



Advocacy Pulse

2007 LEGISLATIVE WRAP-UP

January – June 30, 2007



The mission of the American Heart Association/American Stroke Association is to build healthier lives, free of cardiovascular diseases and stroke. Our advocacy approach to advancing this mission is comprehensive, from raising awareness and educating legislators and the public about cardiovascular diseases and stroke, to advocating for the passage of bills to improve care through proven state-of-the-art measures, to focusing on prevention efforts to retain and improve good health.

This life-saving work is accomplished one step at a time by hundreds of AHA employees and thousands of *You're the Cure* volunteers nationwide. It is the dedication of these passionate individuals to the AHA's mission that makes our advocacy efforts thrive and successfully impact policies that improve the health outlook for millions of people across the country.

To truly understand and appreciate what drives advocacy within the AHA, all you need to do is to sit in a roomful of *You're the Cure* volunteers during a coalition meeting and watch the personal passions of our advocates ignite as they express their serious concerns about important issues in their communities and the unmet needs of those with heart disease and stroke. Momentum builds, ideas start flowing, and

the resulting brainstorming yields a growing sense that they can and will make a difference through their advocacy efforts. These groups of passionate AHA volunteers typically hit the ground running, embracing proven grassroots strategies that can influence the thinking of their elected officials (phone trees, emails, letters-to-the-editor, and direct lobbying).

It is this kind of passion, coupled with plenty of hard work and dedication, that has contributed to the legislative victories across the country that advance the Association's public policy priorities and the mission of the AHA/ASA. The priorities include:

- supporting timely initiation of a series of life-saving events known as the Chain of Survival. The four links in this chain are early access to emergency care through 9-1-1; early cardiopulmonary resuscitation, early defibrillation and early advanced life support;
- obesity prevention through nutrition, and physical education and activity among youth to improve health;
- reducing tobacco use and exposure;

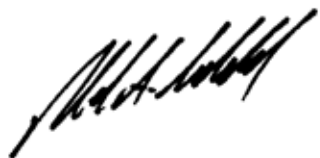
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- establishing stroke systems of care to create inclusive and coordinated statewide systems of care to improve the treatment of acute stroke patients;
- improving access to care and quality of care; and
- securing and protecting state appropriations and expenditures, and leveraging existing and potential federal funding that support the AHA's mission.

Passing legislation is a very complex and challenging process in which success can be frustratingly illusive—even when all the right advocacy strategies are flawlessly implemented by our staff and volunteers. This reality makes the remarkable victories shared in this report even more remarkable, as they represent stories of unwavering passion, perseverance and undaunted belief that they can and ultimately will make a difference for their community.

As you read this edition of the *Advocacy Pulse 2007 Legislative Wrap-Up* you'll get an overview of the many legislative highlights this year. Each of these highlights, whether it's new legislation placing automated external defibrillators in patrol vehicles to save lives, improving the nutritional value of foods available to children at school, or expanding access to health insurance, is focused on one thing, our mission: building healthier lives free of cardiovascular diseases and stroke. And as impressive as these highly visible legislative victories are—they are only a part of the success that we had in advocacy this year. We are increasingly seeing our previous legislative successes coming under attack and we are frequently called upon to protect and preserve what we have already accomplished. For example, advocates in Alaska, Colorado and Louisiana had to shift into protective mode when attempts were made to challenge or weaken smoke-free measures that were already on the books. Similarly, our Illinois advocates are gearing up to fend off any attempts to undermine their new law scheduled to go into effect in January 2008.

I hope you enjoy reviewing this report and when you are finished, express your thanks and appreciation to the staff and volunteers who have made these impressive legislative victories and tremendous strides towards our 2010 goals possible.



Mark Schoeberl
Executive Vice President,
Advocacy



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Greater Southeast

AFFILIATE

Alabama

In Alabama, the first step toward implementing a stroke system of care became a reality in this most recent legislative session. A newly passed law establishes a statewide trauma system which will be administered by Alabama's State Board of Health. The law also establishes a Statewide Trauma Advisory Council and creates a statewide trauma registry. Additionally, it provides for regional trauma advisory councils.

Alabama also made progress in obesity prevention. The Alabama Board of Education adopted AHA guidelines and eliminated high calorie carbonated drinks from all school vending machines. High school students will be allowed diet versions of carbonated drinks while elementary school students will be restricted to bottled water, low-fat or no-fat milk and unsweetened fruit juice only.

In tobacco prevention news, the State Board of Education is making funds available to provide tobacco prevention education to middle school students. To date, 102 schools have signed up so their students can participate. Advocates also made progress on smoke-free air legislation. A new ordinance in the city of Decatur eliminates smoking in workplaces and public places.

Florida

This year Florida's *Youth Tobacco Education and Prevention Program* received a budget allocation of almost \$58 million and is expected to receive at least \$58 million annually effectively reinstating what had been a nationally recognized tobacco prevention program. Advocacy efforts were instrumental in helping to reinstate the program which will focus on tobacco prevention and cessation best practices recommended by the Centers for Disease Control and Prevention. A full one-third



Florida Governor Charlie Crist signs the *Youth Tobacco Education and Prevention* bill into law

of the funding will support an advertising program aimed at curbing tobacco use.

Successful advocacy efforts also helped secure millions of dollars in funding for other Florida health programs this past session. A total of \$9.9 million was appropriated for the James and Esther King Biomedical Research Program which funds Florida research institutions for high-quality and high-impact biomedical research to improve the prevention, diagnosis,

treatment and cure of tobacco-related diseases including cancer, cardiovascular disease, stroke and pulmonary disease.

In addition, the Emergency Medical Services (EMS) Grant Program received \$11 million in funding. The purpose of the EMS grant fund is to improve EMS services across the state. Each year this grant provides about \$100,000 toward the purchase and placement of automated external

defibrillators.


Finally, \$50,000 was appropriated for the Florida Public Health Foundation, a new entity dedicated to serving as a convener of groups and organizations to improve health status and foster innovation in health systems.

Florida made significant progress in obesity prevention as well. A new law requires elementary school children to participate in at least 150 minutes of physical activity each week.

Georgia

In an effort to raise the physical education standards in Georgia, advocates successfully worked on a campaign to establish a Health and Physical Education coordinator position within the State Board of Education. The final version of the 2008 fiscal year budget approved by the Governor included a line item for the creation of the position and directs the State Board of Education to use existing funds to finance it. As of this writing, Georgia's education department is accepting applications.

In another move to improve the health of Georgians, a resolution signed by the Governor forms a Joint Stroke Systems of Care Study Committee. The purpose of the Committee is to evaluate the entire treatment spectrum of stroke care in Georgia. A task force commissioned by the American Stroke Association has already undertaken a similar endeavor and its recommendations will serve as the basis for testimony before the Study Committee.



In Alabama, the first step toward implementing a stroke system of care became a reality in this most recent legislative session.

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FOCUS ON: tobacco



Tobacco use is the leading controllable risk factor for cardiovascular disease and stroke in this country and it is an epidemic that contributes to approximately 430,000 deaths each year. In order to reduce tobacco use and improve health, the AHA uses a multi-pronged approach which includes implementing smoke-free air policies, increasing excise taxes on tobacco and working to make sure that tobacco prevention and cessation programs are well-funded. Studies show that tobacco taxes and smoke-free laws are each effective on their own, but that they are most effective when implemented together with prevention and cessation programs. A recent Institute of Medicine (IOM) report entitled, "Ending the Tobacco Problem: A Blueprint for the Nation" projected that by implementing these state policies, the prevalence of smoking could be brought down to 10 percent.

Right to Breathe Smoke-free Air

The 2006 U.S. Surgeon General's report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke* provides irrefutable scientific evidence that secondhand smoke is a major risk factor for coronary heart disease. This is the most comprehensive, scientific report to date that supports efforts to pass smoke-free air laws across the country. Armed with this information, AHA has stepped up efforts to enact comprehensive smoke-free workplace policies in all communities. Among the findings linking secondhand smoke to death and disease among adults and children are:

- There is no safe level of exposure to secondhand smoke.
- Some 126 million non-smokers are exposed to secondhand smoke, increasing their risk of developing heart disease 25–30 percent.
- Tens of thousands of non-smokers die every year of coronary heart disease because they are exposed to other people's smoke.
- Only smoke-free buildings and public places truly protect non-smokers from the hazards of breathing in other people's tobacco smoke.

The one effective way to prevent secondhand smoke exposure is to guarantee smoke-free air. The AHA holds the conviction that legislators and community leaders must rise to the task of protecting all citizens equally, whether in the workplace or any public place.

To that end, smoke-free advocates made unprecedented progress this past year in their efforts to reduce exposure to secondhand smoke. In the first six months of this year, smoke-free laws have spread to 58 percent of the U.S. population. Six new states require workplaces, including all restaurants and bars, to be 100 percent smoke-free. Those states are: **Illinois, Maryland, Minnesota, New Hampshire, New Mexico** and **Oregon**. Also, **Tennessee**, a tobacco producing state, broke new ground with passage of a smoke-free law with an exemption to allow smoking in stand-alone bars. Local smoke-free campaigns resulted in strong municipal and county laws in Alabama, Alaska, Indiana, Kansas, Kentucky, Michigan, Missouri, Pennsylvania, South Carolina, Texas, West Virginia, Wisconsin and Wyoming. Now, virtually every state in the U.S. has attempted to address the need for smoke-free workplaces.

Raising the Cost of Cigarettes

Numerous economic studies in peer-reviewed journals have documented that cigarette tax or price increases reduce both adult and underage smoking. To be more specific, studies show every 10 percent increase in the price of cigarettes reduces overall cigarette consumption by three to five percent and youth smoking by seven percent. The more expensive tobacco is, the less it is used.

AHA's support for increased excise taxes on cigarettes is producing impressive results. In every single state that has significantly raised its cigarette tax rate, pack sales have gone down sharply yet at the same time state revenue from the tax has increased. This creates a win-win situation: an improved health outlook for the smoker and reduced exposure to secondhand smoke, while revenue increases for the state government.

Since 2002, 43 states and the District of Columbia have raised their taxes and passed 78 separate state cigarette excise tax increases. With increases occurring in 2007, the average state cigarette excise tax will be well over \$1.08 per pack.

So far this year, six states have signed into law increased state excise taxes on tobacco: Connecticut, Delaware, Indiana, Iowa, New Hampshire and Tennessee. Because of earlier actions taxes increased this year by \$0.20 in Alaska, \$1.00 in Arizona, \$0.20 in Hawaii, \$1.00 in South Dakota and \$1.00 in Texas.

Smoke-free States



Increased Taxes per Pack

- Connecticut
+\$.49 = \$2.00
- Delaware
+\$.60 = \$1.15
- Indiana
+\$.44 = \$.995
- Iowa
+\$1.00 = \$1.36
- New Hampshire
+\$.28 = \$1.08
- Tennessee
+\$.42 = \$.62

Increased Funding for Tobacco Control through Legislative Action in 2007

- Alaska: \$6.6 to \$8.1
- D.C.: \$500K to \$10
- Florida: \$5.6 to \$57.9 (ballot initiative)
- Indiana: \$10.8 to \$16.2
- Iowa: \$6.2 to \$12.7
- Massachusetts: \$4 to \$12.75
- New Hampshire: \$0 to \$1.3 (\$2.7 in '09)
- New Mexico: \$7.7 to \$9.6
- Oregon: \$3.5 to \$8.0
- South Dakota: \$.71 to \$5.71 (ballot initiative)
- Tennessee: \$0 to \$10
- Texas: \$13 to \$20
- Washington: \$50 to trust fund
- Smaller increases in KS, MO and VT

Funding Prevention and Cessation

Combining state excise tax increases with a comprehensive statewide tobacco prevention campaign accelerates, expands and sustains the decline of tobacco use in the state, thereby saving more lives from cardiovascular diseases. After the Master Settlement Agreement (MSA) between the tobacco companies and 46 State Attorneys General in the 1990s, hundreds of millions of dollars were allocated to states each year. In addition, beginning in 2008, 46 states and the District of Columbia will receive a second chance to allocate funds from the settlement, with a \$1 billion per year boost in MSA funds. Some of those dollars will be devoted to comprehensive statewide programs to reduce tobacco use, as intended in the settlement.

Advocates have worked hard to make sure legislators continue to allocate substantial funds for statewide tobacco prevention campaigns. That work has paid off this past year with 12 states and Washington D.C. showing major increases in funding for tobacco control through legislative action.

