



Testimony of Christopher M. Kramer, MD, FACC

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Before the U.S. House Appropriations Subcommittee on Labor, Health and Human Services,
Education, and Related Agencies

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Chairman Aderholt, Ranking Member DeLauro, Vice Chair Letlow, and Members of the
Subcommittee:

Good morning, and thank you for the opportunity to testify today.

My name is Dr. Christopher Kramer, and I am the President of the American College of Cardiology (ACC). I am a practicing cardiologist and serve as Chief of Cardiovascular Medicine at the University of Virginia.

I am honored to speak on behalf of the ACC's more than 60,000 cardiovascular clinicians—including cardiologists, nurses, advanced practice providers, and researchers—who work every day to prevent and treat heart disease, improve patient outcomes, and transform cardiovascular care nationwide.

The ACC has long been committed to advancing policies that support evidence-based care and promote public health, in addition to working alongside lawmakers to ensure the latest science is translated into lifesaving practice.

Today, I am here to discuss one of the most promising and urgent opportunities to save young lives: fully funding the HEARTS Act.

The Cardiomyopathy Health Education, Awareness, Research, and Training in Schools, or HEARTS Act for short, was passed by Congress last year with near-unanimous bipartisan support in both chambers. Such consensus is rare, and it sends a powerful message: cardiac arrest is not a partisan or regional issue; it is a public health concern where we have the tools to make a difference.

The HEARTS Act ensures that public primary and secondary schools across the country can develop cardiac emergency response plans, provide training for CPR and automated external defibrillators, better known as AEDs, and, through a voluntary grant program, have AEDs available on-site, ready for use when they are needed most.

While student athletes are the original focus of this bill, its benefits extend into the communities around them. Schools are a gathering point, a cornerstone in American public life. Having an AED nearby helps protect every person passing through a school setting, whether they be students, parents, educators, or seniors.

This new law is so important because it builds upon the foundation of sustained investment in the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Department of Health and Human Services (HHS). The HEARTS Act is not solely about providing

AEDs in schools; it's about leveraging the power of NIH-funded research to understand and prevent heart disease and utilizing valuable public health programs at the CDC and HHS to educate and protect our patients.

Every year in this country, more than 2,000 young people under the age of 25 die from sudden cardiac arrest.ⁱ Individuals experiencing an out-of-hospital sudden cardiac arrest event face a mortality rate of 70-90%. Many of these deaths can be prevented if the appropriate knowledge and systems are in place. Every second counts, and having access to training and easily-used technology, such as AEDs, can mean the difference between life and death.

We are proud and grateful to our friends in Congress for this law designed to prevent tragic cardiac events, but passing the law was just the first step. Now, we must fund it so that its promise becomes reality.

The American College of Cardiology respectfully urges the Subcommittee to provide full funding for the HEARTS Act in Fiscal Year 2026, including:

- \$25 million for grants to help schools purchase AEDs and develop cardiac emergency response plans;
- \$5 million for the Centers for Disease Control and Prevention to develop risk assessments and distribute educational materials to schools and families about conditions that lead to cardiac arrest in youth;
- And \$20 million for the National Institutes of Health to conduct research into cardiomyopathy - the most prevalent cause of sudden cardiac death in young people.ⁱⁱ

We cannot overstate the value of continued investment in the NIH. It is through NIH-funded research that we have learned how to prevent, treat, and manage heart conditions that once seemed untouchable. Since 1950, death rates from cardiovascular disease have declined 60% and the number of people in the United States dying of a heart attack each year has dropped from 1 in 2 in the 1950s to, now, 1 in 8.5. America's leadership in medical science depends on strong investments in our nation's research infrastructure—and the HEARTS Act is a worthy and impactful addition to that legacy.

Distinguished members of the Subcommittee, the HEARTS Act was passed by Congress with the unity and urgency this issue deserves. Now, with your support, we can ensure effective nationwide implementation, protecting and investing in the health and safety of our communities.

On behalf of the American College of Cardiology, and the thousands of patients, families, and clinicians we represent, thank you for your time, your leadership, and your commitment to building a heart-healthy future for all Americans.

ⁱ <https://publications.aap.org/pediatrics/article/129/4/e1094/32355/Pediatric-Sudden-Cardiac-Arrest?autologincheck=redirected>

ⁱⁱ <https://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/in-depth/sudden-death/art-20047571>