

**Labor Health and Human Services, 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:

John C. "Jack" Lewin, MD
CEO
American College of Cardiology
[Redacted]

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

American College of Cardiology

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2008?

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.

See attached.

Signature:

[Redacted Signature]

Date: 3/23/12



Testimony of

**Jack Lewin, MD
CEO, American College of Cardiology**

Presented to the

**House Labor, Health and Human Services, Education, and Related Agencies
Appropriations Subcommittee**

Public Witness Hearing

March 29, 2012

Chairman Rehberg and Ranking Member DeLauro, thank you for holding this hearing today and for the opportunity to discuss the exciting federal research and prevention efforts underway to improve the detection and treatment of cardiovascular disease in this country.

I am the CEO of the American College of Cardiology (ACC), a professional medical society and teaching institution made up of 40,000 cardiovascular professionals from around the world – including over 90 percent of practicing cardiologists in the United States and a growing number of cardiovascular-focused registered nurses, clinical nurse specialists, nurse practitioners, physician assistants and clinical pharmacists.

Heart Disease in the United States

The good news is that we have made dramatic progress in the fight against heart disease. Due to advances in diagnostic tests, drug and device therapies, surgical innovations, prevention and public education, mortality related to cardiovascular disease has dropped by 30 percent in the past decade. I just returned from the ACC's annual scientific session where several innovative new therapies for heart disease were unveiled. Federally supported research provided for many of these advances.

The bad news is that cardiovascular disease is still the leading cause of death in the United States (US), with 1 in every 3 deaths attributable to heart disease, or 2,200 every day. One in three Americans has some form of heart disease. Americans suffer more than 2 million heart attacks and strokes each year. Cardiovascular disease can be fatal, but can also result in serious illness, disability, and decreased quality of life. In fact, cardiovascular disease is among the leading causes of disability in the US, with more than 3 million people reporting disability from these causes. Cardiovascular disease cost the nation more than \$444 billion in health care expenditures and lost productivity in 2010 alone—and these costs are expected to rise given the aging of the population.

Fiscal Year 2013 Funding Recommendations

A strong federal investment in cardiovascular disease research, prevention, and treatment is critical to continue to strides we are making against heart disease. The College urges the subcommittee to support the following Fiscal Year 2013 funding recommendations.

National Institutes of Health (NIH): \$32 billion

The ACC requests an appropriation of \$32 billion for the National Institute of Health (NIH) to support the basic and translational research that facilitates the delivery of new discoveries to the bedside. Research conducted through the NIH has resulted in better diagnosis and treatment of cardiovascular disease, improving the quality of life for those living with the disease and lowering the number of deaths attributable to it.

National Heart, Lung, and Blood Institute (NHLBI): \$3.214 billion

The ACC requests an appropriation of \$3.214 billion for the National Heart, Lung, and Blood Institute (NHLBI) to continue its critical research into the causes, diagnosis, and treatment of heart disease.

Agency for Healthcare Research and Quality (AHRQ): \$400 million

The ACC recommends an appropriation of \$400 million for the Agency for Healthcare Research and Quality (AHRQ) to support AHRQ's health services research related to health care costs, quality, and access.

Congenital Heart Disease Research and Surveillance at NHLBI and CDC

The ACC requests an appropriation of \$2 million to the CDC to conduct surveillance of congenital heart disease (CHD) to better understand CHD prevalence and assess the public health impact of CHD across the lifespan, as well as support for NHLBI's efforts to expand research targeted to the diverse lifelong needs of individuals living with CHD.

Congenital heart defects continue to be the most common birth defect and leading cause of infant mortality in the United States. Those who receive successful intervention will need lifelong, costly, specialized cardiac care. Estimates suggest there are over two million people alive today with congenital heart disease. The CDC and NHLBI have begun to take steps to address this increasing public health burden, needing additional resources to continue and expand their efforts. Federal support for congenital heart disease surveillance through the CDC and research through the NHLBI will help prevent premature death and disability in this rapidly-growing and severely under-served population.

CDC Heart Disease and Stroke Prevention: \$75 million

The ACC requests an appropriation of \$75 million for the Centers for Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention. These public education efforts are helping to reduce blood pressure and cholesterol, educate about heart disease and stroke signs and symptoms, enhance emergency response and quality care, and end treatment disparities.

CDC WISEWOMAN: \$37 million

The ACC recommends an appropriation of \$37 million for CDC's WISEWOMAN program, which screens uninsured and under-insured low-income women ages 40 to 64 for heart disease and stroke risk and those with abnormal results receive counseling, education, referral and follow up.

HRSA Rural and Community AED Program: \$8.927 million

The ACC supports an appropriation of \$8.927 million for the Health Resources and Services Administration (HRSA) Rural and Community Access to Emergency Devices Program, which would restore it to its FY 2005 level when 47 states received resources from the initiative. This program provides competitively awarded grants to states to purchase automated external defibrillators (AEDs), train lay rescuers and first responders in their use, and place them in public areas where sudden cardiac arrests are likely to occur.

Each year, approximately 300,000 people in the US experience an out-of-hospital cardiac arrest. Approximately 92 percent of people who experience cardiac arrest outside the hospital die. Unfortunately, only 32 percent of out-of-hospital cardiac arrest victims receive bystander cardiopulmonary resuscitation (CPR). Individuals can die of sudden cardiac arrest within minutes. Prompt delivery of CPR more than doubles the victim's chance of survival by helping to maintain vital blood flow to the heart and brain, increasing the amount of time in which an electric shock from a defibrillator may be effective. An AED, even when used by a bystander, is safe, easy to operate and, if used immediately after the onset of sudden cardiac arrest, highly effective in terminating ventricular fibrillation so the heart can resume a normal, effective rhythm.

