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[Report No. 107-97]

To amend the Public Health Service Act to provide programs for the prevention, treatment, and rehabilitation of stroke.

IN THE SENATE OF THE UNITED STATES

JULY 31, 2001

Mr. KENNEDY (for himself, Mr. FRIST, Mr. DODD, Mr. HUTCHINSON, Mr. JEFFORDS, Ms. COLLINS, Mr. BINGAMAN, Mr. EDWARDS, Mrs. MURRAY, Mr. SESSIONS, Mr. WARNER, Mr. LEAHY, Mr. KERREY, Mr. DORGAN, Mr. DEWINE, Mr. SHELBY, and Mrs. FEINSTEIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

NOVEMBER 9, 2001

Reported by Mr. KENNEDY, without amendment

A BILL

To amend the Public Health Service Act to provide programs for the prevention, treatment, and rehabilitation of stroke.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Stroke Treatment and
3 Ongoing Prevention Act of 2001”.

4 **SEC. 2. FINDINGS AND GOAL.**

5 (a) FINDINGS.—Congress makes the following find-
6 ings:

7 (1) Stroke is the third leading cause of death
8 in the United States. Each year over 750,000 Amer-
9 icans suffer a new or recurrent stroke and 160,000
10 Americans die from stroke.

11 (2) Stroke costs the United States
12 \$28,000,000,000 in direct costs and
13 \$17,400,000,000 in indirect costs, each year.

14 (3) Stroke is one of the leading causes of adult
15 disability in the United States. Between 15 percent
16 and 30 percent of stroke survivors are permanently
17 disabled. Presently, there are 4,400,000 stroke sur-
18 vivors living in the United States.

19 (4) Members of the general public have dif-
20 ficulty recognizing the symptoms of stroke and are
21 unaware that stroke is a medical emergency. Fifty-
22 eight percent of all stroke patients wait 24 hours or
23 more before presenting at the emergency room.
24 Forty-two percent of individuals over the age of 50
25 do not recognize numbness or paralysis in the face,

1 arm, or leg as a sign of stroke and 17 percent of
2 them cannot name a single stroke symptom.

3 (5) Recent advances in stroke treatment can
4 significantly improve the outcome for stroke pa-
5 tients, but these therapies must be administered
6 properly and promptly. Only 3 percent of stroke pa-
7 tients who are candidates for acute stroke intra-
8 venous thrombolytic drug therapy receive the appro-
9 priate medication.

10 (6) New technologies, therapies, and diagnostic
11 approaches are currently being developed that will
12 extend the therapeutic timeframe and result in
13 greater treatment efficacy for stroke patients.

14 (7) Few States and communities have developed
15 and implemented stroke awareness programs, pre-
16 vention programs, or comprehensive stroke care sys-
17 tems.

18 (8) The degree of disability resulting from
19 stroke can be reduced substantially by educating the
20 general public about stroke and by improving the
21 systems for the provision of stroke care in the
22 United States.

23 (b) GOAL.—It is the goal of this Act to improve the
24 provision of stroke care in every State and territory and
25 in the District of Columbia, and to increase public aware-

ness about the prevention, detection, and treatment of stroke.

SEC. 3. SYSTEMS FOR STROKE PREVENTION, TREATMENT, AND REHABILITATION.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

“TITLE XXVIII—SYSTEMS FOR STROKE PREVENTION, TREATMENT, AND REHABILITATION

“PART A—STROKE PREVENTION AND EDUCATION CAMPAIGN

“SEC. 2801. STROKE PREVENTION AND EDUCATION CAMPAIGN.

“(a) IN GENERAL.—The Secretary shall carry out a national education and information campaign to promote stroke prevention and increase the number of stroke patients who seek immediate treatment. In implementing such education and information campaign, the Secretary shall avoid duplicating existing stroke education efforts by other Federal Government agencies and may consult with national and local associations that are dedicated to increasing the public awareness of stroke, consumers of stroke awareness products, and providers of stroke care.