The expenditures for tobacco control programs are paying off. For example, since Washington's Tobacco Prevention and Control Program began in 2000, the adult smoking rate has declined from 22.4 percent to 17 percent in 2006. That translates to about 235,000 fewer smokers and a \$2.1 billion savings in future health costs, according to the Washington Health Department. Washington's adult smoking rate is well below the national rate of 20.9 percent (in 2005, the last year for which data has been released). Washington has also significantly reduced youth smoking rates, with declines of 60 percent among sixth graders, 58 percent among eighth graders, 40 percent among 10th graders and 43 percent among 12th graders. Because of these declines, there are 65,000 fewer youth smokers in Washington.

The dramatic drop in Washington's adult smoking rate to a new state low sets an example for the nation by underscoring once again the positive impact of a comprehensive and aggressive approach to reducing tobacco use—including an increased cigarette tax, a strong smoke-free law and a well-funded tobacco prevention and cessation program. Washington is one of the few states that have implemented all three of these science-based measures to reduce tobacco use and exposure to secondhand smoke, as recommended by public health experts.

A recent report by the New York State Department of Health shows similar results of an almost 45 percent decline in youth smoking statewide since 2000, the year that New York began implementing a comprehensive tobacco control program. Among all middle and high school youth, the prevalence of smoking in 2000 was 19.4 percent. This rate decreased to 10.4 percent in 2006, a 44.8 percent reduction.

Model state programs have been developed throughout the country, including broad-based approaches to tobacco use prevention, including:

- community mobilization to change individuals' attitudes about tobacco and de-normalize tobacco use;
- media and counter-marketing to promote quitting, highlight dangers of second-hand smoke, expose tobacco industry propaganda, and de-glamorize tobacco use; and
- cessation interventions to motivate tobacco users to quit and to support cessation efforts.

State tobacco prevention efforts are saving lives and saving money by preventing kids from smoking, helping smokers quit, protecting non-smokers from secondhand smoke and reducing tobacco-caused health care costs.

Finally, an appropriation of more than \$900,000 for Georgia's Stroke and Heart Attack Prevention Program (SHAPP) was maintained in the fiscal 2008 budget bill and as of this writing awaits the Governor's signature. The program is an education and care program for at-risk patients of heart attack or stroke and teaches them how to manage lifestyle to prevent complications.

Louisiana

Louisiana advocates successfully defeated every measure that would have weakened the *Louisiana Smoke-Free Air Act*. Advocacy tactics included sending out alerts that the law was being challenged, providing testimony to legislators, and emailing them voicing support for smoke-free air. The efforts paid off: the law stands.

Their efforts also paid off in halting the sale of Master Settlement Agreement (MSA) funds from securitization. Securitization means selling future payments to an entity to obtain a lump sum now. While a portion of the funds had previously been securitized, they were able to halt the sale of the remainder. MSA funds come to Louisiana as a result of a settlement in 1998 between 46 states and the tobacco industry. The MSA determined that over a period of 25 years the tobacco companies are obliged to pay out billions to states to recoup Medicaid expenses for treating sick smokers.

Advocacy efforts were also instrumental in creating and voicing support for a cigarette fire safety law. A new law goes into effect in August 2009 and requires that cigarettes stop burning within a specified timeframe.

Louisiana also made other important advances this past year. As part of attempts to prevent childhood obesity and improve physical education among schoolchildren, the legislature not only appropriated \$150,000 to create and fund a Health and Physical Education Coordinator position in the Department of Education's (DOE) Coordinated School Health section, it also passed a resolution requesting the DOE to study the feasibility of developing and implementing a statewide health education and physical

fitness assessment for students in grades kindergarten through 12.

Other appropriations in Louisiana include \$500,000 for the state's tobacco control program and \$125,000 for the State Cardiovascular and Stroke Program.

Mississippi

Mississippi schoolchildren in grades kindergarten through eight are on the receiving end of the work of many dedicated health advocates throughout the state.

A new law that became effective in July requires this age group to have at least 150 minutes of physical activity-based education per week and 45 minutes per week of health education. The legislation also requires a graduation requirement of one-half credit in physical education (PE) for high school students and sets statewide standards for health and PE instruction. Not only were advocates' activities successful in the passage of the bill, they were also successful at defeating numerous bills that would have repealed the measure.

Chain of Survival efforts got a big boost with another new law that became effective in July. The new legislation provides full immunity for any lay rescuer using an automated external defibrillator (AED) for the purpose of saving the life of someone in cardiac arrest; under the new law, healthcare provider protection is also expanded. Advocates had to work hard to protect this new legislation and defeat other bills which would have impeded it.

Puerto Rico

Smoke-free air became a reality in Puerto Rico earlier this year thanks to the efforts of many advocates. New legislation eliminating smoking in public workplaces, including bars, restaurants and hotels became effective in March.

In obesity prevention news, advocates created a comprehensive program to address obesity. They worked with

the Sport and Recreation Department of Puerto Rico to establish a program aimed at eliminating excess pounds and the diseases and conditions associated with obesity. The program has been so well received the Governor recognized the work of the AHA during his "State of the State" address and named the AHA the official organization of Puerto Rico "In Shape."

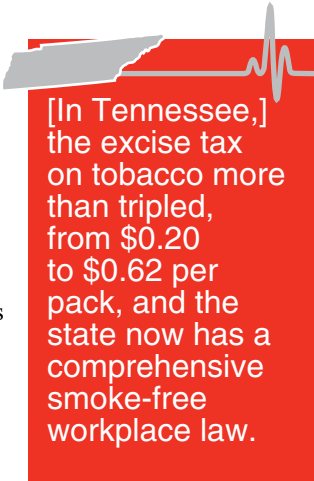
Tennessee

Using media advocacy tactics to their advantage and leveraging grassroots support, Tennessee scored two major tobacco prevention victories in this past legislative session. The excise tax on tobacco more than tripled, from \$0.20 to \$0.62 per pack, and the state now has a comprehensive smoke-free workplace law. A portion of the tax increase, \$0.02, will be used to fund trauma centers statewide.

Advocates got their messages out to the public by conducting a statewide media campaign which estimates show generated about \$1.5 million in free public exposure. They also called upon a grassroots network of volunteers to spread the tobacco prevention message.

While employing these advocacy techniques they were also hard at work compiling the best tobacco prevention information from around the nation

and fashioning the information appropriately for Tennessee. By opting to pursue comprehensive smoke-free legislation, rather than simply repealing preemption, advocates secured the partnership of many organizations that had been opposed to their efforts such as the AFL-CIO, the Tennessee Restaurant Association and the Tennessee Chamber of Commerce. These parties helped leverage support from legislators who had dismissed tobacco issues in the past.



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Midwest AFFILIATE

Illinois

Tobacco prevention took a momentous step forward in Illinois when the Governor signed the Smoke Free Illinois Act into law in July. The effective date of the new legislation is January 1, 2008. It eliminates smoking in any public place or workplace including bars, restaurants and casinos.

In addition to tobacco prevention success, advocates also strengthened the Chain of Survival and made headway in obesity prevention. In regards to the Chain of Survival, a new law requires the Illinois State Board of Education to establish a matching grant program to provide funds to school districts that give teachers and other school personnel training in CPR and on using automated external defibrillators (AEDs).

In other AED legislation, another new law provides immunity from liability for anyone who uses an AED on a heart attack victim. In the past, only AED-trained users were immune from liability.

Finally, in obesity prevention activity, a new law thwarts attempts to eliminate physical education (PE) classes in Illinois schools. Advocates were instrumental in amending Illinois' School Code to limit waivers for PE. Due to the new law, schools and school districts can only obtain PE waivers for two years instead of five, and are limited to two renewals, rather than an unlimited number of waiver renewals previously allowed.

Indiana

Indiana advocacy efforts were instrumental in a number of victories this year that will improve the health of the public. For example, tobacco prevention scored considerable wins with a boost in funding for tobacco prevention, control and cessation programs, new local smoke-free air measures and a tobacco tax increase.



Indiana's State Advocacy Director Danielle Patterson provides testimony at the statehouse

Tobacco prevention funding will increase from about \$10 million to \$16.2 million. The increase restores funding to a level recommended by the Centers for Disease Control and Prevention. In regards to smoke-free air, both Valparaiso and Fort Wayne implemented ordinances earlier this year. Valparaiso's snuffs out smoking in virtually all public places, workplaces

and restaurants and became effective in April. Fort Wayne's eliminates smoking in all workplaces including restaurants, bars and private clubs. It went into effect in June.

Finally, Indiana raised its tobacco excise tax in an effort to reduce tobacco consumption and improve health. The tax increased by \$0.44 and is now \$0.99.5 per pack.

In addition, two important bills related to Chain of Survival became law. One requires that teachers seeking their initial license must be certified in CPR (as well as the Heimlich maneuver). The second requires that owners or operators of fitness centers have an automated external defibrillator (AED) on premises of the center. The new law also provides for other requirements:

1. A fitness center must employ at least one person who is trained to use a defibrillator and administer CPR.

2. A trained employee must be on the premises during business hours when staff is present—and meet certain requirements if staff is not on premises.
3. A sign must be posted indicating the location of the defibrillator.
4. It allows for inspection to determine compliance and provides for certain immunity from liability issues.

Iowa

Following heated debates in both the Iowa House and Senate, the legislature passed an extraordinary tobacco tax increase of \$1.00 per pack making it the largest increase this year as of this writing. The extra dollar brings the full tax to \$1.36 per pack. Studies show that increasing prices on cigarettes reduces consumption. The new legislation represents 10 years of advocacy efforts.

Iowa also passed fire safe cigarette legislation that will go into effect in 2009. It requires that cigarettes sold in the state must be made with self-extinguishing paper that snuffs out when laid down, in order to reduce fires ignited by cigarettes left burning.

Kansas

Through perseverance, grassroots email and phone campaigns, letters-to-the-editor and constituent face-to-face meetings with legislators, Kansas advocates



continued working towards smoke-free air legislation.

This past year they focused their efforts on keeping a poor piece of legislation from becoming law. When word spread statewide that a viable smoke-free air bill had not been legislated, momentum picked up at the local level and cities began considering their own smoke-free air laws. Wichita, El Dorado, Dodge City and Topeka are all in the midst of determining whether to enact their own ordinances.

In addition, Kansas City's current ordinance says that when 85 percent of the population of the metropolitan area is covered by smoke-free ordinances, it will then put its own smoke-free air act into effect which will include restaurants and bars. Since the passage of the Kansas City ordinance, advocates have been working in the surrounding Kansas City communities to obtain the threshold necessary to make Kansas City smoke-free. The city of Lenexa just passed an ordinance this summer which brings the population percentage up to 65 percent, just 20 percent shy of the threshold.

Michigan

As of this writing the Michigan Legislature remains in session. However, two pieces of legislation that were completed at the end of the last session but in this fiscal year focus on Chain of Survival issues and reducing health disparities. The first requires all medical first response vehicles

to be equipped with an automated external defibrillator (AED) or some other form of defibrillation capability. The next provides for research and education for minority health disparities in order to reduce disparities and improve healthcare.

Advocacy issues currently facing the legislature, though as of yet undecided, include:

- Smoke-free legislation that, if passed into law, would require all worksites, including bars and restaurants, to become smoke-free;
- State appropriations legislation to provide for cardiovascular disease prevention and management. Throughout the spring, several advocates provided testimony to legislators in support of the funding;
- Legislation that would create a minimum requirement for physical education in Michigan's public schools grades kindergarten through fifth grade.

Minnesota

Minnesota joined the ranks of the smoke-free states this year. Signed into law in May, the new Freedom to Breathe Act became effective October 1 and covers all workplaces, including bars and restaurants. An abundance of phone calls and emails to legislators, as well as persuasive letters-to-the-editor aimed at legislators

and the public, were advocacy tactics that were used to help usher in the new law.

Advocates also worked to prevent obesity in Minnesota by strengthening health and physical education requirements in schools. While no legislative action was taken this year, advocates were able to educate 85 legislators on the issue and have started strategizing ideas and actions for next year's session.

