

Calendar No. 699

110TH CONGRESS
2D SESSION

S. 999

To amend the Public Health Service Act to improve stroke prevention,
diagnosis, treatment, and rehabilitation.

IN THE SENATE OF THE UNITED STATES

MARCH 27, 2007

Mr. COCHRAN (for himself, Mr. KENNEDY, Mr. WARNER, Mr. DORGAN, Mrs. MURRAY, Ms. COLLINS, Mr. REED, Ms. CANTWELL, Mr. COLEMAN, Mr. BURR, Mr. AKAKA, Mr. CHAMBLISS, Mr. ISAKSON, Mr. MENENDEZ, Mrs. DOLE, Mr. SANDERS, Mr. CARPER, Mr. CARDIN, Mr. BROWN, Mr. JOHNSON, Mr. LAUTENBERG, Mr. DOMENICI, Mr. KERRY, Mrs. BOXER, Mr. LOTT, Mr. HATCH, Ms. MURKOWSKI, Mr. CONRAD, Mr. LIEBERMAN, Mr. VITTER, Mr. BINGAMAN, Mr. WHITEHOUSE, Mr. BUNNING, Mr. CASEY, Mr. DODD, Mr. SESSIONS, and Ms. KLOBUCHAR) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

APRIL 16, 2008

Reported by Mr. KENNEDY, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

A BILL

To amend the Public Health Service Act to improve stroke
prevention, diagnosis, treatment, and rehabilitation.

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 2007".

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

5 (a) FINDINGS.—The Congress finds as follows:

6 (1) Stroke is the third leading cause of death
7 in the United States. Each year approximately
8 700,000 Americans suffer a new or recurrent stroke
9 and over 160,000 Americans die from stroke.

10 (2) Stroke costs the United States
11 \$35,000,000,000 in direct costs and
12 \$56,800,000,000 in indirect costs each year.

13 (3) Stroke is one of the leading causes of adult
14 disability in the United States. Between 15 percent
15 and 30 percent of stroke survivors are permanently
16 disabled. Presently, there are 4,700,000 stroke sur-
17 vivors living in the United States.

18 (4) Members of the general public have dif-
19 ficulty recognizing the symptoms of stroke and are
20 unaware that stroke is a medical emergency. Fre-
21 quently, stroke patients wait as many as 22 hours
22 or more before presenting at the emergency room.
23 Forty-two percent of individuals over the age of 50
24 do not recognize numbness or paralysis in the face,
25 arm, or leg as a sign of stroke and 17 percent of
26 them cannot name a single stroke symptom.

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

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

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

1 **SEC. 3. AMENDMENT REGARDING STROKE PREVENTION,**2 **TREATMENT, AND REHABILITATION.**

3 Title III of the Public Health Service Act (42 U.S.C.

4 241 et seq.) is amended by adding at the end the fol-

5 lowing:

6 **“PART S—STROKE PREVENTION, TREATMENT,**7 **AND REHABILITATION PROGRAMS**8 **“Subpart I—Authorities and Duties of the Secretary**9 **“SEC. 399HH. RESPONSIBILITIES OF THE SECRETARY.**

10 “(a) IN GENERAL.—The Secretary shall, with respect

11 to stroke care—

12 “(1) establish and evaluate a grant program
13 under section 399JJ to enable States to develop
14 statewide stroke care systems;15 “(2) foster the development of appropriate,
16 modern systems of stroke care through the sharing
17 of information among agencies and individuals in-
18 volved in the study and provision of such care;19 “(3) provide to State and local agencies tech-
20 nical assistance;21 “(4) develop a model curriculum for training
22 emergency medical services personnel, including dis-
23 patchers, first responders, emergency medical techni-
24 cians, and paramedics, in the identification, assess-
25 ment, stabilization, and prehospital treatment of
26 stroke patients;

1 “(5) issue recommendations or guidelines on
2 best practices for the establishment and operation of
3 statewide stroke systems, including recommendations
4 or guidelines on best practices for the establishment
5 and operation of stroke care centers; and

6 “(6) provide, to the extent practicable, informa-
7 tion to the public on the recognition of the signs and
8 symptoms of stroke and the appropriate actions to
9 take to assist an individual in obtaining appropriate
10 and timely care following a stroke.

11 “(b) GRANTS, COOPERATIVE AGREEMENTS, AND
12 CONTRACTS.—The Secretary may make grants, and enter
13 into cooperative agreements and contracts, for the purpose
14 of carrying out subsection (a).

