Davidson College, Davidson, NC; Dr. David H. Shinn, Former U.S. Ambassador to Ethiopia and Special, Coordinator for Somalia, Washington, DC; and Mr. Robert MacPherson, Emergency Group Assistance Director, CARE, Atlanta, GA.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON THE JUDICIARY

Mr. REID. I ask unanimous consent that the Committee on the Judiciary be authorized to meet to conduct a hearing on ''Accountability Issues: Lessons Learned From Enron's Fall'' on Wednesday, February 6, 2002, at 10 a.m., in Dirksen room 226.

Witness List: The Honorable Christine O. Gregiore, Attorney General of Washington State, Olympia, WA; Mr. Bruce Raynor, President, Union of Needletrades, Industrial and Textile Employees (UNITE), New York City, NY; Steven Schatz Esq., Wilson, Sonsini, Goodrich & Rosati Professional Corporation, Palo Alto, CA; Professor Nelson Lund, George Mason University School of Law, Arlington, VA; and Professor Susan P. Koniak, Boston University School of Law, Boston, MA.

The PRESIDING OFFICER. Without objection, it is so ordered.

SPECIAL COMMITTEE ON AGING

Mr. REID. Mr. President, I ask unanimous consent that the Special Committee on Aging be authorized to meet on Wednesday, February 6, 2002, from 9:30 a.m.–12 p.m., in Dirksen 106 for the purpose of conducting a hearing.

The PRESIDING OFFICER. Without objection, it is so ordered.

SELECT COMMITTEE ON INTELLIGENCE

Mr. REID. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on Wednesday, February 6, 2002, at 10 a.m., to hold an open hearing and at 2:30 p.m., to hold a closed hearing on the World Threat.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON AGING

Mr. REID. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions, Subcommittee on Aging and the Special Committee on Aging be authorized to meet for a joint hearing on Women and Aging: Bearing the Burden of Long-Term Care during the session of the Senate on Wednesday, February 6, 2002, at 9:30 a.m., in SD–106.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGE OF THE FLOOR

Mr. BOND. Mr. President, I ask unanimous consent that the privilege of the floor be granted to Tom Stapleton, a fellow on my staff, for the pendency of this bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

FAIRNESS FOR FOSTER CARE FAMILIES ACT OF 2001

Mr. REID. Madam President, I ask unanimous consent the Senate proceed to the consideration of Calendar No. 70, H.R. 586.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 586) to amend the Internal Revenue Code of 1986 to provide that the exclusion from gross income for foster care payments shall also apply to payments by qualified placement agencies, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. I understand Senator LANDRIEU has an amendment at the desk. I ask for its immediate consideration.

The amendment is as follows:

At the appropriate place, insert the following:

SEC. . ACCELERATION OF EFFECTIVE DATE FOR EXPANSION OF ADOPTION TAX CREDIT AND ADOPTION ASSISTANCE PROGRAMS.

Subsection (g) of section 202 of the Economic Growth and Tax Relief Reconciliation Act of 2001 is amended to read as follows:

''(g) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2001.''.

Mr. REID. I ask unanimous consent the amendment be agreed to, the motion to reconsider be laid on the table, the bill, as amended, be read the third time, passed, the motion to reconsider be laid on the table without any intervening action or debate, and any statements relating thereto be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2823) was agreed to.

The bill (H.R. 586), as amended, was read the third time and passed.

STROKE TREATMENT AND ONGOING PREVENTION ACT OF 2001

Mr. REID. I ask unanimous consent the Senate proceed to Calendar No. 222, S. 1274.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1274) to amend the Public Health Service Act to provide programs for the prevention, treatment, and rehabilitation of stroke.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. Senators KENNEDY and FRIST have a technical amendment at the desk. I ask unanimous consent the amendment be considered and agreed to, and the motion to reconsider be laid upon the table; that the bill, as amended, be read a third time, passed, the motion to reconsider be laid on the table, and any statements relating thereto be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2824) was agreed to, as follows:

(Purpose: To make certain technical corrections)

On page 12, line 24, strike ''paragraph (1)(E)'' and insert ''paragraph (1)(D)''.

On page 13, line 1, strike ''paragraphs'' and all that follows through ''2823(a)'' on line 2, and insert ''paragraph (2) of section 2823(b)''

On page 18, line 14, strike ''(b)'' and insert ''(c)''.

On page 20, line 12, strike ''(c)'' and insert ''(d)''.

