

119TH CONGRESS
2D SESSION

S. 5260

To require the Secretary of Health and Human Services to carry out research and data collection to improve the quality of stroke care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

AUGUST 5, 2026

Mr. LUJÁN (for himself, Mr. SCHUMER, Mr. BENNET, Mr. FETTERMAN, Mrs. SHAHEEN, Mr. HEINRICH, Mr. SCHIFF, Mr. PADILLA, Mr. HICKENLOOPER, Ms. SMITH, and Ms. ROSEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the Secretary of Health and Human Services to carry out research and data collection to improve the quality of stroke care, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Stroke Act”.

5 **SEC. 2. FINDINGS.**

6 Congress makes the following findings:

7 (1) Every 40 seconds, someone in the United
8 States has a stroke.

1 (2) Stroke is a leading cause of serious long-
2 term disability and the fifth-leading cause of death
3 in the United States, causing more than 160,000
4 deaths each year.

5 (3) In 2023, stroke accounted for approxi-
6 mately 1 of every 19 deaths in the United States.

7 (4) Stroke caused 166,852 deaths in the United
8 States in 2024.

9 (5) Nearly half of adults in the United States
10 have high blood pressure, which is a leading cause
11 and controllable risk factor for stroke.

12 (6) Quick identification and treatment for
13 stroke results in a higher chance of survival and re-
14 duces recovery time for individuals experiencing a
15 stroke.

16 (7) Treatment depends on the type of stroke
17 someone is having, which must be diagnosed by a
18 health care professional.

19 (8) When dealing with a time-sensitive medical
20 emergency services like a stroke, the right care, at
21 the right time, at the right facility, is of the utmost
22 importance.

23 (9) A system of care allows for scientifically
24 proven measures to be applied to every patient,
25 every time.

1 **SEC. 3. RESEARCH RELATING TO THE DELIVERY OF**
2 **STROKE CARE.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services (referred to in this Act as the “Sec-
5 retary”), in consultation with the National Institute of
6 Neurological Disorders and Stroke, may conduct or sup-
7 port research relating to the delivery of stroke care, in-
8 cluding research relating to—

9 (1) inconsistencies in inpatient and pre-hospital
10 care;

11 (2) obstacles to stroke research participation
12 and communication of research findings;

13 (3) public education about stroke and stroke
14 symptoms;

15 (4) access to hyperacute and acute stroke care
16 and quality stroke rehabilitation;

17 (5) discrepancies in stroke rehabilitation refer-
18 ral patterns;

19 (6) differences in the use of inpatient proce-
20 dures; and

21 (7) demographic variations in diagnostic proce-
22 dures and secondary stroke prevention medication.

23 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated to carry out this section
25 \$3,000,000 for each of fiscal years 2027 through 2032.

1 **SEC. 4. GRANTS FOR DATA COLLECTION RELATING TO**
2 **STROKE CARE.**

3 (a) IN GENERAL.—The Secretary, acting through the
4 Director of the Centers for Disease Control and Preven-
5 tion, may award grants to, or enter into cooperative agree-
6 ments with, public or private nonprofit entities—

7 (1) to support the expansion, maintenance, and
8 enhancement of a national stroke registry that col-
9 lects standardized data on stroke care and outcomes
10 across the United States; and

11 (2) to encourage the participation in such reg-
12 istry of—

13 (A) comprehensive stroke centers;

14 (B) thrombectomy-capable stroke centers
15 or the equivalent that offer mechanical
16 endovascular therapies;

17 (C) primary stroke centers; and

18 (D) acute stroke-ready hospitals.

19 (b) REQUIREMENTS.—A national stroke registry sup-
20 ported under subsection (a) shall—

21 (1) collect and report standardized data on
22 stroke care, treatment, quality measures, and pa-
23 tient outcomes from participating hospitals across
24 the United States;

1 (2) build upon existing national stroke registry
 2 infrastructure to minimize duplication and maximize
 3 hospital participation;

4 (3) support quality improvement,
 5 benchmarking, and research activities to improve
 6 stroke care and patient outcomes nationally;

7 (4) facilitate data sharing and reporting with
 8 State, territorial, Tribal, and local public health
 9 agencies, as appropriate; and

10 (5) maintain applicable patient privacy, secu-
 11 rity, and confidentiality standards.

12 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
 13 authorized to be appropriated to carry out this section
 14 \$10,000,000 for each of fiscal years 2027 through 2032.

15 **SEC. 5. GRANTS TO STRENGTHEN SYSTEMS OF STROKE**
 16 **CARE.**

17 (a) IN GENERAL.—The Secretary, acting through the
 18 Director of the Centers for Disease Control and Preven-
 19 tion, may award grants to public or nonprofit entities to
 20 carry out activities to improve the quality of stroke care
 21 across the continuum of care.

22 (b) REQUIREMENTS.—An entity that receives a grant
 23 under subsection (a) may use the grant funds—

1 (1) to coordinate and disseminate stroke mes-
2 saging and education within communities and clin-
3 ical settings;

4 (2) to provide training to emergency medical
5 services personnel, paramedics, and emergency med-
6 ical technicians on, and to encourage the adoption
7 of, best practices and protocols relating to the trans-
8 port of, and pre-hospital care for, individuals sus-
9 pected of having a stroke;

10 (3) to improve the coordination and provision of
11 post-stroke care and rehabilitation services across
12 community and clinical settings and across different
13 types of health care coverage;

14 (4) to coordinate, develop, and implement pro-
15 fessional and workforce development opportunities to
16 improve evidence-based knowledge for stroke care,
17 recognition of inconsistencies in stroke care, and im-
18 plementation of activities to address such inconsis-
19 tencies; and

20 (5) to provide training and technical assistance
21 to increase the use of telestroke care for stroke pa-
22 tients in facilities located in regions in need of med-
23 ical resources.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
 2 authorized to be appropriated to carry out this section
 3 \$10,000,000 for each of fiscal years 2027 through 2032.

4 **SEC. 6. GRANTS FOR STROKE PREVENTION AND EDU-**
 5 **CATION CAMPAIGN.**

6 (a) IN GENERAL.—The Secretary, acting through the
 7 Director of the Centers for Disease Control and Preven-
 8 tion, may award grants to, or enter into cooperative agree-
 9 ments with, public or private nonprofit entities to carry
 10 out a national education and information campaign to pro-
 11 mote stroke prevention and to increase the number of
 12 stroke patients who seek immediate treatment.

13 (b) REQUIREMENT.—The Secretary shall ensure that
 14 the campaign carried out pursuant to subsection (a) does
 15 not duplicate existing stroke education efforts carried out
 16 by other Federal agencies.

17 (c) CONSULTATION.—In carrying out this section, the
 18 Secretary may consult with national and local organiza-
 19 tions that are dedicated to increasing public awareness of
 20 strokes, consumers of stroke awareness products, and pro-
 21 viders of stroke care.

22 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
 23 authorized to be appropriated to carry out this section
 24 \$2,000,000 for each of fiscal years 2027 through 2032.

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