

107TH CONGRESS
1ST SESSION

S. 1274

To amend the Public Health Service Act to provide programs for the prevention, treatment, and rehabilitation of stroke.

IN THE SENATE OF THE UNITED STATES

JULY 31, 2001

Mr. KENNEDY (for himself, Mr. FRIST, Mr. DODD, Mr. HUTCHINSON, Mr. JEFFORDS, Ms. COLLINS, Mr. BINGAMAN, Mr. EDWARDS, Mrs. MURRAY, and Mr. SESSIONS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide programs for the prevention, treatment, and rehabilitation of stroke.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Stroke Treatment and
5 Ongoing Prevention Act of 2001”.

6 **SEC. 2. FINDINGS AND GOAL.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

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

5 (2) Stroke costs the United States
6 \$28,000,000,000 in direct costs and
7 \$17,400,000,000 in indirect costs, each year.

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

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

22 (5) Recent advances in stroke treatment can
23 significantly improve the outcome for stroke pa-
24 tients, but these therapies must be administered
25 properly and promptly. Only 3 percent of stroke pa-

1 tients who are candidates for acute stroke intra-
2 venous thrombolytic drug therapy receive the appro-
3 priate medication.

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

8 (7) Few States and communities have developed
9 and implemented stroke awareness programs, pre-
10 vention programs, or comprehensive stroke care sys-
11 tems.

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

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

22 **SEC. 3. SYSTEMS FOR STROKE PREVENTION, TREATMENT,**
23 **AND REHABILITATION.**

24 The Public Health Service Act (42 U.S.C. 201 et
25 seq.) is amended by adding at the end the following:

1 **“TITLE XXVIII—SYSTEMS FOR**
 2 **STROKE PREVENTION,**
 3 **TREATMENT, AND REHABILI-**
 4 **TATION**

5 “PART A—STROKE PREVENTION AND EDUCATION
 6 CAMPAIGN

7 **“SEC. 2801. STROKE PREVENTION AND EDUCATION CAM-**
 8 **PAIGN.**

9 “(a) IN GENERAL.—The Secretary shall carry out a
 10 national education and information campaign to promote
 11 stroke prevention and increase the number of stroke pa-
 12 tients who seek immediate treatment. In implementing
 13 such education and information campaign, the Secretary
 14 shall avoid duplicating existing stroke education efforts by
 15 other Federal Government agencies and may consult with
 16 national and local associations that are dedicated to in-
 17 creasing the public awareness of stroke, consumers of
 18 stroke awareness products, and providers of stroke care.

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

22 “(1) to make public service announcements
 23 about the warning signs of stroke and the impor-
 24 tance of treating stroke as a medical emergency;

1 “(2) to provide education regarding ways to
2 prevent stroke and the effectiveness of stroke treat-
3 ment;

4 “(3) to purchase media time and space;

5 “(4) to pay for out-of-pocket advertising pro-
6 duction costs;

7 “(5) to test and evaluate advertising and edu-
8 cational materials for effectiveness, especially among
9 groups at high risk for stroke, including women,
10 older adults, and African-Americans;

11 “(6) to develop alternative campaigns that are
12 targeted to unique communities, including rural and
13 urban communities, and communities in the ‘Stroke
14 Belt’;

15 “(7) to measure public awareness prior to the
16 start of the campaign on a national level and in tar-
17 geted communities to provide baseline data that will
18 be used to evaluate the effectiveness of the public
19 awareness efforts; and

20 “(8) to carry out other activities that the Sec-
21 retary determines will promote prevention practices
22 among the general public and increase the number
23 of stroke patients who seek immediate care.

24 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated to carry out subsection

1 (b), \$40,000,000 for fiscal year 2002, and such sums as
 2 may be necessary for each of fiscal years 2003 through
 3 2006.

4 “PART B—GENERAL AUTHORITIES AND DUTIES OF THE
 5 SECRETARY

6 “SEC. 2811. ESTABLISHMENT.

7 “(a) IN GENERAL.—The Secretary shall, with respect
 8 to stroke care—

9 “(1) make available, support, and evaluate a
 10 grant program to enable a State to develop statewide
 11 stroke care systems;

12 “(2) foster the development of appropriate,
 13 modern systems of stroke care through the sharing
 14 of information among agencies and individuals in-
 15 volved in the study and provision of such care; and

16 “(3) provide to State and local agencies tech-
 17 nical assistance.