1 “(b) USE OF FUNDS.—The Secretary may use
2 amounts appropriated to carry out the campaign described
3 in subsection (a)—

4 “(1) to make public service announcements
5 about the warning signs of stroke and the impor-
6 tance of treating stroke as a medical emergency;

7 “(2) to provide education regarding ways to
8 prevent stroke and the effectiveness of stroke treat-
9 ment;

10 “(3) to purchase media time and space;

11 “(4) to pay for out-of-pocket advertising pro-
12 duction costs;

13 “(5) to test and evaluate advertising and edu-
14 cational materials for effectiveness, especially among
15 groups at high risk for stroke, including women,
16 older adults, and African-Americans;

17 “(6) to develop alternative campaigns that are
18 targeted to unique communities, including rural and
19 urban communities, and communities in the ‘Stroke
20 Belt’;

21 “(7) to measure public awareness prior to the
22 start of the campaign on a national level and in tar-
23 geted communities to provide baseline data that will
24 be used to evaluate the effectiveness of the public
25 awareness efforts; and

“(8) to carry out other activities that the Secretary determines will promote prevention practices among the general public and increase the number of stroke patients who seek immediate care.

5 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out subsection
7 (b), \$40,000,000 for fiscal year 2002, and such sums as
8 may be necessary for each of fiscal years 2003 through
9 2006.

10 “PART B—GENERAL AUTHORITIES AND DUTIES OF THE
11 SECRETARY

12 **“SEC. 2811. ESTABLISHMENT.**

13 “(a) IN GENERAL.—The Secretary shall, with respect
14 to stroke care—

“(1) make available, support, and evaluate a grant program to enable a State to develop statewide stroke care systems;

“(2) foster the development of appropriate, modern systems of stroke care through the sharing of information among agencies and individuals involved in the study and provision of such care; and

22 “(3) provide to State and local agencies tech-
23 nical assistance.

24 “(b) GRANTS, COOPERATIVE AGREEMENTS, AND
25 CONTRACTS.—The Secretary may make grants, and enter

1 into cooperative agreements and contracts, for the purpose
2 of carrying out subsection (a).

3 **“SEC. 2812. PAUL COVERDELL NATIONAL ACUTE STROKE**
4 **REGISTRY AND CLEARINGHOUSE.**

5 “(a) IN GENERAL.—The Secretary shall maintain the
6 Paul Coverdell National Acute Stroke Registry and Clear-
7 inghouse by—

8 “(1) continuing to develop and collect specific
9 data points as well as appropriate benchmarks for
10 analyzing care of acute stroke patients;

11 “(2) continuing to design and pilot test proto-
12 types that will measure the delivery of care to pa-
13 tients with acute stroke in order to provide real-time
14 data and analysis to reduce death and disability
15 from stroke and improve the quality of life for acute
16 stroke survivors;

17 “(3) fostering the development of effective,
18 modern stroke care systems (including the develop-
19 ment of policies related to emergency services sys-
20 tems) through the sharing of information among
21 agencies and individuals involved in planning, fur-
22 nishing, and studying such systems;

23 “(4) collecting, compiling, and disseminating in-
24 formation on the achievements of, and problems ex-
25 perience by, State and local agencies and private

1 entities in developing and implementing stroke care
2 systems and, in carrying out this paragraph, giving
3 special consideration to the unique needs of rural fa-
4 cilities and those facilities with inadequate resources
5 for providing quality prevention, acute treatment,
6 post-acute treatment, and rehabilitation services for
7 stroke patients;

8 “(5) providing technical assistance relating to
9 stroke care systems to State and local agencies; and

10 “(6) carrying out any other activities the Sec-
11 retary determines to be useful to fulfill the purposes
12 of the Paul Coverdell National Acute Stroke Reg-
13 istry and Clearinghouse.

