111TH CONGRESS
2D SESSION

H. RES. 1438

Promoting increased awareness and diagnosis of peripheral arterial disease (PAD) to address the high mortality rate of this treatable disease.

IN THE HOUSE OF REPRESENTATIVES

JUNE 14, 2010

Mr. PAULSEN submitted the following resolution; which was referred to the Committee on Energy and Commerce

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RESOLUTION

Promoting increased awareness and diagnosis of peripheral arterial disease (PAD) to address the high mortality rate of this treatable disease.

Whereas atherosclerosis occurs when blood flow is reduced because arteries become narrowed or blocked with fatty deposits;

Whereas atherosclerosis is responsible for more deaths in the United States than any other condition and heart attacks, resulting from clogged chest arteries, are the leading cause of death in America;

Whereas atherosclerosis also affects arteries of the brain and leads to strokes, which are the third most common cause of death in the United States, killing nearly 150,000 people annually;

Whereas atherosclerosis also occurs in the legs and is known as peripheral arterial disease (in this resolution referred to as ''PAD'') and having PAD significantly increases the risk for heart attack, stroke, amputation, and death;

Whereas most Americans are aware of atherosclerosis in the brain and heart, 3 out of 4 Americans have never heard of PAD and Americans with PAD are often unaware of the serious risks of the condition;

Whereas despite low levels of awareness, PAD is common and deadly with eight to twelve million Americans having PAD and these individuals suffer a 5-year mortality rate that is higher than that faced by individuals with stroke, heart disease, or breast cancer;

Whereas the incidence of PAD is likely to increase in the United States with the rise of both obesity and diabetes;

Whereas of those Americans with severe PAD, also known as critical limb ischemia, 35 percent may suffer an amputation and 20 percent may die within 6 months;

Whereas PAD is the primary cause of amputations in the United States, with more than 100,000 amputations occurring annually, at a cost of more than $3 billion;

Whereas PAD disproportionately affects certain populations including Americans aged 65 and older, African-Americans, and adults with diabetes;

Whereas PAD is a major risk factor for amputations in people with diabetes, contributing to about 71,000 lower-limb amputations annually;

Whereas less than 35 percent of patients with PAD experience typical symptoms and, therefore, many with the disease remain undiagnosed;

Whereas screening for PAD is effective, inexpensive, risk-free, and accurate and can be part of routine medical care;

Whereas Medicare and many private health plans do not cover a one-time screening to detect PAD;

Whereas once PAD is detected, heart attacks, strokes, amputations, and deaths can be reduced through the use of national, evidence-based PAD care guidelines; and

Whereas there is a need for national efforts to ensure that patients at highest risk for undiagnosed PAD have access to diagnostic tests and patients diagnosed with the disease are being treated according to evidence-based guidelines to improve patient outcomes: Now, therefore, be it

Resolved,

SECTION 1. NEED FOR ACTION.

The House of Representatives—

(1) identifies the need for government agencies, health care organizations, professional societies, health systems, and clinicians to take actions to improve the diagnosis and treatment of peripheral arterial disease; and

(2) resolves to promote efforts to increase public and clinician awareness of PAD.

SEC. 2. ENCOURAGEMENT FOR SPECIFIC ACTIONS.

The House of Representatives encourages the following actions:

(1) The Administrator of the Center for Medicare & Medicaid Services should examine ways to in-

crease the number of beneficiaries that are aware of PAD and screened for the disease.

(2) The Director of the Centers for Disease Control and Prevention, acting through the National Heart Disease and Stroke Prevention Program, should examine ways to educate medical professionals about the benefits of PAD screening and assess and reduce regional disparities in the diagnosis and treatment of PAD.

(3) The Director of the National Institutes of Health should continue the Institutes' critically important leadership role in the fight against PAD—

(A) by continuing and increasing the support of its respective Institutes, including the National Heart, Lung, and Blood Institute for basic and clinical PAD research, for PAD comparative effectiveness studies, and for assessing and improving public awareness of PAD;

(B) by encouraging the National Heart, Lung, and Blood Institute, the National Institute on Aging, the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute of Nursing Research, and the National Center on Minority Health and Health Disparities to provide the necessary funding for

intramural and extramural biomedical research and education with respect to PAD through the co-sponsorship of workshops and seminars with respected patient organizations;

(C) by exploring collaborative opportunities for PAD research with national health professional societies and vascular care foundations using the multidisciplinary approach of the National Institutes of Health; and

(D) by exploring collaborative opportunities with the Food and Drug Administration and Centers for Medicare and Medicaid Services to expand access to proven diagnostic methods and therapeutic interventions via sponsorship of annual PAD strategic planning meetings.

(4) The Agency of Healthcare Research and Quality should include PAD in its strategic vision to improve health outcomes, to strengthen quality measurement and improvement, and to improve health care access for individuals with PAD, through offering support to research centers that specialize in PAD health care research in the following areas:

(A) Quality improvement and patient safety.

(B) Outcomes and effectiveness of care.

(C) Clinical practice and technology assessment.

(D) Health care organization and delivery systems.

(E) Primary care (including preventive services).

(F) Health care costs and sources of payment.

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