The bill (S. 1274), as amended, was read the third time and passed, as follows:

S. 1274

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Stroke Treatment and Ongoing Prevention Act of 2002''.

SEC. 2. FINDINGS AND GOAL.

(a) FINDINGS.—Congress makes the following findings:

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

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

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

(4) Members of the general public have difficulty recognizing the symptoms of stroke and are unaware that stroke is a medical emergency. Fifty-eight percent of all stroke patients wait 24 hours or more before presenting at the emergency room. Forty-two percent of individuals over the age of 50 do not recognize numbness or paralysis in the face, arm, or leg as a sign of stroke and 17 percent of them cannot name a single stroke symptom.

(5) Recent advances in stroke treatment can significantly improve the outcome for stroke patients, but these therapies must be administered properly and promptly. Only 3 percent of stroke patients who are candidates for acute stroke intravenous thrombolytic drug therapy receive the appropriate medication.

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

(7) Few States and communities have developed and implemented stroke awareness programs, prevention programs, or comprehensive stroke care systems.

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

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

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

''(1) to make public service announcements about the warning signs of stroke and the importance of treating stroke as a medical emergency;

''(2) to provide education regarding ways to prevent stroke and the effectiveness of stroke treatment;

''(3) to purchase media time and space;

''(4) to pay for out-of-pocket advertising production costs;

''(5) to test and evaluate advertising and educational materials for effectiveness, especially among groups at high risk for stroke, including women, older adults, and African-Americans;

''(6) to develop alternative campaigns that are targeted to unique communities, including rural and urban communities, and communities in the 'Stroke Belt';

''(7) to measure public awareness prior to the start of the campaign on a national level and in targeted communities to provide baseline data that will be used to evaluate the effectiveness of the public 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.

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

''PART B—GENERAL AUTHORITIES AND DUTIES OF THE SECRETARY

"SEC. 2811. ESTABLISHMENT.

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

''(3) provide to State and local agencies technical assistance.

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

"SEC. 2812. PAUL COVERDELL NATIONAL ACUTE STROKE REGISTRY AND CLEARINGHOUSE.

''(a) IN GENERAL.—The Secretary shall maintain the Paul Coverdell National Acute Stroke Registry and Clearinghouse by—

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

''(2) continuing to design and pilot test prototypes that will measure the delivery of care to patients with acute stroke in order to provide real-time data and analysis to reduce death and disability from stroke and improve the quality of life for acute stroke survivors;

''(3) fostering the development of effective, modern stroke care systems (including the development of policies related to emergency services systems) through the sharing of information among agencies and individuals involved in planning, furnishing, and studying such systems;

''(4) collecting, compiling, and disseminating information on the achievements of, and problems experienced by, State and local agencies and private entities in developing and implementing stroke care systems and, in carrying out this paragraph, giving special consideration to the unique needs of rural facilities and those facilities with inadequate resources for providing quality prevention, acute treatment, post-acute treatment, and rehabilitation services for stroke patients;

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

''(6) carrying out any other activities the Secretary determines to be useful to fulfill the purposes of the Paul Coverdell National Acute Stroke Registry and Clearinghouse.

''(b) RESEARCH ON STROKE.—The Secretary shall, not earlier than 1 year after the date of enactment of the Stroke Treatment and Ongoing Prevention Act of 2002, ensure the availability of published research on stroke or, where necessary, conduct research concerning—

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

''(2) barriers to access to currently approved stroke prevention, treatment, and rehabilitation services;

''(3) barriers to access to newly developed diagnostic approaches, technologies, and therapies for stroke patients;

''(4) the effectiveness of existing public awareness campaigns regarding stroke; and

''(5) disparities in the prevention, diagnosis, treatment, and rehabilitation of stroke among different populations.

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

''(1) studies with respect to all phases of stroke care, including prehospital, acute, post-acute and rehabilitation care;

''(2) studies with respect to patient access to currently approved and newly developed stroke prevention and treatment services, including a review of the effect of coverage, coding, and reimbursement practices on access;

''(3) studies with respect to the effect of existing public awareness campaigns on stroke; and

''(4) any other studies that the Secretary determines are necessary or useful to conduct a thorough and effective research program regarding stroke.

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

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

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2002 through 2006 to carry out this section.

''PART C—GRANTS WITH RESPECT TO STATE STROKE CARE SYSTEMS

"SEC. 2821. ESTABLISHMENT OF PROGRAM FOR IMPROVING STROKE CARE.