14 “(b) RESEARCH ON STROKE.—The Secretary shall,
15 not earlier than 1 year after the date of enactment of the
16 Stroke Treatment and Ongoing Prevention Act of 2001,
17 ensure the availability of published research on stroke or,
18 where necessary, conduct research concerning—

19 “(1) best practices in the prevention, diagnosis,
20 treatment, and rehabilitation of stroke;

21 “(2) barriers to access to currently approved
22 stroke prevention, treatment, and rehabilitation serv-
23 ices;

1 “(3) barriers to access to newly developed diag-
2 nostic approaches, technologies, and therapies for
3 stroke patients;

4 “(4) the effectiveness of existing public aware-
5 ness campaigns regarding stroke; and

6 “(5) disparities in the prevention, diagnosis,
7 treatment, and rehabilitation of stroke among dif-
8 ferent populations.

9 “(c) CERTAIN RESEARCH ACTIVITIES.—In carrying
10 out the activities described in subsection (b), the Secretary
11 may conduct—

12 “(1) studies with respect to all phases of stroke
13 care, including prehospital, acute, post-acute and re-
14 habilitation care;

15 “(2) studies with respect to patient access to
16 currently approved and newly developed stroke pre-
17 vention and treatment services, including a review of
18 the effect of coverage, coding, and reimbursement
19 practices on access;

20 “(3) studies with respect to the effect of exist-
21 ing public awareness campaigns on stroke; and

22 “(4) any other studies that the Secretary deter-
23 mines are necessary or useful to conduct a thorough
24 and effective research program regarding stroke.

1 “(d) MECHANISMS OF SUPPORT.—In carrying out
 2 the activities described in subsection (b), the Secretary
 3 may make grants to public and private non-profit entities.

4 “(e) COORDINATION OF EFFORT.—The Secretary
 5 shall ensure the adequate coordination of the activities
 6 carried out under this section.

7 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 8 is authorized to be appropriated such sums as may be nec-
 9 essary for each of fiscal years 2002 through 2006 to carry
 10 out this section.

11 “PART C—GRANTS WITH RESPECT TO STATE STROKE
 12 CARE SYSTEMS

13 “**SEC. 2821. ESTABLISHMENT OF PROGRAM FOR IMPROV-**
 14 **ING STROKE CARE.**

15 “(a) GRANTS.—The Secretary shall award grants to
 16 States for the purpose of establishing statewide stroke pre-
 17 vention, treatment, and rehabilitation systems.

18 “(b) USE OF FUNDS.—

19 “(1) IN GENERAL.—The Secretary shall make
 20 available grants under subsection (a) for the devel-
 21 opment and implementation of statewide stroke care
 22 systems that provide stroke prevention services and
 23 quality acute, post-acute, and rehabilitation care for
 24 stroke patients through the development of sufficient
 25 resources and infrastructure, including personnel

1 with appropriate training, acute stroke teams, equip-
2 ment, and procedures necessary to prevent stroke
3 and to treat and rehabilitate stroke patients. In de-
4 veloping and implementing statewide stroke care sys-
5 tems, each State that is awarded such a grant
6 shall—

7 “(A) oversee the design and implementa-
8 tion of the statewide stroke care system;

9 “(B) enhance, develop, and implement
10 model curricula for training emergency medical
11 services personnel, including dispatchers, first
12 responders, emergency medical technicians, and
13 paramedics in the identification, assessment,
14 stabilization, and prehospital treatment of
15 stroke patients;

16 “(C) ensure that stroke patients in the
17 State have access to quality care that is con-
18 sistent with the standards established by the
19 Secretary under section 2823(c);

20 “(D) establish a support network to pro-
21 vide assistance to facilities with smaller popu-
22 lations of stroke patients or less advanced on-
23 site stroke treatment resources; and

24 “(E) carry out any other activities that the
25 State-designated agency determines are useful

1 or necessary for the implementation of the
2 statewide stroke care system.