15 “(c) RULES OF CONSTRUCTION.—

16 “(1) EXISTING GUIDELINES.—Nothing in sub-
17 section (a)(5) shall be construed to require the Sec-
18 retary to issue new recommendations or guidelines
19 where existing recommendations or guidelines issued
20 or adopted by the Secretary are applicable to the es-
21 tablishment of statewide stroke systems. Where an
22 existing recommendation or guideline is applicable to
23 the establishment of statewide stroke systems, the
24 Secretary may deem such recommendation or guide-
25 line to have been issued under subsection (a)(5).

1 “(2) ADVISORY NATURE OF GUIDELINES.—Recom-
2 mmandations or guidelines issued under subsection
3 (a)(5) shall be considered advisory in nature and
4 shall not be construed to constitute a standard of
5 care for the treatment of stroke.

6 **SEC. 399H. PAUL COVERDELL NATIONAL ACUTE STROKE**
7 **REGISTRY.**

8 “The Secretary shall maintain the Paul Coverdell Na-
9 tional Acute Stroke Registry by—

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

13 “(2) continuing to develop a national registry
14 model that measures the delivery of care to patients
15 with acute stroke in order to provide real-time data
16 and analysis to reduce death and disability from
17 stroke and improve the quality of life for acute
18 stroke survivors;

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

1 “(4) collecting, compiling, and disseminating in-
2 formation on the achievements of, and problems ex-
3 perienced by, State and local agencies and private
4 entities in developing and implementing stroke care
5 systems and, in carrying out this paragraph, giving
6 special consideration to the unique needs of rural fa-
7 cilities and those facilities with inadequate resources
8 for providing high-quality prevention, acute treat-
9 ment, post-acute treatment, and rehabilitation serv-
10 ices for stroke patients; and

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

15 **“Subpart II—State Stroke Care Systems**

16 **“SEC. 399JJ. GRANTS TO STATES FOR STROKE CARE SYS-**
17 **TEMS.**

18 “(a) GRANTS.—The Secretary shall award grants to
19 States for the development and implementation of stroke
20 care systems that provide high-quality prevention, diag-
21 nosis, treatment, and rehabilitation.

22 “(b) REQUIRED USES.—

23 “(1) IN GENERAL.—In carrying out activities
24 described in subsection (a), each State that is
25 awarded a grant under this section shall—

1 “(A) establish, enhance, or expand a state-
2 wide stroke care system for the purpose of en-
3 suring access to high-quality stroke prevention,
4 diagnosis, treatment, and rehabilitation, except
5 that activities conducted under this subpara-
6 graph shall be consistent with guidelines or re-
7 commendations issued by the Secretary under
8 section 399HH(a)(5) to the extent that such
9 guidelines or recommendations have been
10 issued;

11 “(B) establish, enhance, or expand, as ap-
12 propriate, stroke care centers, except that ac-
13 tivities conducted under this subparagraph shall
14 be consistent with guidelines or recommenda-
15 tions issued by the Secretary under section
16 399HH(a)(5), to the extent that such guide-
17 lines or recommendations have been issued;

18 “(C) conduct evaluation activities to mon-
19 itor clinical outcomes and procedures and to
20 verify resources, infrastructure, and operations
21 devoted to stroke care;

22 “(D) enhance, develop, and implement
23 model curricula for training emergency medical
24 services personnel in the identification, assess-
25 ment, stabilization, and prehospital treatment

1 of stroke patients which may, at the discretion
2 of the State, consist of or be based on the
3 model curriculum developed by the Secretary
4 under section 399HH(a)(4);

5 “(E) enhance coordination of emergency
6 medical services with respect to stroke care;

7 “(F) establish, enhance, or improve a cen-
8 tral data reporting and analysis system de-
9 scribed in subsection (e);

10 “(G) establish, enhance, or improve a sup-
11 port network described in subsection (d) to pro-
12 vide assistance to facilities with smaller popu-
13 lations of stroke patients or less advanced on-
14 site stroke treatment resources;

15 “(H) consult with organizations and indi-
16 viduals with expertise in stroke prevention, di-
17 agnosis, treatment, and rehabilitation; and

18 “(I) with respect to carrying out subpara-
19 graph (E) through (H), use the best available
20 evidence and consensus recommendations of
21 professional associations.