Million Hearts: Partnering to Improve Heart Health

The ACC is excited to support the Million Hearts Initiative, launched by the Department of Health and Human Services in 2011 to prevent 1 million heart attacks and strokes over five years. Through a public and private health sector partnership, Million Hearts aims to prevent heart disease and stroke by:

- Improving access to effective care.
- Improving the quality of care for the ABCS.
 - A — Appropriate Aspirin Therapy
 - B — Blood Pressure Control
 - C — Cholesterol Management
 - S — Smoking Cessation
- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.

ACC will employ its outpatient registry and consumer-oriented resources to help reach the shared goal of reducing heart disease. The ACC's PINNACLE Registry currently collects data on patient interactions such as aspirin prescriptions, blood pressure measures, smoking cessation status and consulting, lipid panels, and diabetes screening.

Additionally, ACC's patient-focused CardioSmart National Care Initiative which offers online information on heart disease as well as everyday strategies for healthy living, is a platform that can be used to educate those living with or at risk for heart disease.

Conclusion

In closing, the ACC urges you to support the funding recommendations outlined above in order to improve our understanding of the prevention and treatment of cardiovascular disease, leading to better outcomes and increased quality of life for patients. Thank you for the opportunity to speak with you today.

Name	Contract Number	Agency	Type Contract/grant	Sub Type	Dates
CERTs	U18 HS016964-01	AHRQ	Grant	Sub Award	9/1/07 - 8/31/11
IMPACT Registry	HHSF223200910441P	FDA	Contract	Purchase Order	9/21/09 - 9/20/10
Adverse Events	HHSF223201010124A	FDA	Contract	Purchase Order	9/14/10 - 9/13/12
ICD Lead Safety Study - TO2	HHSF223200610010I	FDA	Contract	Task Order	9/28/08 - 12/31/10
Atrial Fibrillation Ablation Registry Study - TO3	HHSF223200610010I	FDA	Contract	Task Order	9/22/08 - 12/31/10
BNP Study - TO4	HHSF223200610010I	FDA	Contract	Task Order	9/22/08 - 8/31/10
ICD Malfunctions - TO5	HHSF223200610010I	FDA	Contract	Purchase Order	9/1/09 - 8/31/10
Atrial Fibrillation Ablation Registry Study - TO6	HHSF22301002T	FDA	Contract	Task Order	9/22/10 - 12/31/11
ICD Registry Reports	HHSM500201000102P	CMS	Contract	Purchase Order	6/21/11 - 6/20/12
CathPCI Registry Reports	VA260-P-0551	Department of Veterans Affairs	Contract	Purchase Order	1/15/09 - 2/11/13
ASCERT	5RC2HL101489-01	NIH	Grant	Prime	9/30/09 - 7/31/12
NCRI	5RC2HL101512-01	NIH - NHLBI	Grant	Sub Award	9/30/09 - 7/31/12
Comparative Effectiveness Therapies for Heart Failure	HHSA29032001T	AHRQ	Contract	Subcontract	7/15/10 - 7/14/13
Cardiac Care in Specialty and General Hospitals - Cram	1R01HL085347-01	NIH	Grant	Sub Award	5/1/07 - 2/28/11
Dr Rumsfeld - CSO	VA259-S-0900	Department of Veterans Affairs	Contract	Prime	11/1/05 - 10/31/11
TOP PCI	1U01HL105270-01	NIH - NHLBI	Grant	Sub Award	9/30/10 - 7/31/14
Expansion of the Longitudinal ICD Study In Seledt Populations	HHS2902010000081	AHRQ	Contract	Subcontract	9/30/11-9/29/12

John (Jack) C. Lewin, MD

Dr. Jack Lewin has been Chief Executive Officer of the American College of Cardiology (ACC) since November 2006. The 39,000-member College represents American cardiologists, and a growing number of international members. Based in Washington DC, ACC has a distinguished reputation among professional societies for leadership in the monitoring of quality care and outcomes, and for making such results transparent. Publisher of the esteemed Journal of the American College of Cardiology (JACC), ACC is also the world leader in cardiovascular clinical education and clinical guidelines development, operating the NCDR quality of care data registries in over 2,400 hospitals, and now in the PINNACLE outpatient registry system in use in over 100 practices. Lewin has been designated an honorary Fellow of the ACC.

Prior to Coming to ACC, Lewin was CEO of the 35,000 member California Medical Association. Lewin was also formerly Hawaii's Director of Health from 1986-1994, where he helped Hawaii achieve near-universal access to health care and revitalize statewide public health systems.

Before that, as a Commissioned Officer in the USPHS, he was the founder and first Director of the Navajo Nation Department of Health, serving the needs of America's largest Indian tribe, straddling the three states of Arizona, New Mexico and Utah.

Trained in internal medicine, Lewin has also enjoyed many years of practicing primary care medicine during his career in Arizona, Hawaii, and California. He serves on numerous national boards and advisory bodies. He was also an advisor on health policy to President Clinton.

Dr. Lewin received his B.A. in Biological Sciences from the University of California, Irvine, and his M.D. from the University of Southern California. He and his wife Sandra have three children.