3 “(2) ACCESS TO CARE.—A State may meet the
4 requirement of paragraph (1)(C) by—

5 “(A) identifying acute stroke centers with
6 personnel, equipment, and procedures adequate
7 to provide quality treatment to patients in the
8 acute phase of stroke consistent with the stand-
9 ards established by the Secretary under section
10 2823(c);

11 “(B) identifying comprehensive stroke cen-
12 ters with advanced personnel, equipment, and
13 procedures to prevent stroke and to treat stroke
14 patients in the acute and post-acute phases of
15 stroke and to provide assistance to area facili-
16 ties with less advanced stroke treatment re-
17 sources;

18 “(C) identifying stroke rehabilitation cen-
19 ters with personnel, equipment, and procedures
20 to provide quality rehabilitative care to stroke
21 patients consistent with the standards estab-
22 lished by the Secretary under section 2823(c);
23 or

1 “(D) carrying out any other activities that
2 the designated State agency determines are nec-
3 essary or useful.

4 “(3) SUPPORT NETWORK.—A facility that pro-
5 vides care to stroke patients and that receives sup-
6 port through a support network established under
7 paragraph (1)(E) shall meet the standards and re-
8 quirements outlined by the State application under
9 paragraphs (4), (5), (6), (7), and (8) of section
10 2823(a). The support network may include—

11 “(A) the use of telehealth technology con-
12 necting facilities described in such paragraph to
13 more advanced stroke care facilities;

14 “(B) the provision of neuroimaging, lab,
15 and any other equipment necessary to facilitate
16 the establishment of a telehealth network;

17 “(C) the use of phone consultation, where
18 useful;

19 “(D) the use of referral links when a pa-
20 tient needs more advanced care than is avail-
21 able at the facility providing initial care; and

22 “(E) any other assistance determined ap-
23 propriate by the State.

24 “(c) PLANNING GRANTS.—

1 “(1) IN GENERAL.—The Secretary may award
2 a grant to a State to assist such State in formu-
3 lating a plan to develop a statewide stroke care sys-
4 tem or in otherwise meeting the conditions described
5 in subsection (b) with respect to a grant under this
6 section.

7 “(2) SUBMISSION TO SECRETARY.—The gov-
8 ernor of a State that receives a grant under para-
9 graph (1) shall submit to the Secretary a copy of the
10 plan developed using the amounts provided under
11 such grant. Such plan shall be submitted to the Sec-
12 retary as soon as practicable after the plan has been
13 developed.

14 “(3) SINGLE GRANT LIMITATION.—To be eligi-
15 ble to receive a grant under paragraph (1), a State
16 shall not have previously received a grant under such
17 paragraph.

18 “(d) MODEL CURRICULUM.—

19 “(1) DEVELOPMENT.—The Secretary shall de-
20 velop a model curriculum for training emergency
21 medical services personnel, including dispatchers,
22 first responders, emergency medical technicians, and
23 paramedics in the identification, assessment, sta-
24 bilization, and prehospital treatment of stroke pa-
25 tients.

1 “(2) IMPLEMENTATION.—The model curriculum
 2 developed under paragraph (1) may be implemented
 3 by a State to fulfill the requirements of subsection
 4 (b)(1)(B).

5 **“SEC. 2822. REQUIREMENT OF MATCHING FUNDS FOR FIS-**
 6 **CAL YEARS SUBSEQUENT TO FIRST FISCAL**
 7 **YEAR OF PAYMENTS.**

8 “(a) NON-FEDERAL CONTRIBUTIONS.—

9 “(1) IN GENERAL.—The Secretary may not
 10 award grants under section 2821(a) unless the State
 11 involved agrees, with respect to the costs described
 12 in paragraph (2), to make available for each year
 13 during which the State receives funding under such
 14 section, non-Federal contributions (in cash or in
 15 kind under subsection (b)(1)) toward such costs in
 16 an amount equal to—

17 “(A) for the second and third fiscal years
 18 of such payments to the State, not less than \$1
 19 for each \$3 of Federal funds provided in such
 20 payments for each such fiscal year;

21 “(B) for the fourth fiscal year of such pay-
 22 ments to the State, not less than \$1 for each
 23 \$2 of Federal funds provided in such payments
 24 for such fiscal year; and

1 “(C) for any subsequent fiscal year of such
2 payments to the State, not less than \$1 for
3 each \$1 of Federal funds provided in such pay-
4 ments for such fiscal year.