22 “(2) PERMISSIBLE USES.—In developing and
23 implementing a stroke care system described in
24 paragraph (1), each State that is awarded a grant
25 under this section may—

1 “(A) improve existing State stroke preven-
2 tion programs;

3 “(B) conduct a stroke education and infor-
4 mation campaign, including by—

5 “(i) making public service announcements
6 about the warning signs of stroke
7 and the importance of treating stroke as a
8 medical emergency; and

9 “(ii) providing education regarding
10 ways to prevent stroke and the effectiveness
11 of stroke treatment; and

12 “(C) make grants to public and non-profit
13 private entities for medical professional development
14 in accordance with subsection (e).

15 “(e) ~~CENTRAL DATA REPORTING AND ANALYSIS~~
16 ~~SYSTEM.~~—A central data reporting and analysis system
17 described in this subsection is a system that collects data
18 from facilities that provide direct care to stroke patients
19 and uses the data—

20 “(1) to identify the number of stroke patients
21 treated in the State;

22 “(2) to monitor patient care in the State for
23 stroke patients at all phases of stroke for the purpose
24 of evaluating the diagnosis, treatment, and
25 treatment outcome of such stroke patients;

1 “(3) to identify the total amount of uncompensated and under-compensated stroke care expenditures for each fiscal year by each stroke care facility
2 in the State;

3 “(4) to identify the number of acute stroke patients who receive advanced drug therapy;

4 “(5) to identify patients transferred within the statewide stroke care system, including reasons for
5 such transfer; and

6 “(6) to communicate to the greatest extent
7 practicable with the Paul Coverdell National Acute
8 Stroke Registry.

9 “(d) SUPPORT NETWORK.—A support network de-
10 scribed in this subsection may include the following:

11 “(1) The use of telehealth technology to connect
12 facilities described in subsection (b)(1)(G) to more
13 advanced stroke care facilities.

14 “(2) The provision of neuroimaging, laboratory,
15 and any other equipment necessary to facilitate the
16 establishment of a telehealth network.

17 “(3) The use of phone consultation, where use-
18 ful.

19 “(4) The use of referral links when a patient
20 needs more advanced care than is available at the
21 facility providing initial care.

1 “(5) Any other assistance determined appropriate by the State.

3 **“(e) MEDICAL PROFESSIONAL DEVELOPMENT IN ADVANCED STROKE TREATMENT AND PREVENTION.—**

5 **“(1) IN GENERAL.—**A State may use funds received under a grant under this section to make subgrants to public and non-profit private entities for the development and implementation of education programs for appropriate medical personnel and health professionals in the use of newly developed diagnostic approaches, technologies, and therapies for the prevention and treatment of stroke.

13 **“(2) USE OF FUNDS.—**A public or non-profit private entity shall use amounts received under a subgrant under this subsection for the continuing education of appropriate medical personnel in the use of newly developed diagnostic approaches, technologies, and therapies for the prevention and treatment of stroke.

20 **“(3) DISTRIBUTION OF SUBGRANTS.—**In awarding subgrants under this subsection, the Secretary shall ensure that such subgrants are equitably distributed among the geographical regions of the State and between urban and rural populations.

1 “(4) APPLICATION.—A public or non-profit pri-
2 vate entity desiring a subgrant under this subsection
3 shall prepare and submit to the State involved an
4 application at such time, in such manner, and con-
5 taining such information as the State may require,
6 including a plan for the rigorous evaluation of activi-
7 ties carried out with amounts received under such a
8 subgrant.

9 “(f) RESTRICTIONS ON USE OF PAYMENTS.—The
10 Secretary may not, except as provided in paragraph (2),
11 make payments to a State under this section for a fiscal
12 year unless the State agrees that the payments will not
13 be expended—

14 “(1) to make cash payments to intended recipi-
15 ents of services provided pursuant to this section;

16 “(2) to satisfy any requirement for the expendi-
17 ture of non-Federal funds as a condition for the re-
18 ceipt of Federal funds;

19 “(3) to provide financial assistance to any enti-
20 ty other than a public or nonprofit private entity; or

21 “(4) for construction, alteration, or improve-
22 ment of any building or facility.

