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## Response to letters-to-the-editor for publication: “Defect-free care trends in the Paul Coverdell National Acute Stroke Program (PCNASP), 2008–2018. *American Heart Journal.* 2021;232:177–184. doi:10.1016/j.ahj.2020.11.010.”

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Thank you for your letter. We recognize that stroke-related laws, policies, and funding vary by state, which impacts the provision of stroke care. Centers for disease control and prevention (CDC’s) Division for Heart Disease and Stroke Prevention has posted resources on stroke-related state policy and capacity at [https://www.cdc.gov/dhdsp/pubs/stroke\\_resources.htm](https://www.cdc.gov/dhdsp/pubs/stroke_resources.htm). We also recently published a report<sup>1</sup> on evidence-supported state laws to advance stroke care. State-level data from nine funded states drive the Paul Coverdell National Acute Stroke Program’s (PCNASP’s) activities. For example, each PCNASP state receives quarterly reports on its quality improvement activities, and state summaries for each funding cycle and state success stories are shared publicly.<sup>2, 3</sup>

We appreciate Steven Thomas’s comment about evaluating stroke care during the current pandemic. PCNASP’s support for data collection to improve the quality of stroke care in its nine funded states is ongoing through the pandemic and into the future.<sup>4, 5</sup> Additionally, national dissemination of the funded states’ successes helps extend these lessons beyond the Coverdell experience.

## References

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