

110TH CONGRESS
1ST SESSION

H. R. 477

IN THE SENATE OF THE UNITED STATES

MARCH 28, 2007

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

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 perienced 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 activities 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-

1 prove patient outcomes in other public health
2 areas.

3 (2) INTERIM REPORTS.—The Secretary of
4 Health and Human Services may provide interim re-
5 ports to the Congress on the telehealth stroke treat-
6 ment grant program under section 330M of the
7 Public Health Service Act (added by subsection (a))
8 at such intervals as the Secretary determines to be
9 appropriate.

10 **SEC. 4. RULE OF CONSTRUCTION.**

11 Nothing in this Act shall be construed to authorize
12 the Secretary of Health and Human Services to establish
13 Federal standards for the treatment of patients or the li-
14 censure of health care professionals.

Passed the House of Representatives March 27,
2007.

Attest: LORRAINE C. MILLER,
Clerk.