23 “(g) FAILURE TO COMPLY WITH AGREEMENTS.—

24 “(1) REPAYMENT OF PAYMENTS.—

1 “(A) REQUIREMENT.—The Secretary may,
2 in accordance with paragraph (2), require a
3 State to repay any payments received by the
4 State under this section that the Secretary de-
5 termines were not expended by the State in ac-
6 cordance with the agreements required to be
7 made by the State as a condition of the receipt
8 of payments.

9 “(B) OFFSET OF AMOUNTS.—If a State
10 fails to make a repayment required in subparagraph
11 (A), the Secretary may offset the amount
12 of the repayment against any amount due to be
13 paid to the State under this section.

14 “(2) OPPORTUNITY FOR A HEARING.—Before
15 requiring repayment of payments under paragraph
16 (1), the Secretary shall provide to the State an op-
17 portunity for a hearing.

18 “(h) APPLICATION REQUIREMENTS.—The Secretary
19 may not award a grant to a State under this section un-
20 less—

21 “(1) the State submits an application con-
22 taining agreements in accordance with this section;
23 “(2) the agreements are made through certifi-
24 cation from the chief executive officer of the State;

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

4 “(4) the application contains the plan provi-
5 sions and the information required to be submitted
6 to the Secretary; and

7 “(5) the application otherwise is in such form,
8 is made in such manner, and contains such agree-
9 ments, assurances, and information as the Secretary
10 determines to be necessary to carry out this section.

11 “(i) TECHNICAL ASSISTANCE.—The Secretary shall,
12 without charge to a State receiving payments under this
13 section, provide to the State (or to any public or nonprofit
14 entity designated by the State) technical assistance with
15 respect to the planning, development, and operation of any
16 program carried out pursuant to this section. The Sec-
17 retary may provide such technical assistance directly,
18 through contract, or through grants.

19 “(j) SUPPLIES AND SERVICES IN LIEU OF GRANT
20 FUND.—

21 “(1) IN GENERAL.—Upon the request of a
22 State receiving payments under this section, the Sec-
23 retary may, subject to paragraph (2), provide sup-
24 plies, equipment, and services to the State and may
25 detail to the State any officer or employee of the De-

1 partment of Health and Human Services, for the
2 purpose of assisting the State to achieve the purpose
3 of the payments.

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

13 “(k) REPORT.—Not later than 3 years after the date
14 of the enactment of the Stroke Treatment and Ongoing
15 Prevention Act of 2007, the Secretary shall report to the
16 appropriate committees of the Congress on the activities
17 of the States carried out pursuant to this section and sec-
18 tion 399KK. Such report shall include an assessment of
19 the extent to which Federal and State efforts to identify
20 stroke centers, develop support networks, and enhance
21 emergency medical services coordination and the training
22 of emergency medical personnel, have increased the num-
23 ber of stroke patients who have received acute stroke con-
24 sultation or therapy within the appropriate timeframe and
25 reduced the level of disability due to stroke.

1 "**(l) LIMITATION ON ADMINISTRATIVE EXPENSES.**"

2 The Secretary may not award a grant to a State under
3 this section unless the State agrees to use not more than
4 10 percent of amounts received under the grant for admin-
5 istrative expenses.

6 "**SEC. 399KK. PLANNING GRANTS.**"

7 "**(a) GRANTS.**"—The Secretary may award a grant to
8 a State to assist such State in formulating a plan to de-
9 velop a stroke care system in accordance with section
10 399JJ or in otherwise meeting the requirements of such
11 section.

12 "**(b) SUBMISSION TO SECRETARY.**"—The chief execu-
13 tive officer of a State that receives a grant under this sec-
14 tion shall submit to the Secretary a copy of the plan devel-
15 oped using the amounts provided under such grant. Such
16 plan shall be submitted to the Secretary as soon as prac-
17 tieable after the plan has been developed.

18 "**(e) SINGLE GRANT LIMITATION.**"—A State is not eli-
19 gible to receive a grant under this section if the State pre-
20 viously received a grant under this section.

21 "**SEC. 399LL. SPECIAL CONSIDERATION.**"

22 "**In awarding grants under this subpart, the Sec-**
23 **retary shall give special consideration to any State that**
24 **has submitted an application for carrying out programs**
25 **under such a grant—**

1 “(1) in geographic areas in which there is—
2 “(A) an elevated incidence or prevalence of
3 disability resulting from stroke; or
4 “(B) an elevated incidence or prevalence of
5 stroke; or
6 “(2) that demonstrates a significant need for
7 assistance in establishing a comprehensive stroke
8 care system.

