110TH CONGRESS
*1st Session*
HOUSE OF REPRESENTATIVES
REPORT
110–75

# STROKE TREATMENT AND ONGOING PREVENTION ACT

MARCH 27, 2007.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

# R E P O R T

[To accompany H.R. 477]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 477) to amend the Public Health Service Act to strengthen education, prevention, and treatment programs relating to stroke, and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

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59–006

## AMENDMENTS

The amendments (stated in terms of the page and line numbers of the introduced bill) are as follows:

Page 2, line 3, redesignate part R as part S.

In such part S (as so redesignated), redesignate sections 399AA through 399DD as sections 399FF through 399II, respectively.

## PURPOSE AND SUMMARY

The purpose of H.R. 477, the "Stroke Treatment and Ongoing Prevention Act", is to amend the Public Health Service Act to strengthen education, prevention, and treatment programs to improve health outcomes for stroke patients.

## BACKGROUND AND NEED FOR LEGISLATION

Stroke is the third leading cause of death in America and a major contributor to long-term disability. A stroke occurs when the blood supply to part of the brain is suddenly interrupted (ischemic) or when a blood vessel in the brain bursts, spilling blood into the spaces surrounding brain cells (hemorrhagic). Brain cells die when they no longer receive oxygen and nutrients from the blood or there is sudden bleeding into or around the brain.

The symptoms of a stroke include sudden numbness or weakness, especially on one side of the body; sudden confusion or trouble speaking or understanding speech; sudden trouble seeing in one or both eyes; sudden trouble with walking, dizziness, or loss of balance or coordination; or sudden severe headache with no known cause.

Although stroke is a disease of the brain, it can affect the entire body. A common disability that results from stroke is complete paralysis on one side of the body, called hemiplegia. A related disability that is not as debilitating as paralysis is one-sided weakness or hemiparesis. Stroke may cause problems with thinking, awareness, attention, learning, judgment, and memory. Recurrent stroke is frequent; about 25 percent of people who recover from their first stroke will have another stroke within 5 years.

When a stroke is diagnosed and treated within the first few hours, damaged cells can be saved, strengthening the chance of recovery. Recent studies have shown that stroke patients who received care in a timely manner at facilities with highly trained health care professionals are more likely to have better health outcomes. The American Heart Association reports that 700,000 Americans each year suffer a new or recurrent stroke and more than 150,000 people die annually. They estimate that every 3 minutes someone dies from a stroke. Additionally, the American Heart Association estimates that Americans will pay approximately $62.7 billion in 2007 for stroke-related medical costs and disability.

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

authorize an appropriation of $5 million for each of the fiscal years 2008 through 2012.

The legislation would authorize the Secretary to make grants to public and nonprofit entities for the purpose of planning, developing, and enhancing approved residency training programs and other professional training for appropriate health professions in emergency medicine, including diagnosis, treatment, and rehabilitation. For these purposes, the bill would authorize an appropriation of $4 million for each of the fiscal years 2008 through 2012.

Finally, H.R. 477 would authorize the Secretary to make grants to States and other public and private entities to develop medical professional training programs and telehealth networks that seek to coordinate stroke care and improve patient outcomes. For these purposes, the bill would authorize appropriations of $10 million for fiscal year 2008; $13 million for fiscal year 2009; $15 million for fiscal year 2010; $8 million for fiscal year 2011; and $4 million for fiscal year 2012.

H.R. 477 has 86 cosponsors and is supported by the American Heart Association, the American Stroke Association, the American Physical Therapy Association, and the STOP Stroke Coalition.

## HEARINGS

The Committee on Energy and Commerce has not held hearings on the legislation.

## COMMITTEE CONSIDERATION

On Tuesday, March 13, 2007, the Subcommittee on Health met in open markup session and approved H.R. 477 for full Committee consideration by voice vote. On Thursday, March 15, 2007, the full Committee met in open markup session and ordered H.R. 477 favorably reported to the House, amended, by voice vote.

## COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list any record votes on the motion to report legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 477 reported. A motion by Mr. Dingell to order H.R. 477 favorably reported to the House, amended, was agreed to by voice vote.