''(a) GRANTS.—The Secretary shall award grants to States for the purpose of establishing statewide stroke prevention, treatment, and rehabilitation systems.

''(b) USE OF FUNDS.—

''(1) IN GENERAL.—The Secretary shall make available grants under subsection (a) for the development and implementation of statewide stroke care systems that provide stroke prevention services and quality acute, post-acute, and rehabilitation care for stroke patients through the development of sufficient resources and infrastructure, including personnel with appropriate training, acute stroke teams, equipment, and procedures necessary to prevent stroke and to treat and rehabilitate stroke patients. In developing and implementing statewide stroke care systems, each State that is awarded such a grant shall—

''(A) oversee the design and implementation of the statewide stroke care system;

''(B) enhance, develop, and implement model curricula for training emergency medical services personnel, including dispatchers, first responders, emergency medical technicians, and paramedics in the identification, assessment, stabilization, and prehospital treatment of stroke patients;

''(C) ensure that stroke patients in the State have access to quality care that is consistent with the standards established by the Secretary under section 2823(c);

''(D) establish a support network to provide assistance to facilities with smaller populations of stroke patients or less advanced on-site stroke treatment resources; and

''(E) carry out any other activities that the State-designated agency determines are useful or necessary for the implementation of the statewide stroke care system.

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

''(A) identifying acute stroke centers with personnel, equipment, and procedures adequate to provide quality treatment to patients in the acute phase of stroke consistent with the standards established by the Secretary under section 2823(c);

''(B) identifying comprehensive stroke centers with advanced personnel, equipment, and procedures to prevent stroke and to treat stroke patients in the acute and post-acute phases of stroke and to provide assistance to area facilities with less advanced stroke treatment resources;

''(C) identifying stroke rehabilitation centers with personnel, equipment, and procedures to provide quality rehabilitative care to stroke patients consistent with the standards established by the Secretary under section 2823(c); or

''(D) carrying out any other activities that the designated State agency determines are necessary or useful.

''(3) SUPPORT NETWORK.—A facility that provides care to stroke patients and that receives support through a support network established under paragraph (1)(D) shall meet the standards and requirements outlined by the State application under paragraph (2) of section 2823(b). The support network may include—

''(A) the use of telehealth technology connecting facilities described in such paragraph to more advanced stroke care facilities;

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

''(C) the use of phone consultation, where useful;

''(D) the use of referral links when a patient needs more advanced care than is available at the facility providing initial care; and

''(E) any other assistance determined appropriate by the State.

''(c) PLANNING GRANTS.—

''(1) IN GENERAL.—The Secretary may award a grant to a State to assist such State in formulating a plan to develop a statewide stroke care system or in otherwise meeting the conditions described in subsection (b) with respect to a grant under this section.

''(2) SUBMISSION TO SECRETARY.—The governor of a State that receives a grant under paragraph (1) shall submit to the Secretary a copy of the plan developed using the amounts provided under such grant. Such plan shall be submitted to the Secretary as soon as practicable after the plan has been developed.

''(3) SINGLE GRANT LIMITATION.—To be eligible to receive a grant under paragraph (1), a State shall not have previously received a grant under such paragraph.

''(d) MODEL CURRICULUM.—

''(1) DEVELOPMENT.—The Secretary shall develop a model curriculum for training emergency medical services personnel, including dispatchers, first responders, emergency medical technicians, and paramedics in the identification, assessment, stabilization, and prehospital treatment of stroke patients.

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

''SEC. 2822. REQUIREMENT OF MATCHING FUNDS FOR FISCAL YEARS SUBSEQUENT TO FIRST FISCAL YEAR OF PAYMENTS.

''(a) NON-FEDERAL CONTRIBUTIONS.—

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

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

''(B) for the fourth fiscal year of such payments to the State, not less than $1 for each $2 of Federal funds provided in such payments for such fiscal year; and

''(C) for any subsequent fiscal year of such payments to the State, not less than $1 for each $1 of Federal funds provided in such payments for such fiscal year.

''(2) PROGRAM COSTS.—The costs referred to in paragraph (1) are the costs to be incurred by the State in carrying out the purpose described in section 2821(b).

''(3) INITIAL YEAR OF PAYMENTS.—The Secretary may not require a State to make non-Federal contributions as a condition of receiving payments under section 2821(a) for the first fiscal year of such payments to the State.