9 **“Subpart III—General Provisions**

10 **“SEC. 399MM. GENERAL PROVISIONS.**

11 “(a) CONSULTATIONS.—In carrying out this part, the
12 Secretary shall consult with organizations and individuals
13 with expertise in stroke prevention, diagnosis, treatment,
14 and rehabilitation.

15 “(b) DEFINITIONS.—In this part:

16 “(1) STATE.—The term ‘State’ means each of
17 the several States, the District of Columbia, the
18 Commonwealth of Puerto Rico, the Indian tribes,
19 the Virgin Islands, Guam, American Samoa, and the
20 Commonwealth of the Northern Mariana Islands.

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

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

5 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this part
7 such sums as may be necessary for fiscal years 2008
8 through 2012.”.

9 SECTION 1. SHORT TITLE.

10 *This Act may be cited as the “Stroke Treatment and*
11 *Ongoing Prevention Act of 2008”.*

12 SEC. 2. GOAL.

13 *It is the goal of this Act to improve the provision of*
14 *stroke care in every State and territory and in the District*
15 *of Columbia, and to increase public awareness about the*
16 *prevention, detection, and treatment of stroke.*

17 SEC. 3. AMENDMENT REGARDING STROKE PREVENTION.

18 TREATMENT, AND REHABILITATION.

19 *Title III of the Public Health Service Act (42 U.S.C.*
20 *241 et seq.) is amended by adding at the end the following:*

1 ***“PART S—STROKE PREVENTION, TREATMENT,***2 ***AND REHABILITATION PROGRAMS***3 ***“Subpart I—Authorities and Duties of the Secretary***4 ***“SEC. 399HH. RESPONSIBILITIES OF THE SECRETARY.***

5 *“(a) IN GENERAL.—The Secretary may, with respect*
6 *to stroke care—*

7 *“(1) establish and evaluate a grant program*
8 *under section 399JJ to enable States or consortia of*
9 *States to develop stroke care systems;*

10 *“(2) foster the development of systems of stroke*
11 *care through total quality improvement of health sys-*
12 *tems providing primary stroke prevention and identi-*
13 *fication, treatment, and rehabilitation of individuals*
14 *who experience a stroke;*

15 *“(3) provide to State, consortia of States, and*
16 *local agencies technical assistance; and*

17 *“(4) collaborate with appropriate medical and*
18 *health professional associations to disseminate evi-*
19 *denced-based practices on stroke systems of care.*

20 *“(b) GRANTS, COOPERATIVE AGREEMENTS, AND CON-*
21 *TRACTS.—The Secretary may make grants, and enter into*
22 *cooperative agreements and contracts, for the purpose of*
23 *carrying out subsection (a).*

1 **“SEC. 399II. SENSE OF THE SENATE CONCERNING THE**
2 **PAUL COVERDELL NATIONAL ACUTE STROKE**
3 **REGISTRY.**

4 *“It is the sense of the Senate that, as evidenced by the*
5 *Paul Coverdell National Acute Stroke Registry, the Sec-*
6 *retary considers stroke systems of care when allocating dis-*
7 *cretionary funds relating to stroke.*

8 **“Subpart II—State or Consortia of States Stroke Care**
9 **Systems**

10 **“SEC. 399JJ. GRANTS TO STATES OR CONSORTIA OF STATES**
11 **FOR STROKE CARE SYSTEMS.**

12 *“(a) GRANTS.—The Secretary may award grants to*
13 *States or consortia of States for the development and imple-*
14 *mentation of stroke care systems that provide high-quality*
15 *prevention, diagnosis, treatment, and rehabilitation.*

16 **“(b) REQUIRED USES.—**

17 *“(1) IN GENERAL.—In carrying out activities*
18 *described in subsection (a), each State or consortia of*
19 *States that is awarded a grant under this section*
20 *shall—*

21 *“(A) establish, enhance, or expand a state-*
22 *wide stroke care system for the purpose of pro-*
23 *moting the total quality improvement of stroke*
24 *care consistent with evidence-based practices;*

25 *“(B) establish, enhance, or expand, as ap-*
26 *propriate, stroke care centers, except that activi-*

1 ties conducted under this subparagraph shall be
2 consistent with evidence-based practices;

3 “(C) conduct evaluation activities to mon-
4 itor clinical outcomes and procedures and mech-
5 anisms for evaluating the effectiveness of the re-
6 sources, infrastructure, and operations devoted to
7 stroke care;