Missouri

Focusing on access to healthcare, a top priority of Missouri advocates was legislation revamping Missouri's Medicaid program. With the passage of the legislation, the new program, called MO HealthNet, increases access to healthcare and emphasizes wellness, prevention and responsibility. Two components of the final piece

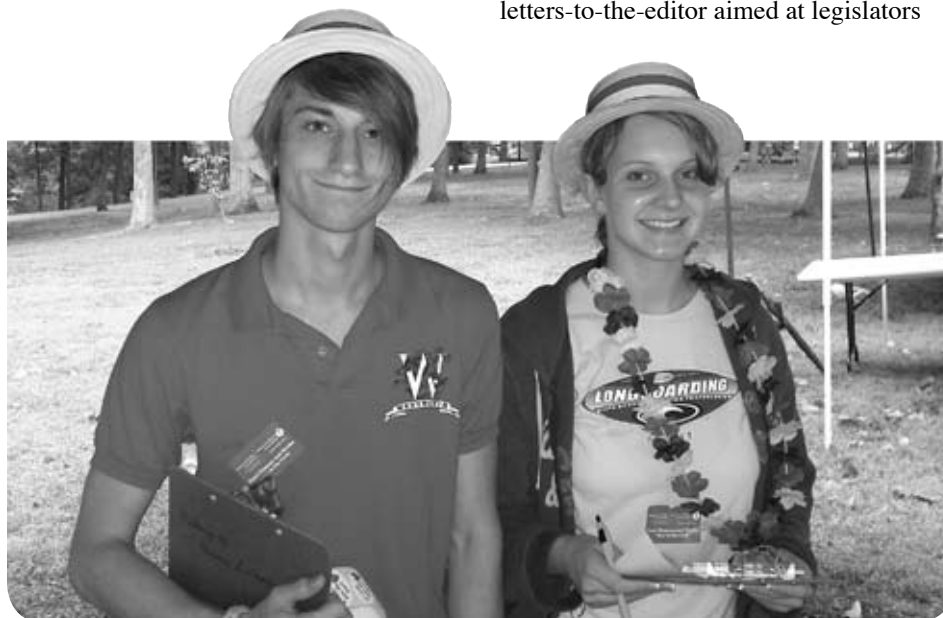
of legislation are the Healthcare Access Fund, which will be used to expand healthcare services, and the Health Care Technology Fund which was devised to promote technological advances in healthcare delivery.

Another successful piece of legislation that just passed in Missouri was an appropriation of \$200,000 for tobacco control programs. The appropriation represents a big step forward, as well as a major shift in perspective, since prior to it, Missouri was not spending any funds on tobacco prevention efforts.

Nebraska

Advocacy efforts in Nebraska continue to march steadily forward. During the past year, advocates won an important victory in obesity prevention by leading the charge to secure funding for the state's physical education consultant position. The position was in jeopardy of elimination because funds from a grant had run out. However, due in large part to advocacy work, funding was eventually acquired. The physical education consultant position is critical as statistics show one in three Nebraska students is overweight or at risk for being overweight.

On the tobacco prevention front, advocates continue gaining ground in



Youth advocates at a HeartWalk in Jefferson City, Missouri



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FOCUS ON: nutrition

Maintaining a healthy diet and lifestyle offers the greatest potential of all known approaches for reducing the risk for heart disease and stroke in the general public. This is still true in spite of major advances in clinical medicine. However, there are many obstacles that need to be overcome in working to assure that adults and children are afforded the opportunity to have a healthy diet.

As statistics currently reveal, most young people are not meeting the dietary recommendations outlined in the U.S. government's Dietary Guidelines for Americans. Kids are eating more than they need, which means they are getting extra calories. Adolescents today are eating on average eight percent more than they were less than thirty years ago and of youth aged six to 19, 67 percent exceed guideline recommendations for fat intake and 72 percent exceed recommendations for saturated fat intake. To make matters worse, unhealthy foods and beverages are available throughout the day in many schools across the country and only three out of 10 of high school seniors report eating green vegetables "nearly every day or more."

Adults as well are eating less healthy today. Thirty years ago, most meals were prepared and eaten at home. In 2004, Americans spent over ten times more eating out than in 1974. Of the money spent eating out, over half of it is spent on fast food. In the last thirty years Americans' spending on fast food has increased from \$6 billion to \$110 billion—or more than 18-fold.

The AHA has been instrumental this past year in improving school nutrition as well as providing healthier nutrition options for adults. Some of the year's highlights include:

- In **Alabama**, the Board of Education passed a resolution which directed all public schools to adhere the American Heart Association/Alliance for

a Healthier Generation Guidelines for beverages in schools.

- The **Georgia** House of Representatives passed a resolution that creates the "House Study Committee on Trans Fat Alternatives for the Georgia Food Industry." The Committee will undertake a study of the current use of *trans* fats in Georgia's food industry and public school system and study the feasibility of statewide restrictions on the use of artificial *trans* fats.
- In **Massachusetts**, the Town of Brookline held a town meeting in which they decided to eliminate the use of *trans* fats in their restaurants.
- The **New Jersey** Legislature approved strict school nutrition guidelines that severely restrict foods of minimal nutritional value, limiting fat and sugar intake. Foods that don't meet the guidelines won't be served, sold or given away as a free promotion on school property at any time before the end of the school day including items served in the reimbursable After School Snack Program.
- **Oregon** enacted legislation which codified the majority of the American Heart Association/Alliance for a Healthier Generation Guidelines for both competitive foods and beverages sold in schools.
 - **Oklahoma** expanded its Farm-to-School program to include more schools and offer students additional produce options and activities promoting healthy eating. The program had been operating as a pilot program in six school districts, but in less than one year of operation, the program has already expanded to 35 school districts across the state.
 - In **Washington**, the King County Board of Health (Seattle) adopted legislation that will ban the use of artificial *trans* fats in restaurants and require nutrition labeling on restaurant menus.

By making healthier food choices available and minimizing access to unhealthy food and beverage choices, the AHA is working toward improving the nutritional health of all people across the country.



regards to smoke-free air. For the first time ever, a statewide smoke-free air bill was introduced that covers worksites, including restaurants and bars. As of this writing, the bill has been carried over to the next legislative session.

Finally, this past spring, the Lincoln Board of Education passed a resolution that allows for placement of automated external defibrillators (AED) throughout Lincoln Public Schools. The placement of these AEDs is yet another continuation of the initial work begun by advocates nearly 10 years ago to expand public access to these life-saving devices.

North Dakota

North Dakota made extraordinary strides forward in this past legislative session in Chain of Survival activities. It will be the first state in the nation to equip all schools, both public and private, with automated external defibrillators (AEDs). The legislature this past session appropriated \$400,000 for the AEDs. Not only will schools be equipped, a \$150,000 appropriation will fund the purchase of AEDs to equip all state highway patrol units statewide with the devices.

In addition, North Dakota amended its Good Samaritan law extending civil liability protection to AED program facilitators, including medical directors, trainers, and those who establish AED programs regardless of whether or not AED program requirements are met. What this means is that in addition to civil liability immunity for users, it is given to those who make AEDs available, provide training, upkeep, and conduct other activities related to AEDs in good faith.

North Dakota advocates also made progress on the obesity prevention front with two new laws aimed at improving the health of young people. One requires high schools to offer physical education each year; and the second requires students have at least one unit of physical education as a graduation requirement.



Bucky Badger, mascot of the University of Wisconsin-Madison, holds up a *You're the Cure* shirt

South Dakota

South Dakota advocates scored a victory for emergency lifesaving measures when they were able to establish immunity from civil liability regarding the placement of automated external defibrillators (AEDs). This means that homeowners, business owners and government officials can now place AEDs on their property or in their facilities without fear of legal repercussions or lawsuits. Release from liability is expected to provide strong encouragement for making AEDs more plentifully available throughout the state.

South Dakota also extended the coverage of its Good Samaritan law regarding AED usage. The state extended immunity to all AED users in South Dakota regardless of implementation of training or other program requirements. What this means is that standards for AED use remain intact, such as offering or receiving training, but anyone who uses an AED to save a life is now protected under the law.

South Dakota advocates also made progress in obesity prevention. They were able to convince school district officials in Sioux Falls, the state's largest city, to keep the current physical education graduation requirement in place and not cut it in half. They accomplished this through advocacy tactics such as organizing professional testimony, writing letters-to-the-editor and spearheading phone calls to school district officials to make their opinions known.

In other obesity prevention news, a legislative resolution was approved this session that is expected to improve nutrition and increase physical activity among students. The resolution calls on schools to adopt a "Model Wellness Policy" which is endorsed by the Department of Health and the Department of Education. South Dakota's Board of Education is looking at mandating components of the policy.

Wisconsin

Wisconsin's legislative session runs for a two-year period of time so proposals up for consideration are as of this writing undecided. However, tobacco prevention activities got strong backing from Wisconsin's Governor during a press conference early in the year with the unveiling of initiatives that would greatly strengthen tobacco prevention efforts. The initiatives include:

1. a significant increase in the state cigarette excise tax from \$0.77 to \$2.02 per pack;
2. funding for Wisconsin's tobacco prevention programming at the Centers for Disease Control and Prevention's (CDC) recommended level of \$30 million; and
3. Gubernatorial support for statewide comprehensive smoke-free air legislation.

In other tobacco prevention news, advocates worked hard to defend the city of Appleton's smoke-free law and won. A referendum that sought to repeal the law was defeated.

[In North Dakota,] a \$150,000 appropriation will fund the purchase of AEDs to equip all state highway patrol units statewide with the devices.

FOCUS ON: heart and stroke public funding

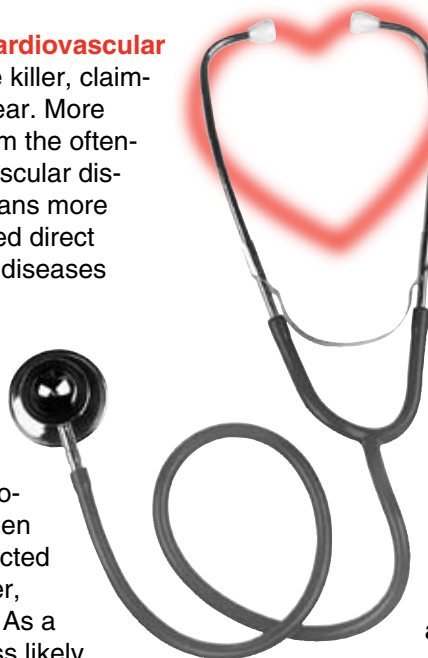
Heart disease, stroke and other cardiovascular diseases are America's number one killer, claiming more than 870,000 lives each year. More than 70 million Americans suffer from the often-disabling consequences of cardiovascular diseases. These diseases cost Americans more than any other disease; the estimated direct and indirect costs of cardiovascular diseases for 2007 is \$431.8 billion.

Research has demonstrated that a significant portion of the death and disability caused by cardiovascular diseases can be prevented by avoiding key risk behaviors and receiving early diagnosis and appropriate treatment. Women and minorities are significantly impacted by cardiovascular diseases; however, they are often unaware of their risk. As a result, women and minorities are less likely to recognize symptoms, are diagnosed at later stages, and may not get appropriate care and follow-up services.

Although the American Heart Association and American Stroke Association do not enter into or otherwise directly accept or receive government funds to support our initiatives, we have a strong history and tradition of advocating for an increased investment of public funds to combat heart disease, stroke and risk factors. By championing public funding for cardiovascular disease and stroke prevention programs and actively partnering with our public health partners and agency authorities, we can help ensure that financial resources are available to help support and enhance life-saving state and community programs. The AHA supports efforts to:

- protect general fund appropriations for cardiovascular programs already in place;
- where possible, identify and seek new sources of public funding;
- ensure states are fully applying for and leveraging available federal funds; and
- secure dollars that flow directly to the heart disease and stroke prevention units in state health departments.

While the AHA worked this past year to increase funding for cardiovascular disease programs and other public health initiatives, it also worked hard to preserve



existing fiscal support. Some of this year's public funding successes follow:

- In **Connecticut**, an appropriation of \$500,000 was earmarked for the Women's Healthy Heart program.
- In **Georgia**, an appropriation of more than \$900,000 for Georgia's Stroke and Heart Attack Prevention Program (SHAPP) was maintained in the fiscal 2008 budget bill and as of this writing awaits the Governor's signature. The program is an education and care program for at-risk patients of heart attack or stroke and teaches them how to manage lifestyle to prevent complications.
- In **Louisiana**, an appropriation of \$125,000 went to the State Cardiovascular and Stroke Program.
- **Massachusetts** appropriated \$500,000 for stroke care to ensure access to quality stroke prevention, treatment and rehabilitation services.
- **Montana** appropriated an additional \$2.3 million to its Department of Public Health and Human Services, a portion of which will be allocated to the department's Cardiovascular Section for education and awareness programs. The Section also will receive \$1.25 million for stroke awareness and education, and for a tele-medicine project between a rural hospital and two of Montana's certified stroke centers. Another \$960,000 was appropriated for heart disease awareness and worksite wellness programs.
- In **Nevada**, the legislature appropriated funds totaling \$220,000 for costs related to the appointment of a coordinator of vascular health. The coordinator will work with stakeholders to draft a state plan that will define the standards of care for those who experience a stroke.
- In **North Carolina**, the General Assembly approved \$900,000 in funding to begin efforts to establish a stroke system of care.

