trauma, totals $260 billion in costs. By reauthorizing this program, we will achieve the goal of ensuring that all areas of the United States have appropriate emergency medical services.

As the legislation is structured, entities, either States or independent agencies, may compete for planning and development grants to help improve the trauma system and coordination in a given region. That is a distinct difference from the trauma bill that existed before.

This bill is an improvement over the previous authorization because it will allow both States and other political subdivisions to work cooperatively to improve trauma systems. This bill also represents a more realistic authorization that will essentially act as start-up Federal funding for enhanced communication, enhanced coordination and data collection for States and other eligible grantees.

Certainly, I need to join my colleague from Texas in thanking Congressman BARTON and Congressman DINGELL for their hard work on this legislation. Mr. Speaker, this has been a work in process for some time.

My personal staff, Josh Martin, worked diligently on this bill last year. There were a number of issues with the other body which took some time to resolve, but happily they were resolved before the end of the year. We are now able to support H.R. 727 in this Congress, get the bill passed and get this coordination of service where it is so badly needed.

Mr. Speaker, I yield back the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I urge passage of the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. GENE GREEN) that the House suspend the rules and pass the bill, H.R. 727, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed bills of the following titles in which the concurrence of the House is requested:

S. 474. An act to award a congressional gold medal to Michael Ellis DeBakey, M.D.

S. 1002. An act to amend the Older Americans Act of 1965 to reinstate certain provisions relating to the nutrition services incentive program.

STROKE TREATMENT AND ONGOING PREVENTION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 477) to amend the Public Health Service Act to strengthen education, prevention, and treatment programs relating to stroke, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 477

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''.

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

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

''PART [R] *S—STROKE EDUCATION, INFORMATION, AND DATA COLLECTION PROGRAMS*

''SEC. [399AA] *399FF*. STROKE PREVENTION AND EDUCATION CAMPAIGN.

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

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

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

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

''(3) 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) MEASUREMENTS.—In implementing the education and information campaign under subsection (a), the Secretary shall—

''(1) measure public awareness before the start of the campaign to provide baseline data that will be used to evaluate the effectiveness of the public awareness efforts;

''(2) establish quantitative benchmarks to measure the impact of the campaign over time; and

''(3) measure the impact of the campaign not less than once every 2 years or, if determined appropriate by the Secretary, at shorter intervals.

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

''(e) CONSULTATION.—In carrying out this section, the Secretary may consult with organizations and individuals with expertise in stroke prevention, diagnosis, treatment, and rehabilitation.

''SEC. [399BB] *399GG*. PAUL COVERDELL NATIONAL ACUTE STROKE REGISTRY AND CLEARINGHOUSE.

''The Secretary, acting through the Centers for Disease Control and Prevention, shall maintain the Paul Coverdell National Acute Stroke Registry and Clearinghouse by—

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

''(2) collecting, compiling, and disseminating information on the achievements of, and problems experienced by, State and local agencies and private entities in developing and implementing emergency medical systems and hospital-based quality of care interventions; and

''(3) carrying out any other activities the Secretary determines to be useful to maintain the Paul Coverdell National Acute Stroke Registry and Clearinghouse to reflect the latest advances in all forms of stroke care.

''SEC. [399CC] *399HH*. STROKE DEFINITION.

''For purposes of this part, 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. [399DD] *399II*. AUTHORIZATION OF APPROPRIATIONS.

''There is authorized to be appropriated to carry out this part $5,000,000 for each of fiscal years 2008 through 2012.''.

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

''SEC. 1251. MEDICAL PROFESSIONAL DEVELOPMENT IN ADVANCED STROKE AND TRAUMATIC INJURY TREATMENT AND PREVENTION.

''(a) RESIDENCY AND OTHER PROFESSIONAL TRAINING.—The Secretary may make grants to public and nonprofit entities for the purpose of planning, developing, and enhancing approved residency training programs and other professional training for appropriate health professions in emergency medicine, including emergency medical services professionals, to improve stroke and traumatic injury prevention, diagnosis, treatment, and rehabilitation.