8 “(D) enhance, develop, and implement effec-
9 tive methods for training emergency medical
10 services personnel in the identification, assess-
11 ment, stabilization, and prehospital treatment of
12 stroke patients;

13 “(E) enhance coordination of emergency
14 medical services, ground transportation services,
15 and air transportation with respect to stroke
16 care;

17 “(F) establish, enhance, or improve a sup-
18 port network described in subsection (c) to pro-
19 vide assistance to facilities with smaller popu-
20 lations of stroke patients or less advanced on-site
21 stroke treatment resources;

22 “(G) consult with organizations and indi-
23 viduals with expertise in stroke prevention, diag-
24 nosis, treatment, and rehabilitation; and

1 “(H) with respect to carrying out subparagraph (C) through (H), use the best available
2 evidence and consensus recommendations of pro-
3 fessional associations.

5 “(2) *PERMISSIBLE USES.*—In developing and
6 implementing a stroke care system described in para-
7 graph (1), each State or consortia of States that is
8 awarded a grant under this section may—

9 “(A) improve existing stroke prevention
10 programs;

11 “(B) conduct a stroke education and infor-
12 mation campaign, including by—

13 “(i) making public service announce-
14 ments about the warning signs of stroke and
15 the importance of treating stroke as a med-
16 ical emergency; and

17 “(ii) providing education regarding
18 ways to prevent stroke and the effectiveness
19 of stroke treatment; and

20 “(C) make grants to public and non-profit
21 private entities for medical professional develop-
22 ment in accordance with subsection (d).

23 “(3) *REGIONALIZATION.*—With respect to a
24 grantee under this section that is a consortium of
25 States, nothing in this section shall be construed to

1 *require each of the member States of such consortium*
2 *to carry out each of the activities described in sub-*
3 *section (b)(1). In such cases, the member States of the*
4 *consortium shall allocate the activities described*
5 *under subsection (b)(1) among the member States of*
6 *the consortium in such a manner as to best promote*
7 *the goal of regional cooperation.*

8 “(c) *SUPPORT NETWORK.*—A support network de-
9 scribed in this subsection may include the following:

10 “(1) *The use of telehealth technology to connect*
11 *facilities described in subsection (b)(1)(G) to more ad-*
12 *vanced stroke care facilities. To the extent practicable,*
13 *such technology shall be consistent with standards*
14 *and implementation specifications used for the direct*
15 *exchange of health information and adopted by the*
16 *President.*

17 “(2) *The use of phone consultation, where useful.*

18 “(3) *The use of referral links when a patient*
19 *needs more advanced care than is available at the fa-*
20 *cility providing initial care.*

21 “(4) *The use of any other assistance determined*
22 *appropriate by the Secretary.*

23 “(d) *MEDICAL PROFESSIONAL DEVELOPMENT IN AD-*
24 *VANCED STROKE TREATMENT AND PREVENTION.*—

1 “(1) *IN GENERAL.*—A State or consortia of
2 *States may use funds received under a grant under*
3 *this section to make subgrants to public and non-profit*
4 *private entities for the development and implemen-*
5 *tation of education programs for appropriate medical*
6 *personnel and health professionals in the use of evi-*
7 *dence-based diagnostic approaches, technologies, and*
8 *therapies for the prevention and treatment of stroke.*

9 “(2) *USE OF FUNDS.*—A public or non-profit
10 *private entity shall use amounts received under a*
11 *subgrant under this subsection for the continuing edu-*
12 *cation of appropriate medical personnel in the use of*
13 *evidence-based diagnostic approaches, technologies,*
14 *and therapies for the prevention and treatment of*
15 *stroke.*

16 “(3) *DISTRIBUTION OF SUBGRANTS.*—In award-
17 *ing subgrants under this subsection, the Secretary*
18 *shall ensure that such subgrants are equitably distrib-*
19 *uted with special consideration given to rural areas*
20 *or areas that are underserved by medical specialists*
21 *within a State or consortia of States.*

22 “(4) *APPLICATION.*—A public or non-profit pri-
23 *ivate entity desiring a subgrant under this subsection*
24 *shall prepare and submit to the State or State con-*
25 *sortia involved an application at such time, in such*

1 manner, and containing such information as the
2 State or State consortia involved may require, includ-
3 ing a plan for the rigorous evaluation of activities
4 carried out with amounts received under such a
5 subgrant.