5 “(2) PROGRAM COSTS.—The costs referred to
6 in paragraph (1) are the costs to be incurred by the
7 State in carrying out the purpose described in sec-
8 tion 2821(b).

9 “(3) INITIAL YEAR OF PAYMENTS.—The Sec-
10 retary may not require a State to make non-Federal
11 contributions as a condition of receiving payments
12 under section 2821(a) for the first fiscal year of
13 such payments to the State.

14 “(b) DETERMINATION OF AMOUNT OF NON-FED-
15 ERAL CONTRIBUTIONS.—With respect to compliance
16 under subsection (a) as a condition of receiving payments
17 under section 2811(a)—

18 “(1) a State may make the non-Federal con-
19 tributions required in such subsection in cash or in
20 kind, fairly evaluated, including plant, equipment, or
21 services; and

22 “(2) the Secretary may not, in making a deter-
23 mination of the amount of non-Federal contribu-
24 tions, include amounts provided by the Federal Gov-

1 ernment or services assisted or subsidized by a sig-
 2 nificant extent by the Federal Government.

3 **“SEC. 2823. APPLICATION REQUIREMENTS.**

4 “(a) REQUIREMENT OF APPLICATION.—The Sec-
 5 retary may not award a grant to a State under section
 6 2821(b) unless an application for the grant is submitted
 7 by the State to the Secretary.

8 “(b) APPLICATION PROCESS AND GUIDELINES.—The
 9 Secretary shall provide for an application process and de-
 10 velop guidelines to assist States in submitting an applica-
 11 tion under this section that—

12 “(1) outlines the stroke care system and ex-
 13 plains how such system will ensure that stroke pa-
 14 tients throughout the State have access to quality
 15 care in all phases of stroke, consistent with the
 16 standards established by the Secretary under sub-
 17 section (c);

18 “(2) contains standards and requirements for
 19 facilities in the State that provide basic preventive
 20 services, advanced preventive services, acute stroke
 21 care, post-acute stroke care, and rehabilitation serv-
 22 ices to stroke patients; and

23 “(3) provides for the establishment of a central
 24 data reporting and analysis system and for the col-

1 lection of data from each facility that will provide di-
2 rect care to stroke patients in the State—

3 “(A) to identify the number of stroke pa-
4 tients treated in the State;

5 “(B) to monitor patient care in the State
6 for stroke patients at all phases of stroke for
7 the purpose of evaluating the diagnosis, treat-
8 ment, and treatment outcome of such stroke
9 patients;

10 “(C) to identify the total amount of un-
11 compensated and under-compensated stroke
12 care expenditures for each fiscal year by each
13 stroke care facility in the State;

14 “(D) to identify the number of acute
15 stroke patients who receive advanced drug ther-
16 apy;

17 “(E) to identify patients transferred within
18 the statewide stroke care system, including rea-
19 sons for such transfer; and

20 “(F) to communicate to the greatest extent
21 practicable with the Paul Coverdell National
22 Acute Stroke Registry and Clearinghouse.