''(b) CONTINUING EDUCATION ON STROKE AND TRAUMATIC INJURY.—

''(1) GRANTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to qualified entities for the development and implementation of education programs for appropriate health care professionals in the use of newly developed diagnostic approaches, technologies, and therapies for health professionals involved in the prevention, diagnosis, treatment, and rehabilitation of stroke or traumatic injury.

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

''(3) APPLICATION.—A qualified entity desiring a grant under this subsection shall 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 the grant.

''(4) DEFINITIONS.—For purposes of this subsection:

''(A) The term 'qualified entity' means a consortium of public and private entities, such as universities, academic medical centers, hospitals, and emergency medical systems that are coordinating education activities among providers serving in a variety of medical settings.

''(B) 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.

''(c) REPORT.—Not later than 1 year after the allocation of grants under this section, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the results of activities carried out with amounts received under this section.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $4,000,000 for each of fiscal years 2008 through 2012. The Secretary shall equitably allocate the funds authorized to be appropriated under this section between efforts to address stroke and efforts to address traumatic injury.''.

SEC. 3. PILOT PROJECT ON TELEHEALTH STROKE TREATMENT.

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

''SEC. 330M. TELEHEALTH STROKE TREATMENT GRANT PROGRAM.

''(a) GRANTS.—The Secretary may make grants to States, and to consortia of public and private entities located in any State that is not a grantee under this section, to conduct a 5-year pilot project over the period of fiscal years 2008 through 2012 to improve stroke patient outcomes by coordinating health care delivery through telehealth networks.

''(b) ADMINISTRATION.—The Secretary shall administer this section through the Director of the Office for the Advancement of Telehealth.

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

''(1) officials responsible for other Federal programs involving stroke research and care, including such programs established by the Stroke Treatment and Ongoing Prevention Act; and

''(2) organizations and individuals with expertise in stroke prevention, diagnosis, treatment, and rehabilitation.

''(d) USE OF FUNDS.—

''(1) IN GENERAL.—The Secretary may not make a grant to a State or a consortium under this section unless the State or consortium agrees to use the grant for the purpose of—

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

''(B) working with those entities to establish or improve telehealth networks to provide stroke treatment assistance and resources to health care professionals, hospitals, and other individuals and entities that serve stroke patients;

''(C) informing emergency medical systems of the location of entities identified under subparagraph (A) to facilitate the appropriate transport of individuals with stroke symptoms;

''(D) establishing networks to coordinate collaborative activities for stroke prevention, diagnosis, treatment, and rehabilitation;

''(E) improving access to high-quality stroke care, especially for populations with a shortage of stroke care specialists and populations with a high incidence of stroke; and

''(F) conducting ongoing performance and quality evaluations to identify collaborative activities that improve clinical outcomes for stroke patients.

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

''(3) PROHIBITION.—The Secretary may not make a grant under this section to a State that has an existing telehealth network that is or may be used for improving stroke prevention, diagnosis, treatment, and rehabilitation, or to a consortium located in such a State, unless the State or consortium agrees that—

''(A) the State or consortium will use an existing telehealth network to achieve the purpose of the grant; and

''(B) the State or consortium will not establish a separate network for such purpose.

''(e) PRIORITY.—In selecting grant recipients under this section, the Secretary shall give priority to any applicant that submits a plan demonstrating how the applicant, and where applicable the members of the consortium described in subsection (d)(2), will use the grant to improve access to high-quality stroke care for populations with shortages of stroke-care specialists and populations with a high incidence of stroke.

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

''(1) is greater than 3 years; or

''(2) extends beyond the end of fiscal year 2012.

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

''(h) APPLICATION.—To seek a grant under this section, a State or a consortium of public and private entities shall submit an application to the Secretary in such form, in such manner, and containing such information as the Secretary may require. At a minimum, the Secretary shall require each such application to outline how the State or consortium will establish baseline measures and benchmarks to evaluate program outcomes.

''(i) DEFINITION.—In this section, 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.