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

1 **“SEC. 2812. PAUL COVERDELL NATIONAL ACUTE STROKE**
2 **REGISTRY AND CLEARINGHOUSE.**

3 “(a) IN GENERAL.—The Secretary shall maintain the
4 Paul Coverdell National Acute Stroke Registry and Clear-
5 inghouse by—

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

9 “(2) continuing to design and pilot test proto-
10 types that will measure the delivery of care to pa-
11 tients with acute stroke in order to provide real-time
12 data and analysis to reduce death and disability
13 from stroke and improve the quality of life for acute
14 stroke survivors;

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

21 “(4) collecting, compiling, and disseminating in-
22 formation on the achievements of, and problems ex-
23 perience by, State and local agencies and private
24 entities in developing and implementing stroke care
25 systems and, in carrying out this paragraph, giving
26 special consideration to the unique needs of rural fa-

1 facilities and those facilities with inadequate resources
 2 for providing quality prevention, acute treatment,
 3 post-acute treatment, and rehabilitation services for
 4 stroke patients;

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

7 “(6) carrying out any other activities the Sec-
 8 retary determines to be useful to fulfill the purposes
 9 of the Paul Coverdell National Acute Stroke Reg-
 10 istry and Clearinghouse.

11 “(b) RESEARCH ON STROKE.—The Secretary shall,
 12 not earlier than 1 year after the date of enactment of the
 13 Stroke Treatment and Ongoing Prevention Act of 2001,
 14 ensure the availability of published research on stroke or,
 15 where necessary, conduct research concerning—

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

18 “(2) barriers to access to currently approved
 19 stroke prevention, treatment, and rehabilitation serv-
 20 ices;

21 “(3) barriers to access to newly developed diag-
 22 nostic approaches, technologies, and therapies for
 23 stroke patients;

24 “(4) the effectiveness of existing public aware-
 25 ness campaigns regarding stroke; and

1 “(5) disparities in the prevention, diagnosis,
2 treatment, and rehabilitation of stroke among dif-
3 ferent populations.

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

7 “(1) studies with respect to all phases of stroke
8 care, including prehospital, acute, post-acute and re-
9 habilitation care;

10 “(2) studies with respect to patient access to
11 currently approved and newly developed stroke pre-
12 vention and treatment services, including a review of
13 the effect of coverage, coding, and reimbursement
14 practices on access;

15 “(3) studies with respect to the effect of exist-
16 ing public awareness campaigns on stroke; and

17 “(4) any other studies that the Secretary deter-
18 mines are necessary or useful to conduct a thorough
19 and effective research program regarding stroke.

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

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

1 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 2 is authorized to be appropriated such sums as may be nec-
 3 essary for each of fiscal years 2002 through 2006 to carry
 4 out this section.

5 “PART C—GRANTS WITH RESPECT TO STATE STROKE
 6 CARE SYSTEMS

7 “**SEC. 2821. ESTABLISHMENT OF PROGRAM FOR IMPROV-**
 8 **ING STROKE CARE.**

9 “(a) GRANTS.—The Secretary shall award grants to
 10 States for the purpose of establishing statewide stroke pre-
 11 vention, treatment, and rehabilitation systems.

12 “(b) USE OF FUNDS.—

13 “(1) IN GENERAL.—The Secretary shall make
 14 available grants under subsection (a) for the devel-
 15 opment and implementation of statewide stroke care
 16 systems that provide stroke prevention services and
 17 quality acute, post-acute, and rehabilitation care for
 18 stroke patients through the development of sufficient
 19 resources and infrastructure, including personnel
 20 with appropriate training, acute stroke teams, equip-
 21 ment, and procedures necessary to prevent stroke
 22 and to treat and rehabilitate stroke patients. In de-
 23 veloping and implementing statewide stroke care sys-
 24 tems, each State that is awarded such a grant
 25 shall—

1 “(A) oversee the design and implementa-
2 tion of the statewide stroke care system;

3 “(B) enhance, develop, and implement
4 model curricula for training emergency medical
5 services personnel, including dispatchers, first
6 responders, emergency medical technicians, and
7 paramedics in the identification, assessment,
8 stabilization, and prehospital treatment of
9 stroke patients;