23 “(b) CERTAIN STANDARDS WITH RESPECT TO
24 STATEWIDE STROKE CARE SYSTEM.—

1 “(1) IN GENERAL.—The Secretary may not
2 award a grant to a State under section 2821(a) for
3 a fiscal year unless the State agrees that, in car-
4 rying out paragraphs (2) and (3), the State will—

5 “(A) adopt standards of care for stroke pa-
6 tients in the acute, post-acute, and rehabilita-
7 tion phases of stroke; and

8 “(B) in adopting the standards described
9 in subparagraph (A)—

10 “(i) consult with medical, surgical,
11 and nursing specialty groups, hospital as-
12 sociations, voluntary health organizations,
13 State offices of rural health, emergency
14 medical services State and local directors,
15 experts in the use of telecommunications
16 technology to provide stroke care, con-
17 cerned advocates, and other interested par-
18 ties;

19 “(ii) conduct hearings on the proposed
20 standards providing adequate notice to the
21 public concerning such hearing; and

22 “(iii) beginning in fiscal year 2004,
23 take into account the national standards of
24 care.

1 “(2) QUALITY OF STROKE CARE.—The highest
2 quality of stroke care shall be the primary goal of
3 the State standards adopted under this subsection.

4 “(3) APPROVAL BY SECRETARY.—The Sec-
5 retary may not make payments to a State under sec-
6 tion 2821(a) if the Secretary determines that—

7 “(A) the State has not taken into account
8 national standards in adopting standards under
9 this subsection;

10 “(B) in the case of payments for fiscal
11 year 2004 and subsequent fiscal years, the
12 State has not, in adopting such standards,
13 taken into account the national standards of
14 care and the model system plan developed
15 under subsection (c); or

16 “(C) in the case of payments for fiscal
17 year 2004 and subsequent fiscal years, the
18 State has not provided to the Secretary the in-
19 formation received by the State pursuant to
20 paragraphs (9) and (10) of subsection (a).

21 “(c) MODEL STROKE CARE SYSTEM PLAN.—Not
22 later than 1 year after the date of enactment of the Stroke
23 Treatment and Ongoing Prevention Act of 2001, the Sec-
24 retary shall develop standards of care for stroke patients
25 in all phases of stroke that may be adopted for guidance

1 by the State and a model plan for the establishment of
2 statewide stroke care systems. Such plan shall—

3 “(1) take into account national standards;

4 “(2) take into account existing State systems
5 and plans; and

6 “(3) take into account the unique needs of
7 urban and rural communities, different regions of
8 the Nation, and States with varying degrees of es-
9 tablished stroke care infrastructures;

10 **“SEC. 2824. REQUIREMENT OF SUBMISSION OF APPLICA-**
11 **TION CONTAINING CERTAIN AGREEMENTS**
12 **AND ASSURANCES.**

13 “The Secretary may not award grants under section
14 2821(a) to a State for a fiscal year unless—

15 “(1) the State submits an application for the
16 payments containing agreements in accordance with
17 this part;

18 “(2) the agreements are made through certifi-
19 cation from the chief executive officer of the State;

20 “(3) with respect to such agreements, the appli-
21 cation provides assurances of compliance satisfactory
22 to the Secretary;

23 “(4) the application contains the plan provi-
24 sions and the information required to be submitted
25 to the Secretary pursuant to section 2823; and

1 “(5) the application otherwise is in such form,
2 is made in such manner, and contains such agree-
3 ments, assurances, and information as the Secretary
4 determines to be necessary to carry out this part.

5 **“SEC. 2825. RESTRICTIONS ON USE OF PAYMENTS.**

6 “(a) IN GENERAL.—The Secretary may not, except
7 as provided in subsection (b), make payments to a State
8 under section 2821(a) for a fiscal year unless the State
9 involved agrees that the payments will not be expended—

10 “(1) to make cash payments to intended recipi-
11 ents of services provided pursuant to such section;

12 “(2) to satisfy any requirement for the expendi-
13 ture of non-Federal funds as a condition for the re-
14 ceipt of Federal funds; or

15 “(3) to provide financial assistance to any enti-
16 ty other than a public or nonprofit private entity.

17 “(b) EXCEPTION.—If the Secretary finds that the
18 purpose described in section 2821(b) cannot otherwise be
19 carried out, the Secretary may, with respect to an other-
20 wise qualified State, waive the restriction established in
21 subsection (a)(3).