''(j) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 2008, $13,000,000 for fiscal year 2009, $15,000,000 for fiscal year 2010, $8,000,000 for fiscal year 2011, and $4,000,000 for fiscal year 2012.''.

(b) STUDY; REPORTS.—

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

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

(B) Recommendations on how to promote stroke networks in ways that improve access to clinical care in rural and urban areas and reduce the incidence of stroke and the debilitating and costly complications resulting from stroke.

(C) Recommendations on whether similar telehealth grant programs could be used to improve patient outcomes in other public health areas.

(2) INTERIM REPORTS.—The Secretary of Health and Human Services may provide interim reports to the Congress on the telehealth stroke treatment grant program under section 330M of the Public Health Service Act (added by subsection (a)) at such intervals as the Secretary determines to be appropriate.

SEC. 4. RULE OF CONSTRUCTION.

Nothing in this Act shall be construed to authorize the Secretary of Health and Human Services to establish Federal standards for the treatment of patients or the licensure of health care professionals.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask that all Members may have 5 legislatives days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

The bill before us, H.R. 477, the Stroke Treatment and Ongoing Prevention Act, amends the Public Health Service Act to strengthen education, prevention and treatment programs to improve health outcomes for stroke patients. Stroke is the third leading cause of death in America and a major contributor to long-term disability. The American Heart Association reports that approximately 700,000 Americans suffer from a stroke each year and that more than 150,000 die annually. The AHA estimates that someone dies of a stroke every 3 minutes.

H.R. 477 would authorize the Secretary of the Department of Health and Human Services to engage in activities designed to increase knowledge and awareness of stroke prevention and treatment. This legislation would require the Secretary to conduct educational campaigns, maintain a national stroke registry and establish an information clearinghouse related to stroke.

The bill would authorize the Secretary to make grants to public and nonprofit entities for the purpose of planning, developing and enhancing improved residency training programs and other professional training for appropriate health professions in emergency medicine, including emergency medical service professionals, to improve stroke and traumatic injury prevention, diagnosis, treatment and rehabilitation.

Finally, the bill would authorize the Secretary to make grants to States and public and other private entities to make medical professional training programs and telehealth networks that seek to coordinate stroke care and improve patient outcomes.

The legislation has 86 cosponsors and is supported by the American Heart Association, the American Stroke Association, the American Physical Therapy Association and the STOP Stroke Coalition.

I would like to personally thank Representative CAPPS and Representative PICKERING for all their hard work on this life-saving legislation. I particularly want to thank Representative CAPPS. I know how hard she has worked on this. I know, because of her background as a nurse, she brings to our attention on the subcommittee so

many bills and so many issues that are really important. I would thank her not only for this bill but for so many other initiatives.

I would urge all of my colleagues to join me in support of H.R. 477.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I am pleased to rise in support of H.R. 477, the STOP Stroke Act. By passing this legislation, we are drawing attention to the dangers of stroke and heart disease. As we have already heard, stroke is the third leading cause of death in this country, preceded by cardiovascular disease and cancer, but clearly an important cause of death in this country. It is the most common cause of adult disability. As we have already heard, each year, more than 700,000 Americans suffer stroke, and 160,000 die from stroke-related causes.

It is important to increase awareness and knowledge about stroke and stroke prevention. One of the key components of this legislation is that it allows the Secretary of HHS to establish programs for education about stroke prevention.

Additionally, the STOP Stroke Act provides federally funded grants to health care professionals at qualified entities to help educate them about the need for prevention, diagnosis, treatment and rehabilitation.

Lastly, the legislation before us today includes a 5-year pilot program that provides grants to States and public-private entities for coordination of health care through telehealth networks.

I want to thank Congresswoman CAPPS and Congressman PICKERING for their work in bringing this legislation to the floor tonight. I urge my colleagues to support the STOP Stroke Act.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield to the sponsor of the bill, Mrs. CAPPS, such time as she may consume.

Mrs. CAPPS. I thank my colleague from New Jersey for yielding and for your leadership on this and the other health bills that we have been dealing with lately.