10 “(C) ensure that stroke patients in the
11 State have access to quality care that is con-
12 sistent with the standards established by the
13 Secretary under section 2823(c);

14 “(D) establish a support network to pro-
15 vide assistance to facilities with smaller popu-
16 lations of stroke patients or less advanced on-
17 site stroke treatment resources; and

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

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

24 “(A) identifying acute stroke centers with
25 personnel, equipment, and procedures adequate

1 to provide quality treatment to patients in the
2 acute phase of stroke consistent with the stand-
3 ards established by the Secretary under section
4 2823(c);

5 “(B) identifying comprehensive stroke cen-
6 ters with advanced personnel, equipment, and
7 procedures to prevent stroke and to treat stroke
8 patients in the acute and post-acute phases of
9 stroke and to provide assistance to area facili-
10 ties with less advanced stroke treatment re-
11 sources;

12 “(C) identifying stroke rehabilitation cen-
13 ters with personnel, equipment, and procedures
14 to provide quality rehabilitative care to stroke
15 patients consistent with the standards estab-
16 lished by the Secretary under section 2823(c);
17 or

18 “(D) carrying out any other activities that
19 the designated State agency determines are nec-
20 essary or useful.

21 “(3) SUPPORT NETWORK.—A facility that pro-
22 vides care to stroke patients and that receives sup-
23 port through a support network established under
24 paragraph (1)(E) shall meet the standards and re-
25 quirements outlined by the State application under

1 paragraphs (4), (5), (6), (7), and (8) of section
 2 2823(a). The support network may include—

3 “(A) the use of telehealth technology con-
 4 necting facilities described in such paragraph to
 5 more advanced stroke care facilities;

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

9 “(C) the use of phone consultation, where
 10 useful;

11 “(D) the use of referral links when a pa-
 12 tient needs more advanced care than is avail-
 13 able at the facility providing initial care; and

14 “(E) any other assistance determined ap-
 15 propriate by the State.

16 “(c) PLANNING GRANTS.—

17 “(1) IN GENERAL.—The Secretary may award
 18 a grant to a State to assist such State in formu-
 19 lating a plan to develop a statewide stroke care sys-
 20 tem or in otherwise meeting the conditions described
 21 in subsection (b) with respect to a grant under this
 22 section.

23 “(2) SUBMISSION TO SECRETARY.—The gov-
 24 ernor of a State that receives a grant under para-
 25 graph (1) shall submit to the Secretary a copy of the

1 plan developed using the amounts provided under
 2 such grant. Such plan shall be submitted to the Sec-
 3 retary as soon as practicable after the plan has been
 4 developed.

5 “(3) SINGLE GRANT LIMITATION.—To be eligi-
 6 ble to receive a grant under paragraph (1), a State
 7 shall not have previously received a grant under such
 8 paragraph.

9 “(d) MODEL CURRICULUM.—

10 “(1) DEVELOPMENT.—The Secretary shall de-
 11 velop a model curriculum for training emergency
 12 medical services personnel, including dispatchers,
 13 first responders, emergency medical technicians, and
 14 paramedics in the identification, assessment, sta-
 15 bilization, and prehospital treatment of stroke pa-
 16 tients.

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

21 **“SEC. 2822. REQUIREMENT OF MATCHING FUNDS FOR FIS-**
 22 **CAL YEARS SUBSEQUENT TO FIRST FISCAL**
 23 **YEAR OF PAYMENTS.**

24 “(a) NON-FEDERAL CONTRIBUTIONS.—

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

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

13 “(B) for the fourth fiscal year of such pay-
14 ments to the State, not less than \$1 for each
15 \$2 of Federal funds provided in such payments
16 for such fiscal year; and

17 “(C) for any subsequent fiscal year of such
18 payments to the State, not less than \$1 for
19 each \$1 of Federal funds provided in such pay-
20 ments for such fiscal year.

21 “(2) PROGRAM COSTS.—The costs referred to
22 in paragraph (1) are the costs to be incurred by the
23 State in carrying out the purpose described in sec-
24 tion 2821(b).