6 “(e) *RESTRICTIONS ON USE OF PAYMENTS.*—The Sec-
7 retary may not make payments to a State or consortia of
8 States under this section for a fiscal year unless the State
9 or consortia agrees that the payments will not be ex-
10 pended—

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

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

16 “(3) to provide financial assistance to any entity
17 other than a public or nonprofit private entity; or

18 “(4) for construction, alteration, or improvement
19 of any building or facility.

20 “(f) *FAILURE TO COMPLY WITH AGREEMENTS.*—

21 “(1) *REPAYMENT OF PAYMENTS.*—

22 “(A) *REQUIREMENT.*—The Secretary may,
23 in accordance with paragraph (2), require a
24 State or consortia of States to repay any pay-
25 ments received by the State or consortia under

1 *this section that the Secretary determines were
2 not expended by the State or consortia in accord-
3 ance with the agreements required to be made by
4 the State or consortia as a condition of the re-
5 ceipt of payments.*

6 “(B) *OFFSET OF AMOUNTS.*—*If a State or
7 consortia of States fails to make a repayment re-
8 quired in subparagraph (A), the Secretary may
9 offset the amount of the repayment against any
10 amount due to be paid to the State or consortia
11 under this section.*

12 “(2) *OPPORTUNITY FOR A HEARING.*—*Before re-
13 quiring repayment of payments under paragraph (1),
14 the Secretary shall provide to the State or consortia
15 of States an opportunity for a hearing.*

16 “(g) *APPLICATION REQUIREMENTS.*—*The Secretary
17 may not award a grant to a State or consortia of States
18 under this section unless—*

19 “(1) *the State or consortia submits an applica-
20 tion containing agreements in accordance with this
21 section;*

22 “(2) *the agreements are made through certifi-
23 cation from the chief executive officer of the State or
24 States involved;*

1 “(3) with respect to such agreements, the applica-
2 tion provides assurances of compliance satisfactory
3 to the Secretary;

4 “(4) the application contains the plan provisions
5 and the information required to be submitted to the
6 Secretary; and

7 “(5) the application otherwise is in such form, is
8 made in such manner, and contains such agreements,
9 assurances, and information as the Secretary deter-
10 mines to be necessary to carry out this section.

11 “(h) TECHNICAL ASSISTANCE.—The Secretary may,
12 without charge to a State or consortia of States receiving
13 payments under this section, provide to the State or con-
14 sortia (or to any public or nonprofit entity designated by
15 the State or consortia) technical assistance with respect to
16 the planning, development, and operation of any program
17 carried out pursuant to this section. The Secretary may
18 provide such technical assistance directly, through contract,
19 or through grants.

20 “(i) SUPPLIES AND SERVICES IN LIEU OF GRANT
21 FUNDS.—

22 “(1) IN GENERAL.—Upon the request of a State
23 or consortia of States receiving payments under this
24 section, the Secretary may, subject to paragraph (2),
25 provide supplies, equipment, and services to the State

1 *or consortia and may detail to the State or consortia*
2 *any officer or employee of the Department of Health*
3 *and Human Services, for the purpose of assisting the*
4 *State or consortia to achieve the purpose of the pay-*
5 *ments.*

6 “*(2) REDUCTION IN PAYMENTS.—With respect to*
7 *a request described in paragraph (1), the Secretary*
8 *shall reduce the amount of payments to the State or*
9 *consortia of States under this section by an amount*
10 *equal to the costs of detailing personnel and the fair*
11 *market value of any supplies, equipment, or services*
12 *provided by the Secretary. The Secretary shall, for the*
13 *payment of expenses incurred in complying with such*
14 *request, expend the amounts withheld.*

15 “*(j) REPORT.—Not later than 3 years after the date*
16 *of the enactment of the Stroke Treatment and Ongoing Pre-*
17 *vention Act of 2007, the Secretary may report to the appro-*
18 *priate committees of the Congress on the activities of the*
19 *States or consortia of States carried out pursuant to this*
20 *section and section 399KK. Such report shall include an*
21 *assessment of the extent to which Federal and State efforts*
22 *to identify stroke centers, develop support networks, and en-*
23 *hance emergency medical services coordination and the*
24 *training of emergency medical personnel, have increased the*
25 *number of stroke patients who have received acute stroke*

1 consultation or therapy within the appropriate timeframe
2 and reduced the level of disability due to stroke.