Mr. Speaker, I rise in strong support of the Stroke Treatment and Ongoing Prevention Act, known as the STOP Stroke bill. I have been very proud to work on this legislation over several years with my colleague, Chip Pickering; and I am thrilled that it has come before the House today. I thank our staffs for all of us and those who have supported this legislation in the past, particularly calling to mind the groups that Mr. Chairman mentioned in support of the legislation, groups across the country made up of survivors of stroke and those who are very interested in what we do here today.

It has been mentioned that stroke is the Nation's number three killer, a leading cause of long-term disability, and it's also known but not widely understood that stroke affects all age groups, not just the very elderly. It cuts through every socioeconomic and ethnic group. It really is a very significant destroyer of lives and homes and families, as it has such devastating results as it affects people.

□ 2045

Across this country, someone suffers a stroke every 45 seconds.

In my State of California, stroke accounts for approximately 7 percent of deaths. In 2004, that amounted to nearly 17,000 individuals. So many of these deaths due to stroke are preventable. Others are treatable.

The staggering numbers of death and long-term disability due to stroke means that it is now time that we pass into law a comprehensive plan for preventing, for diagnosing, and for treating stroke. H.R. 477 would accomplish this goal by authorizing the resources needed to implement coordinated stroke systems.

The bill's first initiative would create a national awareness campaign that would educate both patients and providers. Not enough people know the symptoms of stroke when it impacts them.

We must standardize prevention and early treatment in order to achieve real results in our fight against stroke. In order to further improve education about stroke prevention, diagnosis and treatment, this bill will authorize grants for qualified health professional programs so that providers are equipped with the most up-to-date information and technologies.

H.R. 477 would also maintain the Paul Coverdell Registry, which serves as a clearinghouse of information about stroke care and best practices.

And, finally, it would make up to seven grants available to conduct pilot projects on how we may be able to improve stroke outcomes through telehealth networks.

I am very proud of this bill's comprehensive approach to improve our ability to manage stroke in the United States.

Only when we tackle this disease from all angles, from prevention, from treatment, from coordination of care, can we really make progress. So I urge my colleagues to vote in favor of H.R. 477. And I look forward to seeing it finally signed into law.

Mr. BURGESS. Mr. Speaker, through the course of these three bills being brought by the Energy and Commerce Committee tonight, we have heard a number of stories. People have shared with us their personal stories.

I saw on the news wires just this evening where a good friend of our committee, Jack Valenti, had been hospitalized with a stroke earlier this week.

My own father suffered a stroke, May 23 of 1989. He, unfortunately, died 2 years ago this week. He spent the last 16 years of his life living with a disability as a result of that stroke. The day that it happened, he lost the ability to speak and never regained it prior to his death.

Stroke treatment is so important and it has evolved over time. It wasn't too many years ago where it was just simply a question of being certain about the diagnosis, making certain the stroke patient was stable, and then making arrangements for their rehabilitation. But so much more can be done now.

And we heard about the golden hour when talking about the trauma bill. Actually, for stroke victims, if treatment is rendered within the first 3 hours of a clot occurring, anti-clot medications, clot-busting medications, thrombolytic agents can be administered to restore significant function to that and prevent injury to that part of the brain that has been injured by, or been placed in jeopardy by, the presence of a clot.

Other strokes are caused by bleeding and blood vessel malformations within the brain; and one of our colleagues in the other body, indeed, suffered such an injury earlier this year. The treatment is vastly different. Clearly, those patients should not be treated with clot-inhibiting agents because they would be placed at greater risk.

So the diagnosis of the type of stroke at the time of the stroke becomes critical, and that is where the funding placed for the education and the medical research becomes so important. Further, it is my feeling that, as time goes forward, we will indeed improve the ability to help individuals who have been afflicted by a stroke.

