

117TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT  
2d Session } 117-

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SOUTH ASIAN HEART HEALTH AWARENESS AND  
RESEARCH ACT OF 2022

JUNE --, 2022.—Committed to the Committee of the Whole House on the State of  
the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,  
submitted the following

R E P O R T

together with

\_\_\_\_ VIEWS

[To accompany H.R. 3771]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3771) to amend the Public Health Service Act to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “South Asian Heart Health Awareness and Research Act of 2022”.

**SEC. 2. HEART HEALTH PROMOTION GRANTS.**

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 317U (42 U.S.C. 247b–23) the following new section:

**“SEC. 317V. HEART HEALTH PROMOTION GRANTS.**

“(a) **IN GENERAL.**—The Secretary may make grants to States for the purpose of promoting awareness of the increasing prevalence of heart disease, including, where appropriate, its relationship to type 2 diabetes, in communities disproportionately affected by heart disease such as South Asian communities in the United States.

“(b) **USE OF FUNDS.**—A State that receives a grant under subsection (a) shall use such grant funds—

“(1) to develop culturally appropriate materials on evidence-based heart health promotion topics, such as nutrition education, optimal diet plans, and programs for regular exercise;

“(2) to support heart health promotion activities of community organizations that work with or serve communities disproportionately affected by heart disease, such as South Asian communities in the United States; or

“(3) to support, with respect to research conducted relating to heart disease, conferences and workshops on how practices, methodologies, and designs of such research should be changed to include in such research more members of communities disproportionately affected by heart disease, such as South Asian communities in the United States.

“(c) ANNUAL REPORT TO CONGRESS.—Not later than 180 days after the date of the enactment of the South Asian Heart Health Awareness and Research Act of 2022, and annually thereafter, the Secretary shall submit to Congress a report on outreach efforts and data relating to heart disease in communities disproportionately affected by heart disease, such as South Asian communities in the United States.

“(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2023 through 2027.”.

**SEC. 3. HEART HEALTH RESEARCH.**

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following new section:

**“SEC. 409K. HEART HEALTH RESEARCH.**

“(a) IN GENERAL.—The Secretary may—

“(1) conduct or support research and related activities regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at-risk populations, including South Asian communities in the United States; and

“(2) establish an internet clearinghouse to catalog existing evidence-based heart health research and treatment options for communities disproportionately affected by heart disease, such as South Asian communities in the United States, to prevent, treat, or reverse heart disease and diabetes.

“(b) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2023 through 2027.”.

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### **I. PURPOSE AND SUMMARY**

H.R. 3771, the “South Asian Heart Health Awareness and Research Act of 2021,” authorizes the Secretary of Health and Human Services (Secretary) to award grants to states for the purpose of promoting awareness of the increasing prevalence of heart disease, including its relationship to type 2 diabetes, in communities disproportionately affected by heart disease, such as South Asian communities in the United States. The legislation also authorizes the Secretary to conduct or support research related to cardiovascular disease, type 2 diabetes, and other heart-related ailments among at-risk populations, including the South Asian population in the United States. The Secretary may also establish an internet clearinghouse to catalog existing heart health research and treatment options for vulnerable communities.

### **II. BACKGROUND AND NEED FOR LEGISLATION**

Heart disease is the leading cause of death for adults in the United States<sup>1</sup>, and risk of death from heart disease varies widely based on an individual’s race or ethnicity.<sup>2</sup> Risk of and death rates from heart disease are shaped by systemic health disparities, as members of minority groups often confront more barriers to heart health care, including less culturally-competent care,

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<sup>1</sup> Centers for Disease Control and Prevention, *NCHS Data Brief, Mortality in the United States*, 2020 (Dec. 2021) ([www.cdc.gov/nchs/data/databriefs/db427.pdf](http://www.cdc.gov/nchs/data/databriefs/db427.pdf)).

<sup>2</sup> Centers for Disease Control and Prevention, *Heart Disease, Heart Disease Facts* ([www.cdc.gov/heartdisease/facts.htm](http://www.cdc.gov/heartdisease/facts.htm)) (accessed July 17, 2022).

and fewer proactive heart health interventions.<sup>3,4</sup> In turn, racial and ethnic minorities face an elevated risk of morbidity and mortality due to heart disease.<sup>5</sup>