''(b) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTIONS.—With respect to compliance under subsection (a) as a condition of receiving payments under section 2811(a)—

''(1) a State may make the non-Federal contributions required in such subsection in cash or in kind, fairly evaluated, including plant, equipment, or services; and

''(2) the Secretary may not, in making a determination of the amount of non-Federal contributions, include amounts provided by the Federal Government or services assisted or subsidized by a significant extent by the Federal Government.

''SEC. 2823. APPLICATION REQUIREMENTS.

''(a) REQUIREMENT OF APPLICATION.—The Secretary may not award a grant to a State under section 2821(b) unless an application for the grant is submitted by the State to the Secretary.

''(b) APPLICATION PROCESS AND GUIDELINES.—The Secretary shall provide for an application process and develop guidelines to assist States in submitting an application under this section that—

''(1) outlines the stroke care system and explains how such system will ensure that stroke patients throughout the State have access to quality care in all phases of stroke, consistent with the standards established by the Secretary under subsection (c);

''(2) contains standards and requirements for facilities in the State that provide basic preventive services, advanced preventive services, acute stroke care, post-acute stroke care, and rehabilitation services to stroke patients; and

''(3) provides for the establishment of a central data reporting and analysis system and for the collection of data from each facility that will provide direct care to stroke patients in the State—

''(A) to identify the number of stroke patients treated in the State;

''(B) to monitor patient care in the State for stroke patients at all phases of stroke for the purpose of evaluating the diagnosis, treatment, and treatment outcome of such stroke patients;

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

''(D) to identify the number of acute stroke patients who receive advanced drug therapy;

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

''(F) to communicate to the greatest extent practicable with the Paul Coverdell National Acute Stroke Registry and Clearinghouse.

''(c) CERTAIN STANDARDS WITH RESPECT TO STATEWIDE STROKE CARE SYSTEM.—

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

''(A) adopt standards of care for stroke patients in the acute, post-acute, and rehabilitation phases of stroke; and

''(B) in adopting the standards described in subparagraph (A)—

''(i) consult with medical, surgical, and nursing specialty groups, hospital associations, voluntary health organizations, State offices of rural health, emergency medical services State and local directors, experts in the use of telecommunications technology to provide stroke care, concerned advocates, and other interested parties;

''(ii) conduct hearings on the proposed standards providing adequate notice to the public concerning such hearing; and

''(iii) beginning in fiscal year 2004, take into account the national standards of care.

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

''(3) APPROVAL BY SECRETARY.—The Secretary may not make payments to a State under section 2821(a) if the Secretary determines that—

''(A) the State has not taken into account national standards in adopting standards under this subsection;

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

''(C) in the case of payments for fiscal year 2004 and subsequent fiscal years, the State has not provided to the Secretary the information received by the State pursuant to paragraphs (9) and (10) of subsection (a).

''(d) MODEL STROKE CARE SYSTEM PLAN.—Not later than 1 year after the date of enactment of the Stroke Treatment and Ongoing Prevention Act of 2002, the Secretary shall develop standards of care for stroke patients in all phases of stroke that may be adopted for guidance by the State and a model plan for the establishment of statewide stroke care systems. Such plan shall—

''(1) take into account national standards;

''(2) take into account existing State systems and plans; and

''(3) take into account the unique needs of urban and rural communities, different regions of the Nation, and States with varying degrees of established stroke care infrastructures;

''SEC. 2824. REQUIREMENT OF SUBMISSION OF APPLICATION CONTAINING CERTAIN AGREEMENTS AND ASSURANCES.

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

''(1) the State submits an application for the payments containing agreements in accordance with this part;

''(2) the agreements are made through certification from the chief executive officer of the State;

''(3) with respect to such agreements, the application provides assurances of compliance satisfactory to the Secretary;

''(4) the application contains the plan provisions and the information required to be submitted to the Secretary pursuant to section 2823; and

''(5) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

''SEC. 2825. RESTRICTIONS ON USE OF PAYMENTS.

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

''(1) to make cash payments to intended recipients of services provided pursuant to such section;

''(2) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

''(3) to provide financial assistance to any entity other than a public or nonprofit private entity.

''(b) EXCEPTION.—If the Secretary finds that the purpose described in section 2821(b) cannot otherwise be carried out, the Secretary may, with respect to an otherwise qualified State, waive the restriction established in subsection (a)(3).

