

SENATE CONCURRENT RESOLUTION NO. 12

WHEREAS, atrial fibrillation (AFib) is the most common serious heart rhythm disorder and causes 15 percent of all strokes in the United States; and

WHEREAS, AFib affects more than 2.3 million Americans and is expected to more than double to 5.6 million Americans by 2050; and

WHEREAS, one in four people aged 40 years or older develop AFib during their lifetime; and

WHEREAS, AFib causes the heart to beat irregularly or out of rhythm. As a result, people with AFib are nearly five times more likely to have a stroke than someone without the condition. In addition, AFib-related strokes are about twice as likely to be fatal and about twice as likely to be severely disabling than strokes that are not related to AFib; and

WHEREAS, three out of four AFib-related strokes can be prevented, but many patients are not aware of their risk and do not take action to prevent stroke; and

WHEREAS, the estimated direct medical cost of stroke for 2007 was \$25.2 billion. This includes hospital outpatient or office-based provider visits, hospital inpatient stays, emergency room visits, prescribed medicines, and home health; and

WHEREAS, appropriate stroke prevention in AFib can effectively reduce the overall financial burden of the illness within public programs such as Medicaid and Medicare; and

WHEREAS, reducing the risk of stroke related to AFib may maintain self sufficiency on the part of patients cared for within public programs:

NOW THEREFORE BE IT RESOLVED that the members of the Missouri Senate, Ninety-sixth General Assembly, First Regular Session, the House of Representatives concurring therein, hereby urge the MO HealthNet Division to pursue the feasibility of implementing a program to assess chronic disease management of stroke prevention in atrial fibrillation using available general appropriations and/or private sources of funding in an effort to identify opportunities to reduce the financial and clinical burden of AFib-related strokes upon Missouri, and public programs including Medicare and Medicaid; and

BE IT FURTHER RESOLVED that at the conclusion of such an assessment, a report of findings and recommendations be prepared and provided to the General Assembly by December 31, 2011, so that it can evaluate the effectiveness of the current quality of care within public programs including Medicare and Medicaid and in providing recommendations for improved health and well being of the affected patients; and

BE IT FURTHER RESOLVED that the Secretary of the Missouri Senate be instructed to send properly inscribed copies of this resolution to the director of the MO HealthNet Division.