## COMMITTEE OVERSIGHT FINDINGS

Regarding clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held oversight or legislative hearings on this legislation.

## STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

H.R. 477 seeks to improve health outcomes for stroke patients.

## NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 477

would result in no new or increased budget authority, entitlement activity, or tax expenditures or revenues.

## EARMARKS AND TAX AND TARIFF BENEFITS

Regarding compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 477 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

## COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
*Washington, DC, March 23, 2007.*

Hon. JOHN D. DINGELL,
*Chairman, Committee on Energy and Commerce,*
*House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 477, the Stroke Treatment and Ongoing Prevention Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Tim Gronniger.

Sincerely,

PETER R. ORSZAG.

Enclosure.

*H.R. 477—Stroke Treatment and Ongoing Prevention Act*

Summary: H.R. 477 would amend the Public Health Service Act to direct the Health Resources and Services Administration and the Centers for Disease Control and Prevention (CDC) to administer several programs related to education, prevention, and treatment of stroke. The bill would authorize the appropriation for those purposes of $19 million for 2008 and $95 million over the 2008–2012 period. Assuming appropriation of the specified amounts, CBO estimates that implementing H.R. 477 would cost $7 million in 2008 and $82 million over the 2008–2012 period. Enacting the bill would not affect direct spending or revenues.

H.R. 477 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and could benefit state, local, and tribal governments.

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 477 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

| | By fiscal year, in millions of dollars— | | | | |
|---|---|---|---|---|---|
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| CHANGES IN SPENDING SUBJECT TO APPROPRIATION | | | | | |
| Authorization Level | 19 | 22 | 24 | 17 | 13 |
| Estimated Outlays | 7 | 16 | 21 | 21 | 17 |

Basis of estimate: H.R. 477 would modify the Public Health Service Act to authorize the appropriation of $19 million for 2008 and $95 million over the 2008–2012 period for several activities related to stroke prevention and treatment. Based on historical patterns of spending for similar activities, CBO estimates that implementing H.R. 477 would cost $7 million in 2008 and $82 million over the 2008–2012 period, assuming appropriation of the specified amounts.

The bill would authorize the appropriation of $5 million a year for 2008 through 2012 for the Centers for Disease Control and Prevention to conduct stroke education campaigns and to maintain an existing stroke registry. Assuming appropriation of the specified amounts, CBO estimates those activities would cost $2 million in 2008 and $22 million over the 2008–2012 period.

The bill would authorize the appropriation of $4 million a year for 2008 through 2012 to the Health Resources and Services Administration for grants to train physicians in treating stroke and traumatic injury. Assuming appropriation of the specified amounts, CBO estimates those activities would cost $1 million in 2008 and $16 million over the 2008–2012 period.

The bill also would authorize the appropriation of $10 million for 2008 and $50 million over the 2008–2012 period for grants to fund pilot projects through the Office for the Advancement of Telehealth. Those pilot projects would attempt to improve stroke treatment delivered through telehealth communications networks. Assuming appropriation of the specified amounts, CBO estimates those activities would cost $4 million in 2008 and $44 million over the 2008–2012 period.

Intergovernmental and private-sector impact: H.R. 477 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act. State, local, and tribal governments may qualify for grants authorized by the bill. Any costs those governments would incur in order to meet requirements of the grants would be conditions of assistance and would be incurred voluntarily.

Estimate prepared by: Federal costs: Tim Gronniger. Impact on state, local, and tribal governments: Leo Lex. Impact on the private sector: Paige Shevlin.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

## FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

## ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

## CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for this legislation is provided in the provisions of Article I, section 8, clause 1 that relate to expending funds to provide for the general welfare of the United States.

## APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

## SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Section 1. Short title*

Section 1 establishes the short title of the bill as the "Stroke Treatment and Ongoing Prevention Act."

*Section 2. Amendments to Public Health Service Act regarding stroke programs*

Section 2 amends the Public Health Service Act to strengthen education, prevention, and treatment programs to improve health outcomes for stroke patients.