Additionally, the bill calls for the Secretary of Health and Human Services to establish programs educating the public about stroke prevention. And thanks to my good friends at mayoclinic.com, I would like to take just a moment to run through, to enumerate those things that should be done for stroke prevention. And the number one issue is, if a person has hypertension, that hypertension needs to be controlled. If a person has high cholesterol, that needs to be lowered, either by modifying diet, a diet low in fat or a cholesterol lowering medication such as a statin. No one should smoke in the United States today. If you are diabetic, control your blood sugar. Maintain a healthy weight. Exercise regularly. Avoid stress. Don't serve in Congress. Oh, that wasn't on the list. Avoid stress. And if you do use alcohol or illicit drugs, perhaps you ought to think of another activity.

These are very commonsense recommendations. They have been developed by, again, our good friends at Mayo Clinic. And I urge all Americans to consider incorporating those into their lifestyle.

This is important legislation. I urge my colleagues to support the legislation.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Oregon (Ms. HOOLEY).

Ms. HOOLEY. Mr. Speaker, as a strong proponent of the American Heart Association's GO-Red campaign aimed at educating women about heart disease and stroke, I am proud to be a cosponsor of the Stroke Treatment and Ongoing Prevention Act.

This legislation will help reduce the 150,000 deaths that occur each year from stroke. Every 3 minutes someone dies of a stroke according to the American Heart Association. To a stroke victim, delay means more dead brain cells. The most common type of strokes kills 1.9 million brain cells every minute. One study estimated that for every 12 minutes a stroke victim delays treatment, a pea-sized portion of the brain dies.

Fortunately, educating people about when to seek treatment makes a difference. And I want to tell a story about a friend of mine. About 6 months ago, young woman, she happened to have another friend visiting her. And she woke up one morning and said, I don't feel very good. I can hardly lift my arm. And her friend that was visiting said, we are going straight to the hospital. She is doing very well in recovery, not only because she is a very determined person, but she can also thank her friend for recognizing what was happening and getting her to a hospital immediately.

By educating people about stroke symptoms and strengthening training programs for physicians, this legislation will save lives and limit the damage to stroke survivors.

I urge my colleagues to support H.R. 477.

Mr. PICKERING. Mr. Speaker, I rise today in support of the Stroke Treatment and Ongoing Prevention Act.

As the original cosponsor of the STOP Stroke Act, I would like to extend a special thanks to my colleague and the bill's sponsor, Congresswoman CAPPS for her tireless efforts to move this important legislation.

Despite significant advances in its diagnosis, treatment, and prevention, stroke remains the nation's number three killer and a leading cause of long-term disability. An estimated 700,000 U.S. residents have a new or recurrent stroke each year, and about 160,000 of them die, according to statistics compiled by the American Heart Association. On average, every 45 seconds, someone in the United States has a stroke, and someone dies of a stroke every 3 to 4 minutes. Stroke is the number four killer in my home state of Mississippi. In 2004, 1,651 people in Mississippi died of stroke. Mississippi ranks first in the nation for the highest death rate from heart disease, stroke, and other cardiovascular diseases.

Today 5.7 million Americans are stroke survivors. As many as 30 percent of them are permanently disabled, requiring extensive and costly care. It is expected that stroke will cost the nation $62.7 billion in 2007.

Prompt treatment of patients experiencing stroke can save lives and reduce disability, yet thousands of stroke patients do not receive the care they need. Additionally, most Americans cannot identify the signs of stroke, and even emergency medical technicians are often not taught how to recognize and manage its symptoms. Even in hospitals, stroke patients often do not receive the care that could save their lives. Rapid administration of clot-dissolving drugs dramatically improves the outcome of stroke, yet fewer than 3 percent of stroke patients now receive such medication.

The STOP Stroke Act is a first step toward removing these barriers to quality stroke care, thereby saving lives and reducing disability. The legislation addresses a number of significant hindrances to quality stroke care including low public awareness, lack of necessary infrastructure, low awareness among medical professionals, and lack of adequate data collection.

The legislation will coordinate these various components. According to the American Heart Association, developing coordinated systems of care is essential to improving prevention, treatment, and rehabilitation for stroke patients.

The STOP Stroke Act authorizes a national public information campaign to educate the public about stroke, including how to reduce risk, recognize the warning signs, and seek emergency treatment as soon as symptoms occur.