Black men have a 70 percent higher risk of heart failure compared to White men, and Black women have a 50 percent higher risk compared to White women.<sup>6</sup> These trends have decreased the average lifespan of Black Americans to make it significantly shorter than that of White Americans—in fact, heart disease and stroke contributed to more than two million years of life lost among Black Americans between 1999 and 2010.<sup>7</sup> Heart disease is the leading cause of death among Hispanic men, and for Hispanic women, heart disease is second only to cancer.<sup>8</sup> While South Asians comprise 23 percent of the world's population as of 2020, they carry approximately 60 percent of the world's global burden of heart disease.<sup>9</sup> South Asian Americans are also more likely to die of atherosclerotic cardiovascular disease (ASCVD) than other Asian Americans and non-Hispanic White Americans.<sup>10</sup> In addition, the increased risk and disproportionate impact that heart disease has on the South Asian American community is often obscured due to lack of data, since South Asian Americans are often grouped with other Asian Americans.<sup>11</sup> In 2019, the American Heart Association and other medical groups issued updated cholesterol guidelines that, for the first time, urged doctors to consider ethnicity when determining a patient's cardiovascular risk and treatment options.<sup>12</sup>

H.R. 3771 aims to address these trends by allowing states to direct culturally appropriate resources to communities that are disproportionately impacted by heart disease, with the goal of increasing awareness and promoting prevention tools and methods. These grants may also support conferences and workshops on how practices, methodologies, and designs of heart disease research should be changed to include those disproportionately affected by the disease. The legislation also supports research efforts on cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at risk populations.

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<sup>3</sup> Garth Graham, *Disparities in cardiovascular disease risk in the United States*, Current Cardiology Review (Aug. 2015).

<sup>4</sup> Sandeep Krishnan, *South Asians and Cardiovascular Disease: The Hidden Threat*, Cardiology Magazine American College of Cardiology (May 17, 2019).

<sup>5</sup> *Id.*

<sup>6</sup> Cleveland Clinic, *How Race and Ethnicity Impact Heart Disease* (my.clevelandclinic.org/health/articles/23051-ethnicity-and-heart-disease) (accessed July 18, 2022).

<sup>7</sup> Mercedes R. Carnethon, et al., *Cardiovascular Health in African Americans: A Scientific Statement From the American Heart Association*, Circulation (Oct. 23, 2017).

<sup>8</sup> *See note 2.*

<sup>9</sup> Pablo Martinez-Amezcuca et al., *The Upcoming Epidemic of Heart Failure in South Asia*, Circulation: Heart Failure An American Heart Association Journal (Sep. 23, 2020).

<sup>10</sup> Annabelle Santos Volgman et al., *Atherosclerotic Cardiovascular Disease in South Asians in the United States: Epidemiology, Risk Factors, and Treatments: A Scientific Statement from the American Heart Association*, Circulation: An American Heart Association Journal (May 24, 2018).

<sup>11</sup> Sandeep Krishnan, *South Asians and Cardiovascular Disease: The Hidden Threat*, Cardiology Magazine (May 17, 2019).

<sup>12</sup> *Ethnicity a 'risk-enhancing' factor under new cholesterol guidelines*, American Heart Association News (Jan. 11, 2019) (www.heart.org/en/news/2019/01/11/ethnicity-a-risk-enhancing-factor-under-new-cholesterol-guidelines).

Heart disease risk in the United States has also been exacerbated by the coronavirus disease of 2019 (COVID-19) pandemic. One study found that beyond the first 30 days of infection, people with COVID-19 exhibited increased risks of cardiovascular diseases, including cerebrovascular disorders, dysrhythmias, inflammatory heart disease, ischemic heart disease, heart failure, thromboembolic disease and other cardiac disorders.<sup>13</sup> In addition, during the COVID-19 pandemic in the United States, Black, Hispanic, and Asian populations experienced a disproportionate rise in deaths caused by heart disease and cerebrovascular disease.<sup>14</sup>

Due to the “silent” nature of heart disease, it is sometimes not diagnosed until an individual experiences the signs or symptoms of a heart attack, heart failure, or arrhythmia.<sup>15</sup> Heart disease prevention, particularly the awareness, research, and treatment options that will be promoted through this legislation, is important to decrease these negative outcomes.

### III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 3771:

The Subcommittee on Health held a hearing on Wednesday, June 17, 2020, entitled, “Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System.” The Subcommittee received testimony from the following witnesses:

- **Rhea Boyd, M.D., M.P.H.**, Pediatrician and Child Health Advocate, Palo Alto Medical Foundation;
- **Oliver T. Brooks, M.D.**, President, National Medical Association;
- **Avik S. A. Roy**, President, The Foundation for Research on Equal Opportunity.