To increase public awareness of the signs of stroke, section 2 amends title III of the Public Health Service Act (42 U.S.C. 241 et seq.) to authorize the Secretary of Health and Human Services to carry out an education and information campaign to promote stroke prevention and increase the number of stroke patients who seek immediate treatment. The Secretary is authorized to (1) make public service announcements about the warning signs of stroke and the importance of treating stroke as a medical emergency; (2) provide education regarding ways to prevent stroke and the effectiveness of stroke treatment; and (3) carry out other activities that the Secretary determines will promote prevention practices among the general public and increase the number of stroke patients who seek immediate care. The Secretary is required to measure public awareness before the start of the campaign to provide baseline data that can be used to establish quantitative benchmarks to measure the impact of the campaign over time. The Secretary must report on these measurements not less than once every two years, or at shorter intervals. The Secretary must avoid duplicating existing stroke education efforts by other Federal government agencies. The Secretary may also consult with organizations and individuals with expertise in stroke prevention, diagnosis, treatment, and rehabilitation.

To expand research information about stroke patients, section 2 also reauthorizes the Paul Coverdell National Acute Stroke Registry and Clearinghouse of the Centers for Disease Control and Prevention (CDC). For purposes of this part, the term "stroke"

means a "brain attack" in which blood flow to the brain is interrupted or in which a blood vessel or aneurysm in the brain breaks or ruptures. For the public education and registry provisions, section 2 authorizes appropriations of $5 million for each of fiscal years 2008 through 2012.

To improve medical professional development in advanced stroke and traumatic injury treatment and prevention, section 2 amends section 1251 of the Public Health Service Act (42 U.S.C. 300d–51) to authorize two new grant programs. The first grant program created in this section authorizes the Secretary to make grants to public and nonprofit entities for the purposes of planning, developing, and enhancing approved residency training programs and other training for appropriate health professions in emergency medicine to improve stroke and traumatic injury prevention, diagnosis, treatment, and rehabilitation.

The second grant program authorizes the Secretary, acting through the Administrator of the Health Resources and Services Administration (HRSA), to make grants to a consortium of public and private entities for the development and implementation of education programs for appropriate health care professionals in the use of newly developed diagnostic approaches, technologies, and therapies to treat stroke or traumatic injury. The Secretary must give preference to qualified entities that will train health care professionals that serve areas with a significant incidence of stroke or traumatic injuries. The term "qualified entity" is defined as a consortium of public and private entities, such as universities, academic medical centers, hospitals, and emergency medical systems that are coordinating education activities among providers serving in a variety of medical settings. The Committee does not intend for the examples outlined in the statute to be an exhaustive list of entities. Further, the Committee expects HRSA to award these grants to real consortiums, groups of organizations formed to undertake the continuing education activities to a level that no one organization could accomplish by itself. The Committee strongly encourages HRSA to recognize the diverse training of health care professionals who treat stroke patients when awarding grants. For example, interventional radiologists who employ minimally invasive stroke treatments and therapies should be considered as well as all other health care professionals who directly treat stroke patients.

The Secretary must report on these results of the activities of the two medical professional development grant programs no later than one year after the allocation of grants. This section authorizes appropriations of $4 million for each of the fiscal years 2008 through 2012 for the two medical professional development grant programs. The Secretary must equitably allocate the funds appropriated between efforts to address stroke and efforts to address traumatic injury.

*Section 3. Pilot project on telehealth stroke treatment*

Section 3 amends part D of title II of the Public Health Service Act (42 U.S.C. 254b et seq.) to establish a five-year pilot project to improve stroke patient outcomes by coordinating health care delivery through telehealth networks. The Secretary, acting through the Director of the Office for the Advancement of Telehealth, is authorized to make up to seven grants to states or a consortium of states

or political subdivisions for a period of up to three years during fiscal years 2008 through 2012.