22 **“SEC. 2826. FAILURE TO COMPLY WITH AGREEMENTS.**

23 “(a) REPAYMENT OF PAYMENTS.—

24 “(1) REQUIREMENT.—The Secretary may, in
25 accordance with subsection (b), require a State to

1 repay any payments received by the State pursuant
 2 to section 2821(a) that the Secretary determines
 3 were not expended by the State in accordance with
 4 the agreements required to be made by the State as
 5 a condition of the receipt of payments under such
 6 section.

7 “(2) OFFSET OF AMOUNTS.—If a State fails to
 8 make a repayment required in paragraph (1), the
 9 Secretary may offset the amount of the repayment
 10 against any amount due to be paid to the State
 11 under section 2821(a).

12 “(b) OPPORTUNITY FOR A HEARING.—Before requir-
 13 ing repayment of payments under subsection (a)(1), the
 14 Secretary shall provide to the State an opportunity for a
 15 hearing.

16 **“SEC. 2827. SPECIAL CONSIDERATION.**

17 “In awarding grants under this part, the Secretary
 18 shall give special consideration to any State that has sub-
 19 mitted an application for carrying out programs under
 20 such a grant—

21 “(1) in geographic areas in which there is—

22 “(A) a substantial rate of disability result-
 23 ing from stroke; or

24 “(B) a substantial incidence of stroke; or

1 “(2) that demonstrates a significant need for
2 assistance in establishing a comprehensive stroke
3 care system.

4 **“SEC. 2828. TECHNICAL ASSISTANCE AND PROVISION BY**
5 **SECRETARY OF SUPPLIES AND SERVICES IN**
6 **LIEU OF GRANT FUNDS.**

7 “(a) TECHNICAL ASSISTANCE.—The Secretary shall,
8 without charge to a State receiving payments under sec-
9 tion 2821(a), provide to the State (or to any public or
10 nonprofit entity designated by the State) technical assist-
11 ance with respect to the planning, development, and oper-
12 ation of any program carried out pursuant to section
13 2821(b). The Secretary may provide such technical assist-
14 ance directly, through contract, or through grants.

15 “(b) PROVISION BY SECRETARY OF SUPPLIES AND
16 SERVICES IN LIEU OF GRANT FUNDS.—

17 “(1) IN GENERAL.—Upon the request of a
18 State receiving payments under section 2821(a), the
19 Secretary may, subject to paragraph (2), provide
20 supplies, equipment, and services for the purpose of
21 aiding the State in carrying out section 2821(b) and,
22 for such purpose, may detail to the State any officer
23 or employee of the Department of Health and
24 Human Services.

1 “(2) REDUCTION IN PAYMENTS.—With respect
2 to a request described in paragraph (1), the Sec-
3 retary shall reduce the amount of payments to the
4 State under section 2821(a) by an amount equal to
5 the costs of detailing personnel and the fair market
6 value of any supplies, equipment, or services pro-
7 vided by the Secretary. The Secretary shall, for the
8 payment of expenses incurred in complying with
9 such request, expend the amounts withheld.

10 **“SEC. 2829. REPORT BY SECRETARY.**

11 “Not later than 3 years after the date of enactment
12 of the Stroke Treatment and Ongoing Prevention Act of
13 2001, the Secretary shall report to the appropriate com-
14 mittees of Congress on the activities of the States carried
15 out pursuant to section 2821. Such report shall include
16 an assessment of the extent to which Federal and State
17 efforts to develop stroke care systems, including the estab-
18 lishment of support networks and the identification of
19 acute, comprehensive, and rehabilitation stroke centers,
20 where applicable, have increased the number of stroke pa-
21 tients who have received acute stroke consultation or ther-
22 apy within the appropriate timeframe and reduced the
23 level of disability due to stroke. Such report may include
24 any recommendations of the Secretary for appropriate ad-

1 ministrative and legislative initiatives with respect to
2 stroke care.

