especially during the pandemic, the Biden administration should work with the 117th Congress to expand access by increasing child eligibility to age six, increasing postpartum eligibility to two years, and extending infant and child certification periods to two years. These steps will address existing nutrition gaps and reduce duplicative paperwork requirements on both participants and service providers. The USDA should also finalize new WIC food packages based on the recommendations from the 2017 National Academies of Sciences report and the 2020-2025 DGA. Finally, the Biden administration should work with the 117th Congress to increase the value of WIC's Cash Value Benefit, which offers participants $9-$11 per month to purchase a variety of fruits and vegetables, to $35 for women and children. This increase in the fruit and vegetable benefit will ensure WIC participants have sustained access to nutritious foods throughout the public health emergency.

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, and the Trump administration sought policies to make it more difficult to access SNAP. As the Biden administration explores options for fiscal recovery, the data show that SNAP is also an effective stimulus, generating between $1.50 and $1.80 in local economic activity during a recession. The Biden administration should take definitive action to strengthen and protect SNAP, including:

- Working with the 117th Congress to extend 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. An increase in SNAP can also help stimulate the economy.

- 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. As the Act permits, The USDA should allow states to provide an additional allotment to all households up to the maximum amount.

- Issuing a moratorium and halt the rulemaking process on the USDA proposed regulations that limit access to SNAP, including: 1) the rule that undercuts state options to eliminate SNAP asset tests and apply modestly higher gross income tests; 2) the rule that would revise the SNAP standard utility allowance; and 3) the rule that would revise categorical eligibility. These pending rules could decrease or eliminate benefits for several million households and would jeopardize school meal access for millions of children.

- Strengthening SNAP online purchasing by 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. 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.

Congress extended the current transportation law until September 30, 2021. As the Biden administration considers COVID and economic recovery policies and measures to address climate change, TAP must be a priority. In addition, any funding for infrastructure and transit should increase funding for TAP and incorporate proposed improvements to make it more equitable and ensure localities are getting the money they need to invest in their communities.

Strategies to Promote Active Transportation
As communities look for ways to promote and maintain active transportation while practicing physical distancing, the Biden administration should take additional actions beyond TAP, such as:

- Prioritizing funding for projects that convert temporary street and lane closures into permanent bicycle lanes and pedestrian infrastructure.

- Allowing a blanket waiver to state design guidelines (not including the Americans with Disabilities Act requirements) for temporary projects designed to improve transportation during the crisis for people who normally rely on transit for essential trips.

- Appropriating funding for transit agencies to close the gap for under-resourced communities on first- and last-mile transit access, such as bikeshare.

VI. Research

National Institutes of Health
Cardiovascular disease 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 21 million Americans testing positive for COVID-19, and more than 360,000 fatalities to date, there is an urgent need to understand the short and long-term consequences of this disease.

Recognizing that people with CVD face more life-threatening complications and a substantially higher risk of death, AHA applauds the enactment of $1.15 billion for the National Institutes of Health (NIH) to support COVID-19 research in the Consolidated Appropriations Act, 2021. We request that a substantial portion of these funds go directly to basic, translational, and clinical research focused on discovering how the coronavirus attacks the heart and brain. 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 coronavirus is having on vulnerable populations. As the Biden administration develops its FY 2022 budget request and Congress begins the appropriations process, it is imperative

that lawmakers balance competing priorities and provide adequate resources to not only address the challenges presented by the ongoing pandemic, but also build on investments in life-saving cardiovascular disease research.

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 will have on America's research ecosystem, including the nonprofit and voluntary health community. Nonprofit organizations are a critical pillar of America's drug research and development pipeline as the fourth largest contributor for U.S. medical and health research and development expenditures, and 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 COVID-19 pandemic will significantly impact its ability to fund new basic and clinical research, and halt completion of ongoing clinical trials, effectively bringing innovation to a standstill. The AHA urges the Biden administration and the 117th Congress enact at least $2 billion in emergency funding to support nonprofit organizations by offsetting the costs associated with stalled research, costs for 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 cardiovascular disease 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.

Sincerely,

Nancy Brown
Chief Executive Officer
American Heart Association