

112TH CONGRESS
1ST SESSION

S. RES. 243

Promoting increased awareness, diagnosis, and treatment of atrial fibrillation to address the high morbidity and mortality rates and to prevent avoidable hospitalizations associated with the disease.

IN THE SENATE OF THE UNITED STATES

JULY 29, 2011

Mr. CRAPO (for himself, Mr. CASEY, Mr. INOUE, Mr. AKAKA, Mr. RUBIO, and Mr. TOOMEY) submitted the following resolution; which was considered and agreed to

RESOLUTION

Promoting increased awareness, diagnosis, and treatment of atrial fibrillation to address the high morbidity and mortality rates and to prevent avoidable hospitalizations associated with the disease.

Whereas atrial fibrillation is a cardiac condition that results when the usual coordinated electrical activity in the atria of the heart becomes disorganized and chaotic, hampering the ability of the atria to fill the ventricles with blood, and allowing blood to pool in the atria and form clots;

Whereas an estimated 2,500,000 people in the United States are living with atrial fibrillation, the most common “serious” heart rhythm abnormality that occurs in people older than 65 years of age;

Whereas atrial fibrillation is associated with an increased long-term risk of stroke, heart failure, and all-cause mortality, especially among women;

Whereas people older than 40 years of age have a 1-in-4 risk of developing atrial fibrillation in their lifetime;

Whereas an estimated 15 percent of strokes are the result of untreated atrial fibrillation, a condition that dramatically increases the risk of stroke to approximately 5 times more than the general population;

Whereas atrial fibrillation accounts for approximately 529,000 hospital discharges annually;

Whereas atrial fibrillation costs an estimated \$3,600 per patient for a total cost burden in the United States of \$15,700,000,000;

Whereas better patient and health care provider education is needed for the timely recognition of atrial fibrillation symptoms;

Whereas an electrocardiogram is an effective and risk-free screen for heart rhythm irregularities and can be part of a routine preventive exam;

Whereas there is a dearth of outcome performance measures that focus on the management of atrial fibrillation; and

Whereas evidence-based care guidelines improve patient outcomes and prevent unnecessary hospitalizations for individuals with undiagnosed atrial fibrillation and for patients once atrial fibrillation is detected: Now, therefore, be it

- 1 *Resolved*, That it is the sense of the Senate that the
- 2 Secretary of Health and Human Services should work
- 3 with leaders in the medical community to explore ways to

1 improve medical research, screening and prevention meth-
2 ods, and surveillance efforts in order to prevent and appro-
3 priately manage atrial fibrillation, including by—

4 (1) advancing the development of process and
5 outcome measures for the management of atrial fi-
6 brillation by national developers;

7 (2) facilitating the adoption of evidence-based
8 guidelines by the medical community to improve pa-
9 tient outcomes;

10 (3) advancing atrial fibrillation research and
11 education by—

12 (A) encouraging basic science research to
13 determine the causes and optimal treatments
14 for atrial fibrillation;

15 (B) exploring development of screening
16 tools and protocols to determine the risk of de-
17 veloping atrial fibrillation; and

18 (C) enhancing current surveillance and
19 tracking systems to include atrial fibrillation;
20 and

21 (4) improving access to appropriate medical
22 care for patients suffering from atrial fibrillation by
23 encouraging education programs that promote col-
24 laboration among the Federal health agencies and
25 that increase public and clinician awareness of atrial

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- 1 fibrillation, including risk assessment, screening,
- 2 treatment, and appropriate clinical management.

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