

112TH CONGRESS
1ST SESSION

H. RES. 295

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 2, 2011

Ms. GRANGER (for herself, Mr. GONZALEZ, and Mr. RUPPERSBERGER) submitted the following resolution; which was referred to the Committee on Energy and Commerce

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 this disease.

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

Whereas an estimated 2,500,000 Americans are living with atrial fibrillation, the most common “serious” heart rhythm abnormality in people over the age of 65 years and is associated with an increased long-term risk of

stroke, heart failure, and all-cause mortality, especially among women;

Whereas people over the age of 40 have a one-in-four 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, approximately 5 times over the general population;

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

Whereas it is estimated that atrial fibrillation costs \$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 House of Rep-
- 2 resentatives that the Secretary of Health and Human
- 3 Services should—

1 (1) enhance quality of care and patient safety
2 by—

3 (A) advancing the development of process
4 and outcome measures for the management of
5 atrial fibrillation by national developers;

6 (B) supporting pilots and demonstration
7 projects, including care transitions, support
8 services, and appropriate postacute care, to re-
9 duce avoidable hospital admissions and re-
10 admissions for patients with atrial fibrillation;
11 and

12 (C) facilitating the adoption of evidence-
13 based guidelines by the medical community to
14 improve patient outcomes;

15 (2) advance atrial fibrillation research and edu-
16 cation by—

17 (A) encouraging basic science research to
18 determine the causes and optimal treatments
19 for atrial fibrillation;

20 (B) exploring development of a screening
21 tool and protocols to determine the risk for the
22 development of atrial fibrillation; and

23 (C) enhancing current surveillance and
24 tracking systems to include atrial fibrillation;
25 and

1 (3) improve access to appropriate medical care
2 for patients suffering from atrial fibrillation by en-
3 couraging education programs that promote collabo-
4 ration among the Federal health agencies and that
5 increase public and clinician awareness of atrial fi-
6 brillation, including risk assessment, screening,
7 treatment, and appropriate clinical management.

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