



HR1021

LRB102 29752 LAW 41817 r

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HOUSE RESOLUTION

2 WHEREAS, Cardiovascular disease (CVD) is the leading cause
3 of death in the United States, and African Americans have the
4 highest overall mortality rate from coronary heart disease
5 (CHD) of any ethnic group in the United States, particularly
6 in out-of-hospital deaths and at especially younger ages; and

7 WHEREAS, According to the U.S. Census Bureau,
8 approximately 21 million patients have been diagnosed with
9 atherosclerotic cardiovascular disease (ASCVD) in the United
10 States and are at risk of experiencing a cardiovascular event;
11 and

12 WHEREAS, The Mayo Clinic states that ASCVD is linked to
13 the build-up of cholesterol in the arteries and the risk of
14 associated events can be modified by lowering low-density
15 lipoprotein cholesterol (LDL-C); and

16 WHEREAS, In 2016, nearly 70 million adults in the United
17 States had higher than recommended LDL-C levels; and

18 WHEREAS, Approximately 43.1 million people in the United
19 States are currently being treated with lipid-lowering
20 therapies to manage cardiovascular risk; and

1 WHEREAS, Only 20% of people with ASCVD who are taking
2 statins, one of the leading lipid-lowering therapies, actually
3 achieve healthy levels of LDL-C; and

4 WHEREAS, The American Heart Association has indicated the
5 total direct and indirect cost of ASCVD in the U.S. was \$555
6 billion in 2016 with it being projected to climb to \$1.1
7 trillion by 2035; and

8 WHEREAS, In Illinois, 776,900 adults have been told by a
9 health professional that they had angina, a stroke, a heart
10 attack, or coronary heart disease, which are some of the
11 manifestations of ASCVD; 363,500 adults have reported
12 experiencing a heart attack in their lifetime and 293,300
13 adults have reported experiencing a stroke in their lifetime;
14 13,484 people had ASCVD as an underlying cause of death; and

15 WHEREAS, Illinois spends an estimated \$4.59 billion
16 dollars on direct medical expenses for ASCVD care each year;
17 therefore, be it

18 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
19 HUNDRED SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
20 we urge state agencies to expand comprehensive cardiovascular
21 screening programs to allow for earlier identification of
22 patients at risk of cardiovascular events; and be it further

1 RESOLVED, That we urge state agencies to explore ways to
2 collaborate with federal and national agencies and
3 organizations to establish or expand comprehensive
4 cardiovascular screening programs; and be it further

5 RESOLVED, That we urge an update of the State's
6 cardiovascular plan to accelerate quality improvements in the
7 care rendered to these patients such that screening,
8 treatment, monitoring, and improved health outcomes are
9 achieved; and be it further

10 RESOLVED, That we support the creation of policies to
11 decrease the rising number of deaths of Americans as a result
12 of ASCVD; and be it further

13 RESOLVED, That suitable copies be delivered to the
14 Governor, the Lieutenant Governor, the Director of the
15 Department of Public Health, the Director of the Department of
16 Healthcare and Family Services, and the Secretary of the
17 Department of Human Services.