''SEC. 2826. FAILURE TO COMPLY WITH AGREEMENTS.

''(a) REPAYMENT OF PAYMENTS.—

''(1) REQUIREMENT.—The Secretary may, in accordance with subsection (b), require a State to repay any payments received by the State pursuant to section 2821(a) that the Secretary determines were not expended by the State in accordance with the agreements required to be made by the State as a condition of the receipt of payments under such section.

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

''(b) OPPORTUNITY FOR A HEARING.—Before requiring repayment of payments under subsection (a)(1), the Secretary shall provide to the State an opportunity for a hearing.

''SEC. 2827. SPECIAL CONSIDERATION.

''In awarding grants under this part, the Secretary shall give special consideration to any State that has submitted an application for carrying out programs under such a grant—

''(1) in geographic areas in which there is—

''(A) a substantial rate of disability resulting from stroke; or

''(B) a substantial incidence of stroke; or

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

''SEC. 2828. TECHNICAL ASSISTANCE AND PROVISION BY SECRETARY OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.

''(a) TECHNICAL ASSISTANCE.—The Secretary shall, without charge to a State receiving payments under section 2821(a), provide to the State (or to any public or nonprofit entity designated by the State) technical assistance with respect to the planning, development, and operation of any program carried out pursuant to section 2821(b). The Secretary may provide such technical assistance directly, through contract, or through grants.

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

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

''(2) REDUCTION IN PAYMENTS.—With respect to a request described in paragraph (1), the Secretary shall reduce the amount of payments to the State under section 2821(a) by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

''SEC. 2829. REPORT BY SECRETARY.

''Not later than 3 years after the date of enactment of the Stroke Treatment and Ongoing Prevention Act of 2002, the Secretary shall report to the appropriate committees of Congress on the activities of the States carried out pursuant to section 2821. Such report shall include an assessment of the extent to which Federal and State efforts to develop stroke care systems, including the establishment of support networks and the identification of acute, comprehensive, and rehabilitation stroke centers, where applicable, have increased the number of stroke patients who have received acute stroke consultation or therapy within the appropriate timeframe and reduced the level of disability due to stroke. Such report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives with respect to stroke care.

''SEC. 2830. FUNDING.

''(a) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this part, $50,000,000 for fiscal year 2002, $75,000,000 for fiscal year 2003, $75,000,000 for fiscal year 2004, $100,000,000 for fiscal year 2005, and $125,000,000 for fiscal year 2006.

''(b) LIMITATION ON ADMINISTRATIVE EXPENSES.—A State may use not to exceed 10 percent of amounts received under a grant awarded under section 2821(a) for administrative expenses.

''PART D—MISCELLANEOUS PROGRAMS

''SEC. 2831. MEDICAL PROFESSIONAL DEVELOPMENT IN ADVANCED STROKE TREATMENT AND PREVENTION.

''(a) IN GENERAL.—The Secretary may make grants to public and non-profit private entities for the development and implementation of education programs for appropriate medical personnel including medical students, emergency physicians, primary care providers, neurologists, neurosurgeons, and physical therapists in the use of newly developed diagnostic approaches, technologies, and therapies for the prevention and treatment of stroke.

''(b) DISTRIBUTION OF GRANTS.—In awarding grants under subsection (a), the Secretary shall ensure that such grants are equitably distributed among the geographical regions of the United States and between urban and rural populations.

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

''(d) USE OF FUNDS.—A public or non-profit private entity shall use amounts received under a grant under this section 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.

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

''PART E—GENERAL PROVISIONS REGARDING PARTS A, B, C, AND D

''SEC. 2841. DEFINITIONS.

''In this title:

''(1) STATE.—The term 'State' means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Indian tribes, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

''(2) STROKE CARE SYSTEM.—The term 'stroke care system' means a statewide system to provide for the diagnosis, prehospital care, hospital definitive care, and rehabilitation of stroke patients.

''(3) STROKE.—The term 'stroke' means a 'brain attack' in which blood flow to the brain is interrupted or in which a blood vessel or aneurysm in the brain breaks or ruptures.

''SEC. 2842. CONSULTATIONS.

''In carrying out this title, the Secretary shall consult with medical, surgical, rehabilitation, and nursing specialty groups, hospital associations, voluntary health organizations, emergency medical services, State directors, and associations, experts in the use of telecommunication technology to provide stroke care, national disability and consumer organizations representing individuals with disabilities and chronic illnesses, concerned advocates, and other interested parties.''.

