

110TH CONGRESS  
1ST SESSION

# H. R. 477

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IN THE SENATE OF THE UNITED STATES

MARCH 28, 2007

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

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## AN ACT

To amend the Public Health Service Act to strengthen education, prevention, and treatment programs relating to stroke, 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,*

1 **SECTION 1. SHORT TITLE.**

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

4 **SEC. 2. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT**  
5 **REGARDING STROKE PROGRAMS.**

6       (a) STROKE EDUCATION AND INFORMATION PRO-  
7 GRAMS.—Title III of the Public Health Service Act (42  
8 U.S.C. 241 et seq.) is amended by adding at the end the  
9 following:

10 **“PART S—STROKE EDUCATION, INFORMATION,**  
11 **AND DATA COLLECTION PROGRAMS**

12 **“SEC. 399FF. STROKE PREVENTION AND EDUCATION CAM-**  
13 **PAIGN.**

14       “(a) IN GENERAL.—The Secretary shall carry out an  
15 education and information campaign to promote stroke  
16 prevention and increase the number of stroke patients who  
17 seek immediate treatment.

18       “(b) AUTHORIZED ACTIVITIES.—In implementing the  
19 education and information campaign under subsection (a),  
20 the Secretary may—

21               “(1) make public service announcements about  
22 the warning signs of stroke and the importance of  
23 treating stroke as a medical emergency;

24               “(2) provide education regarding ways to pre-  
25 vent stroke and the effectiveness of stroke treat-  
26 ment; and

1           “(3) carry out other activities that the Sec-  
2       retary determines will promote prevention practices  
3       among the general public and increase the number  
4       of stroke patients who seek immediate care.

5       “(c) MEASUREMENTS.—In implementing the edu-  
6       cation and information campaign under subsection (a), the  
7       Secretary shall—

8           “(1) measure public awareness before the start  
9       of the campaign to provide baseline data that will be  
10      used to evaluate the effectiveness of the public  
11      awareness efforts;

12          “(2) establish quantitative benchmarks to meas-  
13      ure the impact of the campaign over time; and

14          “(3) measure the impact of the campaign not  
15      less than once every 2 years or, if determined appro-  
16      priate by the Secretary, at shorter intervals.

17      “(d) NO DUPLICATION OF EFFORT.—In carrying out  
18      this section, the Secretary shall avoid duplicating existing  
19      stroke education efforts by other Federal Government  
20      agencies.

21      “(e) CONSULTATION.—In carrying out this section,  
22      the Secretary may consult with organizations and individ-  
23      uals with expertise in stroke prevention, diagnosis, treat-  
24      ment, and rehabilitation.

1 **“SEC. 399GG. PAUL COVERDELL NATIONAL ACUTE STROKE**  
2 **REGISTRY AND CLEARINGHOUSE.**

3 “The Secretary, acting through the Centers for Dis-  
4 ease Control and Prevention, shall maintain the Paul  
5 Coverdell National Acute Stroke Registry and Clearing-  
6 house by—

7 “(1) continuing to develop and collect specific  
8 data points and appropriate benchmarks for ana-  
9 lyzing care of acute stroke patients;

10 “(2) collecting, compiling, and disseminating in-  
11 formation on the achievements of, and problems ex-  
12 perience by, State and local agencies and private  
13 entities in developing and implementing emergency  
14 medical systems and hospital-based quality of care  
15 interventions; and

16 “(3) carrying out any other activities the Sec-  
17 retary determines to be useful to maintain the Paul  
18 Coverdell National Acute Stroke Registry and Clear-  
19 inghouse to reflect the latest advances in all forms  
20 of stroke care.

21 **“SEC. 399HH. STROKE DEFINITION.**

22 “For purposes of this part, the term ‘stroke’ means  
23 a ‘brain attack’ in which blood flow to the brain is inter-  
24 rupted or in which a blood vessel or aneurysm in the brain  
25 breaks or ruptures.

1 **“SEC. 399II. AUTHORIZATION OF APPROPRIATIONS.**

2 “There is authorized to be appropriated to carry out  
3 this part \$5,000,000 for each of fiscal years 2008 through  
4 2012.”.