The AHA will continue working to secure and protect state appropriations and expenditures as well as leverage existing and potential funding that supports cardiovascular disease programs and other public health initiatives targeted at heart disease, stroke and related risk factors.



Mid-Atlantic

AFFILIATE

Maryland

Tobacco prevention efforts scored major victories in Maryland this past session, which will no doubt, improve the health of Marylanders in the years to come. First, a new smoke-free air act eliminates smoking in almost every enclosed workplace and enclosed public place in Maryland, including bars, restaurants and private clubs. Advocates say an outstanding grassroots campaign was critical in the successful passage of the legislation. Second, advocates were able to help secure \$21 million for statewide tobacco control programs. The programs are expected to be comprehensive in nature and in accordance with Centers for Disease Control and Prevention recommendations.

Finally, a strict new cigarette fire safety law enacted prohibits cigarettes from being manufactured, sold or offered for sale in Maryland unless the cigarettes have been tested and meet the performance standard specified in the law and the manufacturer has filed written certification with the state.

Maryland advocates were also busy making headway with Chain of Survival issues. New legislation requires the Maryland Institute for Emergency Maryland Services Systems to conduct a study and report recommendations to the General Assembly on where automated external defibrillators should be located throughout the state.

Washington D.C.

New legislation that became effective early in the year provides \$10 million for a District-wide tobacco control program. The funding is part of a package of funds from Master Settlement Agreement (MSA) monies aimed at preventative healthcare measures and greater access to care for District residents. The MSA is an agreement obliging the tobacco industry to pay billions of dollars to governments across the country over a period of 25 years to recoup Medicaid expenses for treating sick smokers. This is the first

time the District is using MSA dollars for health-care purposes.

Also in tobacco control news, as of early this year, Washington D.C. implemented its smoke-free air law. Smoking is now eliminated in all public indoor spaces, including bars and restaurants.

In Chain of Survival news, legislation became effective early in the year that amends Washington D.C.'s "Good Samaritan" law reducing the liability risk associated with using an automated external defibrillator (AED). The purpose behind this is to encourage more businesses to have an AED on premises.

North Carolina

Advocacy efforts continue to chip away and erode tobacco's power in North Carolina. Two new laws passed this summer eliminate smoking in state government buildings and public schools. One law states smoking is no longer allowed in buildings owned, leased or occupied by state government. It also authorizes local governments to regulate smoking in buildings and transportation vehicles owned, leased or occupied by local government. A second law requires all local boards of education to adopt written policies eliminating the use of all tobacco products in school buildings, facilities, campuses, property and school-related or sponsored events. This means all 115 school districts across the state will be 100 percent smoke-free by August of 2008.

Another new law allows for the regulation of smoking in facilities affiliated



Cathleen Grzesiek (VA State Advocacy Director) and Chuck Bartlett (Affiliate Senior VP) confer at Virginia's statehouse

with the University of North Carolina (UNC) such as the campuses of the UNC Health Care System, the facilities of the East Carolina University School of Medicine and Physicians Practice Plan, and the buildings and grounds of the 16 constituent institutions of UNC.

In appropriations news, the General Assembly approved \$900,000 in funding to begin efforts to establish a stroke

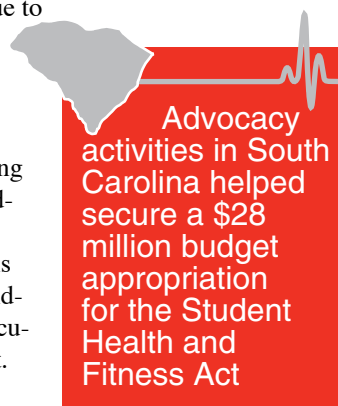
system of care in North Carolina; the state health disparities program received a \$500,000 increase in funding; and the tax on non-smoking tobacco products was increased by 10 percent which will be used to fund cancer research and prevention programs at the UNC Comprehensive Cancer Center.

Finally, a high risk health insurance pool and an enhanced 9-1-1 system that

broadly expands emergency response particularly in rural areas were established by law in North Carolina to increase access to care.

South Carolina

Advocacy activities in South Carolina helped secure a \$28 million budget appropriation for the Student Health and Fitness Act, which passed in 2005. The funding will ensure continued progress in the fight against childhood obesity by mandating





Lisa Turner (SC State Advocacy Director), Jan Vick (volunteer) and Betsy Vetter (Affiliate Grassroots Director) at South Carolina's Lobby Day

physical education (PE) and physical activity in grades kindergarten through fifth, setting school nutrition standards, hiring more PE teachers and providing elementary schools with a school nurse.

Advocates also devoted time and energy to tobacco prevention efforts. Due in large part to their work, South Carolina's Youth Smoking Prevention Program will continue to be funded at \$2 million.

Virginia

Advocacy activities in Virginia spurred the passage of a bill that established a joint legislative subcommittee to study childhood obesity in Virginia's public schools. The subcommittee will work to determine methods for alleviating childhood obesity and examine the relationship between the health and physical education curriculum; public health policies;

social, cultural and economic influences, media messages; and the incidence of overweight and obese students in public schools. The joint subcommittee also will examine methods to increase parental involvement to ensure children receive proper nutrition. Additionally, it will survey other states to determine practices that have been useful in reducing childhood obesity.

On the stroke prevention and care front, a bill directing the Joint Commission on Health Care to study stroke prevention and care in Virginia, through the creation of an ad hoc stroke task force, did not pass but the Commission is committed to undertaking the job anyway. The work of this task force is expected to validate the efforts of the Virginia Stroke Systems Leadership Team in developing recommendations for stroke systems of care specific to Virginia.



Founders AFFILIATE

Connecticut

Advocacy efforts in Connecticut this year scored a big victory for tobacco prevention. The state budget calls for a significant increase in the cigarette tax spiking it from \$1.51 per pack to \$2.00 per pack. Studies show increased prices on cigarettes significantly reduce consumption.

Tobacco prevention efforts also got a boost with the passage of a fire safe cigarette law. The new law requires cigarette manufacturers to make cigarettes sold in Connecticut that are self-extinguishing in order to reduce the number of fires caused by those carelessly discarded.

In regards to Chain of Survival issues, Connecticut was successful in furthering 9-1-1 accessibility. A new act requires that active, pre-paid wireless telephone subscribers pay an emergency 9-1-1 surcharge and requires voice over Internet protocol (VoIP) companies to provide enhanced 9-1-1 (e 9-1-1) service to their subscribers. E 9-1-1 means that both the location and phone number of the

caller are identifiable to a dispatcher when someone calls in an emergency. The new law also requires VoIP subscribers to pay the 9-1-1 surcharge.

Connecticut also garnered success in funding for issues related to women and heart disease, physical education and nutrition. Appropriations totaling \$1 million were included in the budget. Of the \$1 million, half is designated for physical fitness and nutrition; and the other \$500,000 is earmarked for the Women's Healthy Heart program.

Maine

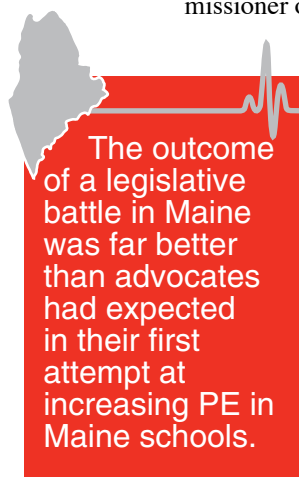
The outcome of a legislative battle in Maine was far better than advocates had expected in their first attempt at increasing physical education (PE) in Maine schools. Advocates pulled together and drafted a

"Resolve," eventually signed by the Governor, which directs the Commissioner of Health and Human Services, the Commissioner of Education and the co-chairs

of the Governor's Council on Physical Fitness, Sports, Health and Wellness to convene a planning and oversight team known as PE4ME—physical education for Maine. PE4ME is charged with developing an implementation plan for increasing PE class time that meets national standards for students in kindergarten through eighth grade by 2010. Several legislative committees will consider the PE4ME plan in the next

legislative session starting January 2008.

Maine also made headway on the tobacco prevention front. A new law tightens up exemptions previously granted to tobacco specialty stores in regards to



smoke-free air. Another law prohibits the sale or distribution of fruit and alcohol flavored cigarettes and cigars in the state by 2009.

Finally, a new statute clearly establishes immunity, from civil liability provisions, for damages relating to the use, possession or purchase of an automated external defibrillator and arising acts or omissions relating to, preparing for and responding to suspected sudden cardiac arrest emergencies.

Massachusetts

Advocates in Massachusetts made formidable headway during this past legislative session in garnering more than \$16 million in appropriations that will be spent on health priorities such as tobacco prevention, stroke care and health care reform outreach.

Funding for tobacco issues more than triples in the 2008 budget to \$12.75 million from \$4 million. Through continued commitment in the state, advocates hope to see the Massachusetts Tobacco Control Program restored to the model program it once was.

The state also appropriated \$500,000 for stroke care to ensure access to quality stroke prevention, treatment and rehabilitation services. Advocates will work to promote efforts to create inclusive and coordinated statewide systems of care to improve the treatment of acute stroke patients. Massachusetts is very successful in that 69 out of an available 72 hospitals are already designated as stroke ready facilities.

In addition to successful appropriation activities, Chain of Survival issues took a huge leap forward with the passage of legislation called “Kayla’s Law.” This new law requires all health clubs in the Commonwealth to have an automated defibrillator on site. The bill was named for a 22-year-old young woman who collapsed and died at a gym after suffering an arrhythmia. There were no defibrillators on site to shock her heart back into a normal rhythm. The mother of the young woman became a determined advocate for the legislation helping to stir a groundswell of grassroots support.

New Hampshire

New Hampshire restaurants and cocktail lounges became smoke-free as of mid-September. Activities that included grassroots outreach and media advocacy aimed at New Hampshire legislators were instrumental in the passage of the legislation.

That wasn’t the only tobacco prevention victory in the state through. For the second time in two years, New Hampshire increased the tax on tobacco. The recent increase of \$0.28 brings the total tax on a pack of cigarettes to \$1.08. In addition, through the state’s budget process, New Hampshire’s Tobacco Prevention and Control Program has been refunded at \$1.3 million per year. Legislators had cut all state funding for the program four years ago.

New Hampshire advocacy efforts also gained momentum in regards to Chain of Survival issues. A new law establishes an automated external defibrillator (AED) advisory commission which is charged with providing leadership, education, coordination and advocacy throughout the state to implement PAD—public access defibrillation—programs in public schools. In addition, a private foundation has been established for communities that need funding for AEDs.

New Jersey

Advocacy efforts to combat obesity among youth proved successful when the New Jersey Legislature approved strict school nutrition guidelines recently. The guidelines severely restrict foods of minimal nutritional value, limiting fat and sugar intake. Foods that don’t meet the guidelines won’t be served, sold or given

away as a free promotion on school property at any time before the end of the school day. This includes items served in the reimbursable After School Snack Program.

Advocates in New Jersey also continue making significant strides in tobacco prevention activities. They are currently making headway on the gaming floors of Atlantic City casinos, the last bastion in the state that still permits public smoking.

Legislation has been approved in the Senate that would eliminate it and advocacy efforts will shift into high gear making passage of legislation a top priority before the end of this legislative session.

Finally, in Chain of Survival news, a local senator contacted advocates over his concern regarding the dangers posed to student athletes from sudden cardiac arrest. What came out of this discussion was an idea to create educational materials that will be provided to all athletes statewide that contain information regarding



continued on page 16



New Jersey’s Jerry Schwab (center) receives AHA Volunteer of the Year Award from Robin Williams (NJ State Advocacy Director) and Bill Thompsons (Affiliate Advocacy VP)

FOCUS ON: stroke systems of care

Each year an estimated 700,000 U.S. citizens suffer a new or recurrent stroke and about 150,000 of them die. As statistics currently show, when considered separately from other cardiovascular diseases, stroke ranks number three among all causes of death, behind diseases of the heart and cancer. On average, every 45 seconds someone in the U.S. experiences a stroke and about every three minutes someone dies of a stroke. In addition to stroke's tremendous morbidity and mortality, it is also a leading cause of serious, long-term disability.