1 “(3) INITIAL YEAR OF PAYMENTS.—The Sec-
 2 retary may not require a State to make non-Federal
 3 contributions as a condition of receiving payments
 4 under section 2821(a) for the first fiscal year of
 5 such payments to the State.

6 “(b) DETERMINATION OF AMOUNT OF NON-FED-
 7 ERAL CONTRIBUTIONS.—With respect to compliance
 8 under subsection (a) as a condition of receiving payments
 9 under section 2811(a)—

10 “(1) a State may make the non-Federal con-
 11 tributions required in such subsection in cash or in
 12 kind, fairly evaluated, including plant, equipment, or
 13 services; and

14 “(2) the Secretary may not, in making a deter-
 15 mination of the amount of non-Federal contribu-
 16 tions, include amounts provided by the Federal Gov-
 17 ernment or services assisted or subsidized by a sig-
 18 nificant extent by the Federal Government.

19 **“SEC. 2823. APPLICATION REQUIREMENTS.**

20 “(a) REQUIREMENT OF APPLICATION.—The Sec-
 21 retary may not award a grant to a State under section
 22 2821(b) unless an application for the grant is submitted
 23 by the State to the Secretary.

24 “(b) APPLICATION PROCESS AND GUIDELINES.—The
 25 Secretary shall provide for an application process and de-

1 develop guidelines to assist States in submitting an applica-
 2 tion under this section that—

3 “(1) outlines the stroke care system and ex-
 4 plains how such system will ensure that stroke pa-
 5 tients throughout the State have access to quality
 6 care in all phases of stroke, consistent with the
 7 standards established by the Secretary under sub-
 8 section (c);

9 “(2) contains standards and requirements for
 10 facilities in the State that provide basic preventive
 11 services, advanced preventive services, acute stroke
 12 care, post-acute stroke care, and rehabilitation serv-
 13 ices to stroke patients; and

14 “(3) provides for the establishment of a central
 15 data reporting and analysis system and for the col-
 16 lection of data from each facility that will provide di-
 17 rect care to stroke patients in the State—

18 “(A) to identify the number of stroke pa-
 19 tients treated in the State;

20 “(B) to monitor patient care in the State
 21 for stroke patients at all phases of stroke for
 22 the purpose of evaluating the diagnosis, treat-
 23 ment, and treatment outcome of such stroke
 24 patients;

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

5 “(D) to identify the number of acute
 6 stroke patients who receive advanced drug ther-
 7 apy;

8 “(E) to identify patients transferred within
 9 the statewide stroke care system, including rea-
 10 sons for such transfer; and

11 “(F) to communicate to the greatest extent
 12 practicable with the Paul Coverdell National
 13 Acute Stroke Registry and Clearinghouse.

14 “(b) CERTAIN STANDARDS WITH RESPECT TO
 15 STATEWIDE STROKE CARE SYSTEM.—

16 “(1) IN GENERAL.—The Secretary may not
 17 award a grant to a State under section 2821(a) for
 18 a fiscal year unless the State agrees that, in car-
 19 rying out paragraphs (2) and (3), the State will—

20 “(A) adopt standards of care for stroke pa-
 21 tients in the acute, post-acute, and rehabilita-
 22 tion phases of stroke; and

23 “(B) in adopting the standards described
 24 in subparagraph (A)—

1 “(i) consult with medical, surgical,
 2 and nursing specialty groups, hospital as-
 3 sociations, voluntary health organizations,
 4 State offices of rural health, emergency
 5 medical services State and local directors,
 6 experts in the use of telecommunications
 7 technology to provide stroke care, con-
 8 cerned advocates, and other interested par-
 9 ties;

10 “(ii) conduct hearings on the proposed
 11 standards providing adequate notice to the
 12 public concerning such hearing; and

13 “(iii) beginning in fiscal year 2004,
 14 take into account the national standards of
 15 care.

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

19 “(3) APPROVAL BY SECRETARY.—The Sec-
 20 retary may not make payments to a State under sec-
 21 tion 2821(a) if the Secretary determines that—

22 “(A) the State has not taken into account
 23 national standards in adopting standards under
 24 this subsection;

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

7 “(C) in the case of payments for fiscal
8 year 2004 and subsequent fiscal years, the
9 State has not provided to the Secretary the in-
10 formation received by the State pursuant to
11 paragraphs (9) and (10) of subsection (a).