5 (b) EMERGENCY MEDICAL PROFESSIONAL DEVELOP-  
6 MENT.—Section 1251 of the Public Health Service Act  
7 (42 U.S.C. 300d–51) is amended to read as follows:

8 **“SEC. 1251. MEDICAL PROFESSIONAL DEVELOPMENT IN AD-  
9 VANCED STROKE AND TRAUMATIC INJURY  
10 TREATMENT AND PREVENTION.**

11 “(a) RESIDENCY AND OTHER PROFESSIONAL TRAIN-  
12 ING.—The Secretary may make grants to public and non-  
13 profit entities for the purpose of planning, developing, and  
14 enhancing approved residency training programs and  
15 other professional training for appropriate health profes-  
16 sions in emergency medicine, including emergency medical  
17 services professionals, to improve stroke and traumatic in-  
18 jury prevention, diagnosis, treatment, and rehabilitation.

19 “(b) CONTINUING EDUCATION ON STROKE AND  
20 TRAUMATIC INJURY.—

21 “(1) GRANTS.—The Secretary, acting through  
22 the Administrator of the Health Resources and Serv-  
23 ices Administration, may make grants to qualified  
24 entities for the development and implementation of  
25 education programs for appropriate health care pro-  
26 fessionals in the use of newly developed diagnostic

1 approaches, technologies, and therapies for health  
2 professionals involved in the prevention, diagnosis,  
3 treatment, and rehabilitation of stroke or traumatic  
4 injury.

5 “(2) DISTRIBUTION OF GRANTS.—In awarding  
6 grants under this subsection, the Secretary shall give  
7 preference to qualified entities that will train health  
8 care professionals that serve areas with a significant  
9 incidence of stroke or traumatic injuries.

10 “(3) APPLICATION.—A qualified entity desiring  
11 a grant under this subsection shall submit to the  
12 Secretary an application at such time, in such man-  
13 ner, and containing such information as the Sec-  
14 retary may require, including a plan for the rigorous  
15 evaluation of activities carried out with amounts re-  
16 ceived under the grant.

17 “(4) DEFINITIONS.—For purposes of this sub-  
18 section:

19 “(A) The term ‘qualified entity’ means a  
20 consortium of public and private entities, such  
21 as universities, academic medical centers, hos-  
22 pitals, and emergency medical systems that are  
23 coordinating education activities among pro-  
24 viders serving in a variety of medical settings.

1                   “(B) The term ‘stroke’ means a ‘brain at-  
2                   tack’ in which blood flow to the brain is inter-  
3                   rupted or in which a blood vessel or aneurysm  
4                   in the brain breaks or ruptures.

5           “(c) REPORT.—Not later than 1 year after the alloca-  
6   tion of grants under this section, the Secretary shall sub-  
7   mit to the Committee on Health, Education, Labor, and  
8   Pensions of the Senate and the Committee on Energy and  
9   Commerce of the House of Representatives a report on  
10  the results of activities carried out with amounts received  
11  under this section.

12          “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
13  is authorized to be appropriated to carry out this section  
14  \$4,000,000 for each of fiscal years 2008 through 2012.  
15  The Secretary shall equitably allocate the funds author-  
16  ized to be appropriated under this section between efforts  
17  to address stroke and efforts to address traumatic in-  
18  jury.”.

19   **SEC. 3. PILOT PROJECT ON TELEHEALTH STROKE TREAT-**  
20                   **MENT.**

21          (a) ESTABLISHMENT.—Part D of title III of the Pub-  
22  lic Health Service Act (42 U.S.C. 254b et seq.) is amended  
23  by inserting after section 330L the following:

1   **“SEC. 330M. TELEHEALTH STROKE TREATMENT GRANT**  
2                   **PROGRAM.**

3           “(a) GRANTS.—The Secretary may make grants to  
4 States, and to consortia of public and private entities lo-  
5 cated in any State that is not a grantee under this section,  
6 to conduct a 5-year pilot project over the period of fiscal  
7 years 2008 through 2012 to improve stroke patient out-  
8 comes by coordinating health care delivery through tele-  
9 health networks.

10          “(b) ADMINISTRATION.—The Secretary shall admin-  
11 ister this section through the Director of the Office for  
12 the Advancement of Telehealth.

13          “(c) CONSULTATION.—In carrying out this section,  
14 for the purpose of better coordinating program activities,  
15 the Secretary shall consult with—

16               “(1) officials responsible for other Federal pro-  
17 grams involving stroke research and care, including  
18 such programs established by the Stroke Treatment  
19 and Ongoing Prevention Act; and

20               “(2) organizations and individuals with exper-  
21 tise in stroke prevention, diagnosis, treatment, and  
22 rehabilitation.