The American Heart Association/American Stroke Association (AHA/ASA) is working vigorously to create and implement the components of coordinated statewide stroke systems of care to improve the treatment of stroke patients nationwide. Time is of the essence in stroke treatment because lost time relates directly to diminished capacity for brain functioning. A systems approach, once fully implemented, means that patients will have access to the most advanced treatment in centers that are best designed and equipped to deal with the critical and time sensitive needs of stroke patients. The formation of a stroke system of care in every state will eventually provide uniform statewide care systems that will serve to reduce death and disability from this devastating disease.

Major advances in stroke prevention, treatment and rehabilitation have been made in recent decades but unfortunately, significant barriers exist to translating these advances into actual patient care. The goal of a stroke system of care is to help eliminate these barriers through the coordination of stroke care along an entire continuum of care, from primary prevention to rehabilitation. The key elements of a stroke system of care, as set forth in the AHA/ASA's "Recommendations for the Establishment of Stroke Systems of Care," include:

- Primordial and primary prevention
- Community education
- Notification and response of Emergency Medical Services for stroke
- Acute treatment for stroke
- Sub-acute stroke care and secondary prevention for stroke
- Rehabilitation of stroke patients
- Continuous quality improvement initiatives

A stroke system of care provides each patient seamless transition from one stage of care to the next with the highest quality at each step, including the ability to overcome barriers that might interfere with stroke care. By employing a systems approach to stroke care

statewide, it becomes possible to analyze data from each step of the continuum of care and determine what measures of care work best. It is then possible to apply these findings across the region to improve care for all patients. Ultimately, if every state adhered to the components of the model for stroke care, the result could facilitate significant progress toward accomplishing the AHA/ASA's 2010 impact goal of a 25 percent reduction in coronary heart disease, stroke and risk nationwide.

The AHA/ASA is conducting a multi-year initiative to coordinate State Stroke Systems Planning in each of the 50 states. This effort includes working with partners and stakeholders involved in stroke care to assess each state's current level of stroke care, evaluate available resources, identify opportunities for improvement and implement needed improvements.

Here are a few highlights of successful activities this past year:

- **Georgia** established the Joint Stroke Systems of Care Study Committee, designed to examine the stroke systems of care approach, including increasing the number of hospitals that are designated primary stroke centers.
- In **Illinois**, the AHA/ASA worked with volunteers and interested stakeholder groups to introduce the Primary Stroke Center Designation Act, comprehensive legislation that would allow the Director of the Illinois Department of Public Health to designate qualified facilities as Primary Stroke Centers.
- **Massachusetts** appropriated \$500,000 for stroke care to ensure access to quality stroke prevention, treatment and rehabilitation services.
- **Montana's** legislature allocated \$1.25 million in funding for the Cardiovascular Section of the Department of Public Health and Human Services for stroke awareness and education, as well as for funding a telemedicine project between a rural hospital and two of Montana's certified stroke centers.
- In **North Carolina**, the General Assembly approved \$900,000 in funding to begin efforts to establish a stroke system of care.
- **Texas** secured \$1.5 million in funding for their previously enacted Stroke Act.

Implementation of stroke systems of care across the country will lead to improved stroke care assessment, treatment, prevention and awareness of stroke—all important efforts at reducing the third cause of death in this country and improving the health of Americans from coast to coast.

early warning signs and an explanation of sudden cardiac arrest. This legislation was recently approved by the Governor.

New York State

Advocates' efforts were effective in securing millions of dollars in appropriations for health related activities in New York such as obesity prevention, tobacco prevention and strengthening the Chain of Survival.

For example, by making their voices heard and getting the message across that automated external defibrillators (AEDs) save lives, the legislature appropriated \$1.7 million to equip state police patrol vehicles with the devices and train troopers on how to use them. About 1,100 vehicles will be equipped and more than 2,500 state troopers will receive training. The legislature also passed another law related to AEDs requiring schools to establish a policy for placing the devices on premises and requiring that a notice is posted in the main entrance of each building with an AED stating the location of the equipment.

In another example of strengthening the Chain of Survival, the legislature passed a new law focused on emergency telecommunications. It requires Voice over Internet Protocol (VoIP) telephone providers to clearly inform current and prospective customers of the limitations of the 9-1-1 emergency service they offer so that if an emergency situation arises users will understand the VoIP capability.

Another appropriation of \$2 million is earmarked for the implementation and evaluation of a program requiring a student's Body Mass Index (BMI) and weight status category to be reported on mandatory school health certificates. This activity is designed to help ensure early recognition of excess childhood weight in a healthcare setting.

Finally, funding for tobacco prevention programming will continue at \$85 million through the state's 2007–2008 budget cycle.

New York City

New York City (NYC) advocates have organized their efforts to reduce adult and child obesity through proven educational opportunities and policy recommendations. During this past year, the NYC Mayor's Office and the Department of Health brought members of the Youth Health Coalition, already established by the American Heart Association, into a larger entity by creating the Obesity Planning Task Force.

The Task Force is made up of more than 100 organizations.

To help the work of this group, the City Council appropriated nearly \$4 million in the city budget to reverse childhood obesity and early onset of diabetes. It also passed legislation stopping the use of *trans* fats in NYC restaurants. In concert with this, the Department of Health instituted regulations requiring certain restaurants to provide nutritional information to customers at the point of purchase. As it moves forward the Task Force expects to work toward improving policies

in regards to physical education as well.

Rhode Island

Advocates throughout Rhode Island worked closely with partnering organizations to win approval of legislation that is intended to promote good health among high school students. The new legislation prohibits the sale of sodas, sugary drinks, and unhealthy snacks, including those snacks sold through vending machines, at the state's senior high schools. Sodas and sugary drinks will be replaced with healthier alternatives including fresh fruits, vegetables, nuts, low-fat yogurt and grain products that meet strict guidelines related to fat and sugar content. The legislation is an extension of a bill enacted last year prohibiting the sale of sodas, sugary drinks and unhealthy snacks in elementary, middle and junior high schools.

In other news, advocates weighed in on legislative efforts to reduce *trans* fat consumption. As a result, the Rhode Island House passed a resolution calling on the Department of Health to implement a statewide campaign to: 1) inform the public about the health risks associated with *trans* fats; 2) educate restaurant/retail food establishment owners and employees about the health benefits of eliminating *trans* fats, and using alternative cooking oils instead; and 3) establish incentives to encourage food establishments to offer *trans* fat free menu items and food products voluntarily.

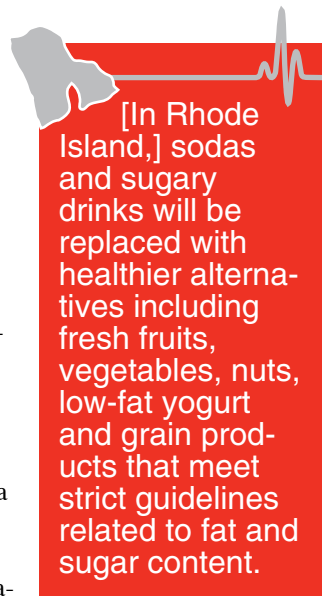
Lastly, Rhode Island joined the growing list of northeastern states requiring cigarettes to be self-extinguishing. Following the lead of neighbors including Massachusetts, New Hampshire, New York and Vermont, the Rhode Island legislature passed "The Reduced Cigarette Ignition Propensity and Firefighter Protection Act." The new law becomes effective in August 2008.

Vermont

In a notable tobacco prevention victory, Vermont increased funding for its tobacco control program. The \$608,000 boost is the state's most significant increase in recent years. The extra funds are specifically dedicated to addressing disparities in tobacco use. In another tobacco prevention victory, a new law opens up access to the state's tobacco quit line counseling so that for the first time ever, teens are eligible for the service.

Vermont also made progress toward developing a stroke system of care. Advocates have identified four bi-partisan legislators sympathetic to stroke care and have established relationships in the health community to advance the issue.

Finally, in obesity prevention news, a recently developed statewide obesity prevention public policy group, driven by AHA, will focus its attention on initiatives related to health care access, schools, and community nutrition and wellness in order to reduce obesity statewide.



FOCUS ON: physical education

Overweight adolescents have a 70 percent chance of becoming overweight adults and that percentage increases to 80 if one or both parents are overweight or obese. Additionally, current statistics show 16 percent of children and teens aged six to 19 years old are overweight and an additional 31 percent are at risk for becoming overweight. However, even in light of these serious statistics, most states are not living up to the recommendations of multiple reports and “calls to action” from the federal government and other national organizations regarding physical education among school children.

In order to improve the health of school-aged youth and to achieve at least 60 minutes of moderate to vigorous physical activity every day, the American Heart Association recommends prioritizing physical education instruction.

As part of its effort to reduce obesity among youth, the AHA is working to eventually require that quality physical education is provided to all students as an integral part of education from kindergarten through senior year of high school. In addition to the recommended 150 minutes for elementary school students, at least 225 minutes is recommended per week for middle and high school students. It is also recommended that successfully meeting minimum standards in physical education is a requirement for high school graduation. Additionally, the AHA is working to assure that quality physical education is being taught. In order to achieve that objective the AHA recommends that each state set strong physical education standards and hire a state level physical education coordinator. Also, the AHA works to assure physical education time can't be waived or substituted with different activities.

Here are a few highlights from this past year:

- In **Florida**, new legislation requires that 150 minutes per week of physical education be taught in kindergarten through fifth grade.
- In **Georgia**, a statewide health and physical education coordinator position within the state Department of Education was created.
- **Illinois** modified the School Code to limit physical education waivers.
- **Louisiana** created and funded a physical education coordinator position.
- **Mississippi** enacted legislation that will require 150 minutes per week of physical activity-based instruction and 45 minutes per week of health education for students in kindergarten through eighth grade. It also requires a one-half credit graduation requirement in

physical education for high school students and sets statewide standards for health and physical education instruction.

- **New Mexico** appropriated \$8 million for physical education in public elementary schools. The money comes from fiscal 2008 funds and is aimed at physical education programs in elementary schools, kindergarten through sixth grade. Elementary physical education programs are to be phased in beginning immediately and be in all schools by the academic year that begins in 2010.
- **North Dakota** passed a law that will require one credit of physical education for high school graduation.
- In **Ohio**, statewide physical education standards will be adopted by the end of the year and the Department of Education was directed to hire a physical education coordinator.
- **Oregon** enacted legislation which will require that all elementary schools provide 150 minutes per week of physical education by the 2017 school year and create a grant fund to hire and train new physical education teachers so 100 percent of elementary schools can meet the new minute requirements over the next 10 years.
- In **South Carolina**, advocacy activities helped secure a \$28 million budget appropriation for the Student Health and Fitness Act, which passed in 2005. The funding will ensure continued progress in the fight against childhood obesity through physical education and physical activity in grades kindergarten through fifth, school nutrition standards, hiring more PE teachers and providing elementary schools with a school nurse.
- In **Texas**, obesity prevention efforts will get a boost with about \$21 million in appropriations. Of these funds, about \$20 million is earmarked for grants to school districts to support in-school physical education and fitness programs for students in sixth through eighth grades. Another \$800,000 is allocated for grants to local mayors' councils to develop and implement wellness and physical fitness programs in communities across the state.

By focusing on quality physical education programs and increasing the amount of physical activity among students, the AHA is working to reduce obesity among children. The accomplishments of the past year will provide children with more opportunities to be physically active as well as teach them heart healthy life skills that will be key in preventing heart disease and stroke later in life.



Great Rivers

AFFILIATE

Delaware

The advances made in Delaware this year will go a long way towards protecting the health of the public. First, Delaware's cigarette excise tax more than doubled, from \$0.55 to \$1.15 per pack. Youth

smoking is expected to decline almost eleven percent due to the increase, which means that about 6,000 kids alive today will not become smokers.

Next, in Chain of Survival news, Delaware expanded funding for automated external defibrillators (AEDs)

by 40 percent bringing the total amount for the state program and schools to \$350,000. Of this amount, \$250,000 is allocated for the state AED program and another \$100,000 is allocated for AEDs in public schools.