12 “(c) MODEL STROKE CARE SYSTEM PLAN.—Not
13 later than 1 year after the date of enactment of the Stroke
14 Treatment and Ongoing Prevention Act of 2001, the Sec-
15 retary shall develop standards of care for stroke patients
16 in all phases of stroke that may be adopted for guidance
17 by the State and a model plan for the establishment of
18 statewide stroke care systems. Such plan shall—

19 “(1) take into account national standards;

20 “(2) take into account existing State systems
21 and plans; and

22 “(3) take into account the unique needs of
23 urban and rural communities, different regions of
24 the Nation, and States with varying degrees of es-
25 tablished stroke care infrastructures;

1 **“SEC. 2824. REQUIREMENT OF SUBMISSION OF APPLICA-**
2 **TION CONTAINING CERTAIN AGREEMENTS**
3 **AND ASSURANCES.**

4 “The Secretary may not award grants under section
5 2821(a) to a State for a fiscal year unless—

6 “(1) the State submits an application for the
7 payments containing agreements in accordance with
8 this part;

9 “(2) the agreements are made through certifi-
10 cation from the chief executive officer of the State;

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

14 “(4) the application contains the plan provi-
15 sions and the information required to be submitted
16 to the Secretary pursuant to section 2823; and

17 “(5) the application otherwise is in such form,
18 is made in such manner, and contains such agree-
19 ments, assurances, and information as the Secretary
20 determines to be necessary to carry out this part.

21 **“SEC. 2825. RESTRICTIONS ON USE OF PAYMENTS.**

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

1 “(1) to make cash payments to intended recipi-
 2 ents of services provided pursuant to such section;

3 “(2) to satisfy any requirement for the expendi-
 4 ture of non-Federal funds as a condition for the re-
 5 ceipt of Federal funds; or

6 “(3) to provide financial assistance to any enti-
 7 ty other than a public or nonprofit private entity.

8 “(b) EXCEPTION.—If the Secretary finds that the
 9 purpose described in section 2821(b) cannot otherwise be
 10 carried out, the Secretary may, with respect to an other-
 11 wise qualified State, waive the restriction established in
 12 subsection (a)(3).

13 **“SEC. 2826. FAILURE TO COMPLY WITH AGREEMENTS.**

14 “(a) REPAYMENT OF PAYMENTS.—

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

23 “(2) OFFSET OF AMOUNTS.—If a State fails to
 24 make a repayment required in paragraph (1), the
 25 Secretary may offset the amount of the repayment

1 against any amount due to be paid to the State
2 under section 2821(a).

3 “(b) OPPORTUNITY FOR A HEARING.—Before requir-
4 ing repayment of payments under subsection (a)(1), the
5 Secretary shall provide to the State an opportunity for a
6 hearing.

7 **“SEC. 2827. SPECIAL CONSIDERATION.**

8 “‘In awarding grants under this part, the Secretary
9 shall give special consideration to any State that has sub-
10 mitted an application for carrying out programs under
11 such a grant—

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

13 “(A) a substantial rate of disability result-
14 ing from stroke; or

15 “(B) a substantial incidence of stroke; or

16 “(2) that demonstrates a significant need for
17 assistance in establishing a comprehensive stroke
18 care system.

19 **“SEC. 2828. TECHNICAL ASSISTANCE AND PROVISION BY**
20 **SECRETARY OF SUPPLIES AND SERVICES IN**
21 **LIEU OF GRANT FUNDS.**

22 “(a) TECHNICAL ASSISTANCE.—The Secretary shall,
23 without charge to a State receiving payments under sec-
24 tion 2821(a), provide to the State (or to any public or
25 nonprofit entity designated by the State) technical assist-

1 ance with respect to the planning, development, and oper-
 2 ation of any program carried out pursuant to section
 3 2821(b). The Secretary may provide such technical assist-
 4 ance directly, through contract, or through grants.

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

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

15 “(2) REDUCTION IN PAYMENTS.—With respect
 16 to a request described in paragraph (1), the Sec-
 17 retary shall reduce the amount of payments to the
 18 State under section 2821(a) by an amount equal to
 19 the costs of detailing personnel and the fair market
 20 value of any supplies, equipment, or services pro-
 21 vided by the Secretary. The Secretary shall, for the
 22 payment of expenses incurred in complying with
 23 such request, expend the amounts withheld.