Mr. KENNEDY. Madam President, the Senate has today approved important bipartisan legislation to improve the treatment of two afflictions that take the lives and blight the health of millions of Americans. The Stroke Treatment and Ongoing Prevention Act establishes important new initiatives to improve the quality of stroke care for patients across America. The Community Access to Emergency Defibrillation Act will make these lifesaving medical devices much more widely available in public places throughout the country.

I commend my colleague, Senator BILL FRIST, for joining me in sponsoring these two measures. Senator FRIST and I have worked closely on this legislation to establish new initiatives to reduce the grim toll of injury and death taken by stroke and cardiac arrest, and I commend him for his leadership. We are also grateful to the many colleagues on our committee and throughout the Senate who have worked with us so effectively on these two proposals.

Stroke is a national tragedy that leaves no American community unscarred. It is the third leading cause of death in the United States. Every minute of every day, somewhere in America, a person suffers a stroke. Every three minutes, a person dies from a stroke. Strokes take the lives of nearly 160,000 Americans each year. Even for those who survive, it can have devastating consequences. Over half of all survivors are left with a disability.

Since few Americans recognize the symptoms of stroke, crucial hours are often lost before patients receive medical care. The average time between the onset of symptoms and medical treatment is a shocking 13 hours. Emergency medical technicians are often not taught how to recognize and manage the symptoms of stroke. Rapid administration of clot-dissolving drugs can dramatically improve the outcome of stroke, yet fewer than 3 percent of stroke patients now receive such medication. If this lifesaving medication were delivered promptly to all stroke patients, as many as 90,000 Americans could be spared the disabling consequences of stroke.

Even in hospitals, stroke patients often do not receive the care that could save their lives. Treatment by specially trained health care providers increases survival and reduces disability due to stroke, but a neurologist is the attending physician for only about one in ten stroke patients. To save lives, reduce disability and improve the quality of stroke care, the Stroke Treatment and Ongoing Prevention Act authorizes needed new public health initiatives to enable patients with symptoms of stroke to receive timely and effective care.

The Act establishes a grant program for States to implement systems of stroke care that will give health professionals the equipment and training they need to treat this disorder. The initial point of contact between a stroke patient and medical care is usually an emergency medical technician. Grants under the Act may be used to train these personnel to provide more effective care to stroke patients in the crucial first few moments after an attack.

The Act provides new resources for States to improve the standard of care

for stroke patients in hospitals, and to increase the quality of stroke care in rural hospitals through improvements in telemedicine.

The Act directs the Secretary of Health and Human Services to conduct a national media campaign to inform the public about the symptoms of stroke, so that patients receive prompt medical care. The bill also creates the Paul Coverdell Stroke Registry and Clearinghouse, which will collect data about the care of stroke patients and assist in the development of more effective treatments.

The Community Access to Emergency Defibrillation Act will increase the availability of lifesaving cardiac defibrillators in communities throughout the nation. We could save thousands of lives every year if defibrillators were more widely available, yet few communities are able to make this technology widely accessible.

The measure approved by the Senate today will establish new initiatives to increase access to defibrillators. It will assist communities in placing these lifesaving medical devices in public areas like schools, workplaces, community centers, and other locations where people gather. It will help communities provide training to use and maintain the devices, and to coordinate planning with emergency medical personnel. The legislation will also assist in placing defibrillators in schools so that cardiac arrest can be effectively treated when it strikes the youngest and most vulnerable of our citizens.

Sudden cardiac arrest is a tragedy for families all across America. Communities that have already implemented programs to increase public access to defibrillators like the extremely successful ''First Responder Defibrillator Program'' in Boston have been able to increase survival rates by 50 percent. More than 50,000 lives could be saved each year if more communities implemented programs such as Boston's.

The two measures approved by the Senate today can make a significant difference in the lives of the thousands of Americans who suffer a stroke or cardiac arrest every year. For such patients, even a few minutes' delay in receiving treatment can make the difference between healthy survival and disability or death. We need to do all we can to see that those precious minutes are not wasted. This legislation is important to every community in America. I commend my colleagues for having approved these measures, and I urge our colleagues in the House of Representatives to act on them promptly.

