

STROKE TREATMENT AND ONGOING PREVENTION ACT

MARCH 30, 2004.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BARTON of Texas, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 3658]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3658) 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 an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Stroke Treatment and Ongoing Prevention Act”.

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

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

**“PART R—STROKE EDUCATION, INFORMATION, AND
DATA COLLECTION PROGRAMS**

“SEC. 399AA. STROKE PREVENTION AND EDUCATION CAMPAIGN.

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

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

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

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

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

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

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

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

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

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

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

“SEC. 399BB. PAUL COVERDELL NATIONAL ACUTE STROKE REGISTRY AND CLEARINGHOUSE.

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

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

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

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

“SEC. 399CC. STROKE DEFINITION.

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

“SEC. 399DD. AUTHORIZATION OF APPROPRIATIONS.

“There is authorized to be appropriated to carry out this part \$5,000,000 for each of fiscal years 2005 through 2009.”.

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

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

“(a) **RESIDENCY AND OTHER PROFESSIONAL TRAINING.**—The Secretary may make grants to public and nonprofit entities for the purpose of planning, developing, and enhancing approved residency training programs and other professional training for

appropriate health professions in emergency medicine, including emergency medical services professionals, to improve stroke and traumatic injury prevention, diagnosis, treatment, and rehabilitation.

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

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

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

“(3) APPLICATION.—A qualified entity desiring a grant under this subsection shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan for the rigorous evaluation of activities carried out with amounts received under the grant.

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

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

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

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

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$4,000,000 for each of fiscal years 2005 through 2009. The Secretary shall equitably allocate the funds authorized to be appropriated under this section between efforts to address stroke and efforts to address traumatic injury.”

SEC. 3. PILOT PROJECT ON TELEHEALTH STROKE TREATMENT.

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

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

“(a) GRANTS.—The Secretary may make grants to States, and to consortia of public and private entities located in any State that is not a grantee under this section, to conduct a 5-year pilot project over the period of fiscal years 2005 through 2009 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 2009.

“(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 2005, \$13,000,000 for fiscal year 2006, \$15,000,000 for fiscal year 2007, \$8,000,000 for fiscal year 2008, and \$4,000,000 for fiscal year 2009.”.

(b) STUDY; REPORTS.—

(1) FINAL REPORT.—Not later than March 31, 2010, the Secretary of Health and Human Services shall conduct a study of the results of the telehealth stroke treatment grant program under section 330M of the Public Health Service Act (added by subsection (a)) and submit to the Congress a report on such results that includes the following:

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

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

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

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

SEC. 4. RULE OF CONSTRUCTION.

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

PURPOSE AND SUMMARY

The Stroke Treatment and Ongoing Prevention Act, H.R. 3658, amends 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 the brain cells (hemorrhagic). Although the symptoms of a stroke are easily recognizable—such as sudden numbness or weakness on one side of the body, difficulty seeing, and loss of balance or coordination—not all patients suffering a stroke seek help in a timely manner. 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 demonstrated that stroke patients who receive 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 suffer from a stroke each year and nearly 170,000 die annually. They estimate that on average someone suffers a stroke every 45 seconds and every 3 minutes someone dies from a stroke.

HEARINGS

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

COMMITTEE CONSIDERATION

On Wednesday, January 28, 2004, the Subcommittee on Health met in open markup session and approved H.R. 3658 for Full Committee consideration, as amended, by a voice vote, a quorum being present. On Wednesday, March 3, 2004, the Full Committee met in open markup session and ordered H.R. 3658 favorably reported to the House, as amended, by a voice vote, a quorum being present.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 3658 reported. A motion by Mr. Barton to order H.R. 3658 reported to the House, as amended, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to 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. 3658 seeks to improve health outcomes for stroke patients.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX
EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 3658, the Stroke Treatment and Ongoing Prevention Act, would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

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 19, 2004.

Hon. JOE BARTON,
*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. 3658, 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 Shawn Bishop.

Sincerely,

ELIZABETH ROBINSON
(For Douglas Holtz-Eakin, Director).

Enclosure.

H.R. 3658—Stroke Treatment and Ongoing Prevention Act

Summary: H.R. 3658 would amend the Public Health Service Act to authorize the Secretary of the Department of Health and Human Services (HHS) to engage in activities designed to increase knowledge and awareness of stroke prevention and treatment. H.R. 3658 would require the Secretary to conduct educational campaigns, maintain a national registry, and establish an information clearinghouse related to the disease. The bill would authorize the appropriation of \$5 million each year from 2005 through 2009 for these activities.

In addition, H.R. 3658 would allow 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. The bill would authorize the appropriation of \$14 million in 2005 and \$70

million over the 2005–2009 period for the grant programs and for a study and reports evaluating the telehealth grant program.

