

**THE STROKE TREATMENT AND ONGOING PREVENTION ACT OF 2001**  
**Senators Edward M. Kennedy and Bill Frist, MD**

**Background and Need for Legislation**

Stroke is the third leading cause of death in the United States, claiming the life of one American every three and a half minutes. Those who survive stroke are often disabled and have extensive health care needs. The economic cost of stroke is staggering. The United States spends over \$30 billion each year on caring for persons who have experienced stroke.

Prompt treatment of patients experiencing stroke can save lives and reduce disability, yet thousands of stroke patients do not receive proper therapy during the crucial window of time when it is most effective. Rapid administration of clot-dissolving drugs can dramatically improve the outcome of stroke, yet fewer than 3 percent of stroke patients now receive such medication. Treatment of patients by specially trained health care providers increases survival and reduces disability due to stroke, but a neurologist is the attending physician for only about one in ten stroke patients. Most Americans cannot identify the signs of stroke and even emergency medical technicians are often not taught how to recognize and manage its symptoms. Even in hospitals, stroke patients often do not receive the care that could save their lives. To save lives, reduce disability and improve the quality of stroke care, the Stroke Treatment and Ongoing Prevention (STOP Stroke) Act authorizes the following important public health initiatives.

- **Stroke Prevention and Education Campaign**

The STOP Stroke Act provides \$40 million (FY02) for the Secretary to carry out a national, multi-media awareness campaign to promote stroke prevention and encourage stroke patients to seek immediate treatment. The campaign will be tested for effectiveness in targeting populations at high risk for stroke, including women, senior citizens, and African-Americans. Alternative campaigns will be designed for unique communities, including those in the nation's "Stroke Belt," a region with a particularly high rate of stroke incidence and mortality.

- **Paul Coverdell Stroke Registry and Clearinghouse**

The STOP Stroke Act authorizes the Paul Coverdell Stroke Registry and Clearinghouse to collect data about the care of acute stroke patients and foster the development of effective stroke care systems. The clearinghouse will serve as a resource for States seeking to design and implement their own stroke care systems by collecting, analyzing and disseminating information on the efforts of other communities to establish similar systems. Special consideration will be given to the unique needs of rural facilities and those facilities with inadequate resources for providing quality services for stroke patients. The Secretary is also authorized to conduct and support research on stroke care. Where suitable research has already been conducted, the Secretary is charged with disseminating this research to increase its effectiveness in improving stroke care.

- **Grants for Statewide Stroke Care Systems**

The Secretary will award grants to States to develop and implement statewide stroke prevention,

treatment, and rehabilitation systems. These systems must ensure that stroke patients in the state have access to quality care. The Secretary is also authorized to award planning grants to States to assist them in developing statewide stroke care systems. Each State that receives a grant will:

- implement curricula for training emergency medical services personnel to provide pre-hospital care to stroke patients; curricula may be modeled after a curriculum developed by the Secretary;
- have the option of identifying acute stroke centers, comprehensive stroke treatment centers, and/or stroke rehabilitation centers;
- set standards of care and other requirements for facilities providing services to stroke patients;
- specify procedures to evaluate the statewide stroke care system; and
- collect and analyze data from each facility providing care to stroke patients in the State to improve the quality of stroke care provided in that State.

The Act authorizes this grant program at \$50 million for fiscal year 2002, \$75 million for fiscal years 2003 and 2004, \$100 million for fiscal year 2005, and \$125 million for fiscal year 2006.

- **Medical Professional Development**

The STOP Stroke Act provides grant authority to the Secretary for public and non-profit entities to develop and implement continuing education programs in the use of new diagnostic approaches, technologies, and therapies for the prevention and treatment of stroke. Grant recipients must have a plan for evaluation of activities carried out with the funding. The Secretary must ensure that any grants awarded are distributed equitably among the regions of the United States and between urban and rural populations.

- **Secretary's Role**

In addition to carrying out the national education campaign, operating the clearinghouse and registry, and awarding grants to States, the Secretary will:

- develop standards of care for stroke patients that may be taken into consideration by States applying for grants;
- develop a model curriculum that States may adopt for emergency medical personnel;
- develop a model plan for designing and implementing stroke care systems, taking into consideration the unique needs of varying communities;
- report to Congress on the implementation of the Act in participating States.

In carrying out the STOP Stroke Act, the Secretary will consult widely with those having expert knowledge of the needs of patients with stroke.