HEART RESERVE

FOR MEMBERS OF CONGRESS AND THEIR STAFF | OCTOBER 28, 2026

Pregnancy history belongs in lifelong heart care.

Every Chapter. One Heart Story. | ASK. RECORD. RESPOND.

THE FIRST REQUEST: A 20-MINUTE STAFF DISCUSSION

Identify a health-policy contact, explore one clinical or agency introduction, and agree on a next action with an owner and date.

Available now: a free Heart Story organizer

Women can prepare a visit summary, record care-team instructions, print or save a PDF, and save an editable draft to reopen later. The tool does not notify clinicians, monitor readings or confirm care. Try it: heartreserve.blog/start

A proposed demonstration, with a defined starting point

New Jersey: $150,000 | Up to 100 women | 12 months. Begin with women affected by hypertension in pregnancy, including NICU mothers. Clinical partners would agree eligibility, referral capacity, care ownership and evaluation before enrollment.

National scenario: $1.2 million | Up to 5 states | 500 women. This first-year planning scenario includes New Jersey's $150,000. The figures are planning estimates; willing hosts, funding and approvals remain to be secured.

What an office can help move forward

Convene	Connect clinical, community and parent voices for a working session. An office outside New Jersey can introduce a state maternal-health lead.
Connect	Seek guidance from appropriate federal or state programs on an eligible lead and a suitable education or research pathway.
Evaluate	Agree baseline measures and denominators; count documented histories and completed indicated follow-up, patient understanding, access barriers, workload and cost.

Before launch: written clinical and fiscal responsibilities, a reviewed budget, community input, approved data handling and any required institutional approvals. Software feasibility and risk-model research need separate protocols and budgets. No HEART RESERVE pregnancy-adjusted score is clinically validated.

Independent proposal. No government or institutional endorsement, committed funding or demonstrated clinical benefit is claimed. An initial staff discussion carries no funding commitment.

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