June 2, 2020

Roy Blunt
Chair
Subcommittee on Labor-HHS-ED
U.S. Senate
Washington, DC 20510

Rosa DeLauro
Chair
Subcommittee on Labor-HHS-ED
U.S. House of Representatives
Washington, DC 20515

Patty Murray
Ranking Member
Subcommittee on Labor-HHS-ED
U.S. Senate
Washington, DC 20510

Tom Cole
Ranking Member
Subcommittee on Labor-HHS-ED
U.S. House of Representatives
Washington, DC 20515

Dear Honorable Chairs and Ranking Members:

The COVID-19 pandemic is an unprecedented global public health crisis that requires the rapid mobilization of scientific research resources that will enable us to improve our understanding of the SARS-CoV2 virus, develop new interventions to mitigate life-threatening cardiovascular, respiratory, circadian, and hematological complications of the disease and develop new diagnostics, therapeutics and vaccines, including for high-risk populations. The 51 member organizations of the NHLBI Constituency Group respectfully request that you include $300 million for the NIH’s National Heart, Lung, and Blood Institute (NHLBI) in the next COVID-19 emergency supplemental final legislation or fiscal year (FY) 2021 appropriations legislation.

The COVID-19 pandemic places individuals with cardiovascular and respiratory diseases at greater risk of life-threatening complications and a substantially higher risk of death. Acute Respiratory Distress Syndrome (ARDS) and sepsis are the primary causes of death in people with COVID-19. According to emerging data, hospitalized coronavirus patients with preexisting cardiovascular disease also experience ten times higher death rates. Just as alarming, blood clots caused by coronavirus may lead to major strokes in young people. Other recent studies indicate

1 How does cardiovascular disease increase the risk of severe illness and death from COVID-19? Dara K. Lee Lewis, MD
that critically ill COVID-19 patients with COPD had a 63% risk of severe disease and a 60% higher death rate. Additionally, COVID-19 associated coagulopathy has been recognized in a subset of critically ill patients with fibrinogen and D-dimer elevations detected as the most common feature. While the implications of this coagulopathy are still being realized, further study into the biology of the disease and treatment options including anticoagulation therapy is needed.

African Americans and other racial and ethnic minorities are being infected and dying from COVID at alarmingly high rates. Additional funding for NHLBI would support epidemiological studies to address the disproportionate impact the coronavirus is having on these populations. Additionally, as the COVID-19 pandemic evolves, NHLBI must have the resources needed to respond to emerging complications among all vulnerable populations, such as pediatric multi-system inflammatory syndrome (PMIS).

In order to address morbidity and mortality among individuals with COVID-19 and the major impacts of heart, lung, and blood diseases and conditions on the disease, the NHLBI has developed a multi-pronged research strategy which includes:

- Supporting translational research to advance our understanding of key factors of host response and the cardiac, vascular, circadian, pulmonary, and hematologic dimensions of COVID-19 and to develop model systems to quickly test and accelerate the development of new therapeutics;
- Conducting scientifically robust longitudinal/cohort studies to understand the natural history and risk factors of COVID-19;
- Accelerating blood safety, blood sero-surveillance, and the development of blood and plasma-derived therapeutics; and
- Funding patient-oriented investigator-initiated research including epidemiologic, behavioral, and outcomes-focused health services studies to complement or expand on the high priority objectives approaches above.

Supplemental funding of $300 million would allow the NHLBI to sustain and expand its investment in vital basic, clinical, and translational research across heart, lung, blood and sleep to address these critical needs related to COVID-19 and prepare for additional waves of disease in the coming months, including protection of our most vulnerable populations. These resources in addition to a strong regular Fiscal Year 2021 appropriation are vital to allow the institute to address COVID-19 while maintaining progress on other national cardiovascular, respiratory, sleep and blood-related research priorities.


Please contact Nuala S. Moore with the American Thoracic Society at Nmoore@thoracic.org or John Laughner with the American Heart Association at John.Laughner@heart.org if you have questions or need more information. Thank you for your consideration.

Sincerely,

AABB
Allergy and Asthma Network
Alliance for Aging Research
American College of Cardiology
American Diabetes Association
American Heart Association
American Lung Association
American Society of Hematology
American Thoracic Society
America's Blood Centers
Association of Black Cardiologists
Children's Heart Foundation
Cooley’s Anemia Foundation
COPD Foundation
Dorney-Koppel Foundation
GO2 Foundation for Lung Cancer
Heart Failure Society of America
Heart Rhythm Society
Heart Valve Voice US
Marfan Foundation
Mended Hearts
Mended Little Hearts
Project Sleep
Pulmonary Hypertension Association
Restless Legs Syndrome Foundation
Sleep Research Society
Society for Cardiovascular Magnetic Resonance
Society of Cardiovascular Computed Tomography
US COPD Coalition
WomenHeart: The National Coalition for Women with Heart Disease