Grant recipients must use the funding to accomplish all of the following activities: (1) Identify entities with expertise in the delivery of high-quality stroke prevention, diagnosis, treatment, and rehabilitation. (2) Work with these entities to establish or improve telehealth networks to provide stroke treatment assistance and resources to health care professionals, hospitals, and other individuals and entities that serve stroke patients. (3) Inform emergency medical systems of the location of entities identified to facilitate appropriate transportation. (4) Establish networks to coordinate collaborative activities for stroke prevention, diagnosis, treatment, and rehabilitation. (5) Improve access to high-quality stroke care, especially for populations with a shortage of stroke care specialists and populations with a high incidence of stroke. (6) Conduct ongoing performance and quality evaluations to identify collaborative activities that improve clinical outcomes for stroke patients. The Secretary may not award a grant to a State unless the State agrees to establish a consortium of public and private entities to carry out the activities of the grant. Additionally, the Secretary may not make a grant to a State that has an existing telehealth network that is or may be used for the purposes of the grant unless the State agrees to use the existing telehealth network to achieve the purpose of the grant and the State will not establish a separate network for the same purpose. The Secretary must give priority to any applicant that submits a plan detailing specifically how the grant will improve access to high-quality stroke care for populations with shortages of stroke care specialists and populations with a high incidence of stroke.

The Secretary is required to consult with officials responsible for other Federal programs involving stroke research and care and organizations and individuals with expertise in stroke prevention, diagnosis, treatment, and rehabilitation to better coordinate program activities. Grant recipients are required to establish baselines measures and benchmarks to evaluate program outcomes. Not later than March 31, 2013, the Secretary of HHS is required to report to Congress on the pilot project outcomes, including recommendations on whether similar telehealth grant programs could be used to improve patient outcomes in other public health areas and how to promote stroke networks in ways that improve access to clinical care in rural and urban areas and reduce the incidence of stroke and the debilitating and costly complications resulting from stroke.

The pilot project authorizes appropriations of $10 million for fiscal year 2008; $13 million for fiscal year 2009; $15 million for fiscal year 2010; $8 million for fiscal year 2011; and $4 million for fiscal year 2012.

## CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

## PUBLIC HEALTH SERVICE ACT

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### TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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### PART D—PRIMARY HEALTH CARE

### Subpart I—Health Centers

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

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

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

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

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

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

*(d) USE OF FUNDS.—*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*(i) DEFINITION.—In this section, the term "stroke" means a "brain attack" in which blood flow to the brain is interrupted or in which a blood vessel or aneurysm in the brain breaks or ruptures.*

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

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Subpart III—Grants for Home Visiting Services for At-Risk Families

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## *PART S—STROKE EDUCATION, INFORMATION, AND DATA COLLECTION PROGRAMS*

***SEC. 399FF. STROKE PREVENTION AND EDUCATION CAMPAIGN.***

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

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

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

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

*(3) carry out other activities that the Secretary determines will promote prevention practices among the general public and increase the number of stroke patients who seek immediate care.*

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

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

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

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

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

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

***SEC. 399GG. PAUL COVERDELL NATIONAL ACUTE STROKE REGISTRY AND CLEARINGHOUSE.***

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

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

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

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

***SEC. 399HH. STROKE DEFINITION.***

*For purposes of this part, the term "stroke" means a "brain attack" in which blood flow to the brain is interrupted or in which a blood vessel or aneurysm in the brain breaks or ruptures.*

***SEC. 399II. AUTHORIZATION OF APPROPRIATIONS.***

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

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TITLE XII—TRAUMA CARE

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## Part E—Miscellaneous Programs

**[SEC. 1251. RESIDENCY TRAINING PROGRAMS IN EMERGENCY MEDICINE.**

[(a) IN GENERAL.—The Secretary may make grants to public and nonprofit private entities for the purpose of planning and developing approved residency training programs in emergency medicine.

[(b) IDENTIFICATION AND REFERRAL OF DOMESTIC VIOLENCE.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that training programs under subsection (a) will provide education and training in identifying and referring cases of domestic violence.

[(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $400,000 for each of the fiscal years 1993 through 1995.]

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

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

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

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

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

*(3) APPLICATION.—A qualified entity desiring a grant under this subsection shall submit to the Secretary an application at*

*such time, in such manner, and containing such information as the Secretary may require, including a plan for the rigorous evaluation of activities carried out with amounts received under the grant.*

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

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

*(B) The term "stroke" means a "brain attack" in which blood flow to the brain is interrupted or in which a blood vessel or aneurysm in the brain breaks or ruptures.*

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

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

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