COMMUNITY ACCESS TO EMERGENCY DEFIBRILLATION ACT OF 2001

Mr. REID. I ask unanimous consent the Senate now proceed to the consideration of Calendar No. 215, S. 1275.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1275) to amend the Public Health Service Act to provide grants for public access defibrillation demonstration projects, and so forth, and for other purposes.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment on page 10, line 23, to strike (''.).

Mr. REID. I ask unanimous consent the committee amendment be agreed to, the bill as amended be read a third time, passed, the motion to reconsider be laid on the table, and any statements relating thereto be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill was read the third time and passed; as follows:

S. 1275

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Community Access to Emergency Defibrillation Act of 2001''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Over 220,000 Americans die each year from cardiac arrest. Every 2 minutes, an individual goes into cardiac arrest in the United States.

(2) The chance of successfully returning to a normal heart rhythm diminishes by 10 percent each minute following sudden cardiac arrest.

(3) Eighty percent of cardiac arrests are caused by ventricular fibrillation, for which defibrillation is the only effective treatment.

(4) Sixty percent of all cardiac arrests occur outside the hospital. The average national survival rate for out-of-hospital cardiac arrest is only 5 percent.

(5) Communities that have established and implemented public access defibrillation programs have achieved average survival rates for out-of-hospital cardiac arrest as high as 50 percent.

(6) According to the American Heart Association, wide use of defibrillators could save as many as 50,000 lives nationally each year.

(7) Successful public access defibrillation programs ensure that cardiac arrest victims have access to early 911 notification, early cardiopulmonary resuscitation, early defibrillation, and early advanced care.

SEC. 3. PUBLIC ACCESS DEFIBRILLATION PROGRAMS AND PROJECTS.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by Public Law 106–310, is amended by adding after section 311 the following:

''SEC. 312. PUBLIC ACCESS DEFIBRILLATION PROGRAMS.

''(a) IN GENERAL.—The Secretary shall award grants to States, political subdivisions of States, Indian tribes, and tribal organizations to develop and implement public access defibrillation programs—

''(1) by training and equipping local emergency medical services personnel, including firefighters, police officers, paramedics, emergency medical technicians, and other first responders, to administer immediate care, including cardiopulmonary resuscitation and automated external defibrillation, to cardiac arrest victims;

''(2) by purchasing automated external defibrillators, placing the defibrillators in public places where cardiac arrests are likely to occur, and training personnel in such places to administer cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims;

''(3) by setting procedures for proper maintenance and testing of such devices, according to the guidelines of the manufacturers of the devices;

''(4) by providing training to members of the public in cardiopulmonary resuscitation and automated external defibrillation;

''(5) by integrating the emergency medical services system with the public access defibrillation programs so that emergency medical services personnel, including dispatchers, are informed about the location of automated external defibrillators in their community; and

''(6) by encouraging private companies, including small businesses, to purchase automated external defibrillators and provide training for their employees to administer cardiopulmonary resuscitation and external automated defibrillation to cardiac arrest victims in their community.

''(b) PREFERENCE.—In awarding grants under subsection (a), the Secretary shall give a preference to a State, political subdivision of a State, Indian tribe, or tribal organization that—

''(1) has a particularly low local survival rate for cardiac arrests, or a particularly low local response rate for cardiac arrest victims; or

''(2) demonstrates in its application the greatest commitment to establishing and maintaining a public access defibrillation program.

''(c) USE OF FUNDS.—A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under subsection (a) may use funds received through such grant to—

''(1) purchase automated external defibrillators that have been approved, or cleared for marketing, by the Food and Drug Administration;

''(2) provide automated external defibrillation and basic life support training in automated external defibrillator usage through nationally recognized courses;

''(3) provide information to community members about the public access defibrillation program to be funded with the grant;

''(4) provide information to the local emergency medical services system regarding the placement of automated external defibrillators in public places;

''(5) produce such materials as may be necessary to encourage private companies, including small businesses, to purchase automated external defibrillators; and

''(6) carry out other activities that the Secretary determines are necessary or useful to pursue the purposes of this section.

''(d) APPLICATION.—

''(1) IN GENERAL.—To be eligible to receive a grant under subsection (a), a State, political subdivision of a State, Indian tribe, or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

''(2) CONTENTS.—An application submitted under paragraph (1) shall—

''(A) describe the comprehensive public access defibrillation program to be funded with the grant and demonstrate how such program would make automated external defibrillation accessible and available to cardiac arrest victims in the community;

''(B) contain procedures for implementing appropriate nationally recognized training