

STOP Stroke Act S.1909/H.R.3658: Legislative Update

Brain Attack Coalition Meeting

August 12, 2004

- During the last Congress, the STOP Stroke Act received strong support in both chambers of Congress. The act passed the Senate unanimously by voice vote on February 6, 2002.
- The House bill received overwhelming support from over 213 co-sponsors. As well strong support from the stroke community. The Stop Stroke Coalition represents over 25 major health groups – patient, provider and industry groups – and was formed to support the legislation.
- Unfortunately, Congress did not complete action on the STOP Stroke Act before adjourning for the year.
- In November 2003, the STOP Stroke Act (S 1909) was reintroduced in the Senate under the strong leadership of Sen.s Thad Cochran (R-MS) and Edward Kennedy (D-MA). A House version of the legislation, HR 3568, was introduced in December 2003 by Rep. Charles "Chip" Pickering (R-MS.) and Lois Capps (D-CA).
- The House version of the STOP Stroke legislation recently passed through the chamber by unanimous consent. The Senate bill has been referred to the Committee on Health, Education, Labor, and Pensions (HELP) and is still awaiting action.
- The House bill contains the same major components of the original bill, however the scope has been reduced and the legislation now calls for a five-year pilot project in no more than seven states, administer through HRSA.
- This Compromised was reached after months of negotiations between the House cosponsors, the Energy and Commerce Committee, and the afore mentioned Stop Stroke Coalition.
- Both bills would authorize: a grant program to help states ensure that patients have access to quality stroke prevention, treatment

and rehabilitation services; a national public awareness campaign to educate the public about stroke warning signs and how stroke can be prevented; the Coverdell Stroke Registry and Clearinghouse to collect data and share best practices; and a grant program to educate medical professionals in newly developed diagnostic approaches, technologies and therapies.

- The past two weeks we have had some very high level meetings with Sen. Frist's (Senate Majority Leader) staff, the Senate cosponsors, and HELP Committee staff to discuss potential next steps.
- Initially, this included one of three actions. First, continue to push the Senate version of the legislation. This option faces major obstacles, Sen. Gregg, Chairman of the HELP Committee will not move disease specific legislation and S.1909 cannot be brought to the floor until it passes out of his Committee. Additionally, there is some concern regarding the size and scope of this version of the legislation.
- The Second option is to push the House version and attempt to get it included in a larger bill moving through the Senate, possibly the Patient Safety Act or some other vehicle. This option is more feasible, but would be something that came out of high level end of the session negotiations, which are always unpredictable.
- The final option is to get the House language included in an appropriation bill this year. The House version uses already existing funding streams, so it would be fairly easy to write in line items and then add the House language to the Committee Reports. The major benefit of this option is that funds would be available for stroke this year.
- At this point, the latter two options seem most feasible and we are presently working with Sen. Cochran's office to get the appropriations language drafted. Sen. Cochran will most likely be the next Appropriations Committee Chairman and is in a very good position to get our language in the appropriate bill.