1 **“SEC. 2829. REPORT BY SECRETARY.**

2 “Not later than 3 years after the date of enactment
3 of the Stroke Treatment and Ongoing Prevention Act of
4 2001, the Secretary shall report to the appropriate com-
5 mittees of Congress on the activities of the States carried
6 out pursuant to section 2821. Such report shall include
7 an assessment of the extent to which Federal and State
8 efforts to develop stroke care systems, including the estab-
9 lishment of support networks and the identification of
10 acute, comprehensive, and rehabilitation stroke centers,
11 where applicable, have increased the number of stroke pa-
12 tients who have received acute stroke consultation or ther-
13 apy within the appropriate timeframe and reduced the
14 level of disability due to stroke. Such report may include
15 any recommendations of the Secretary for appropriate ad-
16 ministrative and legislative initiatives with respect to
17 stroke care.

18 **“SEC. 2830. FUNDING.**

19 “(a) AUTHORIZATION OF APPROPRIATIONS.—There
20 is authorized to be appropriated to carry out this part,
21 \$50,000,000 for fiscal year 2002, \$75,000,000 for fiscal
22 year 2003, \$75,000,000 for fiscal year 2004,
23 \$100,000,000 for fiscal year 2005, and \$125,000,000 for
24 fiscal year 2006.

25 “(b) LIMITATION ON ADMINISTRATIVE EXPENSES.—
26 A State may use not to exceed 10 percent of amounts re-

1 ceived under a grant awarded under section 2821(a) for
 2 administrative expenses.

3 “PART D—MISCELLANEOUS PROGRAMS

4 “SEC. 2831. MEDICAL PROFESSIONAL DEVELOPMENT IN AD-
 5 VANCED STROKE TREATMENT AND PREVEN-
 6 TION.

7 “(a) IN GENERAL.—The Secretary may make grants
 8 to public and non-profit private entities for the develop-
 9 ment and implementation of education programs for ap-
 10 propriate medical personnel including medical students,
 11 emergency physicians, primary care providers, neurolo-
 12 gists, neurosurgeons, and physical therapists in the use
 13 of newly developed diagnostic approaches, technologies,
 14 and therapies for the prevention and treatment of stroke.

15 “(b) DISTRIBUTION OF GRANTS.—In awarding
 16 grants under subsection (a), the Secretary shall ensure
 17 that such grants are equitably distributed among the geo-
 18 graphical regions of the United States and between urban
 19 and rural populations.

20 “(c) APPLICATION.—A public or non-profit private
 21 entity desiring a grant under subsection (a) shall prepare
 22 and submit to the Secretary an application at such time,
 23 in such manner, and containing such information as the
 24 Secretary may require, including a plan for the rigorous

1 evaluation of activities carried out with amounts received
2 under such a grant.

3 “(d) USE OF FUNDS.—A public or non-profit private
4 entity shall use amounts received under a grant under this
5 section for the continuing education of appropriate med-
6 ical personnel in the use of newly developed diagnostic ap-
7 proaches, technologies, and therapies for the prevention
8 and treatment of stroke.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
10 is authorized to be appropriated to carry out this section,
11 such sums as may be necessary for each of fiscal years
12 2002 through 2006.

13 “PART E—GENERAL PROVISIONS REGARDING PARTS A,
14 B, C, AND D

15 **“SEC. 2841. DEFINITIONS.**

16 “In this title:

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

22 “(2) STROKE CARE SYSTEM.—The term ‘stroke
23 care system’ means a statewide system to provide
24 for the diagnosis, prehospital care, hospital definitive
25 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 **“SEC. 2842. CONSULTATIONS.**

6 “In carrying out this title, the Secretary shall consult
7 with medical, surgical, rehabilitation, and nursing spe-
8 cialty groups, hospital associations, voluntary health orga-
9 nizations, emergency medical services, State directors, and
10 associations, experts in the use of telecommunication tech-
11 nology to provide stroke care, national disability and con-
12 sumer organizations representing individuals with disabil-
13 ities and chronic illnesses, concerned advocates, and other
14 interested parties.”.

○