3 **“SEC. 2830. FUNDING.**

4 “(a) AUTHORIZATION OF APPROPRIATIONS.—There
5 is authorized to be appropriated to carry out this part,
6 \$50,000,000 for fiscal year 2002, \$75,000,000 for fiscal
7 year 2003, \$75,000,000 for fiscal year 2004,
8 \$100,000,000 for fiscal year 2005, and \$125,000,000 for
9 fiscal year 2006.

10 “(b) LIMITATION ON ADMINISTRATIVE EXPENSES.—
11 A State may use not to exceed 10 percent of amounts re-
12 ceived under a grant awarded under section 2821(a) for
13 administrative expenses.

14 “PART D—MISCELLANEOUS PROGRAMS

15 **“SEC. 2831. MEDICAL PROFESSIONAL DEVELOPMENT IN AD-**
16 **VANCED STROKE TREATMENT AND PREVEN-**
17 **TION.**

18 “(a) IN GENERAL.—The Secretary may make grants
19 to public and non-profit private entities for the develop-
20 ment and implementation of education programs for ap-
21 propriate medical personnel including medical students,
22 emergency physicians, primary care providers, neurolo-
23 gists, neurosurgeons, and physical therapists in the use
24 of newly developed diagnostic approaches, technologies,
25 and therapies for the prevention and treatment of stroke.

1 “(b) DISTRIBUTION OF GRANTS.—In awarding
2 grants under subsection (a), the Secretary shall ensure
3 that such grants are equitably distributed among the geo-
4 graphical regions of the United States and between urban
5 and rural populations.

6 “(c) APPLICATION.—A public or non-profit private
7 entity desiring a grant under subsection (a) shall prepare
8 and submit to the Secretary an application at such time,
9 in such manner, and containing such information as the
10 Secretary may require, including a plan for the rigorous
11 evaluation of activities carried out with amounts received
12 under such a grant.

13 “(d) USE OF FUNDS.—A public or non-profit private
14 entity shall use amounts received under a grant under this
15 section for the continuing education of appropriate med-
16 ical personnel in the use of newly developed diagnostic ap-
17 proaches, technologies, and therapies for the prevention
18 and treatment of stroke.

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
20 is authorized to be appropriated to carry out this section,
21 such sums as may be necessary for each of fiscal years
22 2002 through 2006.

1 “PART E—GENERAL PROVISIONS REGARDING PARTS A,
2 B, C, AND D

3 **“SEC. 2841. DEFINITIONS.**

4 “In this title:

5 “(1) STATE.—The term ‘State’ means each of
6 the several States, the District of Columbia, the
7 Commonwealth of Puerto Rico, the Indian tribes,
8 the Virgin Islands, Guam, American Samoa, and the
9 Commonwealth of the Northern Mariana Islands.

10 “(2) STROKE CARE SYSTEM.—The term ‘stroke
11 care system’ means a statewide system to provide
12 for the diagnosis, prehospital care, hospital definitive
13 care, and rehabilitation of stroke patients.

14 “(3) STROKE.—The term ‘stroke’ means a
15 ‘brain attack’ in which blood flow to the brain is in-
16 terrupted or in which a blood vessel or aneurysm in
17 the brain breaks or ruptures.

18 **“SEC. 2842. CONSULTATIONS.**

19 “In carrying out this title, the Secretary shall consult
20 with medical, surgical, rehabilitation, and nursing spe-
21 cialty groups, hospital associations, voluntary health orga-
22 nizations, emergency medical services, State directors, and
23 associations, experts in the use of telecommunication tech-
24 nology to provide stroke care, national disability and con-
25 sumer organizations representing individuals with disabil-

- 1 ities and chronic illnesses, concerned advocates, and other
- 2 interested parties.”.

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A BILL

To amend the Public Health Service Act to provide programs for the prevention, treatment, and rehabilitation of stroke.

NOVEMBER 9, 2001

Reported without amendment