

110<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. CON. RES. 195

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IN THE SENATE OF THE UNITED STATES

JUNE 27, 2008

Received and referred to the Committee on Health, Education, Labor, and  
Pensions

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## **CONCURRENT RESOLUTION**

Expressing the sense of the Congress that a National  
Dysphagia Awareness Month should be established.

Whereas dysphagia, or difficulty with swallowing, is a medical  
dysfunction that affects as many as 15,000,000 Ameri-  
cans;

Whereas the Centers for Disease Control and Prevention has  
estimated that 1,000,000 people in the United States an-  
nually are diagnosed with dysphagia;

Whereas the Agency for Healthcare Research and Quality has estimated that 60,000 Americans die annually from complications associated with dysphagia;

Whereas based on Centers for Disease Control and Prevention mortality data, this is more than the total number of Americans dying from all forms of liver disease, kidney disease, and HIV/AIDS combined—and nearly as many as those dying from diabetes, the number 6 killer of Americans;

Whereas the most common complication arising from dysphagia is aspiration pneumonia—caused by food or saliva entering the windpipe and into the lungs;

Whereas one in 17 people will develop some form of dysphagia in their lifetime, including 50 to 75 percent of stroke patients and 60 to 75 percent of patients who undergo radiation therapy for head and neck cancer;

Whereas as many as half of all Americans over 60 will experience dysphagia at some point;

Whereas complications due to dysphagia increase health care costs by resultant hospital readmissions, emergency room visits, extended hospital stays, the necessity for long-term institutional care, and the need for expensive respiratory and nutritional support;

Whereas the cost of managing a patient with a feeding tube, which for many has been the primary treatment option for this condition, is reported to average over \$31,000 per patient per year;

Whereas the total annual cost to Medicare just for enteral feeding supplies for outpatients was more than \$670,000,000 in 2003, nearly 6 percent of the total Medicare budget for that year;