FOCUS ON: acute events

Because the human body can survive for only a few minutes without oxygenated blood flowing to the brain and vital organs, cardiac events such as sudden cardiac arrest are often the deadliest emergencies. The key to survival is the immediate initiation of a series of events known as the "Chain of Survival." The four links in this chain are:

- An immediate call to 9-1-1
- Early access to cardiopulmonary resuscitation (CPR)
- Early access to automated external defibrillators (AEDs)
- Rapid arrival of advanced emergency medical care at the scene

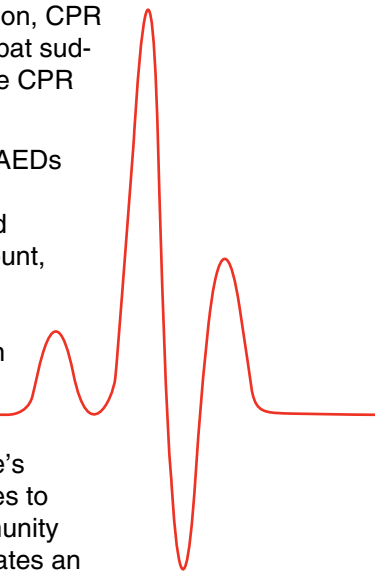
Lives are saved when communities build up the strongest possible chain of these four components. The American Heart Association works to support public policy initiatives across the country that promote: increased quality and appropriate use of 9-1-1 systems; the purchase and placement of AEDs for first responders and targeted responders in high-risk locations; CPR training; and formalized training and certification in emergency medical dispatch to appropriately assess the needs of patients as well as provide life-saving pre-arrival instructions.

Working with health advocates across the nation, many of whom are volunteers, the AHA has made significant strides this past year strengthening the Chain of Survival:

- The governor of **Arizona** signed an executive order declaring a health crisis in the state resulting from the

prevalence of out-of-hospital sudden cardiac arrest. She transferred \$200,000 to the Department of Health Services for use in public education, CPR training and AED training to combat sudden cardiac arrest and encourage CPR and AED use by the public.

- **Delaware** expanded funding for AEDs by 40 percent bringing the total amount for the state program and schools to \$350,000. Of this amount, \$250,000 is allocated for the state AED program and another \$100,000 is allocated for AEDs in public schools.
- **Hawaii** strengthened the Chain of Survival by amending the state's "Good Samaritan" law as it applies to AEDs. The new law extends immunity from liability to anyone who operates an AED and it eliminates the requirement for formal AED training as a stipulation for liability protection for someone who attempts to save a life using an AED. One state official said this was her favorite bill of the year because "it's the one bill that actually will make a difference."
- Other states that made important modifications to their Good Samaritan laws include **South Dakota** where they extended Good Samaritan law coverage to all AED users regardless of training or other program requirements. They also established immunity from civil liability regarding the placement of AEDs. This means that homeowners, business owners



In other appropriations, the state's Health Disparities Task Force received \$100,000 in funding.

Finally, a Women's Healthy Heart Task Force was established and will convene to study the issue of women's heart risk in Delaware. It will make recommendations on the development of a comprehensive strategy to encourage healthy heart activities for women.

Kentucky

Newly established model legislation in Kentucky creates the Kentucky

Cardiovascular Disease Initiative. The purpose of the Initiative is to address outreach, early identification, early intervention and education of Kentuckians who are at a high risk of developing heart disease. The Initiative received overwhelming support from the House, Senate and current administration. The aim of the legislation is to



Volunteer Gene Thornton at Delaware's Awareness Day

and government officials can now place AEDs on their property or in their facilities without fear of legal repercussions or lawsuits.

– **North Dakota** also amended its Good Samaritan Law so that immunity protection is extended to AED program facilitators, including medical directors, trainers, and those who establish AED programs, regardless of whether or not AED program requirements are met.

- **Illinois** passed legislation that requires the State Board of Education to establish and administer a matching grant program to pay for half of the cost that a school district incurs in training teachers and other school personnel who express an interest in becoming qualified to administer emergency CPR or in learning how to use an automated external defibrillator.
- The **Indiana** legislature passed two bills that will help improve the Chain of Survival in Indiana. The first requires that the owner or operator of a health club have a defibrillator available on the health club premises, employ at least one individual who is trained to use the defibrillator and administer CPR, and have a trained employee on the health club premises during business hours when staff is present at the health club. The second requires an individual to have CPR training before obtaining an initial license as a teacher.
- In **Mississippi**, new legislation provides full immunity for any lay rescuer using an AED for the purpose of saving the life of someone in cardiac arrest; under the new law, healthcare provider protection is also expanded.

- The **New York State** Legislature appropriated \$1.7 million to equip state police patrol vehicles with AEDs and train troopers on how to use them. About 1,100 vehicles will be equipped and more than 2,500 state troopers will receive training. New York also passed legislation to require all dentists to be certified in CPR and maintain certification as part of their continuing education requirements.
- **Texas** passed a law requiring that every public school place an AED onsite. Private schools also are encouraged to do so. The legislation allocates \$9 million in reimbursement funds, available to both public and private schools, for the purchase of the devices.
- **Virginia** passed a law that requires providers of Private Branch Exchange (PBX) and Multi-Line Telephone Systems (MLTS) to provide enhanced 9-1-1 (E9-1-1) location information to 9-1-1 call centers. PBX/MLTS are characterized by multiple extensions operating from a single switchboard. Most schools, businesses, and hotels operate on PBX/MLTS. Currently, when a call is made from one of the extensions to 9-1-1 the location information provided is that of the switchboard and not the extension, which can be found on a different floor of a building and even sometimes in a different building.

Each of these successful outcomes builds up, strengthens and solidifies strong emergency response systems across the country that serve to fulfill AHA's mission to build healthier lives, free of cardiovascular diseases and stroke.

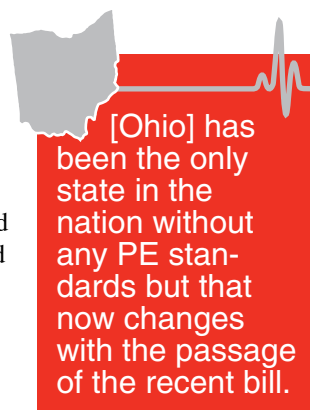
reduce the incidence of heart disease, the number of deaths attributable to heart disease, health care costs and improve access to medical protocols and best practice guidelines.

On the tobacco prevention front, advocates' efforts were successful in two areas. First, new legislation requires Kentucky's Medicaid program to cover smoking cessation services and medications for Medicaid recipients who want to quit smoking. The second effort was a major victory for smoke-free policy in the heart of tobacco country. Kentucky's largest city, Louisville, implemented a revised, local smoke-free ordinance eliminating the

exemptions and loopholes in a previous ordinance further eroding tobacco's hold in tobacco country. Now, with the addition of Louisville, 10 Kentucky cities and four counties have instituted local smoke-free policies.

Ohio

Due to a new law, the Ohio Department of Education (ODE) will adopt physical education (PE) standards by the end of the year. Grassroots support and collaboration with partners have been instrumental in



moving physical education efforts forward in Ohio. The state has been the only one in the nation without any PE standards but that now changes with the passage of the recent bill. The ODE will also have a staff person dedicated to addressing PE issues in the state. Advocates worked towards these accomplishments through media advocacy efforts in

the form of editorials in newspapers in Akron, Cleveland and Columbus, as well as numerous letters-to-the-editor.

FOCUS ON: access & quality of care

The Census Bureau's 2006 figures on poverty and health insurance report that the number of uninsured Americans rose for the sixth straight year in a row—to an amount that exceeds the cumulative population of 24 states and the District of Columbia. The number of uninsured is now up to 47 million, the highest number of uninsured Americans in recorded history. This includes an increase of 2.2 million more individuals who became uninsured from 2005 to 2006.

This is a situation that imposes sizable hidden costs upon society. The poorer health and shorter lives of those without coverage account for most of these costs. Other costs are manifested by Medicare and Medicaid payments, demands on the public health infrastructure, and loss of local health service capacity.

As a result of rising healthcare costs, which continue to undermine the ability of individuals, businesses and state governments to purchase healthcare coverage, many state legislatures and government agencies are looking toward disease management and quality improvement measures as a means toward reversing this disturbing trend. The American Heart Association (AHA) works towards solving these challenges by promoting public policy change to assist public entities in controlling spiraling healthcare costs while ensuring quality of care and patient safety. More specifically, the AHA is working to:

- ensure that health coverage is universal, continuous, and affordable both to individuals and to society;
- assure that efforts to expand access include coverage for appropriate care, treatment and prevention of heart disease and stroke;

- promote public policies that ensure quality healthcare through adherence to evidence-based guidelines and treatment protocols, including efforts to decrease disparities; and
- work to create an environment in which the translation of guidelines into practice can occur.

In working towards these goals, the AHA supported a number of initiatives at the state level during the past year to increase access to care and to promote quality of care. One of our most important involved a joint initiative between the AHA, AARP, American Cancer Society, American Diabetes Association, and the Alzheimer's Association. This collaborative, referred to as the *Are You Covered? Millions of Voices for Quality Health Care* campaign, brought our organizations together to engage our volunteers and supporters in the first four primary states (IA, NH, SC and NV) of the Presidential election in an effort to engage candidates and educate the public on the issue of access to health care. Our organizations together believe in quality health care for all that is affordable, adequate, accessible and administratively simple.

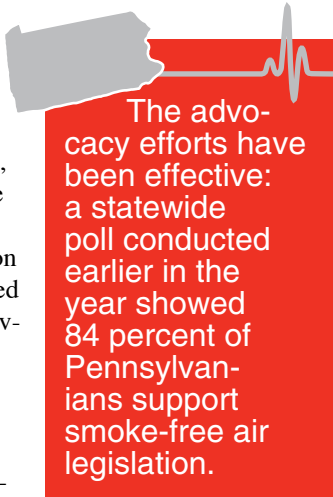
Below are a number of successful outcomes at state capitols:

- A new **Colorado** law is intended to reduce racial and ethnic health care disparities by formalizing a new state agency, the Colorado Health Disparities Office, to promote health equity.
- The **Illinois** Legislature created the *All Kids* program, which offers affordable health insurance to all children in the state through subsidized premiums on a sliding scale.

Pennsylvania

As of this writing, Pennsylvania smoke-free advocates are hard at work, in the midst of a legislative session, supporting state-wide, smoke-free legislation which would have the added bonus of allowing local governments to enact stronger measures than state law.

They have used advocacy tactics to get their message out such as initiating a phone call campaign to legislators to voice their



The advocacy efforts have been effective: a statewide poll conducted earlier in the year showed 84 percent of Pennsylvanians support smoke-free air legislation.

opinions; and engaging in a media ad campaign to educate the public on the dangers of secondhand smoke and encourage their support. The advocacy efforts have been effective: a statewide poll conducted earlier in the year showed 84 percent of Pennsylvanians support smoke-free air legislation.

West Virginia

Advocates fought hard to keep tobacco prevention program funding in place

and their efforts were successful. The state's budget projections show funding will continue at \$5.85 million annually through at least the year 2012.

In related tobacco prevention activity, county boards of health in West Virginia continue enacting strong smoke-free air ordinances throughout the state. In June, the Pocahontas County Board of Health passed one of the state's strongest smoke-free air measures and Wyoming County's board passed one shortly thereafter. The legal authority for local health boards to protect public health by eliminating smoking has been upheld by several court decisions.

