

**Calendar No. 699**

110TH CONGRESS  
2D SESSION

**S. 999**

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

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IN THE SENATE OF THE UNITED STATES

MARCH 27, 2007

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

APRIL 16, 2008

Reported by Mr. KENNEDY, with an amendment

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

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**A BILL**

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

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Stroke Treatment and  
3 Ongoing Prevention Act of 2007”.

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

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

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

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

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

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

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

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

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

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

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

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

3 Title III of the Public Health Service Act (42 U.S.C.  
 4 241 et seq.) is amended by adding at the end the fol-  
 5 lowing:

6 **“PART S—STROKE PREVENTION, TREATMENT,**  
 7 **AND REHABILITATION PROGRAMS**

8 **“Subpart I—Authorities and Duties of the Secretary**

9 **“SEC. 399HH. RESPONSIBILITIES OF THE SECRETARY.**

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

12 **“(1)** establish and evaluate a grant program  
 13 under section 399JJ to enable States to develop  
 14 statewide stroke care systems;

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

19 **“(3)** provide to State and local agencies tech-  
 20 nical assistance;

21 **“(4)** develop a model curriculum for training  
 22 emergency medical services personnel, including dis-  
 23 patchers, first responders, emergency medical techni-  
 24 cians, and paramedics, in the identification, assess-  
 25 ment, stabilization, and prehospital treatment of  
 26 stroke patients;

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

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

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

15          “(c) RULES OF CONSTRUCTION.—

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

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

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

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

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

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

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

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

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

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

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

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

22           “(b) REQUIRED USES.—

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1           ~~“(3) to identify the total amount of uncompen-~~  
 2           ~~sated and under-compensated stroke care expendi-~~  
 3           ~~tures for each fiscal year by each stroke care facility~~  
 4           ~~in the State;~~

5           ~~“(4) to identify the number of acute stroke pa-~~  
 6           ~~tients who receive advanced drug therapy;~~

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

10          ~~“(6) to communicate to the greatest extent~~  
 11          ~~practicable with the Paul Coverdell National Acute~~  
 12          ~~Stroke Registry.~~

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

15           ~~“(1) The use of telehealth technology to connect~~  
 16           ~~facilities described in subsection (b)(1)(G) to more~~  
 17           ~~advanced stroke care facilities.~~

18           ~~“(2) The provision of neuroimaging, laboratory,~~  
 19           ~~and any other equipment necessary to facilitate the~~  
 20           ~~establishment of a telehealth network.~~

21           ~~“(3) The use of phone consultation, where use-~~  
 22           ~~ful.~~

23           ~~“(4) The use of referral links when a patient~~  
 24           ~~needs more advanced care than is available at the~~  
 25           ~~facility providing initial care.~~

1           “(5) Any other assistance determined appro-  
2           priate by the State.

3           “(e) ~~MEDICAL PROFESSIONAL DEVELOPMENT IN AD-~~  
4 ~~VANCED STROKE TREATMENT AND PREVENTION.~~—

5           “(1) ~~IN GENERAL.~~—A State may use funds re-  
6           ceived under a grant under this section to make sub-  
7           grants to public and non-profit private entities for  
8           the development and implementation of education  
9           programs for appropriate medical personnel and  
10          health professionals in the use of newly developed di-  
11          agnostic approaches, technologies, and therapies for  
12          the prevention and treatment of stroke.

13          “(2) ~~USE OF FUNDS.~~—A public or non-profit  
14          private entity shall use amounts received under a  
15          subgrant under this subsection for the continuing  
16          education of appropriate medical personnel in the  
17          use of newly developed diagnostic approaches, tech-  
18          nologies, and therapies for the prevention and treat-  
19          ment of stroke.

20          “(3) ~~DISTRIBUTION OF SUBGRANTS.~~—In  
21          awarding subgrants under this subsection, the Sec-  
22          retary shall ensure that such subgrants are equitably  
23          distributed among the geographical regions of the  
24          State and between urban and rural populations.

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

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

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

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

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

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

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

24                 ~~“(1) REPAYMENT OF PAYMENTS.—~~

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

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

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

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

21               “(1) the State submits an application con-  
 22               taining agreements in accordance with this section;

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

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

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

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

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

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

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

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

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

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



1       “(1) **LIMITATION ON ADMINISTRATIVE EXPENSES.—**

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

6   **“SEC. 399KK. PLANNING GRANTS.**

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

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

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

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

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

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

2                   “(A) an elevated incidence or prevalence of  
3           disability resulting from stroke; or

4                   “(B) an elevated incidence or prevalence of  
5           stroke; or

6           “(2) that demonstrates a significant need for  
7           assistance in establishing a comprehensive stroke  
8           care system.

9                   **“Subpart III—General Provisions**

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

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

15           “(b) DEFINITIONS.—In this part:

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

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

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

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

9           **SECTION 1. SHORT TITLE.**

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

12           **SEC. 2. GOAL.**

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

17           **SEC. 3. AMENDMENT REGARDING STROKE PREVENTION,**  
 18                               **TREATMENT, AND REHABILITATION.**

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

1     **“PART S—STROKE PREVENTION, TREATMENT,**  
 2             **AND REHABILITATION PROGRAMS**

3     **“Subpart I—Authorities and Duties of the Secretary**

4     **“SEC. 399HH. RESPONSIBILITIES OF THE SECRETARY.**

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

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

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

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

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

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

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

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

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

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

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

16 *“(b) REQUIRED USES.—*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

21                “(1) *REPAYMENT OF PAYMENTS.—*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**“Subpart III—General Provisions**

**“SEC. 399LL. GENERAL PROVISIONS.**

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

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

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

“(2) *DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—*

“(A) *IN GENERAL.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including equipment or services (and excluding indirect or overhead costs). Amounts provided by the Federal Government, or services assisted or subsidized to any*

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

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

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

19              “(d) *DEFINITIONS.*—*In this part:*

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



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

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

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

**Calendar No. 699**

110<sup>TH</sup> CONGRESS  
2<sup>D</sup> Session

**S. 999**

**A BILL**

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

APRIL 16, 2008

Reported with an amendment