

107<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 1274

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IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2002

Referred to the Committee on Energy and Commerce

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## AN ACT

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 2002”.

1 **SEC. 2. FINDINGS AND GOAL.**

2 (a) FINDINGS.—Congress makes the following find-  
3 ings:

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

8 (2) Stroke costs the United States  
9 \$28,000,000,000 in direct costs and  
10 \$17,400,000,000 in indirect costs, each year.

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

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

25 (5) Recent advances in stroke treatment can  
26 significantly improve the outcome for stroke pa-

1       tients, but these therapies must be administered  
2       properly and promptly. Only 3 percent of stroke pa-  
3       tients who are candidates for acute stroke intra-  
4       venous thrombolytic drug therapy receive the appro-  
5       priate medication.

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

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

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

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

1 **SEC. 3. SYSTEMS FOR STROKE PREVENTION, TREATMENT,**  
 2 **AND REHABILITATION.**

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

5 **“TITLE XXVIII—SYSTEMS FOR**  
 6 **STROKE PREVENTION,**  
 7 **TREATMENT, AND REHABILI-**  
 8 **TATION**

9 “PART A—STROKE PREVENTION AND EDUCATION  
 10 CAMPAIGN

11 **“SEC. 2801. STROKE PREVENTION AND EDUCATION CAM-**  
 12 **PAIGN.**

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

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

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

4           “(2) to provide education regarding ways to  
5 prevent stroke and the effectiveness of stroke treat-  
6 ment;

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

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

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

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

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

23          “(8) to carry out other activities that the Sec-  
24 retary determines will promote prevention practices

1 among the general public and increase the number  
2 of stroke patients who seek immediate care.

3 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
4 is authorized to be appropriated to carry out subsection  
5 (b), \$40,000,000 for fiscal year 2002, and such sums as  
6 may be necessary for each of fiscal years 2003 through  
7 2006.

8 “PART B—GENERAL AUTHORITIES AND DUTIES OF THE  
9 SECRETARY

10 “SEC. 2811. ESTABLISHMENT.

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

13 “(1) make available, support, and evaluate a  
14 grant program to enable a State to develop statewide  
15 stroke care systems;

16 “(2) foster the development of appropriate,  
17 modern systems of stroke care through the sharing  
18 of information among agencies and individuals in-  
19 volved in the study and provision of such care; and

20 “(3) provide to State and local agencies tech-  
21 nical assistance.

22 “(b) GRANTS, COOPERATIVE AGREEMENTS, AND  
23 CONTRACTS.—The Secretary may make grants, and enter  
24 into cooperative agreements and contracts, for the purpose  
25 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 ighthouse 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 perienceed 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 2002,  
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           “(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)(D) shall meet the standards and re-  
25 quirements outlined by the State application under

1 paragraph (2) of section 2823(b). The support net-  
2 work 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          “(c) 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          “(d) 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 2002, 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           “(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 2002, 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.”.

          Passed the Senate February 6, 2002.

Attest:

JERI THOMSON,

*Secretary.*