23          “(d) USE OF FUNDS.—

24               “(1) IN GENERAL.—The Secretary may not  
25 make a grant to a State or a consortium under this



1 section unless the State or consortium agrees to use  
2 the grant for the purpose of—

3 “(A) identifying entities with expertise in  
4 the delivery of high-quality stroke prevention,  
5 diagnosis, treatment, and rehabilitation;

6 “(B) working with those entities to estab-  
7 lish or improve telehealth networks to provide  
8 stroke treatment assistance and resources to  
9 health care professionals, hospitals, and other  
10 individuals and entities that serve stroke pa-  
11 tients;

12 “(C) informing emergency medical systems  
13 of the location of entities identified under sub-  
14 paragraph (A) to facilitate the appropriate  
15 transport of individuals with stroke symptoms;

16 “(D) establishing networks to coordinate  
17 collaborative activities for stroke prevention, di-  
18 agnosis, treatment, and rehabilitation;

19 “(E) improving access to high-quality  
20 stroke care, especially for populations with a  
21 shortage of stroke care specialists and popu-  
22 lations with a high incidence of stroke; and

23 “(F) conducting ongoing performance and  
24 quality evaluations to identify collaborative ac-

1           tivities that improve clinical outcomes for stroke  
2           patients.

3           “(2) ESTABLISHMENT OF CONSORTIUM.—The  
4           Secretary may not make a grant to a State under  
5           this section unless the State agrees to establish a  
6           consortium of public and private entities, including  
7           universities and academic medical centers, to carry  
8           out the activities described in paragraph (1).

9           “(3) PROHIBITION.—The Secretary may not  
10          make a grant under this section to a State that has  
11          an existing telehealth network that is or may be  
12          used for improving stroke prevention, diagnosis,  
13          treatment, and rehabilitation, or to a consortium lo-  
14          cated in such a State, unless the State or consor-  
15          tium agrees that—

16               “(A) the State or consortium will use an  
17               existing telehealth network to achieve the pur-  
18               pose of the grant; and

19               “(B) the State or consortium will not es-  
20               tablish a separate network for such purpose.

21          “(e) PRIORITY.—In selecting grant recipients under  
22          this section, the Secretary shall give priority to any appli-  
23          cant that submits a plan demonstrating how the applicant,  
24          and where applicable the members of the consortium de-  
25          scribed in subsection (d)(2), will use the grant to improve

1 access to high-quality stroke care for populations with  
2 shortages of stroke-care specialists and populations with  
3 a high incidence of stroke.

4 “(f) GRANT PERIOD.—The Secretary may not award  
5 a grant to a State or a consortium under this section for  
6 any period that—

7 “(1) is greater than 3 years; or

8 “(2) extends beyond the end of fiscal year  
9 2012.

10 “(g) RESTRICTION ON NUMBER OF GRANTS.—In  
11 carrying out the 5-year pilot project under this section,  
12 the Secretary may not award more than 7 grants.

13 “(h) APPLICATION.—To seek a grant under this sec-  
14 tion, a State or a consortium of public and private entities  
15 shall submit an application to the Secretary in such form,  
16 in such manner, and containing such information as the  
17 Secretary may require. At a minimum, the Secretary shall  
18 require each such application to outline how the State or  
19 consortium will establish baseline measures and bench-  
20 marks to evaluate program outcomes.

21 “(i) DEFINITION.—In this section, the term ‘stroke’  
22 means a ‘brain attack’ in which blood flow to the brain  
23 is interrupted or in which a blood vessel or aneurysm in  
24 the brain breaks or ruptures.

1       “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated to carry out this section  
3 \$10,000,000 for fiscal year 2008, \$13,000,000 for fiscal  
4 year 2009, \$15,000,000 for fiscal year 2010, \$8,000,000  
5 for fiscal year 2011, and \$4,000,000 for fiscal year  
6 2012.”.

7       (b) STUDY; REPORTS.—

8           (1) FINAL REPORT.—Not later than March 31,  
9 2013, the Secretary of Health and Human Services  
10 shall conduct a study of the results of the telehealth  
11 stroke treatment grant program under section 330M  
12 of the Public Health Service Act (added by sub-  
13 section (a)) and submit to the Congress a report on  
14 such results that includes the following:

15           (A) An evaluation of the grant program  
16 outcomes, including quantitative analysis of  
17 baseline and benchmark measures.

18           (B) Recommendations on how to promote  
19 stroke networks in ways that improve access to  
20 clinical care in rural and urban areas and re-  
21 duce the incidence of stroke and the debilitating  
22 and costly complications resulting from stroke.

23           (C) Recommendations on whether similar  
24 telehealth grant programs could be used to im-

10 SEC. 4. RULE OF CONSTRUCTION.

Passed the House of Representatives March 27,  
2007.

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