3 “(k) **LIMITATION ON ADMINISTRATIVE EXPENSES.**—
4 The Secretary may not award a grant to a State or con-
5 sortia of States under this section unless the State or con-
6 sortia agrees to use not more than 10 percent of amounts
7 received under the grant for administrative expenses.

8 **“SEC. 399KK. SPECIAL CONSIDERATION.**

9 “In awarding grants under this subpart, the Secretary
10 may give special consideration to any State or consortia
11 of States that has submitted an application for carrying
12 out programs under such a grant—

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

14 “(A) an elevated incidence or prevalence of
15 disability resulting from stroke;

16 “(B) an elevated incidence or prevalence of
17 stroke; or

18 “(C) a rural area or area that is under-
19 served by medical specialists;

20 “(2) that demonstrates a significant need for as-
21 sistance in establishing a comprehensive stroke care
22 system; or

23 “(3) that in the determination of the Secretary,
24 will enhance regional cooperation.

1 **“Subpart III—General Provisions**

2 **“SEC. 399LL. GENERAL PROVISIONS.**

3 “(a) *CONSULTATIONS.*—In carrying out this part, the
4 Secretary may consult with organizations and individuals
5 with expertise in stroke prevention, diagnosis, treatment,
6 and rehabilitation.

7 “(b) *REQUIREMENT OF MATCHING FUNDS.*—

8 “(1) *IN GENERAL.*—The Secretary may not make
9 a grant under this part unless the State (or consortia
10 of States) involved agrees, with respect to the costs to
11 be incurred by the State (or consortia) in carrying
12 out the purpose for which such grant was made, to
13 make available non-Federal contributions (in cash or
14 in kind under paragraph (2)) toward such costs in an
15 amount equal to not less than \$1 for each \$3 of Fed-
16 eral funds provided in the grant. Such contributions
17 may be made directly or through donations from pub-
18 lic or private entities.

19 “(2) *DETERMINATION OF AMOUNT OF NON-FED-
20 ERAL CONTRIBUTION.*—

21 “(A) *IN GENERAL.*—Non-Federal contribu-
22 tions required in paragraph (1) may be in cash
23 or in kind, fairly evaluated, including equipment
24 or services (and excluding indirect or overhead
25 costs). Amounts provided by the Federal Govern-
26 ment, or services assisted or subsidized to any

1 *significant extent by the Federal Government,*
2 *may not be included in determining the amount*
3 *of such non-Federal contributions.*

4 “(B) MAINTENANCE OF EFFORT.—*In mak-*
5 *ing a determination of the amount of non-Fed-*
6 *eral contributions for purposes of paragraph (1),*
7 *the Secretary may include only non-Federal con-*
8 *tributions in excess of the average amount of*
9 *non-Federal contributions made by the State (or*
10 *consortia) involved toward the purpose for which*
11 *the grant was made for the 2-year period pre-*
12 *ceding the first fiscal year for which the State*
13 *(or consortia) is applying to receive a grant*
14 *under this part.*

15 “(c) SUPPLEMENT NOT SUPPLANT.—*Amounts appro-*
16 *priated under this section shall be used to supplement and*
17 *not supplant other Federal, State, and local public funds*
18 *provided for activities under this part.*

19 “(d) DEFINITIONS.—*In this part:*

20 “(1) STATE.—*The term ‘State’ means each of the*
21 *several States, the District of Columbia, the Common-*
22 *wealth of Puerto Rico, the Indian tribes, the Virgin*
23 *Islands, Guam, American Samoa, and the Common-*
24 *wealth of the Northern Mariana Islands.*

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

5 “(3) *STROKE*.—The term ‘stroke’ means a ‘brain
6 *attack*’ in which blood flow to the brain is interrupted
7 *or in which a blood vessel or aneurysm in the brain*
8 *breaks or ruptures.*

9 “(e) *AUTHORIZATION OF APPROPRIATIONS*.—There are
10 *authorized to be appropriated to carry out this part such*
11 *sums as may be necessary for fiscal years 2008 through*
12 *2012.”.*

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110TH CONGRESS
2D SESSION
S. 999

A BILL

To amend the Public Health Service Act to improve stroke prevention, diagnosis, treatment, and rehabilitation.

APRIL 16, 2008

Reported with an amendment