### IV. COMMITTEE CONSIDERATION

H.R. 3771, the “South Asian Heart Health Awareness and Research Act of 2021,” was introduced on June 8, 2021, by Representative Jayapal (D-WA) and 19 original bipartisan cosponsors and referred to the Committee on Energy and Commerce. Subsequently, on June 9, 2021, the bill was referred to the Subcommittee on Health.

On May 11, 2022, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 3771 and five other bills. During consideration of the bill, an amendment was offered by Representative Pallone and agreed to by a voice vote. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, amended, by a voice vote.

On May 18, 2022, the full Committee met in open markup session, pursuant to notice, to consider H.R. 3771 and five other bills. During consideration of the bill, no amendments were offered. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone, Chairman of the Committee, to order H.R. 3771

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<sup>13</sup> Yan Xie, et. al., *Long-term cardiovascular outcomes of COVID-19*, Nature Medicine (Feb. 7, 2022)

<sup>14</sup> Rishi K. Wadhera, et. al., *Racial and Ethnic Disparities in Heart and Cerebrovascular Disease Deaths During the COVID-19 Pandemic in the United States* (May 18, 2021).

<sup>15</sup> Centers for Disease Control and Prevention, *About Heart Disease* ([www.cdc.gov/heartdisease/about.htm](http://www.cdc.gov/heartdisease/about.htm)) (accessed July 18, 2022).

reported favorably to the House, as amended by the Subcommittee on Health, by a roll call vote of 31 yeas to 24 nays.

## **V. COMMITTEE VOTES**

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there was one record vote taken on H.R. 3771, including a motion by Mr. Pallone ordering H.R. 3771 favorably reported to the House, amended. The motion on final passage of the bill was approved by a record vote of 31 yeas to 24 nays. The following are the record votes taken during Committee consideration, including the names of those members voting for and against:

**[CAMERA COPY - GPO – See attached after this page]**

Committee on Energy and Commerce  
117<sup>th</sup> Congress

**Full Committee**

(ratio: 32-26)

ROLL CALL VOTE #126

Bill: **H.R. 3771**, the “South Asian Heart Health Awareness Act of 2021”

Vote: Final Passage

Disposition: **AGREED TO** by a roll call vote of 31 yeas to 24 nays

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Pallone	X			Mrs. Rodgers		X	
Mr. Rush	X			Mr. Upton		X	
Ms. Eshoo	X			Mr. Burgess		X	
Ms. DeGette	X			Mr. Scalise			
Mr. Doyle	X			Mr. Latta		X	
Ms. Schakowsky	X			Mr. Guthrie		X	
Mr. Butterfield	X			Mr. McKinley		X	
Ms. Matsui	X			Mr. Kinzinger			
Ms. Castor	X			Mr. Griffith		X	
Mr. Sarbanes	X			Mr. Bilirakis		X	
Mr. McNerney	X			Mr. Johnson		X	
Mr. Welch	X			Mr. Long		X	
Mr. Tonko	X			Mr. Bucshon		X	
Ms. Clarke	X			Mr. Mullin		X	
Mr. Schrader	X			Mr. Hudson		X	
Mr. Cárdenas	X			Mr. Walberg		X	
Mr. Ruiz	X			Mr. Carter		X	
Mr. Peters	X			Mr. Duncan		X	
Mrs. Dingell	X			Mr. Palmer		X	
Mr. Veasey	X			Mr. Dunn		X	
Ms. Kuster	X			Mr. Curtis		X	
Ms. Kelly	X			Ms. Lesko		X	
Ms. Barragán				Mr. Pence		X	
Mr. McEachin	X			Mr. Crenshaw		X	
Ms. Blunt Rochester	X			Mr. Joyce		X	
Mr. Soto	X			Mr. Armstrong		X	
Mr. O’Halloran	X						
Ms. Rice	X						
Ms. Craig	X						
Ms. Schrier	X						
Ms. Trahan	X						
Ms. Fletcher	X						

## **VI. OVERSIGHT FINDINGS**

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

## **VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES**

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

## **VIII. FEDERAL MANDATES STATEMENT**

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

## **IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES**

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes.

## **X. DUPLICATION OF FEDERAL PROGRAMS**

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3771 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

## **XI. COMMITTEE COST ESTIMATE**

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## **XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS**

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 3771 contains no earmarks, limited tax benefits, or limited tariff benefits.



### **XIII. ADVISORY COMMITTEE STATEMENT**

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

### **XIV. APPLICABILITY TO LEGISLATIVE BRANCH**

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

### **XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION**

#### *SECTION 1. Short title.*

Section 1 designates that the short title may be cited as the “South Asian Heart Health Awareness and Research Act of 2021.”

#### *SEC. 2. Heart health promotion grants.*

Section 2 authorizes the Secretary to make grants for the purpose of promoting awareness of the increasing prevalence of heart disease, including, where appropriate, its relationship to type 2 diabetes, in communities disproportionately affected by heart disease such as South Asian communities in the United States. These grants may be used to: 1) develop culturally appropriate materials on evidence-based heart health promotion topics, such as nutrition education, optimal diet plans, and programs for regular exercise; 2) support heart health promotion activities of community organizations that work with or serve communities disproportionately affected by heart disease; and 3) support conferences and workshops relating to heart disease. Section 2 also requires the Secretary to submit a report to Congress on outreach efforts and data relating to heart disease in communities disproportionately affected by heart disease no later than 18 months after enactment, and annually thereafter. For the purposes of carrying out this section, the legislation authorizes \$1 million for each of fiscal years 2023 through 2027.

#### *SEC. 3. Heart health research.*

Section 3 authorizes the Secretary to conduct or support research and related activities regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at risk populations, including South Asian communities in the United States, and to establish an internet clearinghouse to catalog existing evidence-based heart health research and treatment options for communities disproportionately affected by heart disease. For the purposes of carrying out this section, the legislation authorizes \$1 million for each of fiscal years 2023 through 2027.

**XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED**

[Insert Ramseyer here]

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

**PUBLIC HEALTH SERVICE ACT**

\* \* \* \* \*

**TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE**

\* \* \* \* \*

**PART B—FEDERAL-STATE COOPERATION**

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**SEC. 317V. HEART HEALTH PROMOTION GRANTS.**

(a) *IN GENERAL.*—The Secretary may make grants to States for the purpose of promoting awareness of the increasing prevalence of heart disease, including, where appropriate, its relationship to type 2 diabetes, in communities disproportionately affected by heart disease such as South Asian communities in the United States.

(b) *USE OF FUNDS.*—A State that receives a grant under subsection (a) shall use such grant funds—

(1) to develop culturally appropriate materials on evidence-based heart health promotion topics, such as nutrition education, optimal diet plans, and programs for regular exercise;

(2) to support heart health promotion activities of community organizations that work with or serve communities disproportionately affected by heart disease, such as South Asian communities in the United States; or

(3) to support, with respect to research conducted relating to heart disease, conferences and workshops on how practices, methodologies, and designs of such research should be changed to include in such research more members of communities disproportionately affected by heart disease, such as South Asian communities in the United States.

(c) *ANNUAL REPORT TO CONGRESS.*—Not later than 180 days after the date of the enactment of the South Asian Heart Health Awareness and Research Act of 2022, and annually thereafter, the Secretary shall submit to Congress a report on outreach efforts and data relating to heart disease in communities disproportionately affected by heart disease, such as South Asian communities in the United States.

(d) *AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2023 through 2027.*

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TITLE IV—NATIONAL RESEARCH INSTITUTES

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PART B—GENERAL PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

\* \* \* \* \*

**SEC. 409K. HEART HEALTH RESEARCH.**

(a) *IN GENERAL.—The Secretary may—*

*(1) conduct or support research and related activities regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at-risk populations, including South Asian communities in the United States; and*

*(2) establish an internet clearinghouse to catalog existing evidence-based heart health research and treatment options for communities disproportionately affected by heart disease, such as South Asian communities in the United States, to prevent, treat, or reverse heart disease and diabetes.*

(b) *AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2023 through 2027.*

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## **XVII. MINORITY VIEWS**

[Insert Minority Views here]

## XVII. MINORITY VIEWS

Strengthening critical public health infrastructure, investing in pandemic preparedness, and reducing the burden of disease continue to be important issues to Americans. House Republicans have consistently shown a commitment to advancing these initiatives, through passage of the 21<sup>st</sup> Century Cures Act, reauthorization of the Pandemic and All Hazards Preparedness Act, and reauthorization Food and Drug Administration user fee programs. Furthermore, Republicans have been steadfast in their support for heart health promotion and cardiovascular research through consistent and robust funding of the National Institutes of Health (NIH) and through passage of H.R. 1193, Cardiovascular Advances in Research and Opportunities Legacy (CAROL) Act. Unfortunately, H.R. 3771, the South Asian Heart Health Awareness and Research Act of 2022, misses the mark and does nothing to meaningfully improve cardiovascular health of Americans. Not is not the time to create duplicative authorizations that contribute to mission creep at the Centers for Disease Control and Prevention (CDC), when the CDC's management of an ongoing pandemic has arguably been abysmal.

Section 2 of the legislation mandates that the CDC make grants to states for the purposes of promoting awareness of the increasing prevalence of heart disease, targeting South Asian communities. The CDC's National Center for Chronic Disease Prevention and Health Promotion, which received over a billion dollars for fiscal year 2022, includes the Division for Heart Disease and Stroke Prevention (DHDSP), which already supports outreach to populations, including South Asian Americans, at high risk for heart disease. CDC-supported heart health initiatives currently exist in all 50 states and the District of Columbia, local health departments, and tribes.

Creation of a duplicative authorization at the CDC is not what the Congress should be focusing on. The CDC is tasked with "fighting diseases before they reach our borders and detecting and confronting new germs and diseases around the globe to increase our national security."<sup>1</sup> Given the failures of the agency throughout the ongoing pandemic with emerging Covid-19 variants, and the poorly managed control of the current Monkeypox outbreak, Republicans are disappointed with the timing of this legislation and the message it sends to the agency to double down on the wrong priorities.

Section 3 of the legislation authorizes additional NIH research on heart health. Republicans on the Energy and Commerce Committee have a strong and consistent record of supporting research on heart disease for at-risk populations, including South Asian communities. However, the Federal government, including the NIH and the CDC, already has numerous programs underway that support heart health and cardiovascular research. Energy and Commerce Committee Republicans are exhausted by the continued unending efforts by Democrats to create and mandate new programs that duplicate existing programs.

Section 3 also mandates the establishment of an Internet-based clearinghouse to catalog existing research and treatment for communities disproportionately affected by heart disease and diabetes. The NIH, CDC, the Patient-Centered Outcomes Research Institute (PCORI) and other private foundations including the American Heart Association already provide easily accessibly

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<sup>1</sup> Centers for Disease Control and Prevention, Mission, Role and Pledge (<https://www.cdc.gov/about/organization/mission.htm>) (accessed July 20, 2022).

information on the Internet regarding their cardiovascular programs, campaigns, and research. Republicans are disappointed that Democrats failed to review these existing initiatives before advancing this legislation in to avoid duplication of effort. The CDC especially currently has an extensive repository of resources<sup>2</sup>, open to the public and all healthcare providers including:

- About Health Disease
- Know your Risk for Heart Disease
- Prevent Heart Disease
- Resources for Health Professionals – tools to help your patients
- Women and Heart Disease
- WISEWOMEN
- 2022 Million Hearts Hypertension Challenge
- Alliance for Million Hearts Campaign Toolkit

As of December 2021, PCORI has awarded \$397 million dollars to fund 83 comparative clinical effectiveness research studies related to cardiovascular disease, studies including those that target women and special populations.<sup>3</sup> Over the past decade, the NIH has spent billions on federal grants targeting heart disease and coronary heart disease, and even has an institute, the National Heart, Lung and Blood Institute (NHLBI) that is specifically dedicated to cardiovascular research, prioritizing research for persons at high-risk for heart disease.<sup>4</sup>

In summary, Republicans support ongoing focus on efforts to reduce the risk of heart disease and improve the lives of Americans with cardiovascular health issues. However, unlike Democrats, Republicans seek accountability and evaluation of the NIH and CDC's ongoing programs prior to supporting new and duplicative authorizations. Republicans continue to be good stewards of precious taxpayer dollars and look for opportunities to reduce duplication of services and programs across the federal government. This is not the time for more federal programs when the country is already experiencing record high inflation, the likes of which have not been seen in 40 years, and due to profligate federal spending.<sup>5</sup>



Cathy McMorris Rodgers  
Republican Leader  
Committee on Energy and Commerce

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<sup>2</sup> Centers for Disease Control and Prevention, Heart Disease (<https://www.cdc.gov/heartdisease/index.htm>) (accessed July 20, 2022).

<sup>3</sup> Patient-Centered Outcomes Research Institute, *PCORI-Funded Studies Spotlight Heart Disease in Women* (February 22, 2022) (<https://www.pcori.org/blog/pcori-funded-studies-spotlight-heart-disease-women>).

<sup>4</sup> National Institutes of Health, *Estimates of Funding for Various Research, Condition, and Disease Categories (RCDC)* (May 16, 2022) (<https://report.nih.gov/funding/categorical-spending#/>).

<sup>5</sup> US Inflation Calculator, Historical Inflation Rates: 1914-2022 (<https://www.usinflationcalculator.com/inflation/historical-inflation-rates/>) (accessed July 20, 2022).