ABC Association of Black Cardiologists, Inc.

Written Testimony
Kevin F. Kwaku, MD, PhD, FACC
President
Association of Black Cardiologists

To the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Requests for Fiscal Year 2027 Appropriations Report Language for the HHS Office of the Secretary, the Centers for Medicare and Medicaid Services, and the Centers for Disease Control and Prevention

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Introduction

On behalf of the Association of Black Cardiologists ("ABC or Association"), thank you for the opportunity to submit written testimony to the Subcommittee regarding report language and funding that we advocate be included in the Fiscal Year ("FY") 2027 Labor, Health and Human Services, Education, and Related Agencies ("LHHS") report regarding improving the cardiovascular health of Americans. The report language and funding pertains to the Department of Health and Human Services ("HHS"), the Office of the Secretary, the Centers for Medicare and Medicaid Services ("CMS"), and the Centers for Disease Control and Prevention ("CDC").

Founded in 1974, ABC is a nonprofit organization with a global membership, including health professionals, community health advocates, and institutional members. The Association's mission is to promote the prevention and treatment of cardiovascular disease, including stroke, in Black populations and other groups facing barriers to optimal health. Through education, research, partnerships, and advocacy, the Association works to advance cardiovascular health and improve outcomes in communities nationwide. As part of its mission, the ABC is engaged in advocacy and public policy to reduce, prevent, and treat cardiovascular disease.

At the federal level, ABC advocates legislative, regulatory, funding, and programmatic changes that will improve access to affordable, high-quality cardiovascular prevention and care. Specifically, ABC calls upon federal policymakers to enact policies, increase funding, and support programs that will:

- ✓ Improve Black Americans' heart health and ensure access to care, including healthy food options, particularly for Black women and their children and those living in rural and underserved communities and within cardiology and nutrition deserts.

- ✓ Ensure access to critical cardiovascular breakthrough treatments, products, and technologies and advance health care availability, affordability, and accessibility.

- ✓ Advance public health and population-based initiatives—such as tobacco, menthol-flavored products, and nicotine prevention efforts—and improve outcomes for individuals living with cardiovascular disease.

Cardiovascular Deserts

Heart disease is one of the most prevalent conditions in the United States affecting nearly half of all American adults. It is the number one cause of death for men and women in the United States, and across most ethnic groups. Every 34 seconds one person dies from cardiovascular disease. Millions of Americans have risk factors for cardiovascular disease, including obesity, diabetes, and lack of physical activity. Heart disease is costly; in 2002, the estimated direct and indirect cost of heart disease in the United States averaged approximately $252.2 billion annually between 2019 and 2020.

Treatment advances and risk reduction mean fewer Americans are dying prematurely from cardiovascular disease. However, as more people live with cardiovascular disease, they will require more ongoing cardiac care, placing an increased demand on available cardiologists.

Nearly 22 million Americans live in counties with no cardiologist and research has found that nearly half of the counties in the United States lack a single cardiologist—underscoring a significant and growing public health concern. These areas, known as "cardiology deserts," are places where access to heart health services like diagnosis and treatment are limited due to a range of factors, including provider shortages, fragmented care, geographic isolation or economic challenges. These regions can be urban or rural and have a greater prevalence of cardiovascular disease risk factors than counties with cardiologists. Cardiology deserts are heavily concentrated in southern states like Mississippi, Louisiana, Georgia, and Arkansas.

Black Americans experience an exceptionally high burden of cardiovascular disease. Nearly 60 percent of Black adults over the age of 20 live with some form of cardiovascular disease, compared with approximately 49 percent of the overall American adult population—placing Black Americans among the most affected populations globally. These disparities are compounded by structural barriers to care. More than 16.8 million Black Americans—approximately one in three—live in U.S. counties with limited or no cardiology care, and more than 2 million reside in areas without a single cardiologist.

Counties lacking a cardiologist have significantly higher death rates from heart disease, particularly for conditions like heart failure and stroke. Without local specialists, patients face, on average, a 26% increase in wait times for general cardiovascular visits, causing delays in identifying chronic heart diseases, which contributes to worse outcomes.

