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Written Witness Testimony for Committee on Ways & Means “Access to Healthcare in America: Ensuring Resilient Emergency Medical Care.”

My name is Chloe Burke; I am here representing myself and the American Heart Association. As the AHA is in its CENTENNIAL year, the focus is on what we can do NOW to take a proactive approach to saving future lives; this includes innovation in access to healthcare and emergency treatment. I am a 25-year-old Houston native, and I live 3 miles away from one of the biggest medical centers in our country, yet I could not receive the dire surgery I needed to save my life. I was born with an extremely rare congenital heart defect that I went my entire life undiagnosed with. My parents were told they had a happy, healthy child, and never expected the medical emergencies that would arise in my early twenties.

No one wakes up and plans to have an emergency. The word emergency is fueled by two things: Urgency, and a need for action. This is why access to emergency medical care is one of the most valuable things we could make the conscious choice to invest in, because nothing is fiscally worth more than being able to respond and save a life, when it is often needed within a matter of minutes.

At age 20, I began experiencing aggressive heart symptoms such as dizziness, chest and left arm pain, passing out multiple times a week, and losing my vision from my body & brain not getting enough oxygen. This is because my heart's major artery was inside of my heart, when it is supposed to lay flat on the outside of the heart.. At this time, I was a collegiate cheerleader at the University of Houston and during one of our football games my heart stopped and I collapsed on the field. I lay there unconscious as thousands of people watched emergency medical professionals rush to my side, taking off my uniform top, filling my chest with patches and shocking my heart back to a consistent electrical state. I was then taken off the field on a gurney and put in an ambulance to the nearest emergency center where I was able to receive extensive testing needed to save my life. Immediate access to necessary AEDS, blood testing, imaging, and medicines is what saved my life, or I wouldn't be here today...all at age 20, of what appeared to be a healthy athlete.

When someone goes into cardiac arrest or has a heart attack, there is only a matter of minutes available to act before it's too late. $\frac{3}{4}$ of cardiac arrests and heart attacks happen at home. Now take a second to think about that and whether or not you would be able to get your closest loved ones to an ER in time. I was lucky to experience my

cardiac event in a situation where there were medical professionals there on site, but that rarely happens. The HEARTS Act, which was recently passed unanimously in the Energy and Commerce Subcommittee on Health, would help develop and distribute educational resources on cardiomyopathy, calls for guidelines regarding the placement of AEDs in schools, and information on CPR training. I say this as a way to show that there are ways for you, as US congressional members that hold influence, to spread the responsibility not only to hospitals, but to us U.S. citizens in a place of civic duty and responsibility to help as well.

Emergency services played a crucial role in helping me find my unknown heart diagnosis quicker. I had to endure months of medical testing to find the cause of my symptoms. What no one tells you, is the months of waiting it takes to even get seen by a cardiologist, let alone the time it takes to schedule different tests, surgeries, imaging, and much more. I went from 9-months of being in & out of hospital testing, to getting a diagnosis within 2 months of receiving Emergency services, all because the ER I went to, understood the severity of what I was experiencing, and prioritized my needs as a patient.

When I received a diagnosis, I then had to go to Stanford California to receive open-heart surgery, or die within two years. Houston is known for its innovative treatment centers, yet I could not get the treatment I needed. Once I got to Stanford, my family was informed my medical bills would exceed \$300,000. The cost of me being able to live long enough to graduate college should not be the same cost as buying a house. That is why it is crucial to have plans in place like the "No Surprises Act" which Protects patients from receiving surprise medical bills resulting from gaps in coverage for emergency services and certain services provided by out-of-network clinicians at in-network facilities, and the Affordable Care Act, which allowed me to stay on my parent's health insurance plan past the age of 18 and up to 27. I am so lucky that I was able to stay on my dad's insurance, as he is a federal employee, so we could afford the treatment I needed without putting us years into debt. Many Americans are not this lucky.

You know better than anyone that our country's healthcare system needs improvement. I am living proof that Cardiac events are never planned, so we need to work to create a nation of lifesavers to ensure as many people as possible are equipped with the necessary skills to be able to respond within a matter of seconds and save lives. Our emergency care needs to be easily accessible and prioritized as one of the most important issues in our country, because nothing is more valuable than saving a human life. Otherwise, this testimony would be silent today. Thank you.