Assuming appropriation of the specified amounts, CBO estimates that implementing H.R. 3658 would cost \$6 million in 2005 and a total of \$81 million from 2005 through 2009.

The legislation would not affect direct spending or receipts. H.R. 3658 contains no private-sector or intergovernmental mandates as defined in the Unfunded Mandates Reform Act.

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 3658 is shown in the following table. For purposes of this estimate, CBO assumes that outlays will follow historical spending rates for similar activities. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2004	2005	2006	2007	2008	2009
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	0	19	22	24	17	13
Estimated Outlays	0	6	17	21	21	16

Basis of estimate: H.R. 3658 would expand the current duties of the Department of Health and Human Services. The duties would include educating the public about strokes and, through the Centers for Disease Control and Prevention (CDC), maintaining a national registry and clearinghouse to collect and coordinate the analysis of stroke treatments. Recently, the CDC evaluated eight pilot tests for a national stroke registry. Although not specifically named, the CDC is also the most likely agency within HHS to carry out the public awareness campaign. The bill would authorize appropriations of \$5 million in each fiscal year over the 2005–2009 period for these activities. Based on historical spending patterns for similar activities, CBO estimates that outlays would total about \$20 million over the 2005–2009 period, assuming appropriation of the authorized amounts.

In addition, H.R. 3658 would allow the Health Resources and Services Agency (HRSA) to make grants to public and private entities for the purpose of training medical personnel, including emergency medical professionals, about strokes and the latest ways to treat the disease. The bill also would allow HRSA to make grants to states and other qualified entities for the purpose of developing telehealth networks to coordinate stroke care and improve patient outcomes. (Telehealth often refers to the ability to diagnose, monitor, or treat patients from afar using information technology.) Telehealth grantees would carry out five-year pilot projects over fiscal years 2005 through 2009. HRSA would conduct a study and report to the Congress on the effectiveness of the telehealth grant program. CBO assumes that grants would be awarded starting in 2005. The bill would authorize the appropriation of \$14 million in fiscal year 2005 and \$70 million over the 2005–2009 period for such grants. Based on historical spending patterns for similar activities, CBO estimates that outlays would total \$69 million over the 2005–2009 period, assuming appropriation of the authorized amounts.

Estimate prepared by: Federal Outlays: Shawn Bishop and Margaret Nowak; Impact on State, Local, and Tribal Governments: Leo Lex; and Impact on the Private Sector: Meena Fernandes.

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 Article I, section 8, clause 3, which grants Congress the power to regulate commerce with foreign nations, among the several States, and with the Indian tribes.

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 the 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 to authorize the Secretary of the Department 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 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 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 at 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 \$5 million for each of fiscal years 2005 through 2009.

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 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 purpose 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 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 the 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 \$4 million for each of fiscal years 2005 through 2009 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 III of the Public Health Service Act to establish a five-year pilot project to improve stroke patient outcomes by coordinating health care delivery through existing 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 over fiscal years 2005–2009.

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; and, (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. 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 baseline measures and benchmarks to evaluate program outcomes. Not later than March 31, 2010, the Secretary of Health and Human Services is required to report to Congress on the pilot project outcomes, including recommendations on how to promote stroke networks and recommendations on whether similar telehealth grant programs could be used to improve patient outcomes in other public health areas.

The pilot project is authorized at \$10 million for fiscal year 2005, \$13 million for fiscal year 2006, \$15 million for fiscal year 2007, \$8 million for fiscal year 2008, and \$4 million for fiscal year 2009.

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

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART D—PRIMARY HEALTH CARE

* * * * *

Subpart I—Health Centers

* * * * *

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 2005 through 2009 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 2009.*

(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 2005, \$13,000,000 for fiscal year 2006, \$15,000,000 for fiscal year 2007, \$8,000,000 for fiscal year 2008, and \$4,000,000 for fiscal year 2009.*

* * * * *

**PART R—STROKE EDUCATION, INFORMATION,
AND DATA COLLECTION PROGRAMS**

SEC. 399AA. STROKE PREVENTION AND EDUCATION CAMPAIGN.

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

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

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

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

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

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

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

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

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

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

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

SEC. 399BB. PAUL COVERDELL NATIONAL ACUTE STROKE REGISTRY AND CLEARINGHOUSE.

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

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

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

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

SEC. 399CC. STROKE DEFINITION.

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

SEC. 399DD. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to carry out this part \$5,000,000 for each of fiscal years 2005 through 2009.

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TITLE XII—TRAUMA CARE

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Part E—Miscellaneous Programs

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[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 2005 through 2009. 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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