- **Minnesota** created QCare, a quality standard that will be used to reward top performing providers. It will initially set standards for quality of care in four areas, including cardiac care. The Minnesota Department of Health estimates that more than \$153 million in health care costs will be saved annually.
 - **Missouri** revamped its Medicaid Program. The new program, called MO HealthNet, emphasizes wellness, prevention, and responsibility and increases access to healthcare. The Health Care Technology Fund to promote technological advances in health care delivery and the Healthcare Access Fund are components of the final piece of legislation. The American Heart Association will monitor the regulation process from this legislation to adhere to our public policy agenda of quality of care and adherence to evidence-based guidelines.
 - In **Montana**, two new laws improve access to care. One law increases eligibility for the Children's Health Insurance Program (CHIP) which means about 11,000 children will have access to preventive medicine and health insurance. The other revises Montana's small business health insurance pools allowing thousands working in small businesses access to affordable health insurance for themselves and their families.
 - In **North Carolina**, a high risk insurance pool was established by law to increase access to care.
 - Two new laws will expand the number of **Oklahomans** with insurance. The *Oklahoma All Kids Act* expands eligibility for a voucher program to help parents buy private health insurance for their children. It will allow families earning up to 300 percent of poverty level to be eligible for state assistance to purchase health insurance, providing coverage for up to 45,000 uninsured Oklahoma children. The second law expands the *Insure Oklahoma* program, which subsidizes the cost for small businesses that provide health insurance for lower-income workers. This new law expands eligibility from businesses with 50 or fewer employees to those with 250 or fewer.
 - In **South Carolina**, the *Critical Needs Nursing Initiative Act* establishes the Critical Needs Nursing Initiative Fund to improve the number of qualified nurses by providing student and nursing faculty incentives and creating new faculty positions. It also creates the Office for Health Care Workforce Research to analyze health care workforce supply and demand.
 - In **Texas**, the American Heart Association joined coalition partners to help advance legislation that will result in adding approximately 127,000 children to the Children's Health Insurance Program (CHIP). The law allows for participants to re-enroll every 12 months instead of six, sets more realistic asset testing for working families, and eliminates the 90-day waiting period for families that qualify.
- On a final note, as a national supporter for the *Cover the Uninsured Week*, the AHA participated in activities across the country to call attention to the issue. *Cover the Uninsured Week* inspired thousands of activities from coast-to-coast. For five years, the program has served as a national platform for discussion and debate about the need to cover the country's uninsured. Individuals from all sectors of society and from all 50 states joined together to demand that our nation's leaders make this issue a top priority.



Pacific Mountain

AFFILIATE

Alaska

Advocacy efforts in Alaska shifted into protective mode when opposition attempts challenged a new citywide smoke-free air ordinance in Anchorage. Opponents secured enough signatures to send the issue to the public for a vote. However, a full 72 percent of voters affirmed their preference for smoke-free air and easily defeated the ballot measure. The ordinance, which includes smoke-free air for bars and restaurants, became effective July 1.

Alaska advocates also succeeded not only in protecting Master Settlement Agreement (MSA) funds and tobacco tax funds for tobacco prevention and cessation activities but they also saw a \$1.5 million increase in additional funding for the state's tobacco prevention and control program. MSA funding is money that comes to Alaska as a result of a settlement in 1998 between 46 states and the tobacco industry. The MSA determined that tobacco companies are obliged to pay out billions to states to recoup expenses for treating sick smokers. Alaska now joins a very short list of states that has achieved the minimum level of funding for comprehensive tobacco control efforts as recommended by the Centers for Disease Control and Prevention.

That was not all when it came to tobacco prevention activities in the state. Another new law requires that

all cigarettes sold in Alaska must be self-extinguishing.

Finally, on the obesity prevention front, advocates worked to secure an appropriation for the state's Obesity Prevention program. As a result of their efforts, an appropriation of \$200,000 was awarded to continue the program.

Arizona

Arizona's new smoke-free air law became effective this spring. As of May 1, all of Arizona's workplaces, including bars and restaurants, are smoke-free. This accomplishment made Arizona the fourteenth state in the nation to be a smoke-free state, protecting bar and restaurant workers, and nearly all other employees from the dangers of secondhand smoke.

Arizona advocates continue making progress in obesity prevention too. During this past legislative session they have been hard at work ensuring the state's Physical Education Pilot Program continues to receive its funding. Their efforts paid off. The program received \$110,000 which will ensure funding through its completion in December of 2008 when a report to the Governor is due. Established last year, the primary goal of the program is to gather comprehensive

data regarding the positive impact of reinstating daily physical education back into the Arizona school system.

Colorado

Advocates in Colorado held their ground and prevailed on all legislative attempts to erode smoke-free protections. Opposition forces worked hard to roll back several critical public health provisions including efforts to allow smoking in bars and VFW halls. All opposition forces were defeated and Colorado's smoke-free air law, new as of 2006, holds firm.

Not only were efforts successful in keeping the state's smoke-free air law intact, but the law actually expanded this year to include casinos. With this expansion, all 46 of Colorado's non-tribal casinos will

be smoke-free.

Colorado advocates also supported a number of legislative proposals addressing childhood obesity that, when combined, highlight the need for more attention to be focused on preventing childhood obesity and the role that schools can play in this public health initiative.

One new law directs the State Board of Education to draft high school graduation requirement guidelines which will be used to align local guidelines with the state's and will include a focus on physical education. Another new law requires the revision of what is called a "School Accountability Report," a document that is available to all parents of school age children in the state. Due to the new law, the report must inform parents if their child is receiving physical education at school and how often.

Hawaii

Hawaii strengthened the Chain of Survival by amending the state's "Good Samaritan" law as it applies to automated



Hawaii Governor Linda Lingle (right) presents a "Go Red" proclamation to Hawaii AHA VP and Executive Director Natalie Arrell

external defibrillators (AED). The new law extends immunity from liability to anyone who operates an AED and it eliminates the requirement for formal AED training as a stipulation for liability protection for someone who attempts to save a life using an AED. Since it became effective, more businesses and organizations have placed the devices on their premises making them publicly available. Within several months of the law's passage, Hawaii airports reported that three lives were saved due to the accessibility of the AEDs.

In a tobacco prevention victory, advocates successfully defended Hawaii's smoke-free air law from attempts to weaken it. It remains one of the strongest in the nation.

Advocates also prevailed in obesity prevention when they fought off attempts to weaken physical education (PE) graduation requirements in high schools. Due in large part to their work, students who participate in high school athletics will not be exempt from earning PE credits and must continue to earn them in order to graduate.

Idaho

Idaho advocates were instrumental in fine tuning the 2004 Idaho Clean Indoor Air Act this past legislative session. Bowling centers were removed from the exemptions of the law.

The effort was not without drama though. While the legislation cleared both the House and the Senate by an overwhelming margin, the Governor vetoed it. A veto override became the only solution to passage. With tremendous support from the Idaho *You're the Cure* grassroots network, advocates moved into action and soon their efforts proved to be successful. The legislature did override the veto, but it was only the third time since 1919 that an Idaho legislature has successfully taken such action.

Montana

Montana advocacy efforts this year yielded results in a number of arenas including tobacco prevention, Chain of Survival and access to care. They were also instrumental in securing significant appropriations.

For example, the legislature appropriated an additional \$2.3 million to



Oregon Governor Ted Kulongoski signs the comprehensive smoke-free air bill into law

Montana's Department of Public Health and Human Services (DPHHS), a portion of which will be allocated to the department's Cardiovascular Section for education and awareness programs. The Section will also receive \$1.25 million for stroke awareness and education, and for a tele-medicine project between a rural hospital and two of Montana's certified stroke centers. Another \$960,000 was appropriated for heart disease awareness and worksite wellness programs.

Thanks in large part to advocacy efforts, Montana's tobacco prevention program, for the first time, is fully funded at \$9.3 million annually for the next two years. In addition, Montana joined a growing list of states requiring that only fire safe cigarettes can be sold in the state. These types of cigarettes are self-extinguishing.

Strengthening the Chain of Survival, a new law supports wireless enhanced 9-1-1 (e9-1-1) for the entire state. E911 means the dispatcher can identify the caller's number and pinpoint the caller's location. To pay for the enhanced system, the new law requires a \$0.50 fee tacked onto every cell phone bill statewide.

Montana also passed legislation easing requirements for automated external defibrillator use (AED). The law eliminates the requirement that a physician or physician designee must provide AED oversight.

Two other new laws improve access to care. One law increases eligibility for the Children's Health Insurance Program (CHIP) which means about 11,000 children will have access to preventive

medicine and health insurance. The other revises Montana's small business health insurance pools allowing thousands working in small businesses access to affordable health insurance for themselves and their families.

Finally, the legislature passed a resolution to study Montana's acute care and rural emergency medical services. As Montana is such a geographically vast state, nearly 300,000 live in areas with limited or no access to emergency care. Advocates are forming an Emergency Medical System Coalition to address the issue.

Oregon

Thanks to the efforts of many advocates, Oregon this year became the 22nd state in the nation to go smoke-free. The new, comprehensive smoke-free air law goes into effect in January 2009 and will help protect thousands of workers across the state from the toxic chemicals in second-hand smoke.

Tobacco prevention activities scored another victory in Oregon when prevention funds were fully restored. This means every county in the state will have a funded local tobacco prevention program and Oregonians will have greater access to Oregon's quit line.

Advocates also made tremendous strides in obesity prevention efforts as

new legislation put physical education (PE) back into Oregon schools. Due to the new legislation, the Oregon Department of Education will conduct a statewide inventory of how much PE is being taught in schools. It will then set PE policy for the state by establishing a standard of 150 minutes per week of PE instruction in elementary schools and 225 minutes per week for middle schools.

The legislation also provides funding to create and implement a grant program so schools have the resources they need to meet the new standard.

Finally, a third piece of legislation called "Healthy Foods for Healthy Students" became law in this past session. Its purpose is to ensure that junk food and sodas are kept out of Oregon schools. With passage of this legislation, Oregon



becomes the first state to codify the Alliance for a Healthier Generation Guidelines into statute. The Alliance is a joint initiative of the William J. Clinton Foundation and the American Heart Association. Under these guidelines, only lower calorie and nutritious beverages will be sold to schools.

Washington

Washington's highly successful and nationally recognized tobacco prevention and control program will continue to reduce the burden of tobacco in the state with a recent infusion of funding. The legislature this past session pumped in an additional \$12.5 million per year over the next four years to continue the program's effective activities.

In related tobacco prevention news, advocates worked to preserve Washington's *Clean Indoor Air Act* from opposition attempts to thwart it ensuring that no one has to be exposed to deadly second-hand smoke where they work and play. Passed in 2006, the law eliminates smoking in all indoor public places including bars, taverns and restaurants.

Finally, advocacy efforts were successful in moving legislation forward to fund the work of local public health jurisdictions. The legislature appropriated \$20 million annually which is expected to be used for chronic disease prevention and management.

Wyoming

Strengthening the Chain of Survival became a strong focus of advocates' work in Wyoming. Two new laws recently passed are aimed at encouraging Emergency Medical Technicians (EMTs), most of whom are volunteers, to remain on the job. One law allows for EMTs to have specialty license plates, just as firefighters and war veterans. Another new law provides for funding a feasibility study to look at offering state retirement to EMTs.

In the tobacco prevention arena, Evanston, Wyoming just implemented a strong smoke-free ordinance. It became effective in September.



South Central

AFFILIATE

Arkansas

New automated external defibrillator (AED) legislation will improve the Chain of Survival in Arkansas. One new law requires all public schools to have an AED available on premises pending funding. Another requires fitness centers that are open 24-hours a day, seven days a week to have an AED on premises although they do not have to have a staff person trained in AED usage onsite 24-hours a day.

In obesity prevention news, advocates worked hard to fight off attempts to eliminate the collection of Body Mass Index (BMI) information from students. While the information had been collected on students in every grade, it will now be collected in even numbered grades from kindergarten through tenth grade.

New Mexico

All the hard work and long hours committed to tobacco prevention efforts have paid off in New Mexico. As of June 15, the *Dee Johnson Clean Indoor Air Act* became effective which eliminates smoking in enclosed indoor workplaces including bars and restaurants, as well as in indoor public places. The new law gives authority to local governing

bodies to enact stronger provisions than the state law if they choose to do so.

New Mexico also allocated \$9,115,000 of its Master Settlement Agreement (MSA) funds for Department of Health smoking cessation and prevention programs. The MSA is an agreement between 46 states and the tobacco industry obliging the tobacco industry to pay billions of dollars to states over a period of 25 years to recoup Medicaid expenses

for treating patients affected by tobacco-caused illnesses. In addition, New Mexico also allocated another \$500,000 of the MSA funds to the Department of Indian Affairs for tobacco prevention activities.

Making headway in the areas of Chain of Survival and obesity prevention, New Mexico advocates gained considerable ground. Addressing the issue of cardiac arrest aid liability, new legislation provides immunity for anyone acting in good faith who provides emergency automated external defibrillator (AED) services to someone in apparent cardiac arrest if they act without compensation. The provider, a "Good Samaritan," includes a person who lacks AED training but has access to an AED and acts in good faith.

In targeting issues related to obesity, New Mexico appropriated \$8 million for physical education in public elementary schools. The money comes from fiscal 2008 funds and is aimed at physical education programs in elementary schools, kindergarten through sixth grade. Elementary physical education programs are to be phased in beginning immediately and

[In New Mexico,] the *Dee Johnson Clean Indoor Air Act* became effective which eliminates smoking in enclosed indoor workplaces including bars and restaurants, as well as in indoor public places.

be in all schools by the academic year that begins in 2010.

