

trauma, totals \$260 billion in costs. By reauthorizing this program, we will achieve the goal of ensuring that all areas of the United States have appropriate emergency medical services.

As the legislation is structured, entities, either States or independent agencies, may compete for planning and development grants to help improve the trauma system and coordination in a given region. That is a distinct difference from the trauma bill that existed before.

This bill is an improvement over the previous authorization because it will allow both States and other political subdivisions to work cooperatively to improve trauma systems. This bill also represents a more realistic authorization that will essentially act as start-up Federal funding for enhanced communication, enhanced coordination and data collection for States and other eligible grantees.

Certainly, I need to join my colleague from Texas in thanking Congressman BARTON and Congressman DINGELL for their hard work on this legislation. Mr. Speaker, this has been a work in process for some time.

My personal staff, Josh Martin, worked diligently on this bill last year. There were a number of issues with the other body which took some time to resolve, but happily they were resolved before the end of the year. We are now able to support H.R. 727 in this Congress, get the bill passed and get this coordination of service where it is so badly needed.

Mr. Speaker, I yield back the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I urge passage of the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. GENE GREEN) that the House suspend the rules and pass the bill, H.R. 727, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed bills of the following titles in which the concurrence of the House is requested:

S. 474. An act to award a congressional gold medal to Michael Ellis DeBakey, M.D.

S. 1002. An act to amend the Older Americans Act of 1965 to reinstate certain provisions relating to the nutrition services incentive program.

STROKE TREATMENT AND ONGOING PREVENTION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass 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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 477

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

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] S—STROKE EDUCATION, INFORMATION, AND DATA COLLECTION PROGRAMS

"SEC. [399AA] 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. [399BB] 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. [399CC] 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. [399DD] 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."

(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.