This legislation also authorizes the Paul Coverdell Stroke Registry and Clearinghouse to collect data about the care of acute stroke patients and foster the development of effective stroke care systems. The clearinghouse will serve as a resource for States seeking to design and implement their own stroke care systems by collecting, analyzing and disseminating information on the efforts of other communities to establish similar systems.

The STOP Stroke Act also provides grants for public and non-profit entities to develop and implement continuing education programs in the use of new diagnostic approaches, technologies, and therapies for the prevention and treatment of stroke. Stroke support can be delivered to smaller, underserved facilities by relying more heavily on innovative telemedicine approaches that overcome the boundaries of time and distance to help rural hospitals tap into otherwise unattainable resources.

Finally, this bill authorizes a telehealth stroke treatment pilot project to support states' efforts to develop comprehensive networks to improve stroke prevention, treatment, and rehabilitation. These grants will allow states to identify stroke centers, improve communication networks that bring stroke care to rural areas, and decease response time.

The time has come for a bill such as the STOP Stroke Act. In fact, the time is past due. We are in a situation where stroke rates are on the rise, and we must address the issues that are going to help us match resources with the growing need to prevent and treat this devastating illness.

I look forward to working with my colleagues in both Chambers to promptly move this legislation that has actually passed previously in both the House and the Senate.

Mr. PALLONE. Mr. Speaker, I have no further requests for time, and I would yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 477, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

HAWAIIAN HOMEOWNERSHIP OPPORTUNITY ACT OF 2007

Mr. ABERCROMBIE. Mr. Speaker, pursuant to House Resolution 269, I call up the bill (H.R. 835) to reauthorize the programs of the Department of Housing and Urban Development for housing assistance for Native Hawaiians, and ask for its immediate consideration.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 835

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 ''Hawaiian Homeownership Opportunity Act of 2007''.

SEC. 2. AUTHORIZATION OF APPROPRIATIONS FOR HOUSING ASSISTANCE.

Section 824 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4243), as added by section 513 of Public Law 106–569 (114 Stat. 2969), is amended by striking ''fiscal years'' and all that follows and inserting the following: ''fiscal years 2008, 2009, 2010, 2011 and 2012.''.

SEC. 3. LOAN GUARANTEES FOR NATIVE HAWAIIAN HOUSING.

Section 184A of the Housing and Community Development Act of 1992 (12 U.S.C. 1715z–13b), as added by section 514 of Public Law 106–569 (114 Stat. 2989), is amended as follows:

(1) AUTHORIZATION OF APPROPRIATIONS.—In subsection (j)(7), by striking ''fiscal years'' and all that follows and inserting the following: ''fiscal years 2008, 2009, 2010, 2011 and 2012.''.

(2) AUTHORITY.—In subsection (b), by striking ''or as a result of a lack of access to private financial markets''.

(3) ELIGIBLE HOUSING.—In subsection (c), by striking paragraph (2) and inserting the following new paragraph:

''(2) ELIGIBLE HOUSING.—The loan will be used to construct, acquire, refinance, or rehabilitate 1- to 4-family dwellings that are standard housing and are located on Hawaiian Home Lands.''.

SEC. 4. ELIGIBILITY OF DEPARTMENT OF HAWAIIAN HOME LANDS FOR TITLE VI LOAN GUARANTEES.

Title VI of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4191 et seq.) is amended as follows:

(1) HEADING.—In the heading for the title, by inserting ''**AND NATIVE HAWAIIAN**'' after ''**TRIBAL**''.

(2) AUTHORITY AND REQUIREMENTS.—In section 601 (25 U.S.C. 4191)——

(A) in subsection (a)—

(i) by inserting ''or by the Department of Hawaiian Home Lands,'' after ''tribal approval,''; and

(ii) by inserting ''or 810, as applicable,'' after ''section 202'' ; and

(B) in subsection (c), by inserting ''or VIII, as applicable'' before the period at the end.

(3) SECURITY AND REPAYMENT.—In section 602 (25 U.S.C. 4192)—