Oklahoma

Access to care will become a little easier in Oklahoma with the recent passage of two new laws focused on health insurance coverage for children and increasing health insurance availability for small businesses.

The first, the *Oklahoma All Kids Act*, expands eligibility for a voucher program to help parents buy private health insurance for their children. It will allow families earning up to 300 percent of the poverty level to be eligible for state assistance to purchase the insurance. The program is expected to provide coverage for as many as 45,000 uninsured Oklahoma children.

The second expands the *Insure Oklahoma* program which subsidizes the cost for small businesses that provide health insurance for lower-income workers. The new law expands eligibility from businesses with 50 or fewer employees to those with 250 or fewer.

In Chain of Survival news, 10 more Oklahoma counties this year voted to implement wireless 9-1-1 service. Another six counties voted to implement standard 9-1-1 service or expand the capabilities of their existing 9-1-1 service.

Finally, zoo animals, and the adults and children who come to see them, can breathe easier in Oklahoma. A new law eliminates smoking in all state zoos.

Volunteers at Texas' Heart and Stroke Lobby Day Reception



Texas State Representatives Patrick Rose and Susan King, with AHA volunteers Dr. Ralph McClouskey and Denise Jones

Texas

Texas appropriated approximately \$50 million in funding this past legislative session that is earmarked for programs designed to lessen the impact of heart disease and stroke statewide. Advocates played a pivotal role in getting health messages across by sending more than 7,300 emails to key legislative offices:

1. Tobacco prevention and cessation programs will be funded with an additional \$7 million bringing total funding to more than \$20 million.
2. Obesity prevention efforts will get a boost with about \$21 million in appropriations. Of these funds, about \$20 million is earmarked for grants to school districts to support in-school physical education and fitness programs for students in sixth through eighth grades. Another \$800,000 is allocated

for grants to local mayors' councils to develop and implement wellness and physical fitness programs in communities across the state.

3. Other new legislation requires that every public school in Texas place an automated external defibrillator (AED) onsite. Private schools also are encouraged to do so. The legislation allocates \$9 million in reimbursement funds, available to both public and private schools, for the purchase of AEDs.
4. To help with implementation of the *Texas Stroke Act*, passed in the previous legislative session, the legislature allocated \$1.5 million which will be used for a stroke awareness campaign, EMS certification, hospital reporting on stroke systems of care and regulatory oversight.

Texas also gained forward momentum with the passage of obesity prevention legislation which requires 30 minutes of daily physical activity for students in kindergarten through fifth grade and requires four out of six semesters of physical activity for middle school students. The new law also requires annual physical fitness assessment for students in third through twelfth grades.

Finally, Texas advocates also made headway in access to care issues with the passage of legislation that will add about 127,000 children to the Children's Health Insurance Program (CHIP). The law allows participants to re-enroll every 12 months instead of six and eliminates the 90-day waiting period for families that qualify.



Western States

AFFILIATE

California

Nutrition issues are on the agenda for advocates in California. While the legislative session continues as of this writing, a few new bills would address healthy food choices.

One bill would require the Department of Public Health to financially support the renovation of local grocery markets in underserved communities that would supply food choices offering higher quality vegetables, fruits and other heart healthy choices. The bill would provide competitive grants for start-up costs including feasibility studies, business plan development, refrigeration units and outside technical assistance to low-income rural and urban areas.

Another bill, if passed, would make counting calories simpler. It would require each food facility that is part of a chain of 10 or more franchises in California to provide nutritional information for standard menu items on all menu boards and printed menus.

California advocates are also focusing on tobacco issues. Since Internet tobacco sales have risen as well as youth tobacco use in the past few years, a new bill would prohibit distribution of tobacco products through the mail, and require all cigarette

California Assembly members Anthony Portantino and Mervyn Dymally, Joe Debbs (volunteer) and Roman J. Bowser (Affiliate Executive VP) at Legislative Reception



distributors/wholesalers to pay taxes and be licensed.

In other tobacco prevention news, cities across the state continue to join in the trend of establishing smoke-free beaches and parks. Major victories this year include smoke-free parks and/or beaches in Beverly Hills, Burbank, Pasadena and Oceanside.

Nevada

In an effort to improve stroke care in Nevada, the legislature appropriated funds totaling \$220,000 for costs related to the appointment of a coordinator of vascular health. The coordinator will work with stakeholders to draft a state plan that will define the standards of care for those who experience a stroke.

Other legislative highlights included resolutions that 1.) recognize the AHA's

national Go Red for Women program and urge statewide support for the American Stroke Association's Power to End Stroke Campaign; and 2.) encourage schools and school districts to preserve or increase time allocated for physical education, physical activity or recess.

Utah

Individual cities and counties across the state can now enact outdoor smoke-free air ordinances thanks to the passage of a new law. Advocacy and volunteer efforts helped move the legislation forward. A number of cities and counties are already enjoying the benefits of the passage of this new legislation with smoke-free parks and trails ordinances. They include Salt Lake City, South Salt Lake City, Logan, Davis County and Tooele County.

Office of Federal Advocacy (OFA)

Over the last year, the Office of Federal Advocacy and its many AHA partners and volunteers have been on the front lines working to win the war against heart disease and stroke.

Accomplishing the AHA's goal of reducing death and disability from cardiovascular diseases and stroke 25 percent by 2010 demands a better and more detailed understanding of these highly complex and deadly diseases. We must take deliberate and focused action in research, prevention, treatment and public education.

However, we must also be selective. There is only so much federal health funding and AHA to go around. This is where the OFA enters the picture.

The OFA carefully examines and weighs all of the competing public health policies, legislation and regulatory initiatives and picks those with the greatest chance of success and then backs them up with compelling and scientifically valid cases. It engages policy makers, the health and research communities and the media, and energizes our many volunteers

on the state and local levels. It builds coalitions and alliances with other advocacy groups and raises public awareness and support at the grassroots level. It insists on results.

That is the approach the AHA's Office of Federal Advocacy and its dedicated volunteers and partners took in 2007. We are proud of the hard-won successes that will take us another step closer to eventually curing cardiovascular diseases and stroke. The following is a snapshot of some key accomplishments.

Research and Prevention Funding

From the start of 2007 the AHA was challenged by the administration's proposed federal budget that froze, cut or eliminated many domestic health programs. The OFA swung into action. Through intensive work with key congressional members and staff, some noteworthy victories resulted that will pay off in long-term benefits. In July, the U.S. House of Representatives passed an appropriations bill that provides funding for many of the AHA advocacy priorities including heart and stroke research supported by the National Institutes of Health (NIH), the Centers for Disease Control and Prevention's Heart Disease and Stroke Prevention Program, and the *Rural and Community Access to Emergency Devices Program*.

The House bill provided the NIH with a 1.9 percent increase over last year; a similar Senate bill ups the funding by 2.8 percent. The OFA also secured report language in the Senate measure to enhance heart disease and stroke research, treatment and prevention programs. And you can be sure that the OFA will be working throughout the balance of the congressional session to help win the higher Senate funding level.

AHA Lobby Day is a good example of what can be achieved when our volunteers swing into action with us. In April 2007, a record 650 *You're the Cure* volunteers—including heart disease and stroke survivors, caregivers, researchers, and healthcare professionals—arrived on Capitol Hill to tell their senators and representatives in Congress, "You're the Cure for Heart Disease and Stroke." This year's delegation from 49 states, the District of Columbia and Puerto Rico, participated in nearly 400 meetings with lawmakers and congressional staff.

Members of Congress responded favorably to the dedication and passion of these champions of a cure. As of September, 72 representatives and 38 senators have signed a *Dear Colleague* letter calling for increased funding for the prevention and treatment of heart disease and stroke.

Women and CVD

When it comes to women's cardiovascular health, the OFA is leading the charge for passage of the *Heart for Women Act*—bi-partisan legislation that would help eliminate the cardiovascular health disparities that women now face.

At the first congressional hearing on the bill, Dr. Sue Bennett, an AHA volunteer and director of the *Women's Heart Program* at The George Washington University Medical Center, testified, "We've made good progress in reducing CVD (cardiovascular disease) mortality for men but the same cannot be said for women. The *Heart for Women Act* is intended to help close that gap by focusing on three strategies to improve the diagnosis, treatment, and prevention of heart disease."

The OFA has been front and center of the growing support for the *Heart for Women Act*. Due in part to Lobby Day and other AHA sponsored-events and briefings, it now has 233 co-sponsors, including all of the women in the Senate and as of this writing, 69 of 74 women in the House. Online advocacy efforts are also playing an increasingly important and innovative role. AHA's award-winning "microsite," www.heartforwomen.org, generated more than 35,000 emails to members of Congress in support of the bill—more than six times the messages sent on this issue last year. And the *Heart*

for Women Act Red Dress Paper Doll grassroots campaign spurred advocates and volunteers into action as they signed more than 27,000 dolls in support of the bill. That's enough dolls to wrap around the U.S. Capitol six times. We won't rest until the bill is on the President's desk, ready to be signed.

Obesity, Exercise & Nutrition

Combating obesity, by improving nutrition and exercise, is a top AHA priority. In 2007, OFA staff worked closely with key members of Congress and other advocacy organizations to craft legislation to address childhood obesity and the link between obesity and CVD.

For example, the *FIT Kids Act* contains AHA provisions that would amend the *No Child Left Behind Act* to encourage and hold public schools accountable for providing regular and high quality physical education for all children. It would also fund research and a pilot program to fight childhood obesity and improve healthy living and physical activity for all children.

However, it is not just children who need exercise and healthy lifestyles. The AHA has also endorsed the *Healthy Workforce Act* to assist small and mid-sized companies in helping their employees lead healthier lives through comprehensive wellness programs.

In another first, the OFA has been working closely too with key farm state members of Congress and the agriculture community to make the case for passage of the *Healthy Oils Incentive Program*. It would amend the 2007 Farm Bill by providing incentives for American farmers to produce an adequate and affordable supply of heart-healthy seed oils to replace unhealthy *trans* fat in the food we eat.

And speaking of the Farm Bill, the AHA also supports changes that address

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Advocates from
Massachusetts
at the
Congressional
Lobby Day



the relationship between agriculture policy and human health. Just ask any health practitioner, nutrition research is as important as food and agricultural research.

Tobacco and Heart Disease

The U.S. Food and Drug Administration is a step closer to having the authority and resources to regulate tobacco products and restrict their marketing, particularly to children, through a new bill working its way through Congress. The OFA has been working hand-in-hand with a number of health advocacy groups to seek passage of the *Family Smoking Prevention and Tobacco Control Act* which now has a total of 248 co-sponsors—a tremendous achievement for all who have been working on this bill.

In August, a Senate committee approved the measure, clearing the way for full debate. This is another great victory for AHA staff and volunteers across

the country, who, with our friends at the American Cancer Society, the American Lung Association, and the Campaign for Tobacco-Free Kids, have been urging Congress to enact this landmark legislation.

Stroke

Battling CVD also means stopping stroke. Thanks to the hard work of the AHA and the American Stroke Association, which helped enlist 32 Senate and 90 House co-sponsors, the bi-partisan *STOP Stroke Act* is making its way through the legislative process. In March, it passed the House by a voice vote and a companion measure has been introduced in the Senate. Among its many provisions, the bill would help states ensure that patients have access to quality stroke prevention, treatment and rehabilitation services and create a national public awareness program on stroke warning signs and how stroke can be prevented.

Access

Access to quality health care has stymied efforts to fight cardiovascular disease as millions of uninsured Americans face soaring health care costs. The AHA is working with AARP, the American Cancer Society Cancer Action Network, the American Diabetes Association and the Alzheimer's Association to make affordable, quality health care a priority in the presidential race. AHA advocates are calling attention to the program in four primary states as part of the *Are You Covered? Millions of Voices for Quality Health Care* campaign.

More Is Possible

The OFA has made tremendous progress so far during this past year nevertheless much more is possible. These efforts help save lives and are all a part of our mission: to build healthier lives, free of cardiovascular diseases and stroke. We stand ready to do our part.

The *Advocacy Pulse 2007 Legislative Wrap-Up* is a periodic update from the Advocacy Department of the American Heart Association. Please contact the Advocacy Department with any questions at (202) 785-7900, or visit www.americanheart.org/yourethecure.