Therefore, we request that the following report language be included in the FY 2027 LHHS Subcommittee report:

HHS Office of the Secretary
General Departmental Management
Cardiology Deserts.–The Committee understands and is concerned that an estimated 22 million Americans live in a county without a cardiologist leaving these individuals, families, and communities without access to cardiovascular disease prevention, diagnosis, treatment, and management. This lack of access contributes to higher rates of cardiovascular disease and poorer outcomes for those living in these rural and urban underserved areas. The Committee directs the Secretary, in collaboration with relevant HHS agencies, to develop a Federal action plan to address this urgent need including identification of counties with limited or no cardiology access, assessment of workforce and referral barriers, and recommendations for scalable models of specialty care delivery. Within one year of enactment, the Committee directs the Secretary to submit a report to Congress detailing the steps that HHS and its agencies are taking to help fill care gaps in cardiology deserts.

Peripheral Artery Disease ("PAD")

PAD is a serious, life-threatening disease with a mortality rate higher than most cancers. A PAD diagnosis is associated with a 67% increased risk of cardiac death compared to individuals without the condition; it is a chronic form of cardiovascular disease caused by plaque buildup in the arteries, reducing blood flow to the arms or legs. PAD is associated most with diabetes, smoking, and hypertension, all of which are risk factors for heart attack and stroke and are the most debilitating, progressive chronic diseases that lead to the loss of limbs and life.

An estimated 19 to 21 million Americans suffer from PAD, but many are not aware they have the disease. The most common symptom of PAD, pain in the affected limb, is often considered a consequence of aging. Left untreated, PAD can develop into critical limb-threatening ischemia (CLTI), ***which causes an estimated 400 amputations per day in the United States, most which could be prevented through screening and early detection.*** PAD and preventable amputation disproportionately affect Black Americans, rural communities, and patients with diabetes, kidney disease, tobacco exposure, and limited access to specialty cardiovascular care.

Alarmingly, many amputations are performed without prior vascular screening, despite available diagnostic and interventional tools. Standard testing for PAD is low-cost whereas a single lower-limb amputation can exceed $100,000 with Medicare and Medicaid covering a significant portion. The annual economic burden of PAD is estimated at $233–414 billion.

When detected early, however, PAD is often manageable through exercise, proper diet, smoking cessation, medication, or minimally invasive interventional procedures to restore blood flow in the affected artery.

In addition to ABC, PAD screening for at-risk patients is endorsed by the Society for Cardiovascular Angiography & Interventions (SCAI), Society of Interventional Radiology (SIR), Society for Vascular Surgery (SVS), the American Heart Association (AHA), and the American College of Cardiology (ACC), among other societies.

By screening high-risk Medicare and Medicaid beneficiaries PAD can be diagnosed and treated early—improving outcomes while lowering costs for patients and the Medicare and Medicaid programs by reducing amputations and related care.

Therefore, we request that the following report language be included in the FY2027 Labor, Health and Human Services, Education, and Related Agencies Subcommittee report:

Centers for Medicare and Medicaid Services
Program Management
Peripheral Artery Disease [PAD] Amputation Prevention Initiative.—An estimated 21.0 million Americans have PAD, and approximately 200,000 of them suffer avoidable amputations every year because of the disease. CMS is encouraged to promote amputation prevention services at hospitals, ambulatory surgical centers, and office-based centers that focus on: (1) patient risk modification and management; (2) early screening, detection, and surveillance; (3) testing and treatment for PAD; and (4) improving care coordination for individuals at high risk for amputation. The Administrator of CMS is encouraged, in collaboration with HRSA, CDC, and leading clinical and patient advocacy organizations, to establish a PAD education program with existing funds. The Committee requests that CMS, working with HRSA and CDC, provide an update on this important initiative during the Fiscal Year 2028 budget process providing a written report within 180 days of enactment.

CDC Heart Disease and Stroke Prevention Programs
We greatly appreciate the Subcommittee's continued support for CDC's chronic disease programs, including heart disease and stroke, in the FY 2026 spending bill. **ABC respectfully requests increased funding for CDC's heart disease and stroke prevention programs, specifically the Heart Disease and Stroke Prevention, Million Hearts,® and WISEWOMAN programs.** These programs fund state, local, and tribal heart disease and stroke programs, prevent heart attacks and strokes, and screen women for heart disease and stroke and refer those at risk to lifestyle interventions.

Conclusion

Again, thank you for the opportunity to provide this written testimony as the Subcommittee considers report language and funding requests for the FY2027 appropriations report accompanying the LHHS funding bill. We appreciate your consideration of our requests and stand ready to be a resource to the Subcommittee. If you have any questions or need additional information, please